AGENDA ITEM

REPORT TO HEALTH AND
WELLBEING BOARD

20th December 2017

REPORT OF DIRECTOR OF
PUBLIC HEALTH

BOARD DEVELOPMENT DAY: UPDATE & NEXT STEPS

SUMMARY

This report summarises the discussion and outcomes of the Health and Wellbeing Board development day, held on 1st December 2017 and focused on how the Board works in future in the context of the refreshed Joint Health and Wellbeing Strategy. Next steps are proposed for the Board's consideration.

RECOMMENDATIONS

The Board is asked to:

1. Note the update provided in the report.
2. Consider the proposed next steps.

DETAIL

Context

1. In June 2016, the Health and Wellbeing Board held a development day with a focus on integration. The resulting report, previously brought to the Board, highlighted the key outcomes of the session:
   • Integration to be considered from the perspective of the customer
   • Work areas should be prioritised by the potential benefit of integration, by applying viability testing through the Health and Wellbeing Partnerships
   • Partnerships to determine the parameters of the options for integration and the commissioning groups will facilitate this

   The Board agreed to consider the spectrum of cooperation / collaboration through to full integration on a case-by-case basis, according to the issue at-hand.

2. Since the previous session, the agenda for all partners has evolved further with increasing necessity and desire for all organisations to look at different ways of meeting the needs of Stockton-on-Tees Borough's population, being sensitive to different levels of need and making best use of scarce resources to do so.

3. A refresh of the Joint Health and Wellbeing Strategy 2012-18 is also underway which has been previously discussed at the Board and in which all Board organisations will be involved.

4. It therefore seemed timely to arrange a further Board development session, building on the outcomes of the previous session, supporting the refresh of the Strategy and allowing partners to revisit and refresh how the Board works together. The session was arranged for the morning of the 1st December and externally facilitated by Change and Transformation (a local organisation). Change and Transformation were engaged to bring an objective perspective to the workings of the Board, having previous experience in working with partners across the statutory, private and voluntary sector. The session was well attended by Elected Members and Board member organisations.

Summary of session content

5. The aim of the session was: *to develop the ability of the Board to create a shared understanding and commitment to the Board's strategic priorities over the next five years.*

6. The Board was reminded of its four key functions in relation to the Health and Social Care Act (2012):
    - Developing and maintaining the JSNA
    - Publishing the Joint Health and Wellbeing Strategy
    - Considering integration across health and social care
    - Publishing the Pharmaceutical Needs Assessment

7. The session was set in the context of

    Think community, not services

    The aim was to emphasise the importance of focusing on understanding the community itself and its assets and needs, with a view to designing programmes and interventions (of which commissioned services are an important part but not the whole solution) to respond to this need. This thinking will inform and encourage greater collaboration and – where appropriate – integration across programmes and delivery, for the benefit of the community.

8. ***Appendix 1*** sets out the thinking of how the new Strategy should be positioned to enable this – in the middle of the range of work and conversations underway regarding services, communities and 'hubs'.

9. To support this work, it is important that strategic planning and decision-making is needs-lead and rooted in intelligence (i.e. data analysed and interpreted in the context of local policy, need and provision) and evidence (i.e. robust, scientific evidence wherever possible or the very best available evidence where this is lacking).

10. It will also be important to ensure programmes, initiatives are targeted along the gradient of need in the population i.e. this is more nuanced than just 'targeted' or 'universal'. Focusing only of targeting provision at the greatest level of need will result in later demand on services as people's unaddressed lower-level needs escalate to the point where they need more formal support from services. I.e. continued support for universal and upstream prevention work is central to the sustainability of the health and wellbeing system.

11. Draft community health and wellbeing profiles, based on ward-level data initially, are being compiled by Public Health. Example draft profiles were circulated for information and comment. The profiles will overlay key health and social care data, with information on community assets, to begin to identify the key health and wellbeing

needs at ward level. This will inform where the Board should collectively focus for maximum population impact, including maximizing community assets and commissioning services where needed. MOSAIC analysis will also be included to help identify how the Board might most effectively address these key issues. The profiles are likely to evolve over time. An excerpt from the draft profile is included in *Appendix 2*.

12. The Board agreed with the focus on community and maximising community assets set out in point 7 above, and with the focus on an intelligence-, evidence- and needs-based approach to the Strategy.

13. The facilitator used three questions to stimulate discussion and help structure thinking during the session:

How do you, as the HWB, operate as the system leader in a way that produces better outcomes for your population?

How easily does this way of working fit with the priorities of your organisation?

How well do the current priorities of the HWB sit with the priorities of your organisation?

Board members responded in a range of ways to these questions, highlighting the challenge of systems leadership - there are strong organisational drivers which are not always aligned; however there is also a strong will among partners to work closely together to achieve shared goals. There was discussion that the priorities around integration highlighted at the previous Board session, were not the same as the Board's priorities as a whole.

14. The facilitator also stimulated some very helpful discussion on whether Board organisations were 'representatives' (e.g. of their organisations) on the Board or whether they were working with other Board members as part of a single team around Board issues. Attendees agreed that more open discussion about how Board issues sit with their organisation's current priorities and pressures would further develop trust among Board members, the maturity of the Board and its ability to work together on key priorities.

15. Board members also discussed where blocks may exist to achieving their aims as a Board and how these could be overcome. The main outcome was an agreement that the Board agenda should have fewer items, with a focus on a smaller number of shared priorities and a limited section for 'business' items e.g. items that come to the Board more as a matter of process rather than to ask Board members to work together to problem-solve. *Appendix 3* presents the output generated by Change and Transformation, following the development day.

Next Steps

16. Further to the session it is proposed:

- The Director of Adults and Health, Director of Public Health and Consultant in Public Health will work further with Change and Transformation, working to the Chair of the Board, to use the outcomes of the session to help frame the Strategy and its priorities. The discussion at the session on using the Board to focus on addressing shared issues and resolving blocks / problems together will be very helpful for this.

- The development of the Strategy will continue through this work, with consultation and engagement across a range of stakeholders as previously agreed. The refreshed Strategy will set out key strategic issues where the Board can have most impact, working together across the health and wellbeing system.
- A further Board development session may be valuable in future.

FINANCIAL AND LEGAL IMPLICATIONS

17. The new Strategy may require refocusing of some resources to support its implementation.

COMMUNITY STRATEGY IMPLICATIONS

18. Implementation of the work will help shape the new Joint Health and Wellbeing Strategy, aiming to achieve positive outcomes for health and wellbeing.

CONSULTATION

19. Consultation and engagement on the development and implementation of the Strategy is planned and are key elements of the process, as are the consultation and engagement aspects of the JSNA which informs the development of the Strategy.

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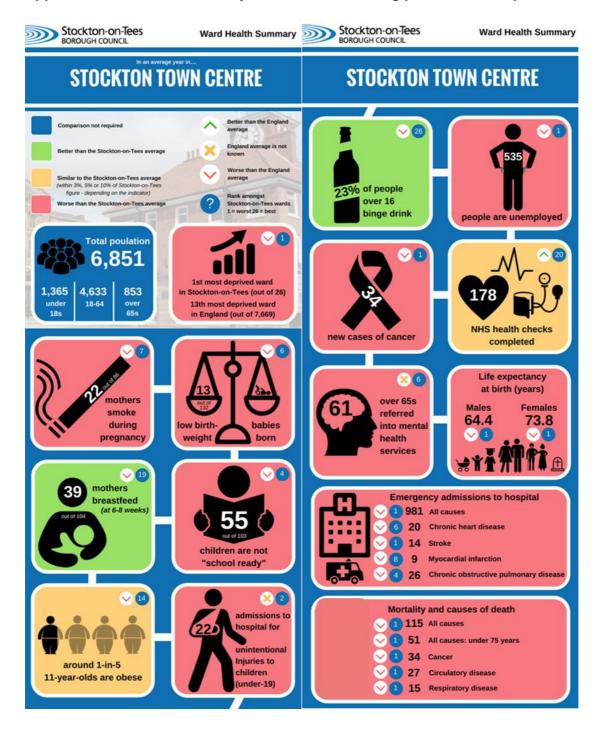**Director of Public Health, SBC**
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Appendix 1: Positioning the new Joint Health and Wellbeing Strategy

Appendix 2: DRAFT Community Health and Wellbeing profile – health profile section

Stockton-on-Tees BOROUGH COUNCIL — Ward Health Summary

In an average year in....

STOCKTON TOWN CENTRE

Comparison not required

Better than the Stockton-on-Tees average

Similar to the Stockton-on-Tees average (within 3%, 5% or 10% of Stockton-on-Tees figure - depending on the indicator)

Worse than the Stockton-on-Tees average

Better than the England average

England average is not known

Worse than the England average

Rank amongst Stockton-on-Tees wards 1 = worst 26 = best

Total population 6,851
- 1,365 under 18s
- 4,633 18-64
- 853 over 65s

1st most deprived ward in Stockton-on-Tees (out of 26)
13th most deprived ward in England (out of 7,669)

22 out of 86 — mothers smoke during pregnancy (7)

13 out of 132 — low birth-weight babies born (6)

39 out of 104 — mothers breastfeed (at 6-8 weeks) (19)

55 out of 103 — children are not "school ready" (4)

around 1-in-5 11-year-olds are obese (14)

22 — admissions to hospital for unintentional injuries to children (under-19) (2)

Stockton-on-Tees BOROUGH COUNCIL — Ward Health Summary

STOCKTON TOWN CENTRE

23% of people over 16 binge drink (26)

535 people are unemployed (1)

34 new cases of cancer (1)

178 NHS health checks completed (20)

61 over 65s referred into mental health services (6)

Life expectancy at birth (years)
- Males 64.4 (1)
- Females 73.8 (1)

Emergency admissions to hospital
- 981 All causes (1)
- 20 Chronic heart disease (6)
- 14 Stroke (1)
- 9 Myocardial infarction (8)
- 26 Chronic obstructive pulmonary disease (4)

Mortality and causes of death
- 115 All causes (1)
- 51 All causes: under 75 years (1)
- 34 Cancer (1)
- 27 Circulatory disease (1)
- 15 Respiratory disease (1)

Appendix 3: Output from Change and Transformation

Health and Wellbeing Board

Development Session – 1st December 2017

Background

The aim of this development session was to develop the ability of the board to create a shared understanding and commitment to the board's strategic priorities over the next five years.

To do this we carried out a series of exercises which gave insight into how different board members feel about the board's priorities and the factors that block or enable their actions. This summary report pulls out only the main conclusions and actions from the session.

Output

After an overview of system leadership and the challenges of working in this way the session started off asking each member to respond to the issue of system leadership and share their thinking on how important it was for the board to make a shift. Three questions (below in bold) were used to generate the discussion:

How do you, as the HWB, operate as the system leader in a way that produces better outcomes for your population?

Comments on how the Board operates to produce better outcomes for the people of the Borough of Stockton-On-Tees included the following;

"We did a session in 2016 at Tennant Street with facilitated time – we focussed on what we mean by 'integration'. We decided to approach it not in a structural way but around pathways of individuals and what would benefit the end recipient... When services were up for commissioning we'd look at whether it would benefit the people. We agreed integration would be on the small structural stuff through to collaboration." (Cllr Jim Beall)

Sarah Bowman-Abouna talked about "building on opportunities" to "make the best use of our assets" and suggested some areas that the Board could look at, including services, interventions and social marketing campaigns. Sarah also talked about work that is being done to gather useful data on the wards within the Borough, which will be overlaid with data from Health and Social Care to learn more about the needs of the population.

Ann McCoy talked about "the ripples of partnership working", giving examples about the overlap between different areas, such as midwives reporting signs of domestic abuse. Barry Coppinger added to this, saying it "demonstrates we shouldn't have rigid boundaries... domestic abuse takes place in the workplace."

How easily does this way of working fit with the priorities of your organisation?

The above question allowed each board member to share a score as their response (on a scale of 1-10 with 10 being high) and then explain.

Scores ranged from 1 up to 9, showing that the board's intended way of working fits differently alongside the priorities of the organisations.

The highest score of 9 was offered by Fiona Adamson (H&SH), scores given by SBC members ranged from 5 to 8 (average = 6.67). Those from other organisations all scored a 5, with the exception of Barry Coppinger (PCC) who didn't give a score and Steve Rose (Catalyst) who gave the lowest score of 1 on the basis that he had to prioritise the needs of supporting the VCSE members of Catalyst.

Comments offered throughout the meeting, which reflect areas where the Board's way of working could be improved included the following;

"Do we spend enough time thinking about problems? Employment would help with mental health for example." (Dominic Gardner)

"Do we need to be really really confident that people on the board have authority to agree to things?" (Ann McCoy)

"Sometimes we lay it at the door, pass on problems." (Ali Wilson)

"We could make some great gains by better coordinating." (Barry Coppinger)

How well do the current priorities of the HWB sit with the priorities of your organisation?

Board members were asked to answer the above question by providing a score out of 10. Scores ranged from 5 up to 9 (higher than the previous question), showing that the board's priorities fit well alongside those of the organisations on the whole.

Ann McCoy pointed out "I'd be disappointed if the priorities of the health and wellbeing board aren't those of Stockton Borough Council because we set those priorities. SEND, etc. – definitely our priorities!"

However, the lower scores (5-6) came from a mix of organisations including SBC – Karen Hawkins, CCG (5), Fiona Adamson, H&SH (6), Tanya Braun, SBC (5), Lynn Hall, SBC (6). The highest score of 9 was given by Jim Beall.

Comments addressing this question included the following;

"We're working with areas affecting every organisation. The same cohort of people have the same needs – mental health, crime, education, health needs etc. Only we're covering different areas – Stockton, Cleveland etc." (Barry Coppinger)

"It's easy to go 'Health and wellbeing board priorities are my priorities, of course they are' – but a good part of my world doesn't deal with health and wellbeing, but ill health and care that comes with that." (Ali Wilson)

Sonia Bailey also pointed out that priorities differ between wards within Stockton, "Overall some wards might have different priorities... we need to be mindful not to miss a trick but don't want to spread ourselves too thin. For example in the town centre ward the focus is on young people."

What will enable the HWB to succeed? / What will block the success of the HWB?

During this final session the members wrote all of their thoughts on post-it notes and then grouped them into categories. The broad themes identified by the group were;

1. Smaller number of priorities to focus on
2. Right behavior to support priorities/ trust and honesty
3. Joint communications and engagement
4. Having a clear, timed, organised agenda

What, if addressed, would have the most positive impact for the HWB?

In this part of the session the board members completed an exercise where they placed their initials beside the priorities (as decided in the above exercise) which they believed to be most urgent and most important. They could each place their initials a maximum of three times within each column. The outputs of the exercise are displayed in the table below and show that the most urgent priority was reducing the number of priorities to focus on. The most important priority was to develop the right behaviour to support the priorities.

PRIORITY AREA		URGENT	IMPORTANT
Smaller number of priorities to focus on.*		KH, KH, EC, JB, JB, AW, AW, AEW, FLA, KCF, AMM, AMM, LEH, JP, JP, TBF, DLG	AEW, EC, SB, AW, JB, FLA, KCF, LEH
Right behaviour to support priorities.*	*Enabler* **TRUST + HONESTY**	KH, AEW, EC, EC, DLG, LEH	AEW, AEW, EC, EC, JP, JP, DLG, DLG, JB, AMM, FLA, LEH
Enablers **JOINT COMMS + ENGAGEMENT**			KH, KH, TBF, TBF, SB, LEH, AMM
Blocker **Having a clear, timed, organised AGENDA. ***	"What is the conversation we need to have this time?" "with this team"	JP, DLG, TBF, TBF, JB, FLA, AEW, FLA, SB, LEH, AW	JP, KH, JB, DLG, FLA, TBF, KCF, AMM, AMM, AW

To conclude the session, the board members agreed that focussing on just three priorities would help to get things moving and everyone committed to trying to do this on the three above with most votes (*).