Derby City Council

SHADOW HEALTH AND WELLBEING BOARD
14 March 2013

Report of the Strategic Director for Adults, Health and Housing

ITEM 6

Update on Health and Wellbeing Board Priorities

SUMMARY

1.1 The Health and Social Care Act 2012 has established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. A key part of that role is providing leadership across the system to ensure improved outcomes for citizens. At the 17th January Health and Wellbeing Board (HWBB) meeting the Board considered its leadership role in promoting system reform and agreed to focus on seven priority areas for the coming year.

1.2 These priority areas were agreed to be:

1. Information Sharing
2. Social Capital / Asset Based Community Development
3. Making Every Contact Count (MECC) in all partner organisations
4. Children and young people's preventative health
5. All partners signing up to the "Time to Change" initiative
6. System change for Older people / Dementia
7. Carers

1.3 This paper provides a summary of each of the priorities and indicates where further work is needed to contribute to a refreshed Health and Well-being Strategy for 2013-14.

RECOMMENDATION

2.1 To note and agree the contents of this paper

2.2 To agree that individual members, on behalf of their organisations, will sign up to MECC training over the coming months and to the "Time to Change" initiative.

2.3 To agree the priority area for Children and Young People's services.

REASONS FOR RECOMMENDATION

3.1 The Board agreed that the seven priority areas outlined above represented both short terms gains and long term system reform opportunities for the health and wellbeing of the people of the City.

3.2 The Board asked that Senior Responsible officers be identified for each priority area and that these individuals drive delivery against the priority on behalf of all partner organisations. Ratification of the contents of this paper will empower these individuals to do this.

SUPPORTING INFORMATION

Collaboration as our guiding principle

4.1 One of the biggest challenges facing the Board is whether it can deliver strong, credible and shared leadership across organisational boundaries. Unprecedented financial pressures, rising demand and complex organisational change will test the Board's leadership. However Derby has a long history of strong partnership and early on took the decision to include NHS providers as key members of its Health and Well-being Board.

4.2 We are mindful that the Health and Well-being Board has inherited a scenario of fragmented accountabilities, conflicting priorities and diverse cultures across health and social care. Our organisational structures, work processes, inherent, and often tacit, values and beliefs are all different yet similar. In embracing system leadership, the Board needs to foster a set of shared understandings which make it possible for Board members to act in concert with each other, create a new culture of collaboration and bridge our organisational divisions. The policy challenges facing national and local government require a new approach based on achieving priority outcomes through partnership working and transforming 'places' through innovation.

4.3 Although competition has increasingly become part of the new NHS reforms, Derby's Health and Well-being Board preferred model for achieving improved outcomes for citizens is through **collaboration** rather than competition.

The building blocks

4.4 In order to make sense of our complex system we need to **share information** at an individual and organisational level. This supports citizens to get the best possible service and not to have to repeat their stories to staff in different organisations. A shared information system at organisational level helps us to understand the impact changes in our own services make on our partners and helps build the business case for risk sharing and benefit sharing. The Health and Well-being Board therefore seeks

to put in place a comprehensive **information sharing protocol** and tasks Council officers and NHS partners to work together to achieve a **whole system information system.**

Investing in prevention

4.5 In the past, when a person had a need, they went to their friends and neighbours for assistance. This has shifted today to the belief that the neighbour does not have the skills or knowledge to help the, therefore the person has to go to a professional for assistance instead. By promoting **Asset-based Community Development** (ABCD) the Health and Well-being Board is investing in a strategy for sustainable community-driven development. ABCD builds on the assets that are already found in the community and mobilises individuals, associations and institutions to come together to build on their assets – not concentrate of their needs. The refresh of the Joint Strategic Needs Assessment will adopt an asset-based approach. A version of ABCD called Local Area Co-ordination is being piloted in two wards of the city. GPs in XX have also expressed an interest in commissioning Local Area Co-ordination to improve support and resilience of people with mental health needs.

4.6 Building on the strength of personal relationships and people's contact with a range of professionals, **Making Every Contact Count (MECC)** is about using every opportunity to talk to individuals about improving their health and well being.

The promotion of health and wellbeing should be at the core of an organisation's design and service culture, which is why MECC has become one of the five ambitions for NHS Midlands and East. This approach is supported by the Health and Well-being Board as part of its preventative strategy.

Many organisations are already supporting people to make and maintain positive lifestyle behaviour change. The HWBB wants to mobilise all the city's partners to maximise the benefits of this approach.

4.7 The Children and Young People's Partnership has developed a Health and Well-being commissioning strategy for children, young people and their families. It is a comprehensive strategy and it is proposed that the Health and Well-being Board adopt the intention to commission **an integrated care pathway for behaviour** including all services for behaviour, emotional, mental health and well-being as its key priority in this service area.

Improving and re-designing services

4.8 We know our population is changing and with that brings both blessings and challenges. People are living longer but often with one or more long term conditions. We know that one in four people at one point in their lives will experience problems with their mental health. Informal carers make a huge contribution to supporting older and disabled people to remain living independently for as long as possible. People's aspirations are changing and as much as possible people want care closer to home, they want agencies to collaborate so that services are designed around their needs and not the other way around – where people feel they have to fit into services. This is a significant challenge and the Health and Well-being Board has identified four priority

areas.

4.9 There is still considerable stigma and discrimination attached to having a mental health problem. By pledging to support the **Time to Change** initiative the Health and Well-being Board is making a public display of its commitment to tackling mental health discrimination.

It demonstrates to our staff, service users, members, customers and community that we are leading the way in addressing stigma and discrimination. It shows this commitment has support from the very top – helping to inspire a culture in our organisations where discrimination has no place, and work to actively challenge stigma can flourish.

By pledging, the Health and Well-being Board will be aligning your its collective strength with a major national movement for change, and showing leadership in tackling this last great taboo.

4.10 A commitment to develop an **integrated frail older people's care pathway** is already part of the Health and Well-being Strategy. It has achieved its first objective of setting up a single point of access. This work-stream needs to set out its next objectives in the 2013/14 refresh of the strategy. A key part of this work is developing closer multi-disciplinary working – particularly in primary care and community health services.

4.11 The work to deliver the National **Dementia** Strategy has already achieved a lot. However, there are a number of issues that make it clear we need to do more:

- The number of people with dementia is increasing.
- Diagnosis rates are low.
- There is a lack of awareness and skills needed to support people with dementia and their carers

Improving the rate of diagnosis is a key priority locally as is improving health and social care services. This workstream needs to set out its key objectives for the coming year.

Next steps

4.12 The Health and Well-being Board is required to produce a Health and Well-being Strategy and the Board's first strategy was published last year. It is proposed that these priorities are incorporated within a refresh of the strategy and each priority area be asked to complete a Priority Summary sheet as set out in Appendix Two so the Board is clear about the outcomes to be achieved and how they may be measured. It is proposed that this refresh of the Strategy and completed summaries are presented at the next Board meeting.

OTHER OPTIONS CONSIDERED

5.1 None – this paper provides an update to the Board on progress against agreed priorities

This report has been approved by the following officers:

Legal officer	N/A

Financial officer	N/A
Human Resources officer	N/A
Estates/Property officer	N/A
Service Director(s)	Derek Ward, Director of Public Health
Other(s)	N/A

For more information contact:	Cath Roff 01332 643550 cath.roff@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 – Implications Appendix 2 – Priority summaries

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 None directly arising.

Legal

2.1 None directly arising.

Personnel

3.1 None directly arising.

Equalities Impact

4.1 None directly arising.

Health and Safety

5.1 None directly arising.

Environmental Sustainability

6.1 None directly arising.

Property and Asset Management

7.1 None directly arising.

Risk Management

8.1 None directly arising.

Corporate objectives and priorities for change

9.1 None directly arising.

Appendix 2 – Priority Summaries – example and draft proforma

Programme/Project	*Making Every Contact Count*
Senior Responsible Officer	*Derek Ward*
Start & End Date	*12 months*
Lead	*Maureen Murfin*

Aim and Objectives
Making Every Contact Count (MECC) is about staff using the contact they have with service users and the public to give healthy lifestyle information. This programme will train Council staff (starting with Elected members) in the MECC methodology so they are able to deliver these messages in a confident and evidenced based manner.
Scope
MECC training is already being delivered in NHS provider organisations. The scope of this work is to adapt this training for a non-NHS environment and to roll out the training to as many staff as possible. The Derbyshire Fire and Rescue service has already agreed to take part and the Leader of Derby City Council is keen that all Elected members and other city council staff and officers are trained as soon as possible.
Benefits
Benefits to people who use our services, their carers and families: • Better health and wellbeing • Quicker treatment outcomes • Personal, tailored support in making positive change • Increased confidence and motivation to change • Feeling empowered and supported • Contribution to the reduction of health inequalities *Benefits to staff:* • Increased awareness of their own health and wellbeing • Increased health and wellbeing knowledge and confidence • Feeling empowered and motivated • Feeling supported and valued • Better morale *Benefits to the organisation:* • Improvements in health and wellbeing of people who use our services, their carers and families users, and staff. • Fewer sick days due to improved health and wellbeing and morale • Increased productivity • More efficient use of resources • Cost savings through a reduced demand on services • Contribution to the achievement of a number of national and local initiatives.

Metrics
1. Initially development of a non-NHS training programme in MECC – timescale by May 2013 2. Number of staff trained in MECC
Timescales and key milestones
1. Delivery of training to Elected members of Derby City Council – timescale summer 2013 2. Roll out of training to City Council staff [DN: target 10% - 1000 staff by Autumn 2013?] 3. Roll out to the majority of public sector staff [DN: target more than 50% of staff trained?] – by March 2014?

Programme/Project	
Senior Responsible Officer	
Start & End Date	*Anticipated length for this Programme/Project.*
Lead	*Lead of this report.*

Aim and Objectives
This programme/project will… (Describe in one sentence what this project will deliver). *By… (briefly describe how this programme/project will deliver its aim – a bullet pointed list is usual)*
Scope
Describe the scope of the project e.g. WHERE - across which locality and WHO it is aimed/focussed at?
Benefits
Identify the likely benefits and describe how they will contribute to the current Public Health outcomes and/or Council priorities – WHAT e.g. contribution to priorities identified in plans, ratings, targets, known deficits/weaknesses.
Metrics
Timescales and key milestones