

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	The Power of Place – Workshop Feedback
Date of meeting:	24.10.2017
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Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	This paper provides a summary of the discussion that was held at the informal meeting of the Health and Wellbeing Board on the 27 th June 2017. It identifies the direction of travel for the Board .		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment. Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board. Strengthen links with sub-regional working via expanded membership to include the Cheshire East Council Executive Director of Place. Revisit the Stakeholder mapping to identify actions taking place across the Borough. Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).		
	No		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The intention is that the Board will strengthen its effectiveness in improving health and wellbeing across Cheshire East through taking a place-based approach.

1 Report Summary

- 1.1 The Local Government Association (LGA) review the progress of Health and Wellbeing Boards (HWBBs) on an annual basis.
- 1.2 The key finding from the 2017 report “*The Power of Place*” is that HWBBs undertake an annual self-assessment review to examine the progress that they have made; and that this should focus on: place (i.e. linking wider determinants and health improvement); leadership; collaborative working and making the geography work.
- 1.3 This workshop was held at the June informal meeting of the Board and this report presents the results of the discussions.

2 Recommendations

- 2.1 Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.
- 2.2 Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.
- 2.3 Strengthen links with subregional working via expanded membership to include the Cheshire East Council Executive Director of Place.
- 2.4 Revisit the Stakeholder mapping to identify actions taking place across the Borough.
- 2.5 Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).

3 Reasons for Recommendations

- 3.1 These recommendations were made during the workshop – identified and endorsed by members. These actions will strengthen the effectiveness of the Health and Wellbeing Board and reframing action in terms of Place/Geography will support improvements in health and wellbeing in the Borough.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 As stated, the workshop will inform the refresh of the Health and Wellbeing Strategy.

5 Background

5.1 *Committed Leadership: “We’re committed but what are we actually leading?”*

The members of the Board all highlighted a commitment to the Board – attendance is regular and sustained – but a question was raised about how the commitment has translated into action: **“We’re all in it – have we used the HWBB as well as we could?”** This point was expanded to highlight strategic and process concerns.

5.1.1 Strategic: **“Do we have a shared vision? Have we identified what is a win for the system?”** This lack of clarity is affecting the processes of the Board.

5.1.2 Processes: Once items have been discussed, the Board has been poor at following up issues. Some of this is linked to uncertainty that the Board is focusing on the right issues and whether there are too many priorities being raised. The remit can be too broad and with twelve hours of formal meeting time, and ten hours of informal development time, what can realistically be achieved by the Board?

5.1.3 There was a strong view that the Board is a passive entity rather than a strategic force – it receives reports rather than directing action.

5.1.4 Next Steps:

- **Reduced and focused number of priorities to be captured in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.**
- **Place Directorate to be engaged in drafting of Strategy.**
- **Partners to ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.**

5.2. *Collaborative Working – “Competing regulatory requirements (i.e. NHS and Local Government) prevents the Board being a driver.”*

Board members have good relationships, on an individual level rather than at an organisational level as a results of regulatory and/or legislative constraints. There was also a sense that the Board is **“joining the dots, but not as well as we could be.”** Examples highlighted were the need to connect with subregional work such as the Public Services Transformation Board.

5.2.1 Regulatory requirements and their corresponding architecture were also viewed as unhelpful – e.g. annual planning cycles. However, the Health and Wellbeing Strategy is a five year document.

5.2.2 Bringing more members on board – to expand the focus from health and social care and enable a more place based and wellbeing approach was viewed as a helpful measure. For

example, there had been a missed opportunity in shaping the Cheshire Fire and Rescue Service's Safe and Well Checks because of the previously limited membership.

5.2.3 Expanded membership will also strengthen the skills, knowledge and insight available to the Board.

5.2.4 Next steps:

- **Strengthen links with subregional working via expanded membership to include the Cheshire East Council Executive Director of Place.**

5.3 *A Geography that Works* – “Connection should happen here. We're joint but we're not joined up.”

There was a strong acknowledgement that while the geography may not be “**neat and tidy**” (“it's not coterminous for all members”), “**there are levers**” within other Boards/Partnerships and linked geographies, e.g. the Local Enterprise Partnership and the Subregion. The key driver for the Board is that we are “**working in the interests of a single population.**”

5.3.1 A key issue highlighted was the difficulty for the Board to connect to all of the groups/partnerships/networks operating the Borough and that it is difficult for the Board members to know everything that is happening. However, it was felt that the Board has **the** role in setting the direction of travel and that this should be through the Health and Wellbeing Strategy i.e. establish the principles.

5.3.2 There was a sense that organisational/regulatory boundaries hinder the operation of the Board (continuing the theme of the previous discussion); but that members should speak with one voice and “**leave their organisational hat at the door**”. The risk of operating as spate organisations was highlighted again but it was also highlighted that we do have a history of collaborating on wider footprints, i.e. Pioneer so coterminosity is not a barrier to collaboration.

5.3.4 Next Steps:

- **Revisit the Stakeholder mapping to identify actions taking place across the Borough.**
- As stated earlier:**
- **Reduced and focused number of priorities to be captured in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.**
 - **Partners to ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.**

5.4 *A Focus on Place* “There have been limited discussions to date and they have been disjointed.”

The discussions highlighted that the Board members viewed framing the Board's action around Place would create greater opportunities to improve health and, particularly, wellbeing, for people living in the Borough: **“Quality of Place is a key tool for expanding health and wellbeing opportunities – the areas are intrinsically linked.”**

- 5.4.1 There was a view that many people would not view themselves as Cheshire East residents – the identities of individual places (i.e. Congleton, Crewe, Nantwich, Macclesfield etc) offer much stronger geographical connections. There is also a great deal of local action taking place in specific places, as highlighted in the previous discussion.
- 5.4.2 The value of focusing on Place has not been clearly articulated through the business of the Board. The Local Plan work has not been built upon and the Health and Wellbeing Strategy refresh creates the opportunity to do so. This also directs the work to address inequalities in specific areas, such as Crewe and Macclesfield; and address wider determinant issues that are affecting, shaping and influencing health and wellbeing – i.e. housing.

Next Steps:

- **Broaden the membership to include experts on the Place agenda (e.g. Executive Director of Place).**
- **Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).**

6 Access to Information

6.1 LGA: *The Power of Place* (2017)

The background papers relating to this report can be inspected by contacting the report writer:

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