

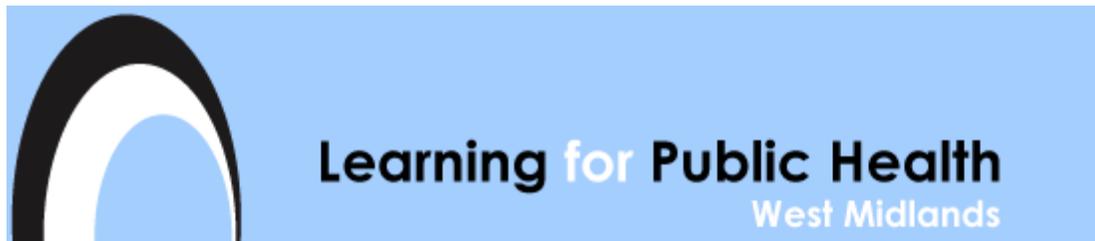


Public Health
England

State of Readiness Barometer

West Midlands

November 2013



Our Shared Ambition



Our Shared Ambition

The West Midlands is a place where:

- People enjoy healthy life expectancy, no matter where they live or their background;
- Individuals, families and communities are active participants in co-producing transformational health and wellbeing outcomes across the life course;
- Vulnerable individuals and groups are supported to maximise life opportunities and lead fulfilled and independent lives;
- Health is everyone's business; all parts of the local health and wellbeing system actively contribute to better health and wellbeing outcomes and to reducing health inequalities;
- Each and every Public Service Organisation is united in their motivation and commitment to achieve greater integration and to preventing the needs of individuals, families and communities from tipping them into more intensive services and support.

Local councils, CCGs, Public Health England, NHS England, and other partners, working as part of the wider public health system in the West Midlands, recognise that the scale of the financial and demographic pressures demand vigorous action to change the way things are done. That is why leaders in the region have committed to a collaborative framework to drive transformational change and support each other's efforts to achieve better health and wellbeing outcomes for the communities they serve.

This State of Readiness Barometer is part of the West Midlands' core 'offer' to support local councils, health and wellbeing boards and local partners to do better. It recognises that each place is different; some will have further distance to travel in securing improvement for their local communities. A Catalogue of Provision has been produced alongside the Barometer, drawing together local, regional and national resources, networks, tools and learning and development opportunities, that local councils, health and wellbeing boards and partners can access to support their transformational change journey.

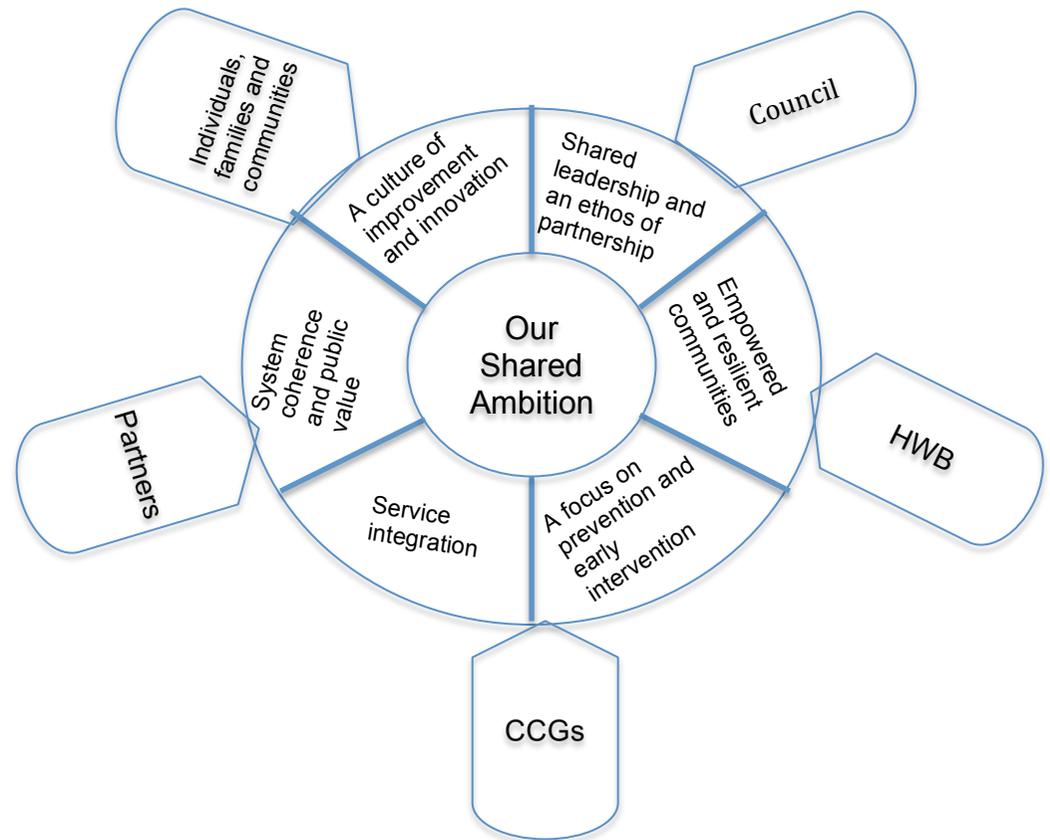
The Barometer can be used flexibly by local councils and health and wellbeing boards to: provide challenge; share lessons and learning about 'what works'; identify areas for further development; encourage high level discussions at regional and sub-regional levels; identify thematic areas for collaboration.

Introduction

The State of Readiness Barometer has been developed from the views of more than 150 people who took part in Stage One of the 'Leadership, Culture Change, Sector Led Improvement and Organisational Development Framework' for the West Midlands Project. It is **not** a performance management tool. Instead, the primary purpose of the Barometer is to support councils, health and wellbeing boards and local partners to develop a consensus about where local places are in their journey to achieve greater integration; transformational improvements in health and wellbeing, and reduce health inequalities; and agreement on where further action may be needed.

The Barometer is designed around a change model (see diagram opposite) encapsulating:

- **A Statement of Ambition** – setting out the commitment and motivation across West Midlands councils' areas to achieve better health and wellbeing outcomes across the life course for local communities;
- **Six key drivers of change** – based on a set of concepts regarded as essential in setting the right conditions for transformational change to occur. The drivers are presented as a series of high-level statements and aspirations and not as a set of measures. All of the drivers are inter-related (to a greater or lesser degree), so that a change in one will eventually affect all the other drivers.
- **Diverse realities** – acknowledging that each of the key 'actors' in the local health and wellbeing system – the council, partners, Health and Wellbeing Board and individuals, families and communities – will bring unique and diverse views and perspectives about what is happening locally. They also



contribute differently to make the local system work effectively. The Barometer takes account of these diverse perspectives, roles and contributions.

- **A whole systems approach** – Tackling health inequalities and delivering transformational health and wellbeing improvements are tricky and complex and defy easy solutions. A variety of approaches may be valid and different approaches may be required in different areas. A whole systems approach takes account of the visible and invisible, tangible and intangible components within a local health and wellbeing system that are likely to impact on the successful achievement of

transformational change. These include: vision, values, beliefs, cultures, policies, relationships, partnerships, and the range of organisations, services and governance arrangements, among other things.

Using the Barometer: key considerations

- The Barometer is based on the principle of '**Deep Democracy**'¹, which argues that all the information held by all the voices, realities and frameworks is needed in order to understand the complete process of a system. Accordingly, the Barometer is intended to be used to facilitate an inclusive, collaborative dialogue process with the council, health and wellbeing board, partners and local communities, recognising the different contributions that each make to realising the Ambition and enabling these diverse perspectives to be 'heard'.
- There are already a number of other assessment and evaluation tools and this Barometer is not designed to be in conflict with them. Instead, it offers a flexible framework that encourages alignment with existing performance frameworks and sector-led improvement tools, such as the LGA's Peer Review and the various national outcomes frameworks. The Barometer signposts to these 'tools' so that local places can use them to investigate key drivers / particular aspects of the change process in more detail.
- The Barometer can be used flexibly. For example, although it is not intended to be a measurement tool some local areas may wish to apply a scoring framework such as a Dashboard,

Spidergram or Scorecard. It could also be used as a benchmark for a peer review or as a mutual assessment by another 'buddy' authority.

- The Barometer is not an objective measure of readiness. There will be different ways to achieve the Ambition, different circumstances in each area and Councils, their partners and local communities can substitute their own ideas for those described here. Areas that do depart from the descriptive statements should ask themselves hard questions about how confident they are in their alternative approach.

¹ Arnold Mindell, 1993, The Leader As A Martial Artist: An Introduction To Deep Democracy.

Key driver 1: Shared Leadership and Partnership

Statement	Aspirations
<p>Shared leadership and an ethos of partnership are the foundations on which transformational change should be built.</p> <p>While leadership from the ‘top’ is vital, a shared leadership approach recognises that effective leadership to achieve transformational change is distributed within individual organisations and throughout the local health and wellbeing system.</p> <p>Shared leadership reflects the balance of political, managerial/officer and civic leadership that make up a place.</p> <p>Civic leadership refers to the contribution that individuals and communities make to positively impact their own lives and the health and wellbeing of others.</p> <p>Political leadership refers to the exercise of democratic legitimacy and accountability by elected representatives.</p> <p>Managerial/officer leadership is the practice of leadership by senior managers, executives and officers throughout the layers of organisational structures.</p>	<p>The action and influence of people at all levels of the council and across the local health and wellbeing system is recognised as integral to the overall direction and achievement of the Ambition in this area.</p> <p>Leaders use every vehicle possible to constantly communicate the Ambition.</p> <p>There is evidence that shared leadership is:</p> <ul style="list-style-type: none"> ▪ Winning support for change; ▪ Encouraging a culture of improvement and innovation; ▪ Supporting diversity of thinking throughout the local health and wellbeing system; ▪ Making connections and working across sectors and organisational boundaries, with varied groups and interests and with different cultures and working practices; ▪ Promoting a clear sense of purpose that is shared and mutually owned; ▪ Building and maintaining the necessary relationships and alignments to achieve an environment for transformational change in health and wellbeing outcomes; ▪ Mobilising, influencing and enthusing others to action; ▪ Cultivating an environment in which people feel able to take on ownership of an issue; ▪ Giving people discretion and autonomy to make decisions over their tasks and resources. <p>There is an agreed and compelling narrative about what integrated health and wellbeing and transformational health and wellbeing outcomes look like in this place, which:</p> <ul style="list-style-type: none"> ▪ Is grounded in local realities and takes account of the diverse neighbourhoods and communities and is rooted in local history and culture; ▪ recognises the importance of social determinants and building blocks of health and wellbeing (the economy, community resilience, parenting, education, housing and transport); ▪ is consistently communicated; the messages are reinforced over a long period, widely understood and there is clear evidence of commitment to it. <p>There is a high performing Health and Wellbeing Board as defined by the LGA’s HWB Development Tool.</p>

Statement	Aspirations
	<p>There is shared ownership and acknowledgement of responsibility for achieving improved health and wellbeing outcomes.</p> <p>When leaders explain their choices and decisions, they refer to the impact on health and wellbeing.</p> <p>Leaders challenge and hold each other to account.</p>
<p>An ethos of partnership:</p> <p>The Council, Health and Wellbeing Board (HWB) and partners acknowledge the importance of paying attention to the relationships between all the key players and stakeholders in the local health and wellbeing system.</p>	<p>Relationships are based on:</p> <ul style="list-style-type: none"> - mutual participation, - shared power, - involving the expertise of all the key stakeholders in the local system, - working towards a shared ambition and sense of urgency, - agreement about outcomes, - mutual respect and trust, - open and honest communication, including having difficult conversations without negative impact on relationships - listening with appreciation to both the ‘good’ and ‘not so good’ that make up local realities - giving attention to diversity in terms of both the added value that differences can bring to generate new ideas; as well as accommodating people’s preferred ways of communicating and engaging. <p>Partnerships are used for good reason, where appropriate, rather than meeting for the sake of it.</p> <p>There is widespread agreement that ‘health is everyone’s business’</p> <p>There is clarity about what each partner contributes to the ambition (beyond vision to co-delivery) and there is mutual accountability.</p> <p>The language used expresses a focus on “we” and “us” not “they” and “them”.</p>

Key driver 2: Empowered and Resilient Communities

Statement	Aspirations
<p>Resilience is acknowledged as a key capability that enables individuals, families and communities not simply to cope and survive but to thrive in times of great change and uncertainty.</p> <p>There is a recognition that empowered and resilient communities are much more able to withstand the pressures that are thrown at them and ultimately to take greater ownership for addressing and solving the problems they encounter.</p> <p>While community / self-determination and independence are the goals, there is a recognition that some vulnerable individuals, families and groups will continue to require support.</p>	<p>Local councils, health and wellbeing boards and partners have a shared strategy to enable empowered and resilient communities.</p> <p>The strategy is founded on an approach that optimises community assets (strengths), and not just needs; enhances wellbeing and social capital; supports community/local governance and promotes self-determination and independence.</p> <p>Local councils, health and wellbeing boards and partners work together to ensure a proactive and joined up approach to addressing the risk of social isolation.</p> <p>There are moves to reduce dependency on public services, where appropriate.</p> <p>Public bodies co-produce services with the people who will use them.</p> <p>Patients, care users and the public are seen as equal partners.</p> <p>There is a changed attitude amongst the public recognising the responsibility to manage their own health and wellbeing, with appropriate support.</p> <p>There are examples in almost all services of co-design, co-commissioning, co-delivery and co-evaluation of services.</p>

Key driver 3: A Focus on Prevention and Early Intervention

Statement	Aspirations
<p>Prevention is better than cure, and can be found at the heart of the local transformation. Early intervention is the next best thing.</p> <p>Different tiers of interventions covering universal, targeted and intensive interventions prevent harmful behaviours and support vulnerable and at risk groups, underpinned by sound knowledge about which forms of interventions really contribute to improve the wellbeing of groups.</p>	<p>There is a clear and demonstrable move towards prevention and early intervention, rather than just relying on 'cure'.</p> <p>There is good understanding of which interventions would produce the best return on investment.</p> <p>Good and proper use is made of statistical information.</p> <p>Evidence is appropriate to purpose (e.g. taking account of the natural variation in a situation, e.g. evidence for obesity reducing interventions versus a community development intervention).</p> <p>Piloting is used to test complex options, particularly where other evidence is not available.</p> <p>There is evidence of a willingness to try something new and different and to take a calculated risk.</p> <p>Attention is paid not only to those with the worst health and wellbeing (including vulnerable, seldom heard and deprived sections of the community) but also to the social gradient in health that runs across the locality.</p> <p>Information systems support good evidence based policy and decision making.</p>

Key driver 4: Service Integration

Statement	Aspirations
<p>There is shared agreement about service integration as a key means by which the council and partners can improve health and wellbeing outcomes for individuals, families and communities and to maximise the efficient use of resources.</p> <p>The council, health and wellbeing board and partners have a shared understanding about what service integration means here.</p>	<p>A continuum of integrated services is in evidence, ranging from commissioning plans and associated budgets through to services such as community and primary care support for children and adults.</p> <p>Staff around here behave as though they belong to one organisation which is dedicated to producing the best outcomes for local people. There are very rarely any demarcation disputes, and when there are they are resolved without detriment to the service users.</p> <p>Commissioning systems are aligned</p> <p>There is integrated commissioning for health, social care and specialist housing</p> <p>Partners work together as part of one system</p> <p>Markets are used as helpful tools rather than ends in themselves</p> <p>There is successful sharing of information and intelligence:</p> <ul style="list-style-type: none"> - All relevant partners contribute to the JSNA, which uses a wide range of information types, both qualitative and quantitative. - Data sharing agreements are in place and evidence that good data sharing is taking place - There is good sharing of 'soft' intelligence <p>Service plans are closely scrutinised to demonstrate their contribution to health and wellbeing</p> <p>Health Impact Assessment and Mental Wellbeing Assessment are used to test the health and wellbeing benefits and hazards of a proposal and the potential ways in which health and wellbeing / mental wellbeing can be promoted and protected.</p>

Statement	Aspirations
	<p data-bbox="817 293 2042 384">It is well understood and demonstrated that all strategies and plans take account of the Joint Health and Wellbeing Strategy (JHWS) and JSNA. A tool for assessing the JHWS is available from the NHS Confederation.</p> <p data-bbox="817 424 1720 451">There is ratification process to ensure that strategies are well aligned.</p> <p data-bbox="817 491 1966 518">There is sufficient certainty of funding that managers have the confidence to plan ahead.</p> <p data-bbox="817 558 1854 585">Outcomes are measured, reviewed, understood and appropriate action is taken.</p> <p data-bbox="817 625 2056 684">There is good use of all existing outcomes frameworks: public health; NHS and social care, and local indicators</p> <p data-bbox="817 724 1480 751">LG Inform is used as a source of data and analysis</p>

Key driver 5: System Coherence and Public Value

Statement	Aspirations
<p>The local system for health and wellbeing adds up to more than the sum of its parts. The elements are aligned and mutually reinforcing, and they work together so that gaps and duplication are avoided. The arrangements reflect the philosophy of “one council, one public service, one place”. Partners are no longer defensive and can see their contribution to the bigger picture. Organisations accept that money saved by them may go to support initiatives by other organisations.</p> <p>The council, health and wellbeing board and local partners analyse and understand the interconnections, inter-dependencies and interactions between complex issues, across multiple boundaries and between different sectors, services and levels of governance.</p> <p>Leaders take active steps to change systems, structures, policies and processes that don't fit together or fit the Ambition.</p> <p>The Council and local partners demonstrate excellent stewardship of public resources and local communities report satisfaction with how well public resources are being used on their behalf.</p>	<p>There is recognition of the need to adapt systems to find better ways to improve health and wellbeing and of the time and resources required</p> <p>Leaders ask for assessments of what needs to change when moving to new ways of working</p> <p>Realistic plans are put in place to make the necessary changes</p> <p>Attention is given to: job roles; organisational structure; financial allocations; allocation, design and use of technology; property and equipment; rules, regulations and conventions</p> <p>The Council and partners successfully manage the problems of separate budgets and financial systems where benefits do not accrue against costs.</p> <p>There is a shared understanding of where budgets individually and in total are spent and where savings are possible.</p> <p>Budgets are aligned where necessary and possible.</p> <p>Pooled budgets / a single public budget pot is the norm rather than the exception</p> <p>Opportunities for appropriate ‘cross-investment’ are taken wherever possible</p> <p>There is a shared approach to managing risk.</p> <p>The council and partners work together to create and deliver public value:</p> <ul style="list-style-type: none"> - There is a shared understanding about what the public values - Local people help shape local expenditure - There is clear evidence of money being moved to support the best return on investment and

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	<p>the best public value</p> <p>Procurement systems are properly designed to meet core objectives.</p> <p>System and structures allow Public Health staff to work across all parts of the system.</p> <p>There is good understanding of the role of Public Health, with formal and informal opportunities for interaction between public health and other services (e.g. through structure, co-location, information and liaison, etc.).</p>

Key driver 6: A Culture of Improvement and Innovation

Statement	Aspirations
<p>People in all parts of the system are actively engaged in the process of change and encouraged to try out new ideas. If prototypes are effective, they are rolled out quickly.</p> <p>Shared leadership supports and champions change initiatives and empowers broad-based action to secure transformational change.</p> <p>Leadership articulates the connections between new behaviours and achieving the Ambition.</p> <p>Barriers to improvement and innovation are identified and solutions developed and implemented.</p> <p>There is a focus on shared norms and values and the associated behaviours that will drive improvement and innovation.</p>	<p>The imperative to challenge and improve is universally accepted.</p> <p>Pointing out possibilities for improvement is not seen as criticism, and people do not become defensive</p> <p>People at all levels generate new ideas and they know where to take them for further consideration</p> <p>The culture supports appropriate risk taking and non-traditional ideas and actions:</p> <ul style="list-style-type: none"> - Risk is realistically assessed and contained - Potential harm is mitigated <p>The culture is one of shared accountability and not blame:</p> <ul style="list-style-type: none"> - Accountability processes value appropriate action taken in good faith - Shared accountability reinforces the importance of working productively with others - In holding people to account, it is recognised that complex outcomes result from multiple inputs and are often subject to considerable variation <p>There is a 'theory of change' that understands how the interaction of a range of actions and interventions will interact to bring about improvements.</p> <p>Leaders (at different levels) are able to reprioritise resources to allow new and better ways of improving health and wellbeing. There is a clear identification of skills needed for new ways of working</p> <p>Staff are encouraged and enabled to develop necessary new skills. Cost effective means are used for skills development (including peer learning and on-the-job properly supported</p>

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	<p>coaching)</p> <p>Losing resources is not automatically a threat to individuals leading them to resist change</p> <p>There is sufficient flexibility that additional funding can be used in new ways to achieve the Ambition.</p> <p>The importance of learning and improving is emphasised and practiced and is enabled by systems and procedures:</p> <ul style="list-style-type: none"> - Learning happens at all levels, from individuals and teams through to system leaders - Learning considers both changing direction and changing the methods of achieving objectives - “Thinking allowed” is part of the culture - Opportunities to review initiatives are built into project plans - “Learning from doing” is actively supported and encouraged <p>Leaders at all levels demonstrate active listening to views and feedback from across their organisations and the wider system:</p> <ul style="list-style-type: none"> - There are both formal and informal opportunities to get feedback from across organisations - Employees and other relevant stakeholders are clear as to how they can feedback - Leaders collate and share with each other the feedback they are receiving - Leaders report back on how they have taken account of the feedback they have received