

## **Health and Wellbeing Board**

### **Workshop: 27 September 2016**

#### **Topic – Health and Wellbeing Board Work Programme Priorities**

##### **Attendance**

Graham Allen, Director Adults' Health and Care, HCC  
Steve Apter, Director of Community Safety & Resilience, HFRS  
Cllr Zilliah Brooks, substitute to Cllr Liz Fairhurst, HCC  
Cllr Anne Crampton, Cabinet Member for Community Wellbeing, Hart District Council  
Steve Crocker, Director Children's Services, HCC  
Mary Edwards, Chief Executive, Hampshire Hospitals NHS FT  
Cllr Liz Fairhurst, Executive Member for Adult Social Care, HCC  
Christine Holloway, Chair Healthwatch Hampshire  
Dr Paul Howden, Deputy Chair, Fareham & Gosport CCG  
Patricia Hughes, Chief Executive, Hart District Council  
Cllr Roger Huxstep, Chairman Health and Adult Social Care Select Committee, HCC  
Peter Kelly, lay member on governing body, North Hampshire CCG  
Nikki Osborne, Head of Public Health, NHS England (Wessex)  
Cllr Roy Perry, Executive Member for Policy & Resources and Leader, HCC  
Dr Barbara Rushton, Chair, South East Hants CCG  
Richard Samuel, Chief Officer, South East Hants and Fareham & Gosport CCGs  
Dr Sarah Schofield, Chair, West Hants CCG  
Cllr Patricia Stallard, Executive Member for Health and Public Health, HCC  
Dr Andy Whitfield, Chair, North East Hants and Farnham CCG  
Peta Wilkinson, Chief Executive, Enham Trust

##### **Supporting Officers**

Simon Bryant, Consultant in Public Health, HCC  
Sian Davies, Consultant in Public Health  
Robert Pears, Consultant in Public Health  
Fiona Harris, Consultant in Public Health  
Marie Mannveille, Democratic & Member Services

##### **Introduction**

Cllr Liz Fairhurst, Chairman of the Health and Wellbeing Board, welcomed those attending.

##### **Our Shared Agenda**

A presentation was given by Simon Bryant, Consultant in Public Health at Hampshire County Council, to set the scene for the workshop. He re-capped the key messages from the previous workshop; that there was scope for the Board to:

- work better together – to solve those difficult problems that not one organisation can solve alone
- for the Board to take a more active role – to get underneath the pressures across Hampshire
- Harness the power of the Board – to take action
- Change the way the Board works

He highlighted what the Board identified it wished to progress at the last workshop:

- Priority areas to work on
- A work plan for the year

- Ensuring the Board added value
- Seeking measurable outcomes for the work of the Board
- Using the power of the Board to 'unblock the blocks'
- Demonstrating achievements for local people

He noted that key for the Board was the agreed Joint Health and Wellbeing Strategy (JHWS). He highlighted the challenges facing the Hampshire population including increased life expectancy, although increased years of ill health, and the impact of unhealthy lifestyles on the provision of health and care services.

He described 'wicked problems' as those that are complex and require more than one organisation to address, and often involve behaviour change and require partnership working. He provided a spider diagram of the interrelated causes and impacts of obesity as an example of such an issue. It was noted that to make an impact on such problems would require thinking differently and doing things differently compared to what had been tried before.

It was noted that consideration needed to be given to how to effectively support people to live healthy lives. It was recognised that the Sustainability and Transformation Plan (STP) for Hampshire aimed to shift the health and care system to promoting wellness rather than focusing purely on treating illness.

### **Working Together**

A presentation was given by Dr Sarah Schofield, Clinical Chairman of West Hampshire CCG, on the need for representatives from different organisations to come together and work together on the issues facing the local health system.

She highlighted the call in the NHS Five Year Forward View for a radical upgrade in work on prevention, and the importance of working collectively on plans like the Sustainability and Transformation Plan, as Local Authorities provide a range of services which are relevant to supporting people to live healthy lives.

She encouraged members of the Board to think as the Board, not as their own organisation, and identified that the Board involves senior leaders across the health and care system who could use their roles to 'unblock' the issues blocking progress.

### **Joint Strategic Needs Assessment**

A presentation was given by Fiona Harris and Jenny Bowers from the public health team at Hampshire County Council regarding the Joint Strategic Needs Assessment for Hampshire. It was noted that the requirement to produce a Joint Strategic Needs Assessment (JSNA) had been in place since 2008, and following the creation of Health and Wellbeing Boards had become their responsibility.

The JSNA provides data on the Hampshire population, including wider determinants of health such as socio economic factors. This data can then be used to inform the Joint Health and Wellbeing Strategy, and commissioning plans. The current JSNA for Hampshire had been structured to reflect the four Joint Health and Wellbeing Strategy themes. Alongside the overall picture this presented, it was planned to undertake three or four detailed assessments of particular issues per year. The Board was invited to provide guidance as to what those areas to explore in further detail might be.

## Addressing Complex Problems

Graham Allen, Director of Adults' Health and Care at Hampshire County Council, described that no single organisation holds the key to solving the complex problems the health and care system faces. There was a need to involve the voluntary and community sector, and to support communities to make the most of their strengths rather than focus on their problems (an assets based approach). A short video was played regarding Supportive Communities:

<https://youtu.be/aSxFWE3f7cw>

Presentation slides:



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## Group discussions

Board Members were invited to take part in one of four discussion groups; one on each of the Joint Health and Wellbeing Strategy Themes. Discussions focused on identifying priority areas of work for the Board under each theme, bearing in mind the distinction between topics the Board would 'watch' 'sponsor' or 'do'. Board Members were encouraged to consider issues that cross organisational boundaries.

## Starting Well

### Priorities

The key priority was to intervene early to improve emotional wellbeing and reduce obesity.

Other top priorities were:

- Special Educational Needs and Disability (SEND): improving preparation for Children and Young People for semi-independence once they reach adulthood.
- Improving rates of self-care to reduce Emergency Department attendance.

The group also discussed enablers: evaluating the impact of policy decisions e.g. Family Support Service, and whether the Health and Wellbeing Board had a role in monitoring the implementation of key strategies e.g. emotional health and wellbeing, obesity, suicide reduction.

### Data requirements

- What is the predictive value of knowing about the toxic trio (substance misuse, domestic abuse and mental health) on use of intensive public sector services?
- Gap analysis: what is already going on to address the toxic trio?
- Possible literature reviews: SEND, what works for improving the transition to adulthood for Children and Young People with complex needs? Impact of parental behaviour on ill health of Children and Young People.
- There should be a discussion about linking datasets from public health, CCGs and children's services. This is perhaps something that could be taken forward next year.

The wicked issues discussed were:

- Interventions need to change the behaviours of parents, not just children
- The number of children in need has doubled in 10 years.

- Type II diabetes is being diagnosed in younger people due to unhealthy weights in children
- Levels 1 and 2 of health visiting and school nursing can be seen as a pipeline for children's services, not a filter. Practitioners need to be more comfortable holding the risk around a child.
- The Sustainability and Transformation Plan (STP) expects savings to become apparent in 2 years. Children do create pressure in the NHS, but more in general practice than hospitals. Currently this isn't addressed in the STP.
- Supporting mothers who have a second child removed. The Pause programme (an intense, therapeutic and practical support programme for women who have had, or are at the risk of having, multiple children taken into care) is apparently an evidence based intervention. There may be a roll for the Family Nurse Partnership promoting Long Acting Reversible Contraception (LARC).

### ***Living Well***

A number of topics were discussed.

The key topic to take forward was obesity with a focus on physical activity due to the large co-benefits of physical activity on wider health and wellbeing.

There was an acknowledgment that we need to link to innovators in the area including universities.

### ***Ageing Well***

The Group discussed the following 'wicked issues' under the ageing well strand:

- Social Isolation
- Loss of confidence in going out – fear of falling/loss of dignity/physical safety/risk aversion
- Mental Well-being and Mental Illness
- Behaviour change – independence
- Our ageing population (and where they live)
- The issues for that population and their expectations of ageing

### **Priorities**

- Social Isolation – Cause and effect
- Mental Illness – linked to mental wellbeing (moving from reactive crisis to proactive action)
- 'Frailty' – medical or social issue (who is the population and what are their issues)
- Expectations - Population Behaviour change

Of those the highest priority was identified as:

- Social Isolation – cause and effect
  - Understand the problem and the potential solutions
  - Identify or commission research to understand the impacts, beliefs/attitudes to help design solutions



Ageing Well FH.pptx

### ***Healthy Communities***

Issues discussed were:

- Poverty
- Education and motivation
- Resilience and self efficacy
- Social isolation
- Obesity
- Built environment, transport, housing
- Mental health
- Service culture from paternalism to listening and encouraging

3 priority areas were identified as:

1. Education and motivation
2. Social isolation (including environment)
3. Obesity (including environment)

#### Education and motivation to lead Healthy Lifestyles

- The group discussed the issue of encouraging healthy lifestyles, noting that an issue can be the extent to which people feel passive or feel they can help themselves. It was discussed that there is evidence regarding behaviour change, however it can be difficult to influence people.
- It was suggested that education could help with supporting people to make healthy choices, however it needed to inspire and motivate people not just provide facts. Evidence could be sought about successful methods to motivate people.
- The impact of the built environment was discussed, and the fact that local authorities could support healthy lifestyles through planning decisions such as enabling walking and cycling through providing routes, ensuring green spaces within communities, limiting licenses for fast food outlets etc
- Do we know what works: JSNA – make readily accessible
- Do we need to find out more: How can we help people learn motivation for themselves?
- Research - motivation for looking after self
- What next: Wider workforce – how change to collaborate with residents rather than paternalism. Social prescribing aka Bromley by Bow

#### Social Isolation

- It was suggested that networks across organisations could be used to identify individuals who are isolated, including parish councils. Consideration needs to be given to what evidence there is of methods to help people who are isolated (e.g. review of the project involving tablet devices previously presented to the Board).
- The group discussed investigating what could be done to encourage 'neighbourliness' – communities being aware of and looking out for their vulnerable members.
- Do we know what works: JSNA – make readily accessible
- Do we need to find out more: What works? Who are the socially isolated (HFS, HV, police etc), Priority groups, Causes of social isolation
- What next: Identify people who know isolated individuals and help through groups, Use community assets to reach out to people (parish councils, faith groups), Facilitate a culture of helping. Good neighbour

#### Obesity

- It was noted that the County Council was hosting a conference on obesity the following week.

- The public health facilitator indicated that evidence suggests weight is mostly impacted by food intake (80%) and less by levels of activity
- Do we know what works: JSNA – make readily accessible
- Do we need to find out more: Good knowledge base, Conference should provide knowledge we need
- What next: Food availability – issue, Health and Wellbeing Board as an advocate, Healthy eating, new ways of working, Transport and physical activity (one member has asked ETE about relative spend on cycling and walking vs road transport), Prevention, Delivery of current strategy, Education of children and families

The four discussion groups fed back their **priority topics** to the wider group:

### **Starting Well**

- Intervening Earlier (especially with regard to mental health and obesity) to support young people to be resilient

### **Living Well**

- Increasing Physical Activity (linking to obesity and vascular health, and including the roles of the organisations represented on the Board as employers)

### **Ageing Well**

- Social Isolation
- managing expectations as a society about ageing

### **Healthy Communities**

- Supporting Healthy Lifestyles through Education and Motivation including behaviour change techniques
- Social isolation
- Obesity

Other comments from the floor:

- Empowering people to help themselves
- Using community assets to help with the solution
- Moving from being reactive to a focus on prevention
- Impact of the built environment in supporting healthy lifestyles
- Health and Wellbeing Board to role model joint working
- Opportunity for the Board to influence upwards and lobby central government, and opportunity to support national campaigns

### **Closing Remarks**

It was noted that the outcomes of the workshop would be reported back to the Board, along with proposals for how some of the areas of work identified could start to be progressed.

The Chairman, Cllr Liz Fairhurst, thanked everyone for attending and looked forward to the Board taking forward a plan of action based on the identified priorities.