

	<b><u>Agenda Item: 7a</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>26<sup>th</sup> January 2015</b>
<b>TITLE:</b>	<b>OPERATIONS GROUP PROGRESS REPORT – STRATEGY DEVELOPMENT</b>
<b>Organisation</b>	<b>Health &amp; Wellbeing Operations Group</b>
<b>Presenting Officer</b>	<b>Alan Lotinga, Service Director Health and Wellbeing</b>

<b>Report Type:</b>	<b>Discussion &amp; Endorsement</b>
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<b>1. Purpose:</b>
To obtain Board endorsement for the Operations Group proposal for further developing the Board's Health and Wellbeing Board's strategy.

<b>2. Implications:</b>		
BHWP Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		N
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

<b>3. Recommendation</b>
The Board agrees the framework outlined for revising the Health and Wellbeing Strategy.

#### **4. Background**

4.1 In November the Board held a workshop focusing on its role and next steps for its 'strategy-on-a-page'. The following key issues were identified:

- Members supported retaining the concept of strategy-on-a-page and much of the existing Strategy's content but wanted to see fewer priorities/outcomes in order to focus Board work and make best use of increasingly limited resources.
- The revised Strategy should feature no more than four priority areas of work grounded in Birmingham's distinct population via relevant needs analysis, alongside JSNA, where the Board can add value and make a clear difference.
- Improving outcomes for families (in all their forms) needs to be reflected more clearly within the revised Strategy
- Strategy development needs to ensure that vulnerable people are recognised within it and that a shared definition of who they are is agreed
- It is essential for the Board to develop its oversight/accountability role (while not duplicating the work of the Council's Overview and Scrutiny Committee) in order to be an 'assertive body' and genuinely influence.
- Board partnership links and those to be developed (for example with West Midlands Combined Authority) need to be mapped in order to advance the Board's oversight and influencing roles as well as do justice to the essential, related work undertaken by key partners who are not members of the Board such as the early prevention work undertaken by Housing partners and West Midlands Fire Service.
- Some important areas of work were not reflected clearly within the current version of the strategy for example: child poverty; fuel poverty; mental health and wellbeing; social isolation; health equality, integrated care and air quality
- The Board needs to be more responsive to current issues and national developments.

4.2 The Operations Group have taken these points into account and sought to be as inclusive as possible in proposing the following steps for the Board:

- Update the Strategy vision to reflect proposed themes clearly
- Within the initial strategy-on-a-page, revise Strategy themes, actions and associated measures relevant to Board members around the following areas:
  - Integrated/coordinated services that are resilient and sustainable – these comprise essential 'Enablers' for the Board to focus on collectively to improve the scale, effectiveness and coordination of system working such as improving the sharing of information and multi-disciplinary approaches
  - Maximising the independence of adults
  - Improving outcomes for children and families
- Add relevant contributions from other stakeholders to 'Partner pages' which will underpin the strategy-on-a-page.
- Where gaps in activity are identified the Operations Group will approach other organisations to secure contributions to resolve these



	as far as possible.
	<ul style="list-style-type: none"> <li>Throughout work the Operations Group will endeavour to balance work on prevention and increasing resilience alongside necessary responsive work.</li> </ul>
4.2	The Operations Group will also develop with the Board how the Board communicates its purpose, how it works and the difference it makes. It will draw on the existing engagement work of its members, e.g. CCGs in helping to ensure that its activities are accessible and relevant as well as increasing understanding of the Board and raising its profile.

<b>5.</b>	<b>Compliance Issues</b>
<b>5.1</b>	<b>Strategy Implications</b>
	The strategy needs to be updated and agreed to provide the evidence-based foundation for the Board's future work programme.
<b>5.2</b>	<b>Governance &amp; Delivery</b>
	This proposal will be managed by the Operations Group and progress reported to the Health & Wellbeing Board regularly
<b>5.3</b>	<b>Management Responsibility</b>
	Board: Adrian Phillips Day-to-day: Alan Lotinga and Jenny Drew

<b>6.</b>	<b>Risk Analysis</b>		
The major risks relate to the validity of the strategy and associated Board credibility. If the Board does not collectively agree a set of priorities/outcomes that all members endorse then the Board will be constrained in agreeing an informed future work programme not least ensuring items for the Board to consider are relevant and within its sphere of influence. Equally, unfocused Board work risks the Board's reputation.			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
Strategy on a page development fails to progress.	Low	High	Progress will be reported regularly to the Board and discussed at relevant Operations Group meetings and with wider partners as appropriate.
Role of Board is not clarified.	Low	Medium	Revisit individual Board member roles as well as collective role throughout Strategy development.

<b>Appendices</b>
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1. <i>Draft framework for developing partner contributions</i>
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<b>Signatures</b> <i>P. A Hamilton</i>	
<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
<b>Date:</b> <i>14/1/2016</i>	

The following people have been involved in the preparation of this board paper:

Jenny Drew – Health & Wellbeing Programme Manager, Birmingham City Council  
 Wayne Harrison - Consultant Public Health Intelligence & Strategy, Birmingham City Council  
 Carol Herity – Associate Director of Partnerships, Birmingham Cross-City CCG  
 Alan Lotinga – Service Director – Health and Wellbeing, Birmingham City Council  
 Kirsten Moon – Birmingham South Central CCG  
 James Sandy – Partnerships Manager, Birmingham South Central CCG

## Appendix 1 Framework for expanding partner contributions to the Health and Wellbeing Strategy

**Vision:** Birmingham is a City that sets the health and wellbeing of its most vulnerable citizens as its most important priority. In order to improve the health and wellbeing of all residents, Birmingham has built services that are both resilient and sustainable.

**Aims:** Improve the scale, effectiveness and coordination of system working  
Improve the health and wellbeing of our most vulnerable adults and children in need  
Improve the resilience of our population

Priority		How
We will have integrated/coordinated services that are resilient and sustainable	Sharing information Common assessments Multidisciplinary working 7 day services at scale across our city	What is your organisation's contribution?
Enabling Adults to remain/be more independent	Better Care Fund Reduced Isolation Building personal capacity Facilitating participation Safeguarding	What is your organisation's contribution?
Improving the outcomes for families & children	Reduced Isolation Building personal capacity Facilitating participation Building personal capacity Safeguarding	What is your organisation's contribution?

