



**MAKING LIFE BETTER**

**Report of the Making Life Better HSC Autumn Forum**

**Wednesday 23<sup>rd</sup> September 2015**

**9.45am-12.45pm**

***Linen Suite, Mossley Mill, Newtownabbey, BT36 5QA***

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## **1. INTRODUCTION**

Achieving a healthier Northern Ireland will hinge on what we do together, through policy and practice, to influence the key factors which impact on life chances and choices and ultimately on health and wellbeing.

A key focus of Making Life Better (MLB) is to strengthen co-ordination and collaboration in a whole-of-society, whole-system approach. Many contributions will need to be made at all levels, from government to regional and local levels, and in many settings.

It is acknowledged that Health and Social Care (HSC) alone cannot address all of the social, economic and environmental factors which influence health. Its role is, however, not only vital in preventing poor health and promoting healthy living to reduce health inequalities but also to sustain the HSC into the future. Making Life Better emphasises that the ethos of supporting individuals, families and communities to maintain and improve their health needs must be fully embedded as a normal way of working right across all organisations, environments and activities within the HSC system. It is crucial that the Health and Social Care sector as a whole is fully engaged and plays a full part in its implementation.

It is with this purpose in mind, and in light of the PHA role in leading the framework's implementation, that the PHA put in place a process of engagement to ensure that, collectively, the HSC sector's efforts are co-ordinated, supported and maximised.

Following individual meetings with HSC organisations, the Making Life Better HSC Autumn Forum took place to continue this engagement, bringing the HSC family together to share ideas and good practice, to build momentum around Making Life Better and consider how to strengthen collaboration.

Resource and capacity implications are undoubtedly a consideration, particularly in light of the strict financial limitations, however, the aim is to agree work areas and processes which align with local need and commitments and therefore enable HSC to maximise efforts within existing resources. With HSC as a whole contributing and influencing cross-sectoral agendas including community planning, it is important that we, as a collective, advance a common message.

The good practice shared at the Autumn Forum was uplifting and stimulating with regard to the visible transformational impact that can be achieved for individuals and communities through the implementation of simple but powerful ideas in action. The ability to grow to scale such work was also apparent and provides an optimistic environment in which to work together, share information, spread good practice across the region, while also allowing for local innovation and flexibility.

Looking to the future it is important that we work collaboratively towards a number of joint goals, such as those developed during the Forum. We will need to work further to align our efforts and commitments in key delivery areas and in joint working with partners.

## **Making Life Better Autumn Forum**

The Making Life Better HSC Forum's aims and objectives were as follows:

### **Aim:**

To provide an opportunity to consider the contribution that the HSC sector can make to the implementation of Making Life Better.

### **Objectives:**

- To share good practice and learning within the HSC 'family'.
- To strengthen co-ordination and collaboration across the sector.
- To clarify the role that the HSC sector can play in implementing MLB and align contributions.
- To confirm commitments and integration of MLB goals in key delivery areas.
- To align efforts in joint working with other partners, notably Local Government and the evolving community planning process.
- To explore and agree areas of further work.

The programme for the MLB HSC Autumn Forum is at Appendix 1.

Opening remarks by Dr Anne Kilgallen and Dr Eddie Rooney emphasised the crucial role the Health and Social Care sector as a whole has to play in protecting and improving population health and addressing inequalities in health, and in working with others to create the conditions for improved health and wellbeing. The capacity and efficiency of the Health and Social Care system is an important health determinant, and the sector contributes in many ways – through direct leadership, as a large employer, service provider, influencer, mediator and collaborator. In light of this role the Forum provided important time out to consider how we might consolidate and strengthen efforts through improved co-ordination and collaboration across the sector.

## 2. Presentations

A wide range of initiatives are already being taken forward at local level which aligns with the aspirations of Making Life Better. HSC organisations were invited to present some practical examples to provide an insight into some of the good work underway within health and social care, to share learning and to provide stimulation for roundtable discussions on key questions which aimed to produce consensus around areas for further work, and ways in which the sector's contribution might be strengthened.

The presentations illustrated examples of work which aligned with each of the Making Life Better themes.

Copies of the presentations have been circulated, where possible, with this report.

### *Staff Health and Wellbeing*

Mr Bryan Nelson, Co-Director Public Health,  
Ms Jaclyn Crowe, Senior Human Resources Manager,  
Belfast Health and Social Care Trust

### *Star Babies*

Ms Pamela McBride, Lead Public Health Nurse,  
Northern Health and Social Care Trust

### *Employability and Looked After Children*

Mr Jason White, Assistant Director of Promoting Health and Wellbeing, South  
Eastern Health and Social Care Trust

### *Good Neighbourhoods for Ageing Well*

Mr Gerard Rocks, Acting Assistant Director for Promoting Wellbeing,  
Southern Health and Social Care Trust

### *Promoting Mental Health in Neighbourhood Renewal Areas*

Ms Sonia Montgomery, Assistant Manager, Health Improvement,  
Western Health and Social Care Trust

### *Making Life Better – How the Ambulance Service Can Help*

Ms Sarah Williamson, Transformation and Organisational Change Programme  
Manager,  
Northern Ireland Ambulance Service

### *Integrated Care Partnerships – Role in Disease Prevention*

Dr Sloan Harper, Director of Integrated Care,  
Health and Social Care Board

### 3. Round-Table Discussions

Four questions were posed for discussion with the aim of considering the contribution HSC can make to the implementation of Making Life Better and what is required to strengthen collaboration and joint working between HSC organisations. The questions were:

1. How will we strengthen the HSC contribution to Making Life Better – what 3 things should we take forward as a priority?
2. How do we strengthen our role as a shaper and influencer in the changing environment e.g. local government?
3. How do we, the HSC Family, support each other and our combined efforts?
4. Discussion on outcomes: Will these actions achieve the following Making Life Better outcomes:
  - a. Improved health and reduction in harm
  - b. Reduced inequalities in health
  - c. Improved mental health and wellbeing, and reduction in self-harm and suicide
  - d. People are better informed about health matters
  - e. Prevention embedded in services
  - f. Strengthened collaboration for health and wellbeing

Brief plenary feedback on each question was taken on the day and further information from each table's discussion was provided on flip charts and has been reproduced in Appendix 2.

The collective feedback from the discussions can be distilled into a number of broad common themes:

1. Priority areas for joint working across HSC
2. Communication and branding
3. Processes, structures and governance

#### Priority Areas for Joint Working across HSC

A number of collective priorities and areas for joint working emerged from the round table discussions. It is clear that there is a significant amount of work underway in HSC which both delivers and aligns with Making Life Better priorities and some examples of this work were represented in the presentations. HSC involvement in community planning, capacity building with the Third Sector, incentivising health improvement potentially through local population budgets and developing and empowering communities were some key areas put forward alongside mental health and wellbeing, early intervention, a continued focus on the early years and the health

and wellbeing of the workforce. Conversations also centred on meeting local need while allowing for the scaling and spreading of work and initiatives.

Three areas were put forward as priorities: workplace health and HSC role as an employer; early years' intervention and; mental health and wellbeing.

### Communication and Branding

Communication and branding was a focal point throughout the workshop in terms of its potential contribution to successful implementation of Making Life Better and a whole-systems approach.

The importance of communication and branding in developing and sustaining a whole-systems approach was emphasised alongside the possible use of the brand as a platform for joint planning and objective setting with a range of partners. Building a brand and raising awareness could facilitate the creation and expansion of a visible presence for HSC and partners in Making Life Better.

Communication of information and knowledge were also central themes: sharing information through networks; use of social media; learning events and workshops; and the use of information to help influence and shape health and wellbeing agendas including the need to communicate and demonstrate the benefits of, and relationship between, health and economic growth. Continuation of the Autumn Forum was proposed as an annual mechanism for sharing learning and good practice within the HSC Family.

### Processes, Structures and Governance

Discussions centred on the need for processes, structures and governance to facilitate the development of a whole-system approach. Accountability and performance management arrangements were also considered including sustainability planning and measurement of outcomes.

The need to further build collaboration and to demonstrate this collaboration, both internally and externally was highlighted in discussions on the need for a shared vision and joint objectives in order to deliver Making Life Better. This further emphasises the importance of HSC structures and the workforce in engaging and building relationships with partners, and colleagues.

Maximising the opportunity presented by community planning, and the importance of alignment with Making Life Better was also a central topic for discussion. The promotion of Making Life Better within community planning and working with local government towards alignment of priorities, work and resources would contribute to reducing duplication, help in addressing issues of co-terminosity and have the potential to have a greater transformational impact through the combined use of resources and shared outcomes.

HSC structures and the need for staff, budgets and resources to be organised for delivery was also noted, including the strategic and organisational prioritisation of Making Life Better. Supporting this approach requires further discussions on including and prioritising Making Life Better in core and longer-term planning, commissioning processes and in the development of joint objectives. The necessity and potential benefits of HSC organisations sharing a collective message was also discussed.

Strong leadership and innovative thinking is required in moving beyond 'silos', maintaining momentum and to deliver transformational work without additional funding. Senior leadership will be key to success in agreeing joint priorities and messages, resolving potential barriers and in providing the challenge and encouragement for innovation.

### Conclusion

The round-table discussions concluded with an overall agreement that the discussed priorities would help achieve the specified Making Life Better outcomes.



## **Next Steps**

Discussions concluded with the overall agreement that the discussed priorities would help achieve the following Making Life Better outcomes:

- a. Improved health and reduction in harm
- b. Reduced inequalities in health
- c. Improved mental health and wellbeing, and reduction in self-harm and suicide
- d. People are better informed about health matters
- e. Prevention embedded in services
- f. Strengthened collaboration for health and wellbeing

This agreement also noted the need for a number of conditions to facilitate and enable their achievement including a performance management framework, joint working on shared outcomes, communication and branding and strong leadership and direction. The next steps have been developed from these discussions.

The following steps will be taken forward:

HSC Chief Executives will be asked to consider implementation of Making Life Better as a standing item at their joint meetings. It will be a standing item at Strategic Leadership Group meetings.

Through the HSC Chief Executives Group, priorities for implementation will be agreed, including on joint working which takes account of engagement with Local Government and the Making Life Better Regional Project Board.

A joint meeting between Health and Social Care and Local Government Chief Executives will be arranged to discuss co-terminosity and the alignment of the Making Life Better Framework and community planning.

The PHA, in conjunction with DHSSPS, will take forward work on a communication strategy, to simplify and refine key messages for our workforce and take account of the need to update staff on implementation.

The PHA will develop terms of reference for an HSC implementation network to act both as a driver and support for Trusts in taking forward agreed work areas. The terms of reference and feedback mechanisms as required will be agreed through the HSC Chief Executives Forum.

## **APPENDIX 1: OUTLINE PROGRAMME**

- 9.30 am      *Registration, Tea and Coffee*
- 9.45 am      **Welcome**  
Dr Anne Kilgallen, Deputy Chief Medical Officer, DHSSPS
- 9.55 am      **Setting the Scene**  
Dr Eddie Rooney Chief Executive, PHA
- 10.05 am     **Sharing HSC Experience**
- 11.15 am     *Tea and Coffee*
- 11.30 am     **Round Table Discussions**
- 12.20 pm     **Feedback and Reflections**  
Dr Anne Kilgallen, Deputy Chief Medical Officer, DHSSPS
- 12.40 pm     **Closing Remarks**  
Dr Anne Kilgallen, Deputy Chief Medical Officer, DHSSPS
- 12.45 pm     *Lunch*

## APPENDIX 2: FEEDBACK BY QUESTION

Questions				
	Q1	Q2	Q3	Q4
<b>Table 2</b>	<p>Local implementation structures</p> <p>Make use of what we have – staffing</p> <p>Recognise small things make a big change – don't throw baby out with the bath water</p>	<p>Move beyond silos</p> <p>Strengthen a common approach</p> <p>Consider other people's agendas</p>	<p>Consider other people's agendas</p> <p>Strengthen a common approach</p> <p>Develop and promote a collaborative shared vision – communicate better</p>	<p>Yes with right leadership</p> <p>We are already doing much of this</p> <p>How is what we are doing being captured</p>
<b>Table 3</b>	<p>Top 3</p> <p>Consolidation of initiatives</p> <p>Economic basis for MLB</p> <p>Priority for mental health</p> <p>Other priorities</p> <p>MLB branded conversation</p> <p>Everybody's business beyond public health</p> <p>MLB in every contract</p> <p>Evidenced based</p>	<p>Economic argument to show benefits</p> <ul style="list-style-type: none"> <li>• Resonant currencies</li> </ul> <p>Assets in communities</p> <p>Progressing MLB through community planning</p> <p>Community planning is opportunity to promote MLB. Let others get on with taking forward</p>	<p>Do we know what we are trying to achieve</p> <p>Scaling up?</p> <p>specifications agreed</p> <p>principles agreed but mechanics difficult</p> <p>clear priorities based on evidence of what works</p> <p>hear from other trusts</p> <ul style="list-style-type: none"> <li>• take back good practice</li> </ul>	<p>Wider involvement</p> <p>need cross-departmental input</p> <p>policy proofing for health impact</p> <p>scaling up</p> <p>MLB understanding within HSC</p> <ul style="list-style-type: none"> <li>• Part of training programmes</li> <li>• Part of staff</li> </ul>

	<p>Flexibility at local level</p> <p>Collaboration requires high level commitment</p> <p>Healthy communities</p> <ul style="list-style-type: none"> <li>• Early intervention</li> <li>• Trauma and pain</li> </ul>		<ul style="list-style-type: none"> <li>• open and sharing</li> </ul> <p>Reflective organisational culture</p> <ul style="list-style-type: none"> <li>• forum to share is useful</li> <li>• find out what works</li> </ul>	<p>appraisal and accountability</p>
<b>Table 4</b>	<p>Building HSC common voice – need conversation in HSC family</p> <ul style="list-style-type: none"> <li>• Common understanding</li> <li>• Basics/structures</li> <li>• Who does what roles</li> </ul> <p>Core Planning</p> <ul style="list-style-type: none"> <li>• Programme for government</li> <li>• Do we have a holistic view on how we take forward MLB</li> <li>• Need a plan and communicate it</li> <li>• Share/living out the plan</li> </ul> <p>Performance/accountability framework (making it</p>	<p>Health/economic growth relationship</p> <ul style="list-style-type: none"> <li>• How do we demonstrate the relationship</li> <li>• Regeneration – need to relate to this</li> </ul> <p>Speaking the language of others</p> <ul style="list-style-type: none"> <li>• Demonstrate how they should contribute to health agenda</li> </ul> <p>Branding</p> <ul style="list-style-type: none"> <li>• Visually</li> <li>• Consistent messaging</li> <li>• Connecting MLB practically</li> <li>• Clustering what we</li> </ul>	<p>How are staff clustered as HSC family to deliver (not just Health Improvement staff)</p> <p>Expand out to other players e.g. HR, team approach</p> <p>Capacity to deliver and wider ownership</p> <p>Where do we each fit in – respective organisations need to look at for delivery</p>	<p>Need plan broken down to practical actions</p> <p>Do something, do more, do better</p> <p>Performance framework</p>

	mainstream) <ul style="list-style-type: none"> <li>What is the correct performance framework</li> </ul>	do collectively <ul style="list-style-type: none"> <li>Working smarter</li> </ul> Structures <ul style="list-style-type: none"> <li>How do we bring all partners in</li> <li>Gap presently/don't know yet/vacuum</li> <li>Focus around MLB</li> <li>Need MLB embedded in community planning</li> </ul> Health in all Policies Approach <ul style="list-style-type: none"> <li>Information/data – evidence and marketing</li> <li>Politicians – communication of message</li> </ul>		
<b>Table 5</b>	Per capita and local population budgets for providers – creating incentive to maintain the health of the population.  Accountability for health of the population rather than current targets.	Take the right approach to working with local government – remove duplication, sharing resources i.e. info and needs assessment and join up/match agendas, data-sharing agreements.  Address the issue of	Single Outcome Agreements within HSC 'family' – common regional basis.  Information sharing protocol.  Policy change in HSC.  Volunteering – mapping of services.	

<p>3 year financial plan – not annual. Sustainability planning, moving from pilots and scaling up good models of practice, joining up pots of funding, opportunity for social enterprise.</p> <p>Joining up resources and learning developments across region – more collaboration and sharing the learning across HSCTs.</p> <p>Room to do transformational things without money.</p> <p>Make it easier for our workforce to ‘give back’, get involved with their communities. Major local employer – staff as ‘change agents’.</p> <p>Sugar tax – all to get behind this issue as well as mandatory physical activity for children as part of school curriculum at all ages.</p>	<p>coterminosity within HSC family and with local government.</p> <p>Not being precious as to who gets credit – learning events network, coming together.</p> <p>Shared ownership/brand of ‘Making Life Better’ and alignment with community planning.</p> <p>Capacity building and joint working with the Third Sector – could be better at this. Need to remove barriers i.e. procurement.</p> <p>Create an opportunity for 2 or 3 common areas to be agreed and shared across the sector that will have greater impact.</p> <p>Opportunity of social media to change how information is shared.</p>	<p>Resolving barriers such as procurement – change how this is done or we will disadvantage the community and voluntary sector.</p> <p>Agreement on 1 or 2 areas for combined effort e.g. sugar tax, role as an employer, procurement, social isolation.</p>	
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<b>Table 6</b>	<p>Enhancing our mechanisms for sharing good practice and</p> <p>working collaboratively in going to scale</p> <p>Continue to invest in early years agenda</p> <p>Ensure MLB is reflected in all departments across HSC</p>	<p>HSC has the intelligence and knowledge to shape local government priorities</p> <p>Personal responsibility across HSC to engage with councils and build relationships</p> <p>Visible presence and large resource to support this</p>	<p>Leadership from senior officials key to this</p> <p>Creative and healthy competitive environments across Health and Social Care Trust's should be encouraged but not duplicated</p>	
<b>Table 7</b>	<p>Whole Systems thinking – “connectiveness”</p> <p>Access all systems – NI has the system</p> <p>Horizontal and vertical integration</p> <p>Communication</p> <ul style="list-style-type: none"> <li>• Share success</li> <li>• Does it add value to have champions – e.g. take responsibility for communicating within and across HSC and other agencies</li> </ul>	<p>Use of workforce to shape MLB within our organisations and the community</p> <p>Commercial sector</p> <ul style="list-style-type: none"> <li>• E.g. schemes provided by local employers</li> <li>• Expand horizon in the commercial world – benefit of having someone in organisation who knows the commercial/industrial sector</li> </ul>	<p>Challenge</p> <ul style="list-style-type: none"> <li>• Locally elected reps to engage more widely</li> <li>• Building citizenship</li> <li>• Getting values? into behaviours</li> <li>• Challenge ourselves to do things differently</li> </ul> <p>Communication</p> <ul style="list-style-type: none"> <li>• Sell the alternatives</li> <li>• Education – are we working well enough together</li> <li>• Do existing structures work well</li> <li>• All structures have to work to target</li> </ul>	<p>Have shared outcomes</p> <p>Virtual ICT would help more explicitly in work place and people's homes e.g. smart housing</p>

<p>Community planning</p> <ul style="list-style-type: none"> <li>• Councils at different stages of process</li> <li>• Opportunity</li> <li>• Align MLB and community planning</li> </ul> <p>Consensus</p> <ul style="list-style-type: none"> <li>• Commissioning – small-scale thinking, need to think more broadly; is the focus too local</li> <li>• Consistency</li> <li>• Problem of pilots which never get scaled up</li> </ul>	<p>Government</p> <ul style="list-style-type: none"> <li>• Should have a champion</li> <li>• Need to maintain momentum at government level</li> <li>• Ministers in each department have to champion</li> </ul>	<p>inequalities</p> <p>Culture</p> <ul style="list-style-type: none"> <li>• Move from dependence to prevention</li> </ul> <p>Commissioning</p> <ul style="list-style-type: none"> <li>• More flexible in commissioning of services</li> </ul>	
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