
West Berkshire Health and Wellbeing Board Annual Conference – 27 April 2017 – Supporting Information

1. Introduction/Background

- 1.1 The Health and Wellbeing Board held its first conference in November 2015. The purpose was to identify opportunities for further cooperation between member organisations and assist to identify priorities for the Health and Wellbeing Strategy. Speakers from a range of public organisations were invited to give presentations about the key issues which would impact on their services going forwards. Although cooperative relationships between the Board's member organisations were strengthened, there was limited progress in achieving outcome change
- 1.2 The June 2016 conference was held in the wake of the Peer Review conducted by the Local Government Association (LGA) in March 2016 of the three Health and Wellbeing Boards in Berkshire West. The Peer Review recognised the strong cooperative relationships held between the Board's member organisations and suggested that the Board was ready to include other public sector organisations in its membership (such as Thames Valley Police, Royal Berkshire Fire and Rescue Service).
- 1.3 In response to the recommendations which arose from the Peer Review, the conference in June 2016 aimed to consider how the wider determinants of health could be incorporated into the Health and Wellbeing Strategy. This conference was successful in channelling the Board members' focus and the following priorities for the Strategy, published in March 2017, were identified:
 - (1) Reduce alcohol related harm for all age groups.
 - (2) Increase the number of community conversations through which local issues are identified and addressed.
- 1.4 The LGA facilitated further development work for the Board over the summer of 2016. The key outcome was that the Board members defined their role going forward as *system leaders*. System leadership means working together in a transformative way to place the user at the centre of service design; basically putting the customer first and the interests of the organisation after. The way in which this new way of working together, in transformation and not just in cooperation, would be implemented was not determined and Board members recognised that there would be barriers such as organisation's reducing resources to name just one.
- 1.5 A community conversation is a mechanism to solve a problem by identifying the strengths that already exist. Given the Board's focus on community conversations in 2017, the Principal Policy Officer supporting the Board recommended that this approach be used for the next conference. The aim of the Annual Health and Wellbeing Conference held on 27 April 2017 was for attendees to broaden their

understanding of the community conversations approach by applying it to the issue 'How as system leaders do we move from cooperation to transformation?'

2. Supporting Information

Conference Agenda - State of the District

- 2.1 Dr Anees Pari, the Interim Head of Public Health and Wellbeing at West Berkshire Council, gave an introductory presentation which outlined some of the health inequalities in West Berkshire. He reported that in West Berkshire, performance was significantly above the national average for 84 measures from the Public Health Outcomes Framework. There were seven measures which had significantly worse performance.
- 2.2 Dr Pari summarised some of the key inequalities in life expectancy in different wards in West Berkshire. There is approximately a ten year difference in life expectancy between the least deprived wards (Bucklebury, Birch Copse) and the most deprived wards (Victoria, Thatcham North).
- 2.3 These inequalities also extend to hospital stays for alcohol related harm with Lambourn Valley at the top of the fifth quintile for Standard Admission Ratio.
- 2.4 Dr Pari concluded that while West Berkshire is a relatively affluent district, there are big differences between the health outcomes of different communities. There are excellent opportunities for working together to close the gaps between communities that are doing well and those that need help.

Conference Agenda - Context Setting

- 2.5 Cllr Graham Jones and Dr Bal Bahia, Chairman and Vice-Chairman of the Health and Wellbeing Board, outlined that the main recommendations from the Peer Review were to accelerate local improvement to address health inequalities and incorporate the work around community conversations. These recommendations led to the Board identifying their vision as 'The Health and Wellbeing Board will enable communities to become healthier and stronger.'
- 2.6 They explained that in the development work following on from the Peer Review they came across a term 'system leaders'. This term means that organisations move beyond simple collaboration and work in partnership to transform services around the needs of the service user. They reported that Board members had come across the phrase 'a soup not a salad' which alludes to the way that from the perspective of service users, the public sector organisations want to 'blend' their boundaries we can make the most of the available resources.
- 2.7 Cllr Jones and Dr Bahia concluded by summarising the Board's new strategy and governance arrangements. The two priorities were identified as reduce alcohol related harm and increase the number of community conversations.

Conference Agenda - Community Conversations

- 2.8 Rachael Wardell, Corporate Director – Communities at West Berkshire Council, introduced the topic of community conversations and outlined the elements that make an effective community conversation including the actions, practices and

leading energies. She also explained the ground rules and the different forms they could take.

- 2.9 The session took place in a fishbowl, which meant there was an inner and an outer circle of chairs. Only people sat in the inner circle of chairs were permitted to speak and moved to the outer circle once they had said what they wished.
- 2.10 Delegates were invited to consider the following:
- (1) What are our strengths?
 - (2) What do we need?
 - (3) What gets in the way?
 - (4) What would “good” transformation look like?
 - (5) What actions do we propose?
 - (6) What can we commit to?
- 2.11 Conference attendees enjoyed an interesting session; feedback from the evaluation forms will be reported verbally at the Health and Wellbeing Board on 25 May 2017.
- 2.12 The actions that were proposed by the conference attendees to support the aim to move from cooperation to transformation were:
- (1) Raise the profile of the Health and Wellbeing Board’s work and strategy with existing place based groups such as Parish Councils/ Use the District Parish Conference.
 - (2) Amend the report template for Board meetings to invite authors to explain how the Board can support them.
 - (3) Update the Board on community activities which are creating the ‘soup’.
 - (4) Make engagement with the Board easier.
 - (5) Look at the terminology and branding used by the Board.
 - (6) Incentivise attendance at community conversations
 - (7) Focus alcohol strategy on communities with the greatest need so we can have the greatest impact.
 - (8) Look at examples of good ‘soups’.
 - (9) Write the recipe for ‘soup’ and assess how far along the salad to soup scale we are.
 - (10) Commit to putting our entire workforce and resources behind the two priorities.
 - (11) Increase the visibility of what’s working to system leaders.

(12) Delivery Groups needs to be focussed on their impact and outcomes.

- 2.13 The Principal Policy Officer supporting the Board has adapted these actions into a set of SMART (Specific, Measurable, Achievable, Relevant and Time-bound) actions so the Steering Group and the Health and Wellbeing Board can monitor their implementation. The Steering Group approved the action plan at their meeting on 4 May 2017.
- 2.14 To adopt action (2) above, this report outlines explicitly how the Health and Wellbeing Board can help to support the content of this report in paragraph 3. The action plan itself also outlines the specific role of the Board members in enabling the implementation of each of the identified actions.

3. Conclusion

- 3.1 In the three years that the Health and Wellbeing Board's Annual Conference has been running, its purpose has evolved in recognition of the Health and Wellbeing Board's evolving role. The focus has matured from working in collaboration to building on the recognised strong relationships between organisations to transform services to meet the needs of service users.
- 3.2 Strong communication and engagement with the communities in West Berkshire will be essential to the success of working to meet needs of service users. The Board will need to ask them what their needs are and how they want their public services to meet those needs. The Board's Patient and Public Engagement Group will own many of the actions in the appended action plan and work with the Board's other sub-groups to coordinate effective consultation with West Berkshire's residents.
- 3.3 The Health and Wellbeing Board are invited to approve and own the actions which arose from this year's conference, as outlined in the appendix.

4. Consultation and Engagement

- 4.1 Health and Wellbeing Steering Group, Jenny Legge (Principal Policy Officer – Research, Performance and Consultation), Nick Carter, Rachael Wardell, Andrea King, Susan Powell

Background Papers:

Health and Wellbeing Priorities 2017 Supported:

- ☐ Reduce alcohol related harm for all age groups
- ☐ Increase the number of Community Conversations through which local issues have been identified and addressed

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- ☐ Give every child the best start in life
- ☐ Support mental health and wellbeing throughout life
- ☐ Reduce premature mortality by helping people lead healthier lives
- ☐ Build a thriving and sustainable environment in which communities can flourish
- ☐ Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim and priority by

Officer details:

Name: Jo Reeves
Job Title: Principal Policy Officer (Executive Support)
Tel No: 01635 519486
E-mail Address: joanna.reeves@westberks.gov.uk
