



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

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Subject: Health & Wellbeing Strategy - Update

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Summary:

This paper briefs the Board on progress made towards implementation of the Joint Health & Wellbeing Strategy, and asks the Board to agree to a programme of discussions during 2020, focused on each of the ambitions set out in the Strategy, led by specific relevant individuals and supported by a relevant Board member in each case.

Questions for the Health and Wellbeing Board:

1. Do they support the approach set out in this paper?
2. Do they agree with the named leads and sponsors identified?
3. Do they support the broad approach to developing a Strategy performance framework?
4. How would they like to prioritise the ambitions in terms of Board agendas?

Background Papers:

- [Joint Health & Wellbeing Strategy](#)
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Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This paper applies to all of the ambitions set out in the Strategy.

Who has contributed to this paper?

- Cllr George Lindars-Hammond – Co-Chair, Health & Wellbeing Board
- Dr Terry Hudson – Co-Chair, Health & Wellbeing Board

- Judy Robinson – Chair, Healthwatch Sheffield
- Nicki Doherty – Director of Care Outside of Hospital, NHS Sheffield CCG
- Mark Tuckett – ACP Director, Sheffield ACP

Health & Wellbeing Strategy Update

1. Introduction

1.1. This paper briefs the Board on progress made towards implementation of the Joint Health & Wellbeing Strategy, and asks the Board to agree to a programme of discussions during 2020, focused on each of the ambitions set out in the Strategy, led by specific relevant individuals and supported by a relevant Board member in each case.

2. The story so far

2.1. At the Health & Wellbeing Board's July Strategy Development meeting, the Board received a short paper setting out clearly the proposed approach to implementing the Health & Wellbeing Strategy.

2.2. In summary, the key points of this paper were as follows:

- There should be a specific named lead for each of the ambitions in the Strategy to act as a point of contact and accountability for the Board;
- This individual should be responsible for overseeing action-focused discussions (such as a workshop, or some other process), exploring the relevant ambition with a wide range of stakeholders, agreeing practical aims and a set of actions that partners across the city commit to as part of delivering the ambition;
- The purpose of these workshops would be to build support for the Strategy and its ambitions beyond the Board's membership, develop a collective approach to implementation that all feel they have had the opportunity to shape, and tie in the whole city to taking action;
- The Board's role would then be to use its democratic position to hold those who have made commitments to account;
- It would be likely that this would require partners to provide some capacity to support and deliver the workshops.

2.3. The Board's discussion of this paper covered the following points:

- Delivering nine workshops on this scale is a major task with implications for organisational capacity;
- There is a risk of duplicating work being undertaken by other boards or in other places;
- Agreement on the need to engage beyond "the usual suspects";
- Concern that some areas (such as learning disabilities) that cut across the Strategy could risk not being reflected in ambition-specific workshops.

2.4. Following this the Board discussed the following:

- Rather than a workshop for each ambition, the starting point could be a workshop for each life course stage, with a fourth workshop looking at cross cutting issues;
- This might identify a need to have further "deep dives" into specific ambition areas;
- An update report should be brought to the December Board meeting, and the Board should reflect on capacity at that point.

2.5. The Board's Steering Group have reflected at length on this discussion, with the following key points in mind:

- Health & Wellbeing Board is the publicly accountable body for improving the health and wellbeing of Sheffield residents;
- The Strategy has been developed in consultation with a range of stakeholders in the city beyond the Board and is seen as commanding broad support;
- It is a high level Strategy, and does not contain detail on what should be done to achieve the ambitions it sets out;
- Some of the individual ambitions cover extremely broad areas requiring input from a wide range of stakeholders: the life course stages even more so;
- Delivery will require action by the full range of partners in the city, including many not at the Board table and over whom the Board cannot exercise direct influence through its statutory powers;
- A major question for a number of board members has been how to get from high level ambitions to specific action plans for delivery;
- The Board's role in delivery is not about the operation detail: it is to find out what's happening in Sheffield, to build broad partnerships that agree on what needs to happen in the city and commit to taking action, and then to hold the system to account for those commitments made, provide support and unblock issues to help things happen.

2.6. These discussions have led the Steering Group to agree the following firm plan for Strategy implementation.

3. Identifying "the plan" specific to the broad ambitions

3.1. Given the breadth of the strategy, it remains the proposal there will **not** be a "single plan" for implementation. The approach it is proposed to take is that the strategy sets out a set of challenges and a range of institutions and partnerships need to consider how best to respond.

3.2. With the points above in mind, in particular the breadth of the territory involved in each of the life course stages, the Steering Group are concerned that taking the approach proposed in July risks not moving discussions forward as quickly as possible, and failing to develop the specificity of action the Board desire. Equally, concerns over capacity are not unfounded, and there are also valid concerns about the potential for duplication in running workshops for each ambition.

3.3. In addressing this, the following points are important:

- There remains a need for an action plan against each ambition against which the Board can hold the city to account;
- This might be developed through a bespoke workshop, or through existing work already underway in the topic area, using existing boards, processes and mechanisms where they are in place, not creating a new parallel structure;
- What is critical is that whatever process is followed produces a clearly articulated plan of action, that is signed up to (and ideally created) by a broad range of stakeholders, and that satisfies the Board as to the process through which this was developed.

3.4. It is suggested the criteria for satisfying the Board should be as follows:

- The process must ensure voices and players from outside the immediate constituency of public services have an opportunity for their view to be considered, to shape the action plan and to make offers. This should include the opportunity to suggest where statutory services could do things differently;
- The process must consider what we are hearing from engagement exercises, in and outside the sector concerned;
- The process should consider who are non-engaged stakeholders, and make efforts to engage them;
- It should also link to the engagement work on the Strategy being led by Healthwatch;
- The process **must** address inequalities;
- The process should consider the state of play in the sector in Sheffield, the state of the art, the evidence base, the current trajectory of the key indicators, and agree how to shift the trajectory positively;
- It should be open to radical thinking;
- It should ensure proper reflection on cross cutting issues affecting that ambition;
- It should recognise that in each ambition area there is a lot of work going on, but that we collectively want to accelerate trajectory of improvement;
- It should agree across all stakeholders what measures or indicators will tell us if we are being successful.

3.5. The Steering Group agree with the Board's view that without additional capacity, running nine workshops to satisfy these criteria may take longer than originally anticipated. Therefore, to reduce the additional demands on organisations but ensure the Board can be confident that action is taking place in support of the Strategy, it is suggested that a named lead for each ambition area be identified and asked to attend a Board meeting to set out the current state of play in the area of work, and how they will put the required process in place to deliver a city-wide action plan on behalf of the Board. These will be scheduled into the Board's Forward Plan, and it will be for the Board to determine whether they are satisfied with what is proposed, or whether they wish to see more done, allowing for targeting of resources.

3.6. The named lead would be supported by a Board member as sponsor, as a first point of contact and for signing off any papers that are put to the Board.

3.7. Named leads and sponsors for each ambition are set out below, with the following criteria used to identify appropriate people:

- Responsibility for the Strategy must be **seen** to be not just the preserve of just one or two organisations;
- Reflecting the above concerns about capacity, no individual should be responsible for more than one ambition area;
- Where ambition areas cut across more than one area of work (such as age boundaries, or multiple service areas), selection of the Board sponsor would attempt to reflect this.

Ambition	Suggested Board Sponsor	Suggested Lead	Potential Timescale
Every child achieves a level of development in their early years for the best start in life	Cllr Jackie Drayton	Bethan Plant	February 2020 onwards
Every child is included in their education and can access their local school	John Macilwraith	Stephen Betts	April 2020 onwards
Every child and young person has a successful transition to adulthood	Cllr George Lindars-Hammond	Dawn Walton	February 2020 onwards
Everyone has access to a home that supports their health	Cllr Paul Wood	Janet Sharpe	April 2020 onwards
Everyone has a fulfilling occupation and resources to support their needs	Greg Fell	Laura Hayfield	April 2020 onwards – ideally by July 2020
Everyone can safely walk or cycle in their local area regardless of age or ability	Laraine Manley	Tom Finnegan-Smith	TBD
Everyone has equitable access to care and support shaped around them	Nicki Doherty	Mark Tuckett	April 2020 onwards
Everyone has the level of meaningful social contact that they want	Maddy Desforges	Emma Dickinson	February 2020 onwards
Everyone lives the end of their life with dignity in the place of their choice	David Hughes	Tracy Standerline	March update scheduled

3.8. The initial ask of each of the named leads will be:

- To curate a Board discussion setting out the current state of play in Sheffield in relation to the ambition in question, reflecting the criteria set out in para 3.4 above (informal discussions have taken place with potential named leads, and possible timescales for this initial discussion are indicated above);
- Through this session, work with the Board to identify the best process for developing a plan against which the Board can hold the city to account to identify when they would be prepared to present that to the Board identifying the current mix of interventions, the rate limiting steps and the 1, 5, and 10 year aspirations.

3.9. There is no desire to establish new mechanisms or boards: the ambitions should be owned within structures we already have. The Board’s forward plan and agendas will reflect what is in the strategy, and the balance of topics covered. To oversee this we will create a light touch oversight group.

4. Wellbeing built more explicitly into decision making processes

4.1. In addition to the nine ambitions the Strategy commits us to building considerations around health and wellbeing and inequality in as a core element of decision making and policy

development. There is some further work needed on this, but it is recommended the Welsh Future Generations Act provides a template and some practical guidance documents.

5. Linking Strategy to outcomes

- 5.1. The broad overarching metrics are established within the strategy. These are based on a version of the PHE Local Government Area Health Profiles. This is nationally produced and matches well with three quarters of the ambitions. Mostly these are high level population health metrics and there is a legitimate question of how to link service level performance & outcome metrics to high level whole population.
- 5.2. Each of the ambition areas will need to have its own outcome framework that needs to be developed and owned by the stakeholders in that space, with the Board holding the ring across all ambitions. There may be some merit in peer review of such frameworks. Those remain the responsibility of stakeholders in that space, overseen by an appropriate partnership or single agency.
- 5.3. The Board should seek an annual assurance on outcomes. This should include outcomes or other metrics within specific ambitions, and more general high level population outcomes. The review should also include a test on what changes have been implemented in a year toward getting the right machinery in place both within outcomes and more overarching.
- 5.4. The review should also test:
 - whether there is visibility being given to the areas of the strategy that aren't visible to the whole of the board;
 - whether new stakeholders have been engaged beyond the usual constituencies;
 - whether any workshops or other processes set up fulfil the criteria we have set;
 - the actions individual members of the board, and the constituencies & agencies they represent have implemented towards the aims of the strategy;
 - What are we hearing from engagement exercises, in and not in the sector concerned, and whether the insight from that engagement match the service delivery view and the data
- 5.5. In totality this should provide a bridge from high level, long term strategy to short and medium term actions. The role of the board remains holding to account (including itself), and being publicly accountable for health and wellbeing.
- 5.6. We should aim to build implementation into the standard operating processes of constituent organisations, in a way where health and wellbeing outcomes (and inequalities in these) are considered with the same gravity as financial balance. This will need embedding within our management processes and discussions at key meetings such as EMT, CMT, PLTs, etc.

6. Questions for the Health & Wellbeing Board

1. Do they support the approach set out above?
2. Do they agree with the named leads and sponsors identified?
3. Do they support the broad approach to developing a Strategy performance framework?
4. How would they like to prioritise the ambitions in terms of Board agendas?

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