

Committee: Cabinet

Date: 20 January 2014

Agenda item:

Wards: All

Subject: Health and Wellbeing Peer Challenge Feedback

Lead officer: Simon Williams Director of Community and Housing / Kay Eilbert Director of Public Health

Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health.

Forward Plan reference number:

Contact officer: Clarissa Larsen, Partnership Manager Health and Wellbeing Board

Recommendations:

- A. To receive the feedback from the Health and Wellbeing Peer Challenge.
 - B. To agree to publishing the feedback report on the Health and Wellbeing Challenge on the Council's website
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To set out the feedback from Health and Wellbeing Peer Challenge and agree to its publication, as requested by the LGA

To outline the recommendations from the Challenge and the planned response including embedding work to address health inequalities in Service Plans.

2. BACKGROUND

The Local Government Association manages a 'health and well-being system improvement programme', of which peer challenge is a part. Merton took part in the pilot programme of the Health and Wellbeing Peer Challenge - the only London Borough to do so. The Peer Team were on site for four days in early October 2013.

3. HEALTH AND WELLBEING PEER CHALLENGE

3.1 The purpose of the peer challenge was to support the Council in implementing its new statutory responsibilities through a systematic challenge by peers to improve local practice. The challenge particularly focused on:

- The establishment of effective health and wellbeing boards
- The operation of the public health function
- The establishment of a local HealthWatch

Specifically asking:

- i. How well are the health and well-being challenges understood and how are they reflected in the joint Health and Well-being Strategy and in commissioning?
 - ii. How strong are governance, leadership, partnerships, voices, and relationships?
 - iii. How well are statutory and discretionary functions delivered?
 - iv. How well are the strengths of the DPH and team being used?
- 3.2 The Peer Team were on site in the Civic Centre from 7 to 10 October 2013. The team comprised:
- Gillian Norton – Chief Executive, London Borough of Richmond upon Thames
 - Councillor Wendy Simon – Cabinet Member, Liverpool City Council
 - Dr Andrew Furber – Director of Public Health, Wakefield Council
 - Dr Shona Arora – Centre Director for Avon, Gloucestershire and Wiltshire, Public Health England
 - Dr Jagan John, ONEL Integrated Care Lead and Clinical Directors, Barking and Dagenham Clinical Commissioning Group
 - Tim Baxter – Head of Public Health Policy and Strategy Unit, Department of Health
 - Kay Burkett – Challenge Manager, Local Government Association
- 3.3 There was a busy schedule of meetings which included all Council Cabinet members, Chair and Vice Chair of Health Scrutiny, Directors, members of the Health and Wellbeing Board, Merton Clinical Commissioning Group as well as partner agencies and the voluntary sector.
- 3.4 The Peer Challenge concluded with a feedback session which all participants were invited to attend. The Peer Team made a presentation on their observations and recommendations. This was followed up by a full feedback report/letter in which there were many positive and constructive comments.

'The HWB .. has adopted a clear strategy and shown considerable enthusiasm and commitment to improving the health and wellbeing of its residents and narrowing the inequalities gap. This is a key issue, recognised by all political parties and partners.'

'The high quality of working relationships between key partners in the health, care and wellbeing system is seen as something people can rely upon and the benefits which derive from it are valued by everyone'

'There has been some good engagement with partners and communities to inform the joint Health and Wellbeing Strategy and to decide upon priorities'

'The energy and drive of the Director of Public Health and her team is widely recognised and appreciated. There has been a positive response to this from

Council staff who are both engaged in the agenda and motivated to succeed. Partners are equally enthusiastic, all of which creates a positive context for moving forward’.

3.5 The report speaks of a need for the Health and Wellbeing Board to maintain a focus on delivery with pace. It highlights specific actions for consideration including:

- Realise your ambition to grow social capital by building on the strong voluntary and community arrangements and by embedding asset mapping as part of the JSNA.
- Build on the strengths of Merton by further developing sub-regional alliances for greater resilience in health and social care.
- Ruthlessly prioritise in order to deliver tangible improvements through a clear work plan owned by all the HWB partners.
- Ensure straightforward shared communication and engagement with the community on health and wellbeing.
- Clarify the role of the HWB and the Healthier Communities and Older People Overview and Scrutiny Committee.
- Support the DPH and her team in further understanding the jargon, culture, norms and values of the council to enable them to continue to operate positively within a political environment.

The report also states that ‘the Council has acknowledged that its service plans now need to pick up health and wellbeing more explicitly in order to reduce the health inequalities identified in (the Joint Strategic Needs Assessment and) the Health and Wellbeing Strategy. The Peer Team strongly support this.’

3.6 The full report, set out in a letter, is attached in Appendix 1. A plan of actions responding to the findings will be developed and will form part of the evaluation of the Health and Wellbeing Strategy.

Merton Partnership Conference on Health Inequalities

3.7 The Peer Challenge was followed in November by the Merton Partnership Conference which was this year held on Health Inequalities with the aim ‘to commit to new ways of working that will help reduce health inequalities in Merton’.

This responded to the HWB Challenge recommendations giving participants the opportunity to gain further insight on, and engage in, the specific health inequalities in life expectancy and on the wider influences on health inequalities. Delegates were encouraged to think about what a ‘good life’ looks like and agreed the five elements that contribute to it as:

- Good health – preventing illness and accessing health care
- Early years and strong educational achievement
- Community participation and feeling safe
- Life skills training and good work
- A good natural and build environment

Workshops on these themes were run by facilitators from both the Council and partner organisations. Local and national case studies of ‘interesting practice’ informed discussion and raised awareness of each organisation’s role in delivering health. All participants were asked to make a written pledge to work in a new way to reduce health inequalities. A total of 76 written pledges were made, examples of the pledges were fed back and all were recorded for future action.

4. NEXT STEPS

- 4.1 The outcomes of the Health and Wellbeing Peer Challenge and those from the Merton Partnership Conference will feed into action planning and will contribute to the first evaluation and review of the Health and Wellbeing Strategy and its Delivery Plan and the Annual Public Health Report.
- 4.2 The recommendation that Council departmental service plans embed the needs of addressing health inequalities in departmental Service Plans 2014-18 will be led by departments. Public Health will support this planning process.
- 4.3 The LGA has requested that a copy of the feedback report on the Health and Wellbeing Peer Challenge is published on the Council’s website. Public Health has also been asked by the LGA to provide details of work, identified as part of the Peer Challenge, which will be published by LGA as ‘notable practice’.

5. ALTERNATIVE OPTIONS

The HWB Peer Challenge generated positive and helpful feedback whilst also raising awareness of health and wellbeing and encouraging a focus on health inequalities. If it had not been undertaken this would have been missed.

6. CONSULTATION UNDERTAKEN OR PROPOSED

A range of partner organisations participated in the Peer Challenge.

7. TIMETABLE

As set out in the report.

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Costs of the HWB Peer Challenge and MP Conference were managed within existing budgets.

9. LEGAL AND STATUTORY IMPLICATIONS

None

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The focus of the MP Conference was on reducing health inequalities and this was also a significant focus of the HWB Peer Challenge.

12. CRIME AND DISORDER IMPLICATIONS

None

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

12. BACKGROUND PAPERS

None

13. APPENDICES

Appendix 1 – Final feedback report letter from the Health and Wellbeing Peer Challenge Team.

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