Tower Hamlets HWB strategy session

Key points of 26th October 2015 discussion at the King's Fund

The King's Fund Ideas that change health care

Agenda

1.	Introduction and context	13.30 – 13.45
2.	What changes are we facing over the next five to ten years? What are the implications for our strategy?	13.45 – 15.00
3.	What do we want our new strategy to achieve?	15.00 – 15.45
4.	Break	15.45 – 16.00
5.	What kind of strategy would help us achieve our aspirations?	16.00 – 16.50
6.	What are the next steps?	16.50 – 17.00

1. Introduction, our future strategy

Putting health and wellbeing at the heart of everything we do in Tower Hamlets

The new Tower Hamlets Health and Wellbeing Strategy

Workshop 1:

What is the aspiration? What kind of strategy do we need?

1. Discussion points

- Current strategy
  - Process of development as important as outcome
  - HWB strategy "a critical pillar", articulates story, connected to other strategies
  - Success not so much a story of the Board itself and its actions, but the relationships built around the table today
  - Hard pushed to find anyone who knows it "at the coalface"
- Future strategy
  - Move on from ticking boxes to impact. From processes delivered on time to actual outcomes delivered. Did it make a difference? Needs to be flexible and adaptive
  - A greater role for housing
  - Need to understand return on investment, together we have £250mn of resources

2. How should the strategy adapt to future trends?

- To change in the health and wider systems…
  - Supply side
    - Money
    - Workforce
    - Communities as assets
  - Demand side
    - Population ageing
    - Expectations
- To change in society…
  - Role of public services
    - Delivery? Enabling? Localism?
  - Medical and consumer technology
  - Networks
  - Housing and other wider determinants

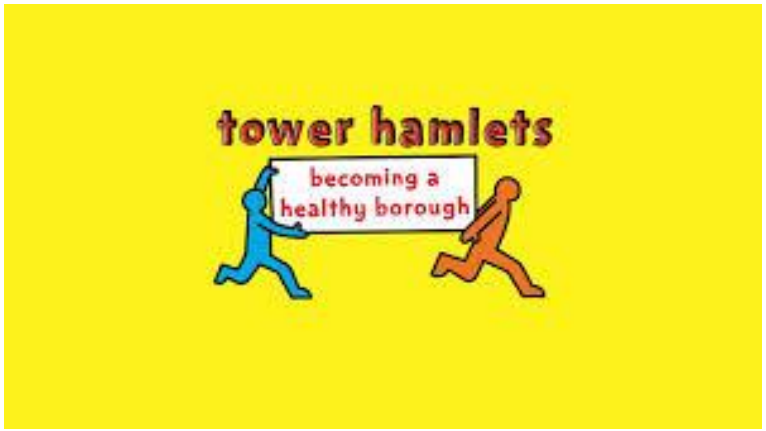
- **Are these national trends that might affect how you revise your health and wellbeing strategy?**
- **If not, what is missing or not relevant to Tower Hamlets?**
- **What are the 3-5 key national factors that your strategy needs to reflect, or adapt to, locally?**

2. Discussion points

- National vs TH trends
  - Beware correlation ≠ causation e.g. evidence of intervention on housing vs housing problems association with poor health
  - TH, younger and more families, a potential strength
  - 1,700+ community organisations, are we making enough of this?
- What's missing?
  - Early years
  - Population churn and implications, very stable and very mobile populations require different approaches
  - Massive Lea Valley development, health in planning opportunity
  - Mental health
  - Radicalisation
  - But… "too many things, focus on narrow set and get them right"

3. What do we want the new strategy to achieve?

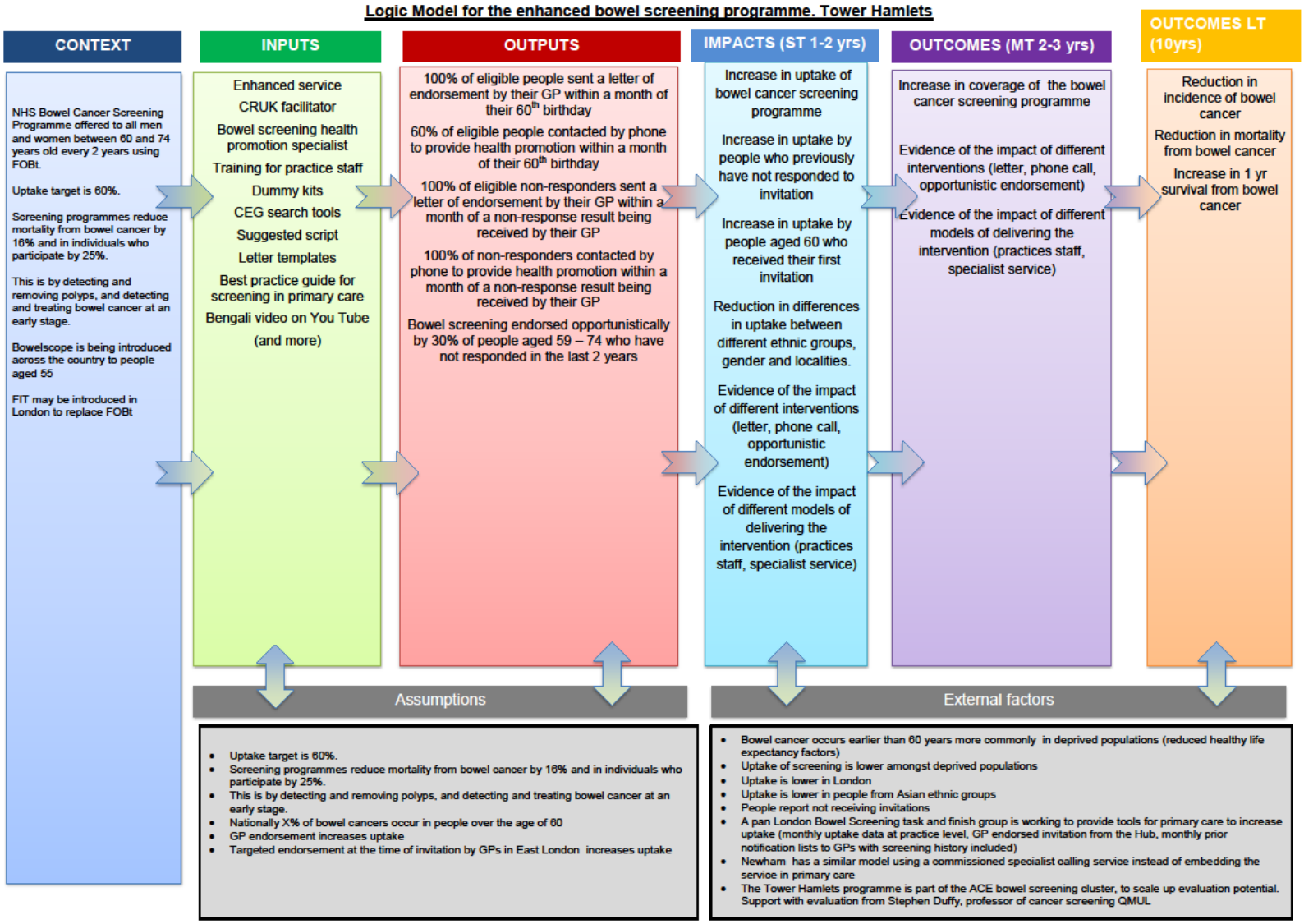
Aspiration – expressed simply



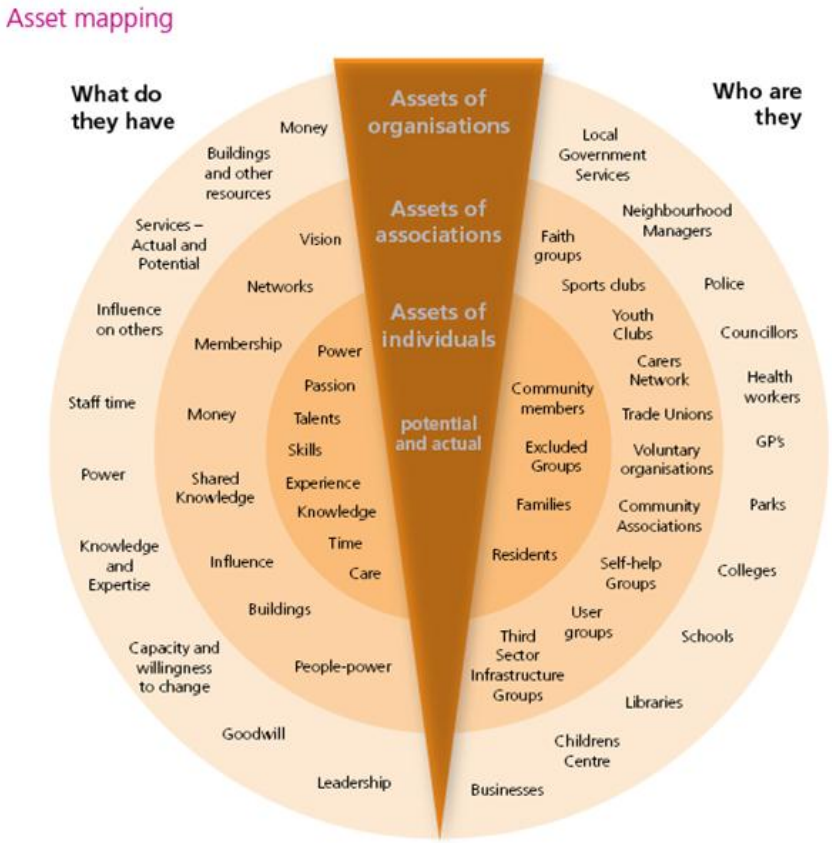
More people in the Borough leading healthier lives

- **A place that supports health**
  - **Healthy environments**
  - **Healthy communities**
  - **Health promoting services**
- **More people**
  - **Valuing health**
  - **With foundations for healthy lives**
  - **Protected from health harms**

Logic – relating inputs to outcomes



Assets that support health and wellbeing that we can influence



- Excellent joined up services
  - Statutory sector
  - Non statutory
- Wider determinants
  - Local economy
  - Employment
  - Income
  - Housing
  - Education
- Physical environment
  - Green spaces
  - Clean air
  - Active travel
  - Communal spaces
- Cohesion
  - Connecting people
  - Partnerships, enterprise

3. Key respondents

- Jane
  - A strong partnership that can deliver a focussed set of priorities (less rather than more)
  - Opportunity with new leadership at Bart's, the vanguard, through our staff and using our resources collectively
  - Need to manage demand through enabling health, and a social movement
- Luke
  - Need to improve outcomes for carers and on shared outcomes (e.g. housing and health)
  - The strategy needs to have a strong focus on prevention
- Diane
  - Move from a strategy between statutory sector to one between that sector and the public
  - An investment in improving health literacy, helping community plan for illness and response
  - Need to use schools and other settings for health
- Debbie
  - Need to avoid strategy losing its impact over time and as it cascades down; therefore needs to be bottom up
  - Innovation yes, but needs to be sustainable and breed resilience
  - Children and school readiness, vulnerable and complex needs

3. Discussion points

- Reach and focus
  - To spread aspiration (place and people) across the system at multiple levels (inc coalface and community)
  - Build and support assets and strengths, not conditions in isolation
  - Need to target long-term residents (IMD figures misleading)
  - A mixed approach. i) High impact, few objectives, ii) wider partnerships and accountability iii) be clear what can't do (don't overpromise)

- What's missing?
  - "Health heavy", need to focus on wellbeing to connect with community and key partners (otherwise "easy to step away")
  - Renewed map of community assets (not just physical)
  - Delivery needs to look very different in different parts of the borough
  - Staff have to be on board, or won't happen

- Has it worked?
  - "Can feel the benefits, even if we don't know what's written on the paper"
  - Build in feedback, "a boat on a stormy sea", clear on destination but flexible and adaptive on route to get there

5. What kind of strategy/board is required?

What do we want from our strategy?...

- How well does the group believe it understand what the community wants to support their health and well-being?
- Are we able to formulate this in the most useful way – i.e. getting the underlying needs (and assets) rather than pointing to symptoms?
- Do we have a clear sense of our role and our resources and capabilities, which might inform where we focus our effort?
- Do we want a focused strategy aiming to drive forward a limited number of priorities or something more expansive?

What sort of board is realistic and best for our communities?...

Talking Shop

Very limited role

Information sharing

Substantive decisions made through other channels

Rubber stamper

Shares existing plans and strategies across organisations

A high level role in agreeing how different plans contribute to shared goals

Tightly focused

Agrees a limited number of shared priorities

Focuses collective effort on supporting delivery of those objectives

Careful monitoring of progress against small number of measures

System orchestrator

Board plays main decision-making role across health, care and public health systems

Oversees commissioning of broad range of services and their performance

5. Discussion points

- Strategy
  - We have a good sense of what the community needs
  - Or doe we? A focus on aspiration, wants, expectations, what the community can do for itself?
  - Should the focus be on key principles including ensuring feedback into systems, so that we can react and navigate to our destination?
  - Overall, focus on a few core objectives

- What's missing?
  - "Health heavy", need to focus on wellbeing to connect with community and key partners (otherwise "easy to step away")
  - Health literacy, better patient experience and sense of "respect"

- The Board
  - Needs to be held to account for using information it receives and making a real difference to outcomes
  - Continuous learning and improvement in strategy over time
  - Enabling and decision-making, an "unlocker" on tricky issues
  - Form follows function, ensure objectives first then governance through the Board

Conclusion – King's Fund reflections

- Goodwill and engagement
  - There is a lot of goodwill and understanding amongst your partners
  - Most people were highly engaged in the conversation
  - There was not full consensus (and not to be expected at this stage) but in fact a high degree of common ground on direction of travel
- Direction of travel
  - Has to make a real difference, not tick-boxes, "*We can feel the benefits, even if we don't know what's written on the paper*"
  - The strategy needs to have a small number of core objectives; these can be a combination of principles, and of specific deliverables
  - The strategy needs to move away from specific conditions and pathways of care towards a holistic focus, enabling and engaging communities and their assets, as well as providing services in response to needs
  - The strategy therefore should pay as much attention (if not more) to wellbeing as health to ensure wide understanding and ownership by partners to it, and communities they serve
  - The strategy needs collective ownership and call upon collective resources, including finance and staff commitment

…a strategy with a small number of core, commonly and widely owned, accountable objectives; but that is adaptive and responds to feedback…