

## **Inequalities and Wellbeing – Working Together**

**A joint conference presented by:**

**Association of Directors of Adult Social Services**

**Association of Directors of Children's Services**

**& Association of Directors of Public Health**

**Tuesday 20<sup>th</sup> May 2008**

**Central Hall, Westminster, Storey's Gate, London SW1H 9NH**

### **Conference summary and outcomes**

The ADPH, ADCS and ADASS have worked together to present a joint conference for their members, with the theme *Inequalities and Wellbeing – Working Together*.

The conference explored ways in which Directors of Public Health, Adult Social Services and Children's Services can work together to reduce health inequalities, and promote and improve wellbeing. In addition to keynote speakers and Question & Answer panels, delegates had the opportunity to take part in workshops focusing on:

- Joint commissioning of children's services
- Joint Strategic Needs Assessment
- Addressing health inequalities – a regional and local approach

The conference was sponsored by the Care Services Improvement Partnership (CSIP).

Andrew Cozens CBE, Strategic Adviser for Children, Adults & Health Services, Improvement and Development Agency for local government (IDeA) chaired the conference.

Keynote speakers and panel members were:

- Dr Maggie Atkinson, President, Association of Directors of Children's Services
- David Behan CBE, Director General for Social Care, Local Government and Care Partnerships
- Dr Tim Crayford, President, Association of Directors of Public Health
- John Dixon, President, Association of Directors of Adult Social Services
- Dr Steve Feast, Senior Advisor, Health & Wellbeing, Department of Health
- Peter Lauener, Director of Supporting Delivery, Department for Children, Schools & Families
- Julia Ross, National Programme Lead for Social Care, Care Services Improvement Partnership

One hundred and seventeen delegates participated in the conference and workshops.

## Introduction

Andrew Cozens opened the conference by congratulating the three Associations on their initiative in presenting, for the first time, a conference that brought together the triumvirate of Directors – for Public Health, Children's Services and Adult Social Services – who had such a significant role to play in tackling health inequalities. This was a seminal event that would support joint working between local government and healthcare to reduce health inequalities and promote and improve wellbeing.

## Keynote speakers

### ***Dr Steve Feast, Senior Advisor, Health & Wellbeing, Department of Health***

Steve Feast reflected on a review of the Health Inequalities strategy, and the need for a continuing emphasis on closing the gap in health inequalities.

Key points highlighted were:

- The income gap between the richest and the poorest is growing, not shrinking
- The need to tackle the causes of the causes, and a shift in emphasis towards living healthier lives (not simply focusing on longevity)
- Living in poverty affects every part of people's lives. Poor health is both a cause and a consequence of poverty
- The publication of a new Health Inequalities strategy in June 2008, with a focus on inequalities within and between communities – and the need to challenge communities to get more involved
- The role of Local Area Agreements and Comprehensive Area Assessments in reducing health inequalities
- Directors of Public Health, Children's Services and Adult Social Services can contribute to changing people's life chances and help shape their communities. The challenges to achieving this were to:
  - Raise community aspirations for change
  - Identify the positive assets and build upon them
  - Create and share common cultures across public services
  - Work through commissioning and place shaping
  - Build upon Joint Strategic Needs Assessments
  - Lead together
  - Identify and share each other's strengths

### ***David Behan CBE, Director General for Social Care, Local Government and Care Partnerships***

David began by exploring the roles of key agencies involved in addressing health inequalities.

The role of the Department of Health was: better health and wellbeing for all; better care for all (indirectly); better value for all.

The role of local government was: promoting social, economic and environmental wellbeing; place shaping; community leadership; establishing a Local Strategic Partnership.

The role of Primary Care Trusts was: improving health; improving healthcare; local leadership of the health system.

He went on to highlight the key problems associated with narrowing the gap in health inequalities: whilst the quality of health and social care has improved, not everyone has the same opportunity for health and wellbeing; and 1.5m people die each year through early death.

David went on to focus on some specific inequality issues; for example people with learning disabilities are 58 times more likely to die before the age of 50 when compared to the general population, and 4 times more likely to have a preventable cause of death.

The solutions involved recognising that the challenge is greater than any one organisation can manage, with a need to work across systems and networks; leadership was required as was achieving cultural change which people own. Local Strategic Partnerships (LSPs) were made up of all the key players in a local area – providing a forum for setting the strategic vision for an area, for capturing that vision in the Sustainable Community Strategy, and for agreeing priorities for improvement in the Local Area Agreement (LAA). To deliver on this shared vision, partnership working needed to embed: jointly identifying priorities; co-ordinating consultation activities; co-ordinating alignment of resources; and collective performance management.

Key elements to achieving cultural change were: recognising cultural capital influences how people make decisions; being clear about the population target and how behaviour is affected by cultural factors; using segmentation and profiling; tailoring and personalising policy interventions; communication and engagement; and recognising that big change occurs over the long term.

Government vision and reforms were being realised through: *New Deal for Carers; Our Health, Our Care, Our Say; Lifetime Homes, Lifetime Neighbourhoods; Opportunity Age; NHS Next Stage Review; Independent Living Strategy; Strong & Prosperous Communities; and Putting People First.*

In concluding his presentation, David highlighted that opportunities for achieving change were offered through: Joint Strategic Needs Assessment; World Class Commissioning; NIS and Vital Signs; Local Area Agreements; CAA; Care Quality Commission; JIP/REIP.

**Peter Lauener, Director of Supporting Delivery, Department for Children, Schools & Families**

Peter opened by illustrating the performance framework that emanated for the 5 Every Child Matters outcomes: Be Healthy, Stay Safe, Enjoy & Achieve, Make a Positive Contribution, Economic Wellbeing. These were linked through PSAs to the National Indicator Set, with 197 indicators that fed into Local Area Agreements. He highlighted that the new Every Child Matters Framework was now available – although the outcomes and aims remained consistent. In addition, the new Child Health Strategy was due to be launched later in 2008.

The outcomes for looked after children were explored: 66% were looked after as a result of abuse or neglect; two-thirds of looked after children were in foster care; 1 in 10 children in care attained 5 good GCSEs in 2005, compared with more than half of all children; and 6% of 19 year olds in this category go into higher education compared with over 40% of all young people.

Children's Trusts were moving towards provision of a universal system providing a continuum of support and opportunity. Children's Trusts were to have in place by 2010 consistent high quality arrangements to provide identification and early intervention for all children who need additional help. The essential features to achieving this were:

- Targeted early intervention services integrated with universal settings (e.g. through multi-agency teams in and around schools)
- More specialist services easily available and accessible from universal settings
- Processes and pathways connecting up services (e.g. through embedding the CAF)
- Schools and other universal settings knowing the children they work with and, if necessary, assessing needs through CAF and engaging targeted/specialist services
- Universal settings and staff in wider services working together to provide joined up support co-ordinated by a lead professional.

Peter illustrated the approach to enabling integrated working within the new workforce document Brighter Futures, and welcomed the fact that ADCS President Maggie Atkinson was leading work on its implementation.

In summary, Peter identified key delivery challenges: Improvement Support (where it is needed with the right expertise); the School of the 21<sup>st</sup> Century; co-location of services and integrated working; development of the whole children's workforce; Children's Trusts; and better commissioning.

## **Question & Answer Panel Session: Andrew Cozens, Julia Ross, Peter Lauener, David Behan, Steve Feast**

**Q:** The Director of Children's Services in Norfolk highlighted the importance of making links with the economic development functions within local authorities as key to tackling health inequalities – however, were these links being missed at national level?

**A:** The importance of the link with economic development was acknowledged, as was the need to build economic prosperity if the 2010 target on child poverty was to be met. It was confirmed that the Department of Health was working with the GLC on their Generation Strategy; and the DCFS had a joint unit which had a remit for economic development issues. However, it was felt that systematic links were missing at both regional and national levels. It was also highlighted that private sector and third sector organisations were very relevant in this.

**Q:** The Director of Adult Services in the London Borough of Tower Hamlets agreed that the JSNA must not be simply a re-branded version of the Director of Public Health Annual Report, but sought advice on what the JSNA should be and how best to develop it in a genuinely joint way to achieve something that would make a real difference.

**A:** A good starting point was to consider the effectiveness of current systems and to build on good work already done, to help define JSNA priorities. Also, ensuring local populations are asked what matters to them, and ensuring the process is carried out jointly with partners from the outset were key; as was establishing a minimum data set. Focusing on a high need area – for example health inequalities in learning disabilities – could be valuable.

Arising from a first year review for JSNA development, it had been found that whilst providing a good epidemiological process, they had yet to fully support community empowerment.

**Q:** The Director of Public Health for Wakefield questioned the notion that cultural change was necessarily a slow process, citing that tipping points could achieve radical change; and therefore what were the potential tipping points in health inequalities that we could exploit?

**A:** It was agreed that this was potentially a useful approach - for example public understanding of obesity and the associated implications for health and wellbeing could enable more radical approaches to be introduced. Tipping points could also be identified within local populations, with the development of locally-based solutions that are achieved in partnership between local agencies and their populations.

A tipping point yet to be fully reached was the cultural change required amongst local government and health organisations and their workforces to fully realise service developments such as those in Every Child Matters. It was intended that Putting People First should support this by enabling the necessary cultural changes in both capacity and capability of front line staff to deliver services in a new context.

## **Parallel Workshops**

Conference delegates had the opportunity to take part in workshops focusing on:

- Joint commissioning of children's services
- Joint Strategic Needs Assessment
- Addressing health inequalities – a regional and local approach

These workshops were run both in the morning and afternoon, to enable delegates to participate in two of the three sessions.

Outcomes from the workshops are summarised in Appendix 1.

## **Working Together**

The Presidents of the three Associations presented to the conference under the theme of *Working Together*, following which there was an opportunity for delegates to ask questions.

### ***Dr Tim Crayford, President, Association of Directors of Public Health***

Tim began by focusing on *Our Health, Our Care, Our Say* (2006) which sought to ensure more visible local leadership on health and wellbeing, particularly on public health issues such as childhood obesity, smoking rates and health inequalities, by engendering systematic partnership working between NHS bodies, local authorities and other partners, for example through greater use of joint appointments, pooled budgets and joint commissioning.

*Our Health, Our Care, Our Say* and *Strong and Prosperous Communities* had introduced: new powers for scrutiny, a push for jointly appointed and jointly accountable Directors of Public Health (DsPH), closer alignment between Local Delivery Plans and Local Area Agreements, a statutory requirement for the establishment of Local Involvement Networks, strengthening of LSPs and LAAs, and a new Lead Member at local authority executive level with a remit for local health & wellbeing partnerships.

In relation to joint DsPH, Tim supported this as the right direction of travel, however there continued to be challenges such as variable interpretation and implementation of joint appointments; and the debate continued as to whether the role should necessarily remain based within the NHS.

Turning to the triumvirate of Directors represented at this conference, Tim illustrated the overlapping roles and responsibilities of each role with regards to tackling health inequalities and improving wellbeing, with the development of JSNAs at the core. In developing effective JSNAs, there was a need to understand needs, demands and wants in the context of:

- a care services ideal;
- efficient delivery;
- current care services; and
- wellness needs;

and alongside this were the challenges in accessing, pooling, analysing and mapping JSNA information.

### ***Dr Maggie Atkinson, President, Association of Directors of Children's Services***

Maggie began by emphasising that for DCSs the agenda encompasses education at all ages as well as the arenas of social care, social work and health. It followed that to deliver on this multi-faceted agenda, we are charged with being outcome focused, not being obsessed with old models or processes. The focus was on addressing and narrowing gaps and removing inequalities, and required us to work together, as 'Our Health, Our Care, Our Say' charges to this end. Maggie illustrated how we can best work with individuals to achieve this, by:

- seeing the person, and not just the episode or the casework;
- avoiding unnecessary duplication in recording the individual's story, then safely sharing and using the information so our interventions can make more of a difference;
- keeping our promises that we can help;
- keeping wellbeing and wellness at the forefront, and planning services, based on prevention and early intervention, that help the individual to attain them;
- joining up to support the individual, but within the family;
- not building barriers that prevent clear communication/understanding/access.

Finally, Maggie illustrated the circles of intimacy, friendship, participation and exchange that all contributed to achieving change and wellbeing.

### ***John Dixon, President, Association of Directors of Adult Social Services***

John began by reviewing the changing role of Adult Social Services through:

- Life Chances of Disabled People – Opportunity Age;
- Independence, wellbeing and choice – Our Health, Our Care, Our Say;
- Safe and Prosperous Communities;
- Place Shaping and the rise of wellbeing;
- The shift in relationship between state and citizens.

Achieving effective joint commissioning required a focus on patient/care pathways and ensuring the best mix of health/social care and third sector input. Challenges included:

- shifting choice and control from professionals to users/patients;
- transferring activity and finance within care pathways;
- joining two commissioning frameworks;
- improving the sharing of information; and
- achieving user satisfaction and clinical outcomes.

John highlighted key issues relating to personalisation, eligibility and the Green Paper on Care & Support:

- a focus on social justice as much as funding;
- the need to agree the principles of the new settlement;
- to re-think dependency and contribution for those currently eligible for state funding; and those outside of the state net (more than half of the population);
- improving public understanding and the transparency of health and social care delivery;
- tackling the weakest links in the welfare state: e.g. assurance for old age and disability.

Finally, the impact of World Class Commissioning and Putting People First was highlighted, requiring our services to:

- have a comprehensive understanding of the needs of everyone in the community;
- plan in partnership with users and carers, for services to meet agreed outcomes through improved choice and control;
- work with providers and the third sector to develop services for independence and wellbeing;
- achieve more intelligent and responsive procurement of services to improve outcomes;
- ensure individual purchasing is as near to the person as possible;
- improve evaluation of service provision as a return on investment; and
- join up governance, leadership, basic skills and knowledge.

## **Conclusions and Way Forward**

The Chair thanked the Presidents of the three Associations and all contributors to the conference.

Delegates were invited to contribute suggestions as to how the three Associations could work together, nationally or locally, and the key issues or tipping points on which they could jointly focus to make a positive impact on inequalities and wellbeing. The outcomes from the discussion are summarised below:

### **The role of Planners in improving access through well thought out infrastructure - how to engage with planning at national and local levels?**

- Planning and good infrastructure is a significant issue for inequalities and wellbeing (for example, the impact of the built environment on tackling obesity).
- It was suggested that the Local Development Framework (LDF) was a key driver to influence local planning decisions; and all service departments/directorates should get engaged locally with their LDF.
- JSNAs, as a broader document, will need to involve planners and a wider range of partners than might be currently engaged – providing opportunities to influence developments and infrastructure.

### **Advocacy at national level**

- Identifying common key priorities on which to jointly advocate with a strong collective voice and thereby create a climate for change.
- A great deal of work was already undertaken by the Associations on advocacy at national level – however it would be helpful to share this with members to raise their awareness.
- The three Associations could identify 3 simple priorities/messages for joint working – and follow these through at national and local levels.

- Where does accountability for health inequalities sit in government? The three Associations should advocate to bring responsibility for health inequalities into Departments such as the Treasury, Employment etc.

### **Advocacy at local level**

- Recognising the power and influence held by Directors locally - through their responsibility for significant budgets, resources and service delivery - and Directors using this to influence and advocate locally.
- The move towards localism supports the need for Directors to combine their influential voices and to work together locally to achieve change.
- The three Associations could identify 3 simple priorities/messages for joint working – and follow these through at national and local levels.
- Using local data to highlight local health inequalities and advocate change with local politicians.

### **Poverty as the common denominator**

- Poverty is the common denominating issue in health inequalities, and is exacerbated when linked to the 'post code lottery'.
- The triumvirate of local Directors should work together to plan, deliver and make a difference to reduce the health inequalities gap.

### **Raising the profile of health inequalities and wellbeing within local government**

- Sue Johnson (IDeA Healthy Communities) highlighted that resources were available through the Healthy Communities programme that could support the sharing of good partnership practice.

### **Engagement with current political/cultural drivers**

- Identifying the drivers that we can work with to achieve our aims.
- Obesity and Alcohol are two policy drivers on which the Associations could combine to promote powerful messages.

### **Developing a common language**

- The three Associations could work together to produce an agreed 'dictionary' of terminology to remove some of the current complexities in communication between Public Health, Children's and Adult Social Services.

### **Tackling conflicting policies and priorities**

- To identify and advocate for the clarification of government policies and priorities that currently conflict.

### **Social Marketing**

- Important to recognise that individual's aspirations and expectations vary widely – how can social marketing be used to achieve change, and how can the three Associations facilitate this?

### **Focusing on 'the causes of the causes'**

- Making the emphasis of the joint work between the Associations the need to recognise and tackle the causes of the causes.
- The new Health Inequalities Strategy should help with this message.

### **Close of conference**

In closing the conference, the Chair summed up by confirming that the three Associations would continue to work together, with an emphasis on identifying joint priorities that focused on tackling health inequalities and poverty and that were relevant to those people affected by these inequalities.

## Inequalities and Wellbeing – Working Together

### ADASS, ADCS, ADPH Conference

20<sup>th</sup> May 2008

### Workshop summaries and outcomes

#### Workshop 1 - Joint commissioning of children's services across LAs and PCTs

<b>Summary:</b>	<p>The gaps in the provision of joined-up healthcare and related services for children, young people and their families prompted five leading public health and child health organisations – the Faculty of Public Health, the Royal College of Paediatrics and Child Health, the Association of Directors of Children's Services, the Association of Directors of Public Health and the Child Public Health Interest Group – to produce guidance on the effective commissioning of children's services. <i>Joint commissioning of children's services across local authorities and primary care trusts</i> sets out key principles including: a whole-systems, holistic approach which pools resources and budgets; joined-up local mechanisms (such as the <i>Children and Young People's Plan</i>, joint strategic needs assessments, the <i>NHS Operating Framework</i> and local area agreements); specialist public health input; public involvement, and a strong evidence-base founded on high quality data. Using these principles should underpin the commissioning of effective services to ensure that children's health and wellbeing is protected and improved.</p> <p>This workshop also explored how these principles can inform practical implementation of an integrated approach.</p>
<b>Presenters:</b>	<p>Ann Baxter, Corporate Director, Stockton-on-Tees Borough Council</p> <p>Peter Seller, Head of Children and Young People's Strategy/Assistant Director of Commissioning, Stockton Borough Council and North Tees Primary Care Trust</p> <p>Peter Kelly, Executive Director of Public Health, Hartlepool, Middlesbrough, Redcar &amp; Cleveland, North Tees PCT</p> <p>Ruth Hill, Head of Adult Strategy/Assistant Director of Commissioning, Stockton-on-Tees Borough Council</p>
<b>Workshop objectives:</b>	<ul style="list-style-type: none"> <li>▪ Explore the challenges of joint commissioning across children's, adult's and public health services.</li> <li>▪ Identify current good practice in Stockton and share with colleagues</li> <li>▪ Discussion of models across LAs and learn from each other</li> </ul>
<b>Main outcomes:</b>	<ul style="list-style-type: none"> <li>▪ Positive discussion and identification of the issues</li> <li>▪ Consideration of strengths and weaknesses of models of commissioning</li> <li>▪ Shared good practice</li> <li>▪ Networking</li> </ul>
<b>Issues highlighted:</b>	<ul style="list-style-type: none"> <li>▪ No one size fits all</li> <li>▪ Joint commissioning is an increasing priority</li> <li>▪ Needs process and culture change</li> <li>▪ There will be risks</li> </ul>
<b>Action/learning points:</b>	As above



## Appendix 1 (continued)

### Workshop 2 - Joint Strategic Needs Assessment: duty or pleasure? How it really felt in Kirklees

<b>Summary:</b>	<p>Kirklees started developing their JSNA in April 2007 and this culminated in the publication of their first JSNA in early 2008 (Google 'Kirklees JSNA' to see the outcome).</p> <p>The workshop shared with participants:</p> <ul style="list-style-type: none"> <li>▪ what was done to develop the JSNA</li> <li>▪ what was included in the JSNA – and what wasn't</li> <li>▪ how it felt for those involved</li> <li>▪ how the JSNA is being used locally – and if it's making any difference</li> <li>▪ ideas for further developing the JSNA</li> <li>▪ what was learnt from this experience</li> </ul>
<b>Presenters:</b>	<p>Margaret Watt, Portfolio Manager for Commissioning, Contracting, Business and Performance Management, Kirklees Adult Services</p> <p>Judith Hooper, Director of Public Health, Kirklees Council and PCT</p> <p>Matthew Holland, Commissioning and Policy Development Manager, Kirklees Children &amp; Young People Service</p> <p>Phil Longworth, Head of Health Policy Unit, Kirklees Council</p>
<b>Workshop objectives:</b>	<ul style="list-style-type: none"> <li>▪ To share the experiences of developing the JSNA in Kirklees from the perspectives of public health, adult and children's services</li> <li>▪ To provide an opportunity for participants to reflect on this experience and use this to develop the process they are using to develop their JSNA</li> </ul>
<b>Main outcomes:</b>	<ul style="list-style-type: none"> <li>▪ All areas represented are at different stages in the development of their JSNA.</li> <li>▪ JSNA is very much 'work in progress' and the process and outputs need to be tailored to particular local circumstances. Recognising it is a process not an event is crucial to developing robust partnership approach.</li> <li>▪ There is no 'right way' to undertake JSNA - Guidance is reference point rather than road map.</li> </ul>
<b>Issues highlighted:</b>	<ul style="list-style-type: none"> <li>▪ Agreeing scope is key – people finding it too big/wide</li> <li>▪ How to get the public involved and consulted?</li> <li>▪ What are the criteria for 'voice' information? How do we use it?</li> <li>▪ How to manage the impact on areas which get a lot of negative publicity</li> <li>▪ What do the public want in relation to 'need'? e.g. in a largely affluent area the issues raised might not be a concern for many residents</li> <li>▪ Information sharing across agencies and trust required to do this effectively</li> <li>▪ Local government boundary problems, particularly for counties with a number of PCTs</li> <li>▪ Cultural issues between organisations</li> <li>▪ Role and impact of practice based commissioning</li> <li>▪ How to reduce down priorities</li> <li>▪ Maintaining the data after the initial surge of enthusiasm</li> <li>▪ Using the findings of the JSNA process to target resources</li> <li>▪ Using the JSNA to show how things are getting better, not just where the problems are</li> <li>▪ How influential are joint DPH posts? This links to question of how seriously has the JSNA been taken locally</li> <li>▪ Timing – there is never a perfect time, more important to get stuck in and recognise it will not be perfect as it the first time its been done locally</li> <li>▪ Recognition of impact/role of housing and planning, but not necessarily easy to get them engaged as they have their own 'must do' processes e.g. LDF</li> <li>▪ Evidence base</li> <li>▪ Still significant cultural issues to be addressed – i.e. differences between PH, adult services and children's services</li> </ul>
<b>Action/ learning points:</b>	<ul style="list-style-type: none"> <li>▪ Keep it manageable – set boundaries on scope, and stick to them</li> <li>▪ Keep it very strategic – helps to resolve differences and hone down priorities. At a strategic level there are fewer differences</li> <li>▪ Using joint workers helps – people tasked with working across organisations are good people to involve</li> </ul>

## Appendix 1 (continued)

### Workshop 3 - Addressing health inequalities – a regional and local approach

<b>Summary:</b>	The workshop described an initiative in Yorkshire & Humber called "Minding the Gap" which has received national recognition. The workshop explored this work from the regional perspective, and described how the initiative has been put into practice and what differences it has made.
<b>Presenters:</b>	Cath Roff, Director of Adults' Services, Sheffield City Council Paul Johnstone, Regional Director of Public Health, NHS Yorkshire & the Humber/ Regional Public Health Group Jeremy Wight, Director of Public Health, Sheffield PCT/ Sheffield City Council
<b>Workshop objectives:</b>	<ul style="list-style-type: none"> <li>▪ To set out a regional and local approach to tackling health inequalities</li> <li>▪ To share learning regarding good practice</li> <li>▪ To consider barriers to progress and how they may be overcome</li> </ul>
<b>Main outcomes:</b>	The presenters set out the main building blocks to achieving a strategic and operational approach to tackling health inequalities. Consideration was given to the key role the Local Strategic Partnership can play in engaging partners in the city/area. Workshop participants felt that there was an emerging role for Joint Directors of Public Health with considerable variation at a local level as to how Joint DsPH attempted to fulfil their role.
<b>Issues highlighted:</b>	<ul style="list-style-type: none"> <li>▪ Making an impact on health inequalities requires a long term commitment and investment</li> <li>▪ High level leadership is critical</li> <li>▪ It is equally important to engage communities in taking responsibility for their own health</li> <li>▪ Variable approach to the role of Director of Public Health</li> <li>▪ Important to exploit the role of local government and the NHS as big local employers</li> <li>▪ Build healthy lifestyles into contracting work</li> </ul>
<b>Action/ learning points:</b>	<p>Sheffield's approach to reducing chronic heart disease through its targeted approach of prescribing statins.</p> <p>Nottingham City Council – "Virtual teams" with health equality champions. Health and well-being champions in all directorates.</p> <p>It would be worth exploring if Joint Directors of Public Health would find it helpful to meet as a peer group to learn from each other.</p>
<b>CSIP Leadership elements:</b>	
How Directors can work together to improve well being and life outcomes for people in their locality:	<ul style="list-style-type: none"> <li>▪ Make sure health inequalities is high on the agenda of the LSP / Health and Well-being Board</li> <li>▪ Make use of the Local Area Agreement to agree strategic priorities</li> <li>▪ Ensure alignment of priorities in commissioning plans</li> </ul>
What are the common and what are the separate challenges?	Common challenges: harnessing sufficient resources to make an impact
Group members own leadership development needs – rather than those of others in the system	<p>Opportunities to share learning.</p> <p>Some Joint DsPH finding the political aspects of local government difficult to navigate - DASS's can help with this.</p>
Barriers to effective development of health, children's and social care systems that might be ameliorated by good leadership interventions?	<p>Good leadership can create a shared value base and vision for an area that provides the building block for health inequalities work.</p> <p>Make better use of regional DsPH.</p>