

ITEM NO: 7

Report to:	HEALTH AND WELLBEING BOARD
Date:	1 October 2015
Executive Member / Reporting Officer:	Councillor Lynn Travis Executive Member Health and Neighbourhoods Angela Hardman – Director of Public Health Ursula Humphreys – Programme Officer
Subject:	OUTCOMES OF HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION
Report Summary:	The Health and Wellbeing Board held a development session to review its progress as a place-based system-leader. The report outlines the key themes that emerged from the session with regard to the Board's priorities regarding focus, purpose and function. This information will be used by the Director of Public Health to present a revised offer of the Board going forward.
Recommendations:	To allow the Board to focus on providing system-leadership to the network of organisations and arrangements that make up the local 'system', by addressing a smaller number of agenda items that specifically relate to adding value to efforts across the system against the borough's key health challenges. These map on to the Board's priority programmes for action, which were upheld by Members.
Links to Health and Wellbeing Strategy:	Ensuring the Board is able to deliver upon its key priority programmes for action.
Policy Implications:	The report does not have any policy implications.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications for the Council relating to this report.
Legal Implications: (Authorised by the Borough Solicitor)	In order to achieve good governance and effective decision making it is important to reflect on the leadership required and needed and review priority issues, purpose and function.
Risk Management :	There are no risks associated with this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Ursula Humphreys – Programme Manager



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1. INTRODUCTION

- 1.1 Tameside's Health and Wellbeing Board (HWBB) recently held a development session, to review its role to date regarding local systems and transformation leadership.
- 1.2 Participants were encouraged to undertake an honest appraisal of the Board's progress to date and reflect upon how the HWBB should proceed to provide effective leadership to both the local and Greater Manchester-wide integration programmes.
- 1.3 A number of key themes can be distilled from the discussions, which serve as the priorities for Board Members going forward, in relation to how the HWBB could function.
- 1.4 Using this information, a revised offer of the HWBB will be developed by the Director of Public Health.

2. THE CHALLENGE FOR TAMESIDE'S HEALTH & WELLBEING BOARD

- 2.1 The Tameside Health and Wellbeing Board (HWBB) has been in place since April 2013. Its statutory purpose is to provide system-wide leadership, offering constructive challenge, in order to:

- improve the health and wellbeing of the people in Tameside
- reduce health inequalities
- promote the integration of services.

- 2.2 The Local Government Association (LGA) and NHS Clinical Commissioners (NHSCC) have recently released a call to action for all HWBBs to review their role and consider how they can strengthen their position to:

- take a *place-based* preventative approach to health improvement and tackling health inequalities
- offer *system leadership*, as the basis for wider devolution of health and social care.

- 2.3 This is particularly important given the scale of the health and wellbeing challenge in Tameside and the nature of our health inequalities locally. The Board's role to provide leadership, across the system, is with a particular view to impact upon:

- increasing Tameside's healthy life expectancy above age 57
- reducing prevalence of diseases that both contribute to poor healthy life expectancy and our rates of premature death:
 - *cardiovascular disease* - Tameside's biggest killer, affecting 16,677 people
 - *cancer* - the greatest cause of premature death in Tameside, currently affecting 3,548 people
 - *respiratory disease* – 16,322 people in Tameside are living with this
 - *hypertension* – affecting 26,435 people
 - *diabetes* - affecting 10,113 people
- the lifestyle behaviours that lead to these health challenges, i.e.:
 - *smoking* - 38,531 Tameside residents smoke
 - *alcohol* – 1,781 people were admitted to hospital due to alcohol misuse last year
 - *physical inactivity*- 53,224 people are not moving their body for at least 30 minutes per day
 - *obesity* – 69% of Tameside residents, or 122,415 people – are overweight or obese.
- parity of esteem and promotion of mental health and wellbeing

2.4 These are the particular health challenges facing our population and therefore are the issues that underpin the Board's priorities for action, as detailed at **Appendix 1**.

3. DEFINING THE TERMS

3.1 **“Place-based”** – this is about having clarity about a common set of ideals focused on the needs and ambitions of a particular community¹. Put differently, we must have a set of goals that are anchored in what is good for a geographical community¹.

3.2 In the context of our integration project to transform local services to meet the health challenges described above, this means balancing immediate priorities on integration with action on prevention and addressing the wider determinants of health². This must all be in the context of local decision-making, specific to the needs and arrangements of our local health economy, in ways that are to directly address our key health challenges.

3.3 **“Systems leadership”** – this refers to leading across complex and interdependent systems of care, which is distinctly different to traditional leadership styles of care organisations.

3.4 The Kings Fund¹ refers to a *“discovery approach”* to leadership, which is required in order to successfully develop and implement integrated care. This recognises that within the complex and adaptive systems of a health economy seeking to integrate, there is much that is unknown: “uncertainty and ambiguity are the modus operandi for leaders.”¹

3.5 As such, curiosity, connectivity and coaching capability will be effective traits of leadership in a transformative context, *across* a network of organisations, as distinct to the styles of successful leadership required *within* organisations.¹

3.6 Systems leaders are required at different levels of an integrative network:

- ‘Micro level’ – within teams and localities
- ‘Meso level’ – amongst services and patient pathways
- ‘Macro level’ – across whole systems.

3.7 At the macro level, there has traditionally been less opportunity for senior leaders to work, learn, explore and co-create with peers together. This is however part of the core-business of delivering integration¹, so investment in such *discovery* and *leadership learning* across systems is essential. It is at this macro level that Health and Wellbeing Boards must operate to provide effective leadership across a whole system. The members of Tameside's HWBB are therefore macro-level systems leaders.

4. SCOPE OF THE DEVELOPMENT SESSION

4.1 The recent development session sought to:

- explore the Board's strengths and opportunities and identify areas for discussion and self-improvement;

¹ The King's Fund. (2014). *System Leadership: Lessons and learning from AQUA's Integrated Care Discovery Communities*. The King's Fund. See

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/system-leadership-october-2014.pdf

² LGA/NHSCC. (2015). *Making it better together: A call to action on the future of health and wellbeing boards*. Local Government Association. See <http://www.local.gov.uk/documents/10180/6869714/L15-254+Making+it+better+together+-+A+call+to+action+on+the+future+of+health+and+wellbeing+boards/311885a4-5597-4007-8069-46bc2732d6a2>

- inspire and develop the Board's ambition and approaches to leading the local system in transforming services and outcomes for local people; and
- understand the Health and Wellbeing Board's role in driving the GM Devolution Agreement.

4.2 To support this process, presentations were offered to reflect upon the refresh of the Tameside Health and Wellbeing Strategy; key health challenges; the Greater Manchester Devolution Agreement; and Locality Plan for Tameside and Glossop.

4.3 Participants were encouraged to undertake an honest appraisal of the Board's progress to date and reflect upon how the Board should proceed to provide effective leadership to both the local and Greater Manchester-wide integration programmes. A number of key themes can be distilled from the discussions, which are outlined below.

5. KEY THEMES FROM THE DEVELOPMENT SESSION

5.1 **Systems Leadership, Clarity of Purpose and Function** – this was the fundamental issue that arose from the session. Board Members felt that the primary role should be to provide macro-level system-leadership, across the network of organisations and arrangements that make up the local health economy –i.e. the local 'system'. A manageable number of issues should be explored, discussed and understood, for the purpose of the Board's time adding value to what happens in other parts of the system, rather than to duplicate the efforts of partner organisations.

5.1.1 Board members distinguished between scrutiny and oversight, considering that it was not the role of the Board to provide scrutiny or performance management, in the way that individual commissioning organisations might for specific service contracts; or as scrutiny panels would across a particular issue.

5.1.2 Whilst there are a number of decision-making structures across the system, the HWBB is the only forum that brings all of the economy's senior leaders together at one time; and the only space in which there is the opportunity for real discussion and ascertaining an in-depth understanding of issues for the Board's attention.

5.1.3 As such, the Board should function to protect this space and opportunity for the economy's leaders, in order to enable the Board to provide effective (macro-level) system-leadership. This should be the focus of the Board's function in order for it to make necessary decisions. The Board should not function as a scrutineer or performance manager of individual service areas.

5.2 **Self-assessment and development** – further development sessions are needed to review how effective the Board is being with regard to system-leadership and how it can further evolve as we move through the change programmes of both local and Greater-Manchester level integration.

5.3 **Priority Issues** – the priorities of the Joint Health and Wellbeing Strategy were upheld. It was considered that the efforts of the Board should be to determine where it can add value to impacting on these priorities via the collective partnership arrangement, and not include items on its agenda that may be duplicated elsewhere within the system.

5.4 **Structure of meetings** – the agenda should be much more focused on priority issues and, as such, be much smaller and more succinct, being disciplined in what issues are brought to the HWBB. The future development of the Board may wish to consider the frequency of meetings. Meetings however should be a discursive space, so that Members are able to provide the level of oversight and understanding they consider necessary to assure their decision-making processes.

- 5.5 **Governance** - there are a number of decision-making structures in place, such as those of Care Together and the Devolution Agreement. Each structure functions to make a range of decisions, different to those of the HWBB. The HWBB should have a role to inform and influence other governance structures with regard to their strategic direction in relation to health and wellbeing, not to duplicate them. It is for these reasons that clarity must be stipulated about how the HWBB relates to these external governance structures.
- 5.6 **Visibility** – increasing the visibility of the HWBB within the local economy would improve other partners' and the public's understanding of its value and purpose. The Plymouth model and its 'tagline' to describe the Board's overall goal was considered to be attractive, and that the Tameside HWBB could consider how it might communicate its purpose to the wider economy.

APPENDIX 1

HEALTH AND WELLBEING BOARD PRIORITY PROGRAMMES (TAKEN FROM THE TAMESIDE JOINT HEALTH AND WELLBEING STRATEGY)

Priority Programme	This means	Tameside focus	So that
1. Starting well: Ensuring a positive start to life for children, young people & families.	We will intervene early where our children, young people and families need help and we will strengthen the support provided during pregnancy and the first five years of a child's life.	We will focus on early intervention and identification of vulnerable children and families.	Every child is given the best start in life and is fit to learn and able to fully develop their potential, communication, language and literacy skills.
2. Developing well: Encouraging healthy lifestyles and behaviours in all actions and activities.	We will develop high quality services to encourage healthy habits, prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual health.	We will combine existing resources and expertise towards developing an integrated wellness service model.	Individuals and communities are equipped and empowered to live healthy lives.
3. Living well: Creating a safe environment to build strong communities, wellbeing and mental health.	We will implement early interventions and accessible and appropriate services for mental wellbeing.	We will create a safe environment and help to build strong communities, wellbeing and mental health.	People are helped to achieve positive mental wellbeing and can access support services when and where they need them.
4. Working well: Creating fair employment and good work for all.	We will improve access to work as this is critical to the health of communities, families and individuals, and better health will improve work opportunities.	We will focus on increasing employment and employability.	Increased employment will improve health, and improved health will improve economic prospects.
5. Ageing well: Promoting independence and working together to make Tameside a good place to grow older.	We will ensure that services work together to promote integrated support where needed in order to promote independence into old age.	We will focus on strengthening integrated working between health and social care providers and housing related support services.	Older people are helped to participate fully in community life and can choose to live in high quality accommodation appropriate to their needs.
6. Dying well: Ensuring high quality care to all who need it.	We will ensure careful joining up of all sources of support, and sensitivity to the vital importance of autonomy, choice and control during this usually vulnerable and dependent time.	We will focus on building the capacity of services and communities to know how best to help, and where to draw it from.	During the last year of life intensive support will be available from family, health and social care, community organisations and friends for those who need and want it.