

## AGENDA ITEM

### REPORT TO HEALTH AND WELLBEING BOARD

29<sup>TH</sup> JANUARY 2015

### REPORT OF DIRECTOR OF PUBLIC HEALTH

## BOARD DEVELOPMENT PLAN UPDATE – JANUARY 2015

### SUMMARY

This paper provides an update of progress against the development plan agreed at Health and Wellbeing Board at the June 2014 meeting, following the Board Away Day in February 2014.

### RECOMMENDATIONS

1. The Stockton Health and Wellbeing Board are asked to note the update.
2. The Board may wish to discuss the process for refreshing its vision if needed.
3. The Board may wish to consider whether it will adopt the proposed priorities and key areas from the Partnerships; or whether it will formulate its own refined list of priorities based on these.
4. Following discussion at Partnership level, the Board may wish to consider how to address specific strategic barriers or issues that may be escalated e.g. through a specific session. The Board may also wish to consider strategic barriers that have arisen from its own discussions.
5. The Board asks the Partnerships and Joint Commissioning Groups and respective member organisations to ensure they routinely consider engagement in each of their discussions on key issues.

### DETAIL

1. Following the Health and Wellbeing Board's Away Day in February 2014, a development plan (**Appendix 1**) was produced for the Board and agreed at the June 2014 meeting. This paper presents a progress update against the Plan, in the context of subsequent work to review structures supporting the Board (the new Partnerships and Joint Commissioning Groups); and an increased focus on inequalities shaping the delivery plan for the Joint Health and Wellbeing Strategy 2012-18 (JHWS). The update is presented according to the sections of the Plan.

#### Strategy

2. The October meeting of the Adults' Health and Wellbeing Partnership (AHWP) agreed an approach to shape the Partnership's work programme and ensure clear delivery against the JHWS. The approach is as follows:
  - The JHWS is used as the framework for the work programme, based on the six Marmot policy areas the Strategy highlights

- Focus will be on the key strategic JHWS priorities: giving every child the best start (in relation to the links with the Children and Young People’s Partnership on health and wellbeing issues); addressing ill health prevention; and getting the infrastructure right
  - Each of the six policy areas in the Strategy (**Appendix 2**) has a section called ‘how are we going to do this?’ The cross-cutting issues across the key areas and themes are being identified and will form the issues for Partnership discussion e.g. alcohol and domestic abuse
  - A specific session has been arranged for March 2015 for all AHWP partners to outline how they can contribute to the work of the AHWP, specifically the cross-cutting themes through the JHWS
  - Partnership meeting discussions will be shaped by: outlining background i.e. basic data, services in place, what is working and areas for development; followed by a focus on challenge to Partnership members on how each respective agency will contribute to the agenda, particularly any barriers to delivery of the ‘how we are going to do this’ items
  - A basket of measures will underpin each of the six policy areas to monitor progress, based on the relevant areas of the Public Health Outcomes Framework, NHS Outcomes Framework and Social Care Outcomes Framework (plus a small number of additional measures if needed)
  - Health inequalities will be a thread through all discussions, with a specific question about how all partners are currently narrowing the gap and what more should be done across partners
  - The above process will form the basis of the revised JHWS delivery plan and support the performance monitoring framework for it
3. The above process has been agreed by the Adults’ Health and Wellbeing Partnership. Consideration will be needed on how the Children and Young People’s Partnership will demonstrate delivery against the JHWS. The new Partnerships will work together to ensure issues that sit across both groups are considered and that nothing is missed.
  4. Within SBC, current Scrutiny reviews are considering the links between Public Health and licensing; and between health and wellbeing and arts, leisure and culture. Work is also ongoing across the Public Health team, Environmental Health and Trading Standards to identify joint projects. Further work will be needed to broaden the reach of the Board across departments and organisations responsible for the wider determinants of health.
  5. Based on the above approach, the Board may wish to consider whether it will adopt the proposed priorities and key areas from the Partnerships; or whether it will formulate its own refined list of priorities based on these.

### **Vision**

6. A proposed approach to reducing inequality was discussed and approved by the Board at its October 2014 meeting. The approach is based on point 2 above and comprises understanding and quantifying the inequality present for key areas of health and wellbeing and both universal and targeted services being planned (the **proportionate universalism** approach), commissioned and monitored by partners to address these.
7. It is particularly important to understand and address the needs of the population in the poorest decile of the Borough. Action across partners will be needed as all issues are inherently multi-agency.

8. It is proposed the above approach is used to articulate a refreshed vision for the Board. The Board may wish to discuss the process for refreshing its vision if needed.

### **Governance, risk sharing and assurance of outcomes**

9. A paper to the Board in September 2014 proposed a revised structure for groups to support the Board, following the February 2014 away day. The proposal was accepted and changes implemented. In summary, the Health and Wellbeing Partnership was revised to form an Adults' Health and Wellbeing Partnership and a Children and Young People's Partnership. These Partnerships report directly to the Board with the remit of supporting the Board in devising a strategic approach and priorities. They also form multi-agency fora for strategic problem-solving and help assess need.
10. The Adults' Health and Wellbeing Commissioning Group and Children and Young People's Health and Wellbeing Commissioning Group were revised to form the Adults' Health and Wellbeing Joint Commissioning Group and Children and Young People's Health and Wellbeing Joint Commissioning Group. These Groups report directly to the Board with the remit of supporting the Board with joint commissioning activities in-line with the Strategy and assessing need. Joint commissioning activity is defined as commissioning having an impact on more than one partner organisation; or commissioning where more than one partner contributes funding.
11. Board membership was also revised to include main local provider organisations, Catalyst and more Elected Members. The new arrangements appear to be operating well and will be reviewed after six months to ensure they are fit-for-purpose.
12. The role of Partnership members is being further clarified as set out in point 2 above. Some key actions are being recorded at Partnership meetings – particularly through action plans which are now overseen by the Adults' Health and Wellbeing Partnership (AHWP) from previous groups e.g. the domestic abuse action plan. The Partnerships may wish to explore further use of action minutes and an audit will be carried out in March as agreed.
13. Monitoring and assurance processes are in place through the quarterly and annual performance reports to the Board, which are also shared with the AHWP. The Board performance monitoring framework will be developed further to reflect performance monitoring of delivery against cross-cutting themes and inequalities as needed (as outlined in points 2 and 5 above). The Children and Young People's Partnership has also developed a performance monitoring framework comprising existing key social care, education and Public Health indicators, in-line with its agreed priorities. Further internal assurance is in place within Board, Partnership and Joint Commissioning Group member organisations through contract monitoring frameworks for the services they commission.
14. Following discussion at Partnership level, the Board may wish to consider how to address specific strategic barriers or issues that may be escalated e.g. through a specific session and monitoring of this. The Board may also wish to consider strategic barriers that have arisen from its own discussions.

### **Leadership**

15. A proposed dispute / conflict resolution process has been developed for the Board as follows:  
*'The remit of the Health and Wellbeing Board and the nature of its composition means that conflict may occur between Board members. In the event of such conflict the Chair shall act as arbiter and his / her decision will be final.'*
16. The dispute resolution process will be tested using case examples.

17. Through Board review of performance reports and through discussion at Partnerships and Joint Commissioning Groups, issues requiring further attention are highlighted at the appropriate forum for further analysis and action planning as needed. For example, levels of suicide and self-harm have been highlighted as areas of concern and are therefore priorities for the Board, AHWP and Joint Commissioning Groups. A development session has taken place at the Board focusing on mental health and wellbeing and the AHWP will be discussing how to coordinate a strategic approach to this topic across partners at its March meeting.
18. A peer review of the Board in relation to the challenge between partners on health and wellbeing issues and the contribution of partner agencies was proposed after six months (March 2015) and it is proposed this happens following the planned March session on Partnership member roles and contributions.

### **Information and intelligence**

19. Further work will be undertaken to use and understand data and intelligence as described above, to interrogate key issues and patterns of inequality for health and wellbeing priorities. This is already taking place in many areas and the agreed approach to inequalities will help to coordinate this action further.
20. The JSNA summarises information on evidence base and need and is cited as a key resource in the demographic information toolkit. Strategic planning and decisions regarding service development and commissioning should be based on the JSNA. This is already in place in many areas and will develop further as awareness of the JSNA increases. The Partnerships and Joint Commissioning Groups have a key role in continuing to promote this awareness and in continuing to use the JSNA themselves.
21. Shared actions and monitoring are also being developed in-line with the new ways of working for the Partnerships, with key priority areas flowing from the JHWS, which is based on the JSNA. Development of shared actions and monitoring will evolve further as the Partnerships and Joint Commissioning Groups mature.
22. Consultation and engagement are specifically reflected in the JSNA. The Board may wish to ask the Partnerships and Joint Commissioning Groups to ensure they routinely consider engagement in each of their discussions on key issues; and the Partnerships and Joint Commissioning Groups in turn ask their respective member organisations to provide assurance of engagement activity in relation to those key issues.

### **FINANCIAL IMPLICATIONS**

8. There are no direct financial implications of this update.

### **LEGAL IMPLICATIONS**

9. There are no specific legal implications of this update.

### **RISK ASSESSMENT**

10. Consideration of risk will be included in service development / commissioning decisions arising from the work.

## **JOINT HEALTH AND WELLBEING STRATEGY IMPLICATIONS**

11. Using a consistent, evidence-based approach based on the latest available data across Board and Partnership organisations will have a positive impact on coordinated activity to deliver the Joint Health and Wellbeing Strategy themes.

## **CONSULTATION**

12. Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process. Further consultation will be needed on any future service development / commissioning.
13. The development plan itself was generated through consultation with Board members at the Board away day in February 2014.

**Name of Contact Officer:** Sarah Bowman  
**Post Title:** Consultant in Public Health  
**Telephone No:** 01642 526828  
**Email address:** [sarah.bowman2@stockton.gov.uk](mailto:sarah.bowman2@stockton.gov.uk)

## Appendix 1: Board Development Plan

## **Appendix 2: JHWS: Six Marmot policy areas**

- Giving every child the best start in life
- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

