

## **Tower Hamlets Health and Wellbeing Strategy 2016-2020**

### **Developing a strategy that will make a difference - next steps**

#### **1. Purpose of this paper**

- 1.1 The purpose of this paper is to set out the key issues emerging out of the two Health and Wellbeing Strategy development workshops and discuss the implications for the strategy.
- 1.2 To recap:
  - The Kings Fund session explored the purpose of the strategy, the role of the Health and Wellbeing board and the elements of an exemplar strategy (Appendix A)
  - The Pinpoint session at the extended Health and Wellbeing Board in aimed to identify potential priorities for the strategy (Appendix B)

#### **2. Why do we want a health and wellbeing strategy?**

- 2.1 There was some discussion through the workshops that without a Health and Wellbeing strategy there is much that would happen in any case around improving health and wellbeing in the borough. This raised a challenge around added value of a strategy.
- 2.2 However, there was a strong consensus that the current environmental, political, economic, social, technological contexts provide a complex set of threats and opportunities and that the need for strong focussed system leadership is greater than ever.
- 2.3 Having a health and wellbeing strategy that is jointly owned by key partners, that clearly articulates a shared set of aspirations and is a focus for collective action on the most important health and wellbeing issues facing local people, will be vital in what will undoubtedly be challenging years ahead for all of us.

#### **3. What do we mean by a health and wellbeing strategy and what is the scope?**

##### ***What do we mean by health and wellbeing?***

- 3.1 It was evident from the workshop discussions that there are differences in how the terms 'health' and 'wellbeing' are understood within and between organisations.

- 3.2 Whilst this is inevitable as 'health' and 'wellbeing' are terms that are used differently across society and cultures, it is important that there is some consensus around the meaning of the core concepts around which the strategy is based and that partners can refer back to.
- 3.3 Based on discussion at the Pinpoint session as well as reference to wider literature, it is clear that health and wellbeing are not interchangeable terms. People may be healthy but have low levels of wellbeing and vice versa.
- 3.4 For example, in the last years of life, an individual's health (ie level of mental and physical functioning) may be poor but that person's sense of wellbeing may be high (eg due to having a good living conditions, a sense of control and connection to loved ones).
- 3.5 However, whilst not interchangeable, health and wellbeing are self-evidently linked. One way of thinking about this is to see health as a resource for wellbeing. Two particularly helpful definitions that could inform the strategy in making this clear are the following:
- 3.6 Health** is more than the absence of disease; it is a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life. In this sense, health enables social, economic and personal development fundamental to well-being<sup>1</sup>.
- 3.7 Wellbeing** is a subjective evaluation of how we feel and experience our lives<sup>2</sup>.
- 3.8 This concept of 'health as resource' and 'wellbeing as the outcome' has potentially profound implications for how services should be shaped

***How does this inform the scope and interdependencies of the strategy?***

- 3.9 Based on the above discussion, the high level purpose of the strategy can be framed as a strategy that aims to develop health as a resource to improve people's wellbeing.
- 3.10 The following is a helpful expression of the factors that help develop this resource:

*'A healthy community is one where all sectors contribute to create social and physical environments that foster health. In practice, such a community meets basic needs: access to affordable, healthy foods; affordable housing and transportation; and essential services such as medical care and education. It offers a sustainable, healthful environment with clean air and*

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<sup>1</sup> <http://www.cdc.gov/hrqol/wellbeing.htm>

<sup>2</sup> [http://www.local.gov.uk/health/-/journal\\_content/56/10180/3510475/ARTICLE](http://www.local.gov.uk/health/-/journal_content/56/10180/3510475/ARTICLE)

*water, open space and parks, low levels of toxic exposures and low emissions, and affordable, sustainable energy. Equally important, it has a constructive economic and social environment with adequate job opportunities, educational opportunities for advancement, and social equity. Last but not least, it offers robust civic and social engagement with safe, supportive families, relationships, homes, and neighbourhoods for all parts of society.*<sup>3</sup>

- 3.11 This framework of thinking about a 'healthy community' highlights the breadth of factors that impact on the extent to which health is a resource for wellbeing. It also highlights the importance of being clear about the interdependencies of the Health and Wellbeing Strategy with other strategies.
- 3.12 For example, an employment strategy would aim to improve wellbeing through employment. Employment, in itself a determinant of wellbeing, impacts on a range of other factors linked to wellbeing, one of which is health. However, for some people, building health as a resource enables them to benefit from employment as a driver of wellbeing.
- 3.13 The relationship between the Employment Strategy<sup>4</sup> and the Health and Wellbeing strategy relates to how health barriers can be addressed to help people find employment and also potentially how the strategy can promote employment of people in the health and care sector where there are shortfalls.
- 3.14 Similar linkages could apply to a range of other strategies eg housing, environmental health, housing, transport, education, crime.
- 3.14 Looking at it from the other way, if health and care services support developing health as a resource but are also focused on wellbeing as the outcome, they have a role in helping people access services that enable them to access other resources promoting wellbeing such as good employment, housing, income and education.
- 3.15 Identifying and developing the shared aspirations between other strategies and the health and wellbeing strategy will therefore need to be a critical element of the strategy.

#### **4. What approach do we want to take to the strategy?**

- 4.1 The conclusion of the King's Fund workshop was a consensus that the requirement is 'a strategy with a small number of core, widely owned, accountable objectives, but that is adaptive and responds to feedback'.

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<sup>3</sup> *Public Health Reviews, Vol 32, No 1, 174-189*

<sup>4</sup> If there is a Health and Wellbeing Strategy would the Employment Strategy be better referred to as the Employment and Wellbeing Strategy?

- 4.2 The thinking behind this conclusion was that the purpose of the Health and Wellbeing Board, through its strategy is to provide collective systems leadership across the health and care economy. This is potentially a hugely powerful resource if it is focussed skilfully.
- 4.3 However, this power is dissipated if the strategy seeks to cover everything and the Board would set itself up to fail if it tried to track the breadth of activity impacting on health and wellbeing (much of which would continue without issue regardless of the Strategy or Board).
- 4.4 The approach to development of the strategy is therefore to identify those issues where collective systems leadership will significantly add value and unlock the potential for transformational change.
- 4.5 Another element of the thinking is the nature of this leadership. In the Kings Fund session it was recognised that the Strategy was about trying to drive change in a complex system. This means moving away from mechanistic action plans but recognising that trying to drive such change is iterative.
- 4.6 Whilst it is essential to have a clear end point, the journey there will require ongoing learning, evaluation, flexibility and adaptation rather than a rigid action plan. This will require a different and more dynamic way of framing the monitoring and oversight of the strategy.

## **5. What do we want the strategy to focus on?**

- 5.1 One of the key themes of the King's Fund session was the importance of the Health and Wellbeing Board and stakeholders having a sense of ownership of the strategy and its priorities.
- 5.2 The purpose of the subsequent Pinpoint session was to surface those issues that the Board considers to be high priority in improving health as resource for wellbeing and to which it can add value through its systems leadership role.
- 5.3 The initial reflection was that whilst the Board functions well its added value remains unclear. However, the refresh of the strategy and the planned review of how the Board functions provides the opportunity to 'push the last 20%' and may require it to make controversial decisions.
- 5.4 This highlighted again the importance of the strategy focussing on a small number of transformational areas that are distinct from the wide range of 'business as usual' areas impacting on health as a resource for wellbeing across the council, NHS and non-statutory sectors.

5.5 In this context, participants identified and explored those areas that they thought would be important for the strategy to address having reflected on local health need and what they would like people to be saying about the achievement of the Board in 2020.

5.6 The areas were identified collectively and the following questions were explored further (pictures of the boards are in Appendix B):

How (by 2020) could the Board have an impact on...

- developing a shared understanding of health and wellbeing?
- improving outcomes through shared ways of working and shared goals?
- addressing the health consequences of deprivation?
- unlocking community capacity to improve health and wellbeing?
- reducing childhood obesity?
- improving health through housing?

Other areas identified but not explored were the health impacts of the environment (eg air quality, active travel) and mental health in early years.

5.7 Subsequent to the workshop, officers from public health, corporate strategy and policy and the CCG met to review the outputs of the meeting with an aim to assessing how these could inform identifying and articulating potential transformational areas for the Board. There was further discussion at the Health and Wellbeing Board Executive Officers Group.

5.8 Discussion around what constitutes a 'transformational area' identified the following criteria:

1. Transformation will have significant positive impact
  - a. The area is considered to be an important health and wellbeing issue with regard to the size of the problem, inequalities issues and/or cost
  - b. There is good evidence for intervention (or credible potential to build evidence)
2. The area matters to Tower Hamlets citizens
3. System change is feasible
4. There is collective will to achieve the change

5.9 The five transformational areas in the next session below are an interpretation of the outcomes of the workshops, discussion and reflection on the criteria and are set out for comment and discussion.

**6. What could the transformational areas be?**

## **6.1 To lead a transformation in how we address the health impacts of deprivation**

*What this might look like in 2020*

- High level strategic commitment to leveraging all resources across the partnership to address the health impacts of poverty
- Step change in understanding and targeting of those with greatest health need linked to deprivation
- Joined up, targeted approaches involving integrated working between key partners eg health, housing, employment, welfare, education, community safety, voluntary sector and business

## **6.2 To lead a transformation in how communities lead change to improve health**

*What this might look like in 2020*

- High level commitment to cultural change around the role of communities in shaping services
- Shared framework across the partnership around community engagement and mobilisation
- Supportive environment to encourage community led action around health and wellbeing

## **6.3 To lead a transformation in integrating health into planning**

*What this might look like in 2020*

- High level strategic commitment to ensuring that considerations around health and wellbeing are built into planning
- Involvement of the Health and Wellbeing Board in planning decisions that will significantly impact on health and wellbeing
- Shared accountability of the Local Plan with the Health and Wellbeing Board

## **6.4 To lead a transformation in addressing childhood obesity in the borough**

*What this might look like in 2020*

- High level strategic commitment across all key partners
- Willingness to make big, potentially sensitive decisions
- Strong engagement of communities and other partners to enable local solutions
- Dialogue across communities and other partners to ensure there is learning across the system
- High profile communications

## **6.5 To lead a transformation in developing a truly integrated health and care system**

### *What this might look like in 2020*

- High level strategic commitment to
  - Shared definition of health and wellbeing
  - Shared outcomes
  - Shared intelligence to inform planning
  - Shared, joined up commissioning plans
  - Shared workforce plans
  - Shared approaches to delivery across provider organisations

## **7. What are the next steps?**

7.1 In summary, it is proposed that there are five areas for transformational change

- Addressing the health impacts of deprivation
- Helping communities lead change around health
- Integrating health into planning
- Tackling childhood obesity
- Developing a truly integrated system to support health

7.2 As discussed previously, the objective is 'a strategy with a small number of core, widely owned, accountable objectives, but that is adaptive and responds to feedback'

7.3 One way forward would be to assign a board member to each of these areas and (with the support of officers) to give them responsibility to:

- Understand what is currently going on in the area
- Identify 1 or 2 high level metrics linked to the area that would be important for the Board to track
- Identify 1 or 2 areas of system transformation that are already happening or need to happen where the oversight of the Board could add value
- Identify whether there are any potential risks around 'business as usual' where the Board could add value

7.4 This would complete by the end of April to enable drafting of the strategy by the Board meeting in June

## **8. Questions for the Board**

- 1. Do the definitions of 'health' and 'wellbeing' (and the concept of health as one of a numbers of resources for wellbeing) feel ok as working definitions for the strategy?**

2. Does the 'health community' description feel like a good description of what we would like Tower Hamlets to look like if it is a place that supports health as a resource for wellbeing?
3. Does the description of the interdependencies of the Health and Wellbeing Strategy with other strategies sound right?
4. Does the approach to the strategy sound right?
5. Do the transformational areas feel about right? Is there anything important missing?
6. Do the next steps of involving Board members and getting them to identify a small number of metrics and actions for the strategy to track feel right?
7. Anything else?