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## **Overview of the Joint Local Government Association Facilitated Workshop**

### **Purpose**

- 1.1 To provide the Health and Wellbeing Board with an overview and summary of the recent Local Government Association (LGA) facilitated workshop between Derby and Derbyshire Health and Wellbeing Boards and Integrated Care Partnership.

### **Recommendations**

- 2.1 To note the contents of this report.
- 2.2 To receive the formal output of the facilitated joint workshop once available.

### **Reason**

- 3.1 To support the Health and Wellbeing Board to improve the health of local people and reduce health inequalities through effective partnership working and aligned and collaborative structures.

### **Supporting information**

- 4.1 The two Health and Wellbeing Boards (HWBs) of Derby and Derbyshire and the Derby and Derbyshire Integrated Care Partnership (ICP) aim to improve the health of the population of Derby and Derbyshire, reduce health inequalities and promote the integration of health and care.
- 4.2 A development workshop between the two HWBs and ICP, facilitated by the Local Government Association (LGA), was held on the 29<sup>th</sup> February 2024 and hosted at County Hall, Matlock.
- 4.3 The purpose of the development workshop was to develop a shared view of:
  - the ingredients required for success
  - the challenges and barriers we face
  - what we want to collectively achieve
  - the opportunities and actions to progress.

In addition, the workshop aimed to improve alignment and clarification of relative roles, responsibilities and accountability.

4.4 The output of the workshop and next steps is currently being prepared and will be distributed with HWB members shortly. A short overview is provided below for the information of members in advance of the more detailed report being produced and shared.

#### 4.5 ***The ingredients for success***

Colleagues across the HWBs and ICP identified a range of ingredients considered necessary for success, including:

- Good communication
- Clarity of purpose
- Realistic focus/ priorities
- Openness and honesty - ability to have uncomfortable conversations
- Capacity - having the 'band-width' and ability to think.

#### 4.6 ***What gets in the way?***

A number of challenges and issues were consistently identified by colleagues as getting in the way of progress:

- Lack of resource/ capacity
- Priorities - organisational vs. system, too many priorities
- Silo working
- Lack of clarity on responsibilities/ governance - who does what?
- Variation in cultures and behaviours
- Work is complicated and exhausting.

#### 4.7 ***What's the prize? What are we trying to achieve?***

Round-table discussions identified the following as our shared purpose and ambitions:

- Better health outcomes for the populations we serve
- Integration of health and care
- Breaking the cycle of reacting to demand - how do we stop fire-fighting?
- Focus on a small number of priorities that we all buy-in to
- Using the strength of the partnership to 'ride the storm' individual organisations will go through
- A collective shift in moving resource to prevention and early intervention
- Maximise our resources and get more out than the sum of the parts
- Commission for outcomes rather than activity
- Better join up what we already do
- Embed locality-based person-centred approaches
- Hear the voice of the people who live and work in Derby and Derbyshire

- Maintaining momentum and clear accountability
- Deliver.

4.8 To support shaping our ambitions into action, participants were asked to consider potential action and opportunities relating to:

- Start well - school readiness
- Stay well - smoking
- Age well - falls prevention
- Reactive management of demand
- Housing.

Highlights of the feedback in relation to each of these is shared below.

#### 4.9 ***Reactive management of demand***

- Requirement for ruthless prioritisation - having a real clarity on what is most important and focus on it
- What does this mean in terms of who and what
- Need to understand the different points of pressure within organisations and the system as a whole.

#### 4.10 ***Smoking***

- Need to reinvigorate smoking as a priority
- Need to develop a clear system narrative/ story
- Need to understand the range of different roles and relative contributions across the system
- Recognition of the need for dedicated capacity - currently no 'engine room' to drive work
- To consider how do we agree shared investment and what is the mechanism to enable this?

#### 4.11 ***School readiness***

- What does it mean and what are the different components of school readiness?
- Need to recognise the impact of COVID, poverty and inequalities
- Recognise that there is currently a fragmentation of services for families - can we join up better, both strategically and operationally? Currently working 'alongside' rather than together.

#### 4.12 ***Falls prevention***

- Need a whole-system pathway
- How do we create leads - who is accountable?
- Establishment of forums/assemblies to discuss themes
- Support shared understanding of what is happening/ in place

- Follow up on what we have done already e.g. Joint Strategic Needs Assessment (JSNA) identified falls as an issue and suggestions on what could be done.

#### 4.13 **Housing**

Colleagues considered how housing can support action on smoking, school readiness and falls:

##### *Smoking*

- Smoking rates in social housing are double the rates in other housing - both council and social housing have good links with their tenants which offers an opportunity to support smoking cessation
- Housing officers could provide a 'softer sell' around public health messaging than other colleagues.

##### *School readiness*

- Reductions in homelessness and use of bed and breakfasts will support improvements in school readiness for children and families in these circumstances
- Opportunity to support vulnerable tenants access their entitlements
- Increase awareness in the health sector of relevant local authority services.

##### *Falls*

- Direct link to falls in terms of e.g. trip hazards within the home. Can support identification and minimisation of fall hazards
- Better publicise existing falls services.

- 4.14 In rounding up the day, it was recognised that a real strength of the Derby and Derbyshire system is the significant commitment of individuals, organisations and the system as a whole.
- 4.15 It was also recognised, however, that the system and its challenges are complicated and that there is no blueprint to work to.
- 4.16 It was suggested that aligning/ reconciling the timelines for the Integrated Care Strategy and Joint Health and Wellbeing Strategies would be helpful including clarity on our priorities.
- 4.17 Developing a compelling narrative as a system of its ambitions and priorities is important to make buy-in easy and to enable individuals and organisations to see their role and contribution.
- 4.18 Enabling and giving permission to do things differently is key, as is clarity on relative contribution and accountabilities and how we hold one another to account.
- 4.19 We could consider a shared 'code of conduct' to support positive behaviours and ensuring we routinely across the system put our population first.

- 4.20 There were a number of suggested actions/proposals to take forward including:
- Development of a clear strategic and compelling narrative for our priorities
  - Development of mechanisms to support mindful decision-making, for example, around funding decisions - how do we do this collectively and consider wider population impact or consequences for other parts of the system and reduce likelihood of potential unintended consequences
  - Development of a Shared Behaviours Framework and Shared Outcomes Framework
  - Establish themed discussions to understand the breadth of key issues, what is already happening and the role and opportunities across the full range of partners.
- 4.21 The above provides a high-level summary of the discussions that took place within the joint workshop between Derby and Derbyshire Health and Wellbeing Boards and the Integrated Care Partnership facilitated by the LGA. The detailed output of the workshop is currently being collated as well as proposed next steps. This will be shared with Health and Wellbeing Board members once complete.

### **Public/stakeholder engagement**

- 5.1 The purpose of the workshop was to engage the members of the Health and Wellbeing Boards and the Integrated Care Partnership in considering how to better align and work as a system to improve the health outcomes of our population and reduce health inequalities.
- 5.2 The public were not directly engaged in this workshop. However, the intent to hear the voices of local people and embed person-centred approaches came through strongly.

### **Other options**

- 6.1 Consideration was given to not holding this workshop. It was agreed, however, that it would offer real value in bringing colleagues together to support improved alignment between groups to minimise challenges and maximise opportunities for improved integration, health outcomes and reduced health inequalities.

### **Financial and value for money issues**

- 7.1 Not directly considered although the opportunity for maximising our resource, including financial, is anticipated to be a positive outcome.

### **Legal implications**

- 8.1 None arising.

### **Socio-Economic implications**

- 9.1 Not specifically considered. It is recognised that socio-economic factors have a significant impact on health outcomes and contribute to health inequalities. It is

anticipated that the output and actions that follow this workshop will include socio-economic consideration and action.

### **Climate implications**

10.1 None arising.

### **Other significant implications**

11.1 None arising.

**This report has been approved by the following people:**

<b>Role</b>	<b>Name</b>	<b>Date of sign-off</b>
<b>Legal</b>		
<b>Finance</b>		
<b>Service Director(s)</b>		
<b>Report sponsor</b>	Robyn Dewis, Director of Public Health	06/03/2024
<b>Other(s)</b>		

<b>Background papers:</b>	None
<b>List of appendices:</b>	None