

## Effective Leadership of place based health and wellbeing strategies

**Stage: Innovate Stage**

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**Speakers:**

- Cllr Richard Kemp CBE, Deputy Chair of the Local Government Association's Health and Wellbeing Board
- Andy Burnham, Mayor of Greater Manchester
- Professor Kate Arden, Director of Public Health, Wigan Council

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**Richard:**

Thank you very much. I want you to prepare to send me a wave of empathy and support. Because I'm from Liverpool and I'm going to say something nice about Manchester. I also want you to promise one other thing: not to dob me up back home to the people, because I shall never get elected again if I'm shown to say anything nice about this city. But I will do. Because six weeks ago I came to Manchester with my colleagues from the Community Wellbeing Board of the local government association, because we wanted to see how health and social services and, indeed the entire work of councils were being integrated into one seamless system on behalf of the people of Greater Manchester.

If you think about it, I'm just going to pose a thought to you. Just imagine what our health service would look like if everyone in this country had a decent job that paid them reasonably so they could afford a nice little holiday once or twice a year.

If they went home to a decent warm house which is appropriate to their needs.

If they lived in a community which was clean, safe and well managed. Just think what the effects of that would be on the health of our communities, both physical and

mental, and how many fewer people would be ending up at A&E or GP practices or any other part of the health service.

We know, for example, that up to half the people who turn up for their precious 8 minutes at the GPs don't actually need to see a GP at all, they are looking for reassurance or, in many cases, are just looking for someone to talk to. So, as a councillor, we believe we have to end those divides between healthcare and the health service, between other parts of the council and come up with a seamless service on behalf of the people I represent and the people that Andy Burnham represents.

The prizes are absolutely huge. 10 percent of all the hospital beds in this country at any one time are occupied by people with type II diabetes. 10 percent of the beds. 99% of type II diabetes is avoidable. Yet our public health budgets are being slashed. What a false economy.

At the other end, up to 15% of our hospital beds are being occupied with people who no longer need medical or clinical care but who cannot go home to appropriate accommodation in the community.

To keep someone in good residential care costs about £650 a week. To keep someone in a hospital bed costs about £550 a night. Let's just say that if we did the right things, we could actually reduce the number of hospital beds by 20%, a huge reduction in pressure on the health service, and give people better lives by keeping them health and helping them recover quicker.

Now, this can be done. At the LGA, local councils across the country, we believe this is best done with the leadership of local authorities, who have a dialogue with their community, who have a mandate from the people they represent to actually join up services in a fundamentally different way. That's what I believe is being done well, in fact I believe it is being done very well in Manchester, which is why I'm looking forward to hearing from the next two speakers. The first, new in his job, away from

Westminster, confronting reality, perhaps for the first time, but you'll probably dispute that, Mr Burnham, it is my pleasure to introduce the Mayor of the Greater Manchester City region, Andy Burnham.

**Andy:**

Thank you Richard for that introduction. It does feel different to be away from Westminster. In the 100 or so days, I have been doing this job there has not been one single minute I missed it. I've come to the view that system is not going to drive real change, actually. Maybe you'll say you knew that all along. But the Westminster system, centralised, London centric, it hasn't come up with the answers for Manchester over the decades.

It has left us with a pretty poor public transport and rail system, it has given us a housing crisis, it has given us a situation where, as I said earlier, about a third of kids going to primary school are not school ready. It has not made this country more equal. It hasn't worked for Greater Manchester in many ways. This is a chance to break out of it and see if we can do something different, which is what Manchester likes to do. It is why I'm delighted to accept this role.

Richard raised the touchy subject of Liverpool and Manchester rivalries. All I can say if somebody born in Liverpool can be elected in Manchester it shows how broad minded they are.

Football is a touchy subject. I'm a Blue from down the M62. People say how are you going to handle that challenge when you are on the doorstep. I said it is easy. I will be impartial. I will be in favour of City and United to beat Liverpool. We are discussing here in terms of making a change and how best to do that. I'll share with you three points that are basically what I've learned on my political journey about leadership and whether it can work and can inspire people and bring people with you. The first is, I think a good leader sets out clearly, without jargon, in the plainest of plain English, what it is we're all trying to do.

The journey that we're all on. I see that as my role here in Greater Manchester. To be absolutely explicit about what we're trying to do through devolution. If I could simplify it, it is about creating a more equal, a more healthy, a fairer Greater Manchester, where everybody truly has the ability to fulfil their potential: The best place to grow up, the best place to get on, the best place to grow old. That's with a we're trying to do. For me that is good leadership if you can give people really clear, really clear information about what we are doing and then unite people behind that goal. Let me say a little more about school readiness, which I touched on when I opened the Expo this morning. I have been thinking about how do you really change things to close the gap that we have in society, and we do have in a place like Greater Manchester.

All it tells you is it is set in the first 1,000 days of life. If you don't change it there, then for many they will never change and never catch up. It remains the case in 2017 in England that the postcode of the place you are born in determines your place in life. I came into politics to change that. But it isn't changing anything, it is getting worse. How do we do something about it? I think you focus on early intervention, but you put it in such a way that unites all of the public sector. That's why I said I want it to be a shared a preeminent goal for all our public bodies in Greater Manchester.

We will have an event next month where we ask all of them to sign a pledge to work to that end, to work together, to identify, to intervene, to support. This isn't an agenda that's based on a judgmental approach in saying these are, to use the White Hall jargon, troubled families. Some people are having to do two, even three jobs, zero contract jobs, they worry about feeding kids, never mind buy them books or take them on trips to museums.

They don't have a family network to rely on. It is hard. We need to give them more support and all public services need to work with them so young people can make the most of their lives and fulfil their potential. That choosing of school readiness is very much about saying every organisation here, NHS, council schools, all should have a vested interest in doing something about that. Because if we improve school

readiness at age four we will improve life chances, we will improve people's health over the rest of their lives. So that I think is leadership. Going forward we will take it further and also have a focus on life readiness at 16.

That, too, is a crucial transition moment in life that I don't think we're getting right at the moment. Where young people feel the pressure. They talk of schools like exam factories these days. They don't see a clear opportunity for them at the end of school, and again we have to do something about that. Give young people a greater sense of hope that there is something there for them at the end of school if they are to have good health and good opportunities. So, school readiness, life readiness and we also will pioneer retirement readiness is probably not the right phrase, but get people ready to enjoy a longer life and make a positive contribution through that life and not, as I said before, have this thing where we talk of older people as bed blockers.

A very, kind of, institutional view of the whole issue of aging. Let's have a positive approach that is about what people can contribute and what they can do.

This is a way I want to galvanise, bring it together and work on those things, the reason I chosen those things it is about chiming with people's sense of vocation, people want to make a difference and want to change lives for the better and sometimes if politicians like me, put what they feel are arbitrary targets in their way, that doesn't unlock the best from people. If we can coalesce on the things that matter, giving young lives that best chance of potential, inspire the hearts and minds.

Another challenge in terms of leadership. I want to set the challenge for public services here to do something about homelessness, if you walk around the city centre of Manchester, you will see a symptom of society, that is far too unequal and precarious in the way people are living these days and sadly is allowing people to fall through the net and they end up huddled in the door ways and you can see them.

Again, I am saying to the public sector here, that isn't acceptable to me as Mayor of

Greater Manchester, I don't think in 2017 it is inevitable consequence of modern life, that people should spend the night in that way, it shouldn't be the case for there to be winners in society, those earning at the top, there has to be losers huddled in the door ways. We have got to change that.

I want to show leadership in making that change, so I am making a donation from own salary every month to a mayor's homelessness fund. I want to look people in the eye and say, I am doing something, can you do it too? Ask the public sector to show restraint in terms of its own pay and come together to make a common commitment, common cause around dealing with that, with that issue, it seems to me that that is what leadership is also about. Really being prepared to change the way you are working to show your commitment so that is the first thing I would say, the clarity around your vision and commitment and personal commitment to it.

The second thing I would say about good leadership is showing you are prepared to walk in the shoes of the people on the front line doing the job.

That is something I think we don't get right often in terms of public service. There is a feeling that those at the sharp end are not understood by people in management positions. I have said to the Public Service Reform Board, where our public services come together once a month. Nobody in that room should be taking decisions without able to demonstrate to the staff that they fully understand what it is to be them and how it is to do their job.

It is an essential of good leadership, I have always throughout my political career put work shadowing into my diary, so I can show people that I understand the pressures that they are under. I get the feeling right now, and it is not just true of NHS staff but true of police, fire, other colleagues too, people are at the limits of what they can give. Good will is at risk and good will runs many of our public services, if you lose that good will, then we lose something that is truly precious.

I do think we have to be much more serious about how we understand and support front line staff and show that commitment from the very front. So that is the second

point I would make.

Then the third is this. I think we have all got the break out of the idea that top down policies, delivered in Whitehall Offices and then given as instruction to public services the way we will effect real change in our country. I don't think it is. We have got to come at it a completely different way. That is the opportunity this devolution gives us, to build from the bottom up.

To actually address challenges where the public and the community are equal partners in that, in that endeavour. Equal partners in terms of trust, where we are not doing two people but writing policies and plans with people. That too is something in my view that has got to change.

The nature of public spending and the way it will be for years to come is that we aren't going to be able to do everything we want in the old way, we, all are going to think differently from how to unlock contributions from family's communities and work with them as equal partners in their own health, and their own wellbeing and. And trust the community and voluntary sector. I think it is so wrong, this sense of distrust from the statutory side, that voluntary sector organisations will waste money and therefore put them through a bureaucratic recruitment process and project funding that is time limited never core funding. It is almost like a relationship based on distrust, and it doesn't deliver, come at it completely the different way, I think maybe Kate will talk about this, the council pioneered this.

The deal, you start with the community and start with them as equal partner in what you are trying to do and back it up by giving them a long-term relationship so they can build with you. So, I would love to see here in Greater Manchester, the 5 or 10-year funding for the volunteering and community perspective, then plan for the long haul. Put the efforts into changing the way society is, rather than chasing funding every couple of years. The more stability you give to the voluntary sector, the more it will give back to you and the more it will contribute to the shared endeavour that we all have. I think that is another major change that needs to happen, rather than the

paternalistic approach, it has got to be a new approach, where we invite people in as equals partners in what we are trying to achieve. That is another change I want you to see taking shape in Greater Manchester.

I am talking here as though I am the expert but only been in the job for a hundred or so days. I am not the expert. I recognise I am though surrounded by experts here. It is purely my job to unlock their potential and give them the opportunity to build this together and that is the final thing I would say.

I see what we are doing here as very much a collective. It is not about the mayor or the mayor's team, it is about Greater Manchester together. For the first time in the history of our country, writing its own future and plan and tackling the issues around life chances and entrenched poor health, homelessness, we care about these things here and now we have got the chance to do something about it. We will succeed the more we bring people in and we do it together and that is what we are going to do and you will see in the next few years, Greater Manchester really coming to the form.

The confident prediction I will make to you today, more social change in this country, for the better, in the next decade is going to come by people taking inspiration from what is about to happen here rather than direction in the old way from Westminster. It feels to me, this is a moment of real change in our politics and the way that this country is run.

We have got the biggest opportunity here because of the nature of the devolution deal, we want to make a success of it here so other areas can do the same, if any of you want to contribute to this drive we are bringing through, then please do, you will be very welcome indeed. Thank you very much indeed ladies and gentlemen for listening.

**Richard:**

Thank you for contributing to my wellbeing, I have got 3-pints and blotted it out. First met Kate, also a missionary from Liverpool, when a few years ago, we won't mention how many, came to do the first ever health impact assessment of the housing



strategy, tell us what you have learned and tell us how you are going to lick Manchester into shape Kate.

**Kate:**

Yes, so I am a Scouser, come from the twin town in France looking at the French system. Wigan is the second biggest Borough in Greater Manchester, if my overheads are about to work?

There you go. Lovely. We are very sporty Borough and of course I have worked for Andy for quite a long time because prior to his current position he was the Right Honourable member for Leigh which is the same Borough, I was Andy's Director of Health for 8 and a bit years, I am a secondary care doctor by background before I came a Public Health Physician, so I have worked in ICU, I have been in an anaesthetist, the best job in the world is being Director of Public Health for Wigan. It is about working with the population, it is about being an expert on tap. First lesson for me about good leadership is about this is about facilitating; it is about sharing your knowledge; not keeping it to yourself.

The big change for public health going back to its historic home in local government, to stop acting like a small clinical specialty and start acting like a specialty that is going to actually and a function that is about embedding itself across the DNA of local government, that is what we have done in Wigan.

Just to give you a quick flavour of the priorities. Andy has outlined these in terms of health and social care devolution nor Greater Manchester, what a fantastic opportunity. To bring the decision making to local people. That is the great prize we have in Greater Manchester, a fantastic bit of negotiation on the behalf of the political leaders to get that in place. School readiness and homelessness, this is the opportunity to address the fundamental determinance of ill health actually for those of you who are familiar with your public health history, as I am, which started off in Liverpool in the 50's, Richard is pleased with the first medical officer of health, William Henry Duncan, he was about improving the housing conditions, not wasting

time doing funnel plot.

That never changed a health outcome ladies and gentlemen. So, we have got big ambitions in Greater Manchester if we grow as economy, we have to be a healthier conurbation.

A bit about Wigan, some big challenges but 8 years ago that little info graphic on the left-hand bottom corner, cancer and CVD deaths all going in the wrong direction. As you will see now, we have made a massive difference and the biggest difference we have made has been over the last 4 years since public health moved back into local government.

We are now improving and reducing the gap between ourselves and England by an astonishing rate. All of those arrows would have been red 8 years ago, now they are green. I should point out that Wigan Council has experienced the third biggest cut of any council in England in terms of its main budget but we are investing in prevention. We are investing in our community because we believe in our community. We are there to serve the people.

Just to show you that in a little bit more stark contrast, I hope there is no colleagues here from Barnsley? If there is, I do apologise, this is showing progress against our neighbours. In terms of female healthy life expectancy, that is the years of life you expect to live without disease, we are improving now to faster rate than England itself, England is actually going backwards these are the achievements we have done, obviously the slides will be available for you to have a look at after the Expo.

To point out a couple that are really important. Wigan is an ex-mining community, smoking rates traditionally heavy, for now, the second year running our overall smoking prevalence is in the England average range.

Our manual class smoking rates at 26.5% again are in the England average range and there is a 10% difference between us and for example our colleagues in Oldham

where the manual class smoking rates are at 36%. So, we have done something a little different. We have done something that brings the population with us, because it is not me who has done that; it is our population in Wigan who don't want to smoke anymore.

Believe me, this is the only graph you are going to see. I'm showing it because it is dramatic. Four years ago, we had a very traditional drugs and alcohol service, a treatment oriented service. We moved to a recovery model, investing in the people who are Expert by Experience. You can see the dramatic difference in alcohol admissions, harm admissions. If you used to look at the northwest it was black Poole, Manchester, Liverpool, Wigan. Suddenly we dropped down. That's a sustained progress. My colleagues used to complain a lot about alcohol admissions. We don't hear it anymore because we have addressed it by a whole system approach, which doesn't just tackle the medical reasons why people drink but tackles things like their housing, their employment, their education, their relationship breakdown, financial inclusion, all the things that keep people in addiction. This is partly down to the way the whole council operates on public service reform principles. This is about a grown-up conversation between us as a council and the citizens we serve.

It recognises that our community, our assets, not deficits. I was trained in the old school medical way that the person coming in front of me had a problem and I had to fix it as a professional. No, people have experience, enthusiasm, passion and talent. Turn it around. Think about how you want to be treated. I want to be treated as someone who can make my own decisions, someone who has something to give in the relationship.

That's what an asset based approach is now. All of the councillors are trained in asset based approaches. So, we have a very different sort of approach to the way in which we talk to people, and we get out and about.

Andy was saying, it is not about walking in the shoes of the frontline staff but walking

in the shoes of your community, too. Sometimes the best messages I get are going up to one of our fantastic places, Sunshine House and sitting and having lunch with the community and listening to their experiences. There is nothing to beat that. I know because I'm talking to an NHS audience, you like to see the various approaches or building blocks of what constitutes Make Health everyone's business.

I'll chunk them up like that. It is about our staff in the council, all of whom live in the burr Roe. It's about developing all of their skills, not seeing it as just a health professional's remit. So, it is the register stars, financial advisers. Our bin men and women are very important. They have social interactions that can help sign post. But it is about developing that culture of leadership right through the organisation and right through the community. So, leadership, every citizen is their own Director of Public health, I just happen to be the person with the job title. I'll sum it up. We say what we will do. We're very up front about with a we do as a council, but we also put a responsibility, if you like, in interpreters of the citizen engagement.

This is a really, really, well recognised when we did our place survey, it was part of the concept. We back up the deal, as Andy mentioned, by investing in our community, too, through the deals for community investment fund, much of which runs on public health principles. They often do it a lot better than we do. That's a little boring, so I shall skip over that one. Our main prevention programme is called heart of Wigan.

I think a second lesson to me about leadership; don't be precious about it having to be your project. Drop the ego. Go find the best international practice, bring it back, work with your community and make it real for you.

We went to Finland; we went to Seattle not actually, by the way. Usually the furthest I get is Birkenhead. But we took the learning from Seattle because that was about skilled based learning and put it with lessons to the Heart of Mercy, then married it with the health level 2 communication, and community defibs which were important to a number of our members and NHS health checks and put it into a single

programme which we call heart of Wigan.

So, we have one programme. I do not waste my time writing separate strategies for obesity, diabetes, whatever. Single societal change is what makes the difference. Third lesson from me about good leadership: Systems appeared society are what makes change happen. So, we have been successful in attracting additional funding from the Greater Manchester transformation fund, which is part of devolution, and we have had to prove the economic case for that.

If anyone says there's no economic case for public health, rubbish, I'll give you our CVA. I'll slip over that one and go on to this perhaps interesting slide. This was actually something colleagues in the NHS England showed us, which showed the difference that over the period of Heart of Wigan and those statistics I showed you earlier, we started to maximise our potential for saving lives due to smoking related diseases. You'll see the rest of Manchester and ourselves. Not my data, NHS England data.

Leadership. Make sure you have great people supporting you. You may recognise somebody in the photograph on the top left. Yes, NHS health tracks in Wigan has celebrity endorsement. It has been blessed by Ian McKellen.

He is keen to support the approaches we make. So, getting that kind of approach is really very good. Getting celebrity leaders, community leaders is really important. Of course, democratising your health improvement offer. We have health on the High Street in Wigan town centre, and apps, very important, very popular with men and younger people particularly. I said it was about engaging the whole population. Here are some political leaders on the left. Dame has chaired heart of Wigan for a number of years. Chris and the rest of cabinet all got trained to do CPR. They all had their training.

Two weeks after training, Chris was on holiday, someone collapsed, he performed CPR and saved their life. Forty of my elected members are trained in heart start, so if

anyone collapses in the council chamber depending what party they are in, of course they can resuscitate each other.

On the right-hand side is Donna Hall, the instigator of the deal, very much at the heart of this design with Sharon Barber, our Director of Integrated care and Tony Clark our deputy Director of finance. Yes, I get accountants doing CPR. That's how embedded it is in Wigan council. Receiving the gold heart start award for training. That was a training session during a senior management team half day away. But it is more about the population and back to that for me is at the heart of making health happen.

Part of Greater Manchester is about creating a social movement for change, as we call it. I use the Robert Wood Johnson term, creating a culture of health. Our current health movement for change encompasses all of these individuals. Over 11,000 of the 322,000 population in Wigan is engaged in some kind of health champion work.

We're very proud to be the Alzheimer sewing dementia friendly town of the year. We're about to roll out communities in charge of alcohol, which I can come back and talk to you about next year, perhaps, and autism friendly communities as well.

So, from Elaine Wiley, we worked with her to introduce the programme across England schools. I'm going to skip over those to our Daily Mile video, which I think show cases for you better than anything I can say, the involvement of our young people and particularly our schools. So, if we can play the video now, that would be brilliant.

**# I will walk 500 miles**

**# I will walk 500 miles**

**# Just to be the man who walks 5,000 miles to come to your door.**

**# I will walk 500 miles**

**# And I will walk 500 more**

**# Just to be the man who walked 1,000 miles to come to your door.**

Just to say, for those kids, for a number of kids starting school last September, the Daily Mile is all their ever know as part of their school life. It is about recapturing that golden era of childhood. And for toddlers, the Daily Toddle. I sold that one back to Scotland.

We have a few minutes for questions.

**Question:** My name is Teresa. In all of this, which looks brilliant, why are we not investing in rehabilitation, people with conditions that need specialised rehabilitation, such as physio and OT? We're losing a massive opportunity for people with these conditions like MND, MS, brain injury. I don't see anything about that anywhere.

**Andy:**

I want to see where people are disinvesting, or not providing the service, if what I am talking about is being real, you do invest in physio and you do invest in people in their own home to live their life. That is what we should have, if it is not happening I would be the first who wants to know is happening about it. I would completely agree with you.

I feel I think it was mentioned by Kate the link between health and housing absolutely needs to be re-established and we need to ensure that there isn't a long wait for occupational therapy or physio. If people are coming out of hospital, they need intensive support to get back to coping at home.

That is the kind of health service. Perhaps at times it sounds like it is brilliant, and we have got everything right, but clearly, we haven't. We should be about prevention, we should be about a person-centred approach, and we should be about helping people get fully back to getting the most out of life and we need a health service that is always focused on those goals.

**Richard:**

Just to say that obviously I wasn't talking about the deal for adult social care in health

which we also have as part of the deal programme in Wigan but we have invested a lot for example our reablement services in the community book, community connectors we do see that actually keeping people safe and happy and independent at home is really important. I think some colleagues of mine are going to be talking about that perhaps in the next session.

So, if you might want to come back and have a bit of a plug for them, have a listen to what they say, also one of my priorities over the next year because we have just brought our housing Trust back into the council, is actually to work with the Director of Adult Social Care and health on healthy housing policy and it is going back to a bit of work I did in Liverpool but also Andy working on the homelessness agenda, that is very much at the heart of what we do.

**Richard:**

That is all we have got time for as you heard before; public health was invented in Liverpool. We did things the proper way, we didn't name a university Chair after Dr Duncan. We didn't put a big statue up to him. We have named a pub after him. Just outside of Lime Street, real ale, vegan beer as well. We are healthy, celebrate health in Liverpool, at the Dr Duncan. Kate, Andy, thank you for your contributions.