Sandwell Health and Wellbeing Board

19 March 2015

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<tr>
<td>Contact Officer:</td>
<td>Paul Southon. Health and Wellbeing Strategy and Delivery Manager</td>
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**Purpose of Report:**
- To provide a summary of the board development session.
- To describe the proposed five new priorities for the board after 2015
- To propose an approach for developing delivery plans for each priority

**Key Discussion points:**
- At the board meeting on 15 January 2015 it was decided to hold a board development session to agree the future role and function of the board and the future priorities for the board.
- The development session was held on 24\textsuperscript{th} February with facilitation from the Local Government Association.
- At the session it was agreed that the board needs to focus on increasing healthy life expectancy and on tackling the social determinants of health.
- The board also needs to oversee the Better Care Fund and other transformation and integration programmes.
- The board members developed five proposed future priorities for the board when the current joint health and wellbeing strategy finishes at the end of 2015.
  - We will keep people healthier for longer
  - We will keep people safe and support communities
  - We will support Right Care Right Here
  - We will work together to join up services
  - We will work closely with local people, organisations and providers of services
More detail regarding these priorities is given in the full report (attached).

- Board member leads were identified for each of these priorities and an approach to developing delivery plans for the priorities was proposed.
- It is proposed that the board agrees a reporting mechanism to monitor delivery of the priorities.

**Recommendations**
- That the board reviews the report from the development session and agrees the five priorities for the HWB after 2015.
- That the board discusses and agrees when the board leads will bring their initial priority delivery plans to the HWB.
- That the HWB discusses and agrees a reporting mechanism for monitoring delivery of the priorities.

**Implications**

<table>
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<th>Financial</th>
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<tr>
<td>No financial implications at present</td>
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<tr>
<th>Wider Engagement (Clinical or Non Clinical)</th>
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<tr>
<td>Wider engagement with local people, partners and providers of services is one of the proposed five priorities for the board.</td>
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**Other**

**Background**

Sandwell Health and Wellbeing Board (HWB), at their meeting in January 2015, reviewed their progress since the board was established in April 2013 and discussed the future role of the HWB.

At this meeting it was agreed that the board would hold a development session to explore these questions in more detail and agree a new set of proposed priorities for the HWB for when the current joint health and wellbeing strategy finishes at the end of 2015. The development session was held on 24th February.

**Development session**

The objectives for the development session were to;
- Reconsider and refine the purpose, roles and responsibilities of the HWB
• Agree the priorities for the HWB when the current joint health and wellbeing strategy finishes at the end of 2015
• Agree how the board will monitor delivery of these priorities

Board members attending the development session were;
• Cllr Darren Cooper, Leader of Sandwell Council, Chair of Sandwell health and wellbeing Board
• Cllr Yvonne Davies, cabinet member for adult services
• Dr Basil Andreou, Sandwell and West Birmingham Clinical Commissioning Group, vice-chair for Sandwell health and wellbeing board
• Jyoti Atri, director of public health, Sandwell Council
• Pam Jones, Chair of Sandwell HealthWatch
• Matthew Sampson, service director – children and families, Sandwell Council
• David Stevens, director of adult services, Sandwell Council
• Andy Williams, chief accountable officer for Sandwell and West Birmingham Clinical Commissioning Group

The development session was facilitated by Anne Brinkhoff. Programme manager for local government support, Local Government Association and was supported by officers from Sandwell Council and Sandwell and West Birmingham Clinical Commissioning Group.

**Introduction**
Jyoti Atri, the Director of Public Health spoke about the health and wellbeing needs in Sandwell (appendix 1). The main points were
• People in Sandwell, on average, do not live as long as people in other parts of England (life expectancy).
• People in Sandwell, on average, experience illness and disability at a younger age than in other parts of England and therefore spend more of their lives ill and disabled (healthy life expectancy)
• The gap in healthy life expectancy between Sandwell and England is bigger than the gap for life expectancy
• The gap in healthy life expectancy is wider for women than for men. A woman in Sandwell living to 75 years can expect, on average, to spend nearly a third of her life experiencing illness or disability.
• The main influences on people’s health and wellbeing are the social determinants of health, such as education, employment, environment and social networks. These influences account for up to 60% of the impact on people’s health and wellbeing.
The development session facilitator then gave an overview of how health and wellbeing boards across the country are developing and the different ways in which they are working to improve health and reduce inequalities (appendix 1).

**Defining the purpose of the board**
This section of the development session was informed by the discussions at the January HWB meeting about the purpose and role of the board and by the recommendations from the recent independent review of the board.

**Summary of discussions:**

For the board to be effective it needs to be a forum where leaders can build the relationships and trust needed to tackle the shared challenges in improving health and wellbeing. The Sandwell HWB has been successful in this and must work hard to maintain this approach.

The role of the board is to improve health and wellbeing and reduce inequalities. The current board priorities focus on health related challenges. However, the major influences on health and wellbeing are the social determinants of health and the board should prioritise tackling these challenges.

Whilst increasing life expectancy is important the HWB should prioritise reducing the gap in healthy life expectancy between Sandwell and England.

Nationally health and wellbeing boards are increasingly involved in the management of major transformation programmes such as the Better Care Fund. However this approach could focus the board on healthcare and on operational arrangements rather than on the social determinants of health. In Sandwell there are other boards where these programmes can be managed and these boards report to the HWB. The role of the HWB should be to oversee these programmes as part of joining up services and moving towards joint commissioning while maintaining a focus on tackling the social determinants of health.

If the HWB is to tackle the social determinants of health it needs to work much more closely with the people and organisations that can influence these determinants. This includes the ‘place’ functions within the council,
communities and the voluntary sector, statutory partners such as the fire service, local businesses and the local enterprise partnership. This needs to use existing networks and relationships rather than setting up new systems. For example, town teams and locality working groups, HealthWatch, CCG patient and reference groups, SCVO.

The membership of the HWB was discussed. It was agreed that limiting the size of the board has contributed to its success and that the membership should not be increased significantly. Therefore there needs to be a way for the HWB to work with, and hear from, a wide range of partners, local communities and organisations. This will need improved ways to engage with all these groups and development of a comprehensive reference network.

The relationship between the HWB and local scrutiny committees needs to be developed. Currently the main relationship is with the health scrutiny committee, if the HWB prioritises the social determinants of health this will relate to a wider range of scrutiny committees.

It was agreed that there are three levels needed for the HWB to make a difference in improving health and wellbeing and reducing inequalities;

- The HWB, leaders who can jointly decide priorities, allocate resources, oversee progress and solve problems that are blocking progress
- A HWB executive that supports the HWB, implements board decisions and which delivers change and monitors progress
- A wide reference network that includes local people and communities, organisations and service providers

Setting the priorities
The HWB members and support officers worked on two tables to develop possible priorities for the HWB.

These discussions were informed by;
- The views of children and young people obtained through the ‘Children’s Voice’ programme
- The views of local people and organisations on the priorities for the health and wellbeing board from the annual HWB stakeholder event
- The recommendations from the dials and levers project. This project provided a list of possible interventions which could contribute to delivery of the priorities agreed by the HWB.
These were summarised in a Stakeholder Priorities and Dials and Levers paper (appendix 2).

**Table 1 priorities**
1. Socio-economic determinants of health
   - Employment, crime and safety, education, environment, housing, reducing social isolation, reducing domestic abuse, helping people to help themselves, giving young people opportunities
2. Health and social care
   - Integration of services, mental health and wellbeing, screening and prevention
3. Environment
   - Leisure and recreation, transport, regulation and licensing

**Table 2 priorities**
1. We want to keep people healthier for longer
2. We want to keep people safe and support communities
3. We want to support the Right Care Right Here programme (and the new hospital)

The HWB members then came together to discuss these and to agree a shared set of priorities.

There was discussion about what needed to be in place for the HWB to tackle these priorities, the ‘system enablers’ such as joint commissioning arrangements, integrated working, information sharing and co-location of services. These are currently being developed as part of the Better Care Fund programme. It was agreed that the Better Care Fund programme board was the right place for these discussions with reports back to the HWB to provide assurance of progress.

It was agreed that the priorities from table 2 were the correct priorities for the HWB and therefore the framework for the next joint health and wellbeing strategy. Two additional priorities were needed to ensure that the HWB could deliver improved health and wellbeing. These were to cover the work needed on ‘system enablers’ and the need for comprehensive engagement with local people and communities, organisations and providers of services.

The final agreed priorities for the HWB were;
1. We will keep people healthier for longer
2. We will keep people safe and support communities
3. We will support Right Care Right Here
4. We will work together to join up services
5. We will work closely with local people, organisations and providers of services

Priority overview and board leads

1. We will keep people healthier for longer
Work is needed to fully understand the impact of the social determinants of health in Sandwell and the evidence for what will make a difference in tackling these determinants. This needs to map what is already in place and look at the implications for the next 3, 5 and 10 years. This will need a new overview joint strategic needs assessment based on the social determinants of health.

The board lead for this priority is Jyoti Atri, director of public health.

2. We will keep people safe and support communities
This priority includes understanding the role of the HWB in safeguarding and developing the relationship between the HWB and the two safeguarding boards. This will be focused on understanding the roles of the different boards and how they can work together to identify any gaps. This priority also includes supporting the work to help people and communities to help themselves and will link to the development of neighbourhood working and locality working teams.

The board lead for this priority is Matthew Sampson, service director for children and families.

3. We will support Right Care Right Here
The Right Care Right Here programme includes development of the new hospital in Sandwell, this is within the context of comprehensive service redesign across health and social care across Sandwell and West Birmingham.

The board lead for this priority is Andy Williams, chief accountable officer for Sandwell and West Birmingham Clinical Commissioning Group.

4. We will work together to join up services
This priority includes moving towards more joined up services between health and social care and development of the ‘system enablers’ needed for the HWB
to deliver all its priorities. This will link closely to the Better Care Fund and the move towards more integrated health and social care services.

The board lead for this priority is David Stevens, director of adult services.

5. **We will work closely with local people, organisations and providers of services**

This priority includes developing the reference networks and relationships between the HWB and local people, organisations and service providers. This will build on existing networks and relationships.

It was agreed that the HWB executive group would oversee delivery of this priority with the Health and Adult Wellbeing Programme Manager as the officer lead.

**Next steps**

It is proposed that the board lead for each priority develops a more detailed plan for delivery of their priority. This will include

- An assessment of what is needed to deliver the priority and the evidence for what will make a difference
- Mapping of current activity that can contribute to the priority
- An initial plan of what is needed to deliver the priority, covering short, medium and long term timescales. The length of these timescales will vary for each priority.
- Initial milestones and targets for delivery of the priority.

These plans will be incorporated into the refreshed joint health and wellbeing strategy to be published by April 2016.

**Recommendations**

- That the board reviews the report from the development session and agrees the five priorities for the HWB after 2015.
- That the board discusses and agrees when the board leads will bring their initial priority delivery plans to the HWB.
- That the HWB discusses and agrees a reporting mechanism for monitoring delivery of the priorities.
Appendix 1: Stakeholder Priorities and Dials and Levers

Children and Young People
On 1 December 2014 a Child’s Voice Conference was held in Sandwell. This event built on issues identified through a survey of young people that was carried out through schools. The event provided an opportunity for young people to express their views ‘face to face’ with the Council and partner organisations.

The survey and conference helped to capture the views of young people on a range of topics relevant to the health and wellbeing board and the joint health and wellbeing strategy;
What health concerns do you have?
Year 9 and above

- Relationships: 26.5%
- Stress: 20.4%
- Peer pressure: 11.4%
- Body image: 8.1%
- Contraception advice: 7.4%
- Keeping fit: 6.9%
- Bullying: 5.7%
- Mental health: 5.6%
- Eating healthy: 4.6%
- Domestic abuse: 4.2%
- None of the above: 3.8%
- Sexually transmitted diseases: 2.8%
- Smoking: 2.0%

% of respondents
What one thing do you wish could be done to improve Sandwell as a place to live for young people?

- Environment: 20% of respondents
- Other: 19% of respondents
- Community activities: 15% of respondents
- Parks: 10% of respondents
- Leisure: 9% of respondents
- Crime: 8% of respondents
- Education: 5% of respondents
- Increased police presence: 5% of respondents
- Housing: 3% of respondents
- Health: 2% of respondents
- Economy: 2% of respondents

- Community activities: 15% of respondents
How important to you are the following issues?

- Health
- Education
- Jobs
- Crime & Safety
- Environment
- Housing
- Transport
- Leisure & Recreation

Legend:
- Fairly Important
- Very Important

% of respondents
Annual Stakeholder Event: Stakeholder Priorities

On 6th November 2014 Sandwell health and wellbeing board held an annual stakeholder event. One of the objectives for this event was to start the conversation with local people about the priorities for the health and wellbeing board. This was to inform a refresh of the joint health and wellbeing strategy due to be completed by the end of 2015.

As part of the stakeholder event there was a workshop where participants were asked the question;

“**We want to help people to live independent and fulfilling lives - how do we do this?**”

The stakeholders worked in groups and captured their responses to the question on flip charts. These responses have been grouped into themes.

Dials and Levers

In February 2014, Sandwell MBC established a project steering group, inviting representatives from key partnership agencies from across Sandwell to discuss and consider potentially radical partnership initiatives (Dials) and future ways of working (Levers) for the benefit of Sandwell people. A key focus was to identify the dials and levers to turn that offer the biggest return on our collective investments. Alongside representatives from all parts of Sandwell Council there were representatives from:

- Police
- Sandwell & West Birmingham Hospital Trust
- Sandwell & West Birmingham Clinical Commissioning Group
- Black Country Partnership NHS Foundation Trust
- Youth Parliament
- Sandwell Community & Voluntary Sector

The following table summarises the priorities identified through the stakeholder event and the Dials and Levers project. Where there are shared priorities from both sources they are placed alongside each other, where priorities emerged from only one of these sources they are shown separately.
<table>
<thead>
<tr>
<th>Stakeholder Priorities</th>
<th>Dials and Levers</th>
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<tbody>
<tr>
<td><strong>Helping people to help themselves</strong></td>
<td><strong>Helping people to help themselves</strong></td>
</tr>
<tr>
<td>• Helping people to live independent and fulfilling lives</td>
<td>• Pool community funding – ‘dragons den’ approach with individuals and communities pitching initiatives</td>
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<td>• Enabling communities and community groups to work together</td>
<td>• Community co-operatives and community asset transfer</td>
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<td>• Supporting people to have more control over their care</td>
<td>• Rewards and incentives - Pooling resources to reward individuals &amp; communities and employees for helping themselves</td>
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<td>• Whole population education in self-management</td>
<td>• Community health checks - utilise community assets to deliver health checks across all spectrums of the community and provide surgeries, clinics &amp; information</td>
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<tr>
<td>• Navigators to help people find out what’s available and how to access it</td>
<td>• Weight management - using the assets, skills &amp; knowledge across agencies to develop a cheaper, more financially accessible local alternative to traditional weight management clubs</td>
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<tr>
<td>• Better information and communication</td>
<td>Social prescribing – encourage the use of social prescribing across agencies</td>
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<tr>
<td>o Sharing information between agencies</td>
<td>o Help everyone know what is available</td>
</tr>
<tr>
<td>o One number / single point of access to information and services</td>
<td>o Develop an information portal</td>
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**Integration of Services**

- Integrated children’s and adult services
- Develop a single point of access for services
- Work in partnership and keep prevention at the forefront of all work
- Integrate services for people not organisations
- More integration between health (including mental health) and social care
- Ensure the voluntary sector is fully involved in the work of the health and wellbeing board
- Identify where the future workforce is coming from
  - Trained and untrained staff
  - Across all services
- Oversight of the Better Care Fund and Community Offer
<table>
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<tr>
<th>Environment, economy and jobs</th>
<th>Employment</th>
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<tr>
<td>Tackling poverty</td>
<td>Social enterprise café or alternative business – run by communities to generate jobs, provide a social setting and healthy meals &amp; drinks</td>
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<tr>
<td>Increasing employment</td>
<td>Stewardship models for managing assets (e.g. parks) including co-operatives and community trusts</td>
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<tr>
<td>Developing the links between the health &amp; wellbeing board and the local enterprise partnership</td>
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<tr>
<td>Housing and health</td>
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<tr>
<td>Improving local transport networks to improve access to services (with specific mention of access to the new hospital)</td>
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<tr>
<td>Domestic violence, this appeared under both mental health and under wider social impacts on health.</td>
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<tr>
<td>Making more of Birmingham (&amp; combined authority)</td>
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**Housing**
- Equity release scheme – potential match funding to allow private sector residents to improve homes
- Housing as a job creator
- Lodger matching
- Identification of hazards in the home

**Young people and opportunities**
- Apprenticeship / work experience target for all partners
- Motiv8 approach – expand current programme
Supporting the youth offer – working with groups of young people to develop social enterprises / community ownership initiatives to deliver youth programmes & facilities
### Mental health and wellbeing
- Improving mental health and wellbeing
- Recognising the links between mental and physical health
- Tackling domestic violence
- Building resilience and life skills for children, young people and adults
- Targeted work for people with learning disabilities and autism
- Meeting the needs of people with dementia

### Education
- Creation of a Sandwell alumni – encourage young people who have accessed higher education to participate in an alumni. Opportunity to market benefits of remaining & living in Sandwell, through marketing job opportunities, new housing developments & leisure and cultural activities
- Development of a Scholarship Fund – to assist children of the tenants on low incomes to access higher education.
Supporting people

- Carers
  - Respite care,
  - Support with housing,
  - Finance advice and support
  - Support with employment and education
  - Advocacy services
  - Peer support
  - Whole family support
- Young people
  - Early identification and help with problems
  - Improving self-esteem and raising aspirations
  - Developing the links between the health & wellbeing board and schools
  - Developing public health education in schools
- Older people
  - Housing
  - Support to stay independent
  - Better information and advice
  - Integrated services that share information
  - Named social worker for over 65’s
- Excluded groups
  - Improve the understanding of the needs of migrant populations
  - Addressing the needs of vulnerable and silent groups
- Reducing social isolation through befriending schemes and home visiting schemes
**Health and care**

- Improve access to GP services with a specific mention of improved access for vulnerable and excluded people
- Integrated children’s and adults services
- Earlier intervention to prevent long term conditions
- 24/7 services
- Include pharmacists in the pathways
- Develop a single point of access for services
- Improved ante-natal services
- Reducing hospital re-admissions
- Better care management / discharge preparation in hospital
- Surround patient/ client by team accessible when needed. A wellbeing team consisting health and social care professional, housing, volunteers, for each person.
### Delivery
- Focus on prevention
  - On wellbeing not ill health or social care need
  - Put prevention at the heart of the health and wellbeing board
- Ensure the voluntary sector is fully involved in the work of the health and wellbeing board
- Work in partnership and keep partnership at the forefront of all work
- Listen to the public, service users and stakeholders
  - Open and genuine, transparent
  - Have one core agenda
  - Focus on meeting people’s needs
- Focus on outcomes not outputs
- Development of services for people, with people
- Effective complaint services that are listened to and acted on
- The community offer needs longer to truly evaluate its impact

### Working together
- Information sharing protocol – all key partner agencies sign up wholeheartedly to sharing information and intelligence
- Risk profiling & modelling – across partner agencies using risk profiles to identify areas of future concern & physical areas where targeted interventions are required
- Development of a set of key outcome measures & performance framework – all agencies sign up to, contribute to, commit to and deliver on. The development of initiatives and improvements support the delivery of these outcomes