

Further Responses to Strategy

Dr Gora Bangi and Dr Anne Bowman Chairs of Chorley and South Ribble CCG and Greater Preston CCG

East Lancashire Clinical Commissioning Group

Lancashire Children and Young People's Trust and Children and Young People's Health and Wellbeing Priority Group

Home –start Chorley and South Ribble

West Lancashire Borough Council

Name:

Dr Gora Bangi (Chair, Chorley and South Ribble CCG)

Dr Bob Bennett (Chorley and South Ribble CCG representative on the shadow Lancashire health and wellbeing board)

Dr Ann Bowman (Chair, Greater Preston CCG and CCG representative on the shadow Lancashire health and wellbeing board)

1. What recommendations would you make to strengthen the emerging strategy?

We would encourage consideration of the following points to strengthen the emerging strategy.

Priority Shifts

- It is important moving forward and in a time of economic challenge, diminishing resource and for some areas, increased demand that we have an eye to the future. We would see a “priority shift” being how we collectively scan the horizon for emerging opportunities and threats so we are better prepared to address these together, taking advantage of the opportunity being more joined up on this could bring.
- There is good evidence to demonstrate how a focus on improving quality leads to more efficient and cost effective ways of working with improvements in associated health and wellbeing outcomes. With this in mind we feel there would be benefit in including a focus on improving quality as a priority shift.

Priority Outcomes

- At a high level the priority outcomes, with their line of sight to the JSNA, feel to be appropriate and we can see a good level of alignment with our own objectives.
- It is important that we can demonstrate the impact that our collective working, through the statutory health and wellbeing board, has. We would wish to see the priority outcomes refined so that they are measurable to allow for this.
- In refining the priority outcomes we would encourage consideration to be given to the nationally published outcomes frameworks for the NHS, Public Health and Social Care as well as the emerging outcomes framework for children and young people. Furthermore we feel there is value in considering, as part of this exercise, the outcomes that the constituent organisations of the health and

wellbeing board have committed to (through for example commissioning plans, children and young people’s plan etc) to understand the added value impact we hope to achieve through our collective action and application of the priority shifts.

Early Win Interventions

- We acknowledge that the criteria for suggesting a set of “early win interventions” is based on pragmatism and we support the notion of selecting a set of interventions where we can test out the new ways of working and learn from these.
- We do however feel that it is important to have a line of sight from the priority outcomes (and the accompanying evidence base) to the interventions that we proceed with and we feel that this is currently missing.
- The interventions are varied. Some are very specific (alcohol liaison nurses) and some are very broad (address loneliness in older people). We would encourage some level of consistency to be evident within the scope of the interventions. For example, an alcohol liaison nurse is not an intervention. What alcohol liaison nurses deliver is an intervention.
- We feel that one of the opportunities provided by the development of the health and wellbeing board is collective action at the Lancashire footprint. Health and wellbeing partnership arrangements at the local level are developing to take account of the two way influence and accountability to the statutory board and we are committed to working with these partnerships as well, including consideration of how we apply the priority shifts at the local level. As such, for added impact, we would be keen to see a set of interventions that would arguably benefit most from application of the priority shifts at the Lancashire level. The proposed suite of interventions includes some that may require more local action. As such we would encourage application of a “test question” to ensure the proposed interventions are those that would benefit most from action at the Lancashire footprint. There are some that we feel could be missing from the list that may benefit more, an example being a focus on addressing maternal mental health.

2. What contribution can your organisation make in the delivery of the strategy? Priority Shifts

We have considered the priority shifts alongside our vision, strategies and objectives that we have committed to within our respective CCGs. We see there is significant alignment between them and a high level summary of this, drawing from our two respective business plan summaries, highlights the following as examples;

Health and Wellbeing Strategy Priority Shift	CCG Business Plan Summaries
Shift resources towards prevention and reduced demand	<ul style="list-style-type: none"> • Prevention set as an enabling strategy • Awareness of high hospitalisation activity as context
Build and utilise assets	<ul style="list-style-type: none"> • Workforce as a cross cutting initiative
Individual self-care and responsibility for health	<ul style="list-style-type: none"> • Reablement set as one of the core programmes • Prevention set as an enabling strategy • Early identification and improving health information set as core objectives

Accessible services, improving the experience between services	<ul style="list-style-type: none"> • Care closer to home as an enabling strategy • Increasing services in primary care as outcome aspiration • Equitable access to services within the vision • Admission avoidance as key objectives • A range of key initiatives relevant to the priority shift
Joint working	<ul style="list-style-type: none"> • Evidence through collaboration between our CCGs • Through our commitment to the health and wellbeing board
Narrow the gap in health and wellbeing	<ul style="list-style-type: none"> • Set within the vision • Reflected in a number of our outcomes aspirations

Priority Outcomes

As mentioned in our response to question one, we can see a good level of alignment between the suggested priority outcomes in this strategy and that of our own business plans. With regard to long term conditions we do have an additional level of focus on cancer, CVD and diabetes in particular. There is further discussion to have as a Board on the focus we will collectively take to this priority outcome and as such the commitment we as CCGs can give to delivering the strategy for long term conditions.

Early Win Interventions

Once the suite of early win interventions has been agreed by the health and wellbeing board we will do further scoping, supported by our public health leads, to specifically consider and identify our actual contribution. This will be in context of maximising the impact we can have by identifying the alignment to our existing identified initiatives and considering how we can evidence application of the priority shifts in our business.

Consultation on Health & Wellbeing Strategy

Name: East Lancashire Clinical Commissioning Group

Organisation/Partnership:

1. What recommendations would you make to strengthen the emerging strategy?

- Incorporate 'Housing' into the priorities to reflect the impact this wider determinant has on health plus its potential increased impact in the future due to the recession, military staff discharges etc.
- Include the need to develop clear strategies and resources for domestic violence which should not be progressed in silo.
- Broaden the intervention listed as 'alcohol liaison nurses' to include the broader programme and the joining up of services to meet patient needs.
- The draft Strategy mentions 'joint working' and 'partners' but it would be helpful for these to be expanded and explained to support the next steps moving forward and for CCGs authorization process.
- Feedback from borough commissioning steering groups includes that there needs to be strengthened structural links between the borough council and the CCGs as well as a mechanism i.e. health and wellbeing group in each locality, to link into the East and County structure.
- Concerns have been raised from the borough locality commissioning groups that the allocation of funding for public health, and to achieve the shared outcomes in the Strategy, will not be proportional to the needs identified within the districts – leading to widened inequalities.

2. What contribution can your organisation/partnership make in the delivery of the strategy?

- To continue to build upon the priorities through joint working / funding / service redesign initiatives across health and social care
- Opportunities to involve local people and the voluntary sector
- To improve access to services and information to meet the priorities within local communities
- Opportunities to promote a range of healthy lifestyle activities within communities through health services
- Needs to be recognised that the demand for care is increasing at a faster rate than increases in resources or restructures resulting in the CCG experiencing pressure on resources and potentially less opportunities to divert resource into prevention.

Engagement on Health & Wellbeing Strategy

Name:

Helen Denton

Chair, Lancashire Children and Young People's Trust

Maggi Morris

Chair, Children and Young People's Health and Wellbeing Priority Group, Lancashire Children and Young People's Trust

At the request of the Lancashire Children and Young People's Partnership Board, the Lancashire Children and Young People's Health and Wellbeing (CYP HWB) Priority Group have considered the draft health and wellbeing strategy of the shadow Lancashire Health and Wellbeing Board. The CYP HWB Priority Group have done this in context of the children and young people's agenda, including content of the Lancashire Children and Young People's Plan.

3. What recommendations would you make to strengthen the emerging strategy?

We would encourage consideration of the following points to strengthen the emerging strategy.

With regard to the "priority shifts";

- Improvements in quality lead to improvements in outcomes. The strategy would be strengthened if quality was reflected within the priority shifts.
- The priority shifts reflect a need to ensure greater emphasis on prevention and to delivering accessible services within communities. We feel there may be benefit in going further in seeing a greater shift from acute to primary care settings.

With regard to the "priority outcomes";

- There is good evidence to demonstrate that optimising outcomes for children begins pre-pregnancy. The Lancashire health and wellbeing strategy is an opportunity to raise awareness of how improving adult health improves child health. This is of particular relevance when taken in context of the Working Together agenda being driven forward by the Lancashire Children and Young People's Trust. We would encourage reflection of this in the priority outcome "maternal and child health".
- We acknowledge that the priority outcome, "long term conditions" is not exclusive to adults. Our experience tells us however that often children and young people can be absent from this work. As such we would encourage clear stipulation within the strategy that these priority outcomes are all age.
- The strategy could be strengthened by giving consideration to how impact of the strategy will be demonstrated. As part of this, taking account of the three existing national outcomes frameworks and the forthcoming outcomes framework for children and young people would be useful. The Lancashire Children and Young People's Trust has already been giving consideration to the expectations of the national outcomes frameworks and considering these against performance dashboards already in place. Ensuring alignment between the outcomes chosen to demonstrate impact for the health and wellbeing strategy as compared to those being used to demonstrate impact of other, related strategies in Lancashire would be valuable to ensure that the collective contribution that partnerships bring is maximised.

With regard to the “interventions”;

We note that none of the interventions are explicitly focussed on mental health. We can however see that most, if not all, of the interventions are likely to give a positive impact to mental health and/or emotional wellbeing. It would be valuable, as the interventions are worked up, that each gives consideration to this and is asked by the health and wellbeing board to demonstrate their contribution to addressing the priority outcome of mental health.

With regard to the intervention “healthy weight - environmental measures” it would be of value to note that obesity is multi factorial in origin and whilst recognising that addressing the environment has an important role to play, it cannot be addressed in isolation. As such it would be useful to ensure that as this intervention is scoped there is clear consideration given to the full suite of causes underpinning the healthy weight agenda and ensure links within the system to work ongoing that is complimentary to progressing with this intervention.

This same principle would apply to the other interventions and if applied, would help give the health and wellbeing board assurance that the interventions were working to ensure maximum impact.

4. What contribution can your partnership make in the delivery of the strategy?

There is significant alignment between the content and priorities of the Lancashire Children and Young People’s Plan and specifically the two priorities directly related to health and wellbeing. This is depicted in the appendix. As such the Trust, and specifically the Children and Young People’s Health and Wellbeing Priority Group, can commit to being a vehicle for utilising existing expertise and infrastructure to help progress the priorities and interventions identified within the strategy.

This same principle would apply for ensuring participation of children and young people. Within the Lancashire Children and Young People’s Trust arrangements work is progressing, led by the Lancashire Participation Network who are represented on the Lancashire Children and Young People’s Trust and the Health and Wellbeing Priority Group, on establishing a strategic forum for children and young people to come together to embed their active participation in decision making relating to health and wellbeing issues that affect them. As such, commitment can be made to supporting the shadow Lancashire Health and Wellbeing Board to ensure the active participation of children and young people as the strategy develops, in its delivery and in assessing its impact.

Furthermore the Children and Young People’s Health and Wellbeing Priority Group could work to support the health and wellbeing board to “interpret” the landscape of children and young people’s health and wellbeing through utilisation of the child health workforce and children and young people’s voice that it has already engaged. Issues associated with the broader determinants that underpin child health, such as educational attainment, child poverty etc are priorities led on by other outcome groups within the Lancashire Children and Young People’s Trust arrangements and

an equivalent “interpretation” and support role could be feasible. As the Lancashire Children and Young People’s Trust has twelve, vibrant and well established local Children and Young People’s Trust Partnerships, there is also the opportunity for a more granular level of engagement for delivery of the health and wellbeing strategy.

In addition the “priority shifts” reflect the equivalent set of principles evident in the Lancashire Children and Young People’s Trust service transformation principles and work to apply these shifts has already begun, namely through the Working Together with Families Programme.

Engagement on Health & Wellbeing Strategy

Name: Jeannie Stirling

Organisation/Partnership: Home-Start Chorley & South Ribble

1. What recommendations would you make to strengthen the emerging strategy?

'Shifts in Ways of Working' – It would be useful to have an audit on what community assets we already have, particularly in the voluntary sector. In what ways is the VCFS contributing to the Health & Well Being strategy; identify what other training we need to improve our services even further. How can agencies identify/ report back on which priorities they are contributing to, who and where can they sign post onto if they identify a particular health need that they recognise as being a 'Lancashire priority'? Identify which agencies already have people attending their services but could also add a 'health intervention' aspect to their service. For example parents attending a parent & toddler group might also be encouraged to have information about smoking in pregnancy, domestic abuse, and support service for expectant mums, healthy weight, and childhood accidents. Encourage agencies/community groups to think outside the box. However in order to contribute to the strategy agencies need to know that there is a strategy and what the priorities are. An example might be the work of 'You're Amazing' and their Butterflies course and the contribution this makes to positive mental health in women. They may not know there is a strategy and their work is not being recorded against the Lancashire priorities. This may lead to an agency setting up a service when one already exists.

2. What contribution can your organisation/partnership make in the delivery of the strategy?

Consider organising a VCFS workshop enabling agencies to identify how they contribute to meeting some of these priorities, what else can agencies do to contribute in a meaningful way? How, and whom, would we report back on any outcomes achieved. What training or skills development might we need? Enable all agencies that offer support services to identify which 'health and wellbeing' elements/priorities they

Engagement on Health & Wellbeing Strategy

Name: Dave Tilleray Assistant Director Community Services

Organisation/Partnership: West Lancashire Borough Council

5. What recommendations would you make to strengthen the emerging strategy?

- Recognition of the Lancashire Health & Wellbeing strategy and how it can be translated locally by district.
- Acknowledgement of the Outcomes Frameworks and how the strategy serves to deliver against the different frameworks achieving outcomes for Lancashire.
- Reference to the priorities of partners such as CCGs, borough councils, etc.
- Investigation into how local community assets can be harnessed to reduce the call on services and increase self-management within the community.
- Recognition that whilst the strategy may not detail all health conditions or associated interventions, they are equally important and are likely to be intrinsically linked to achieving one of the identified priority health and wellbeing outcomes. It may be useful to acknowledge this in the emerging strategy.
- Greater reference / direction required on how Lancashire Health & Wellbeing Board will ensure that the interventions listed will not fail.
- The strategy should consider how services and interventions that address the wider determinants of health, impact on reducing demands for acute and residential care e.g. the role of housing led by local authorities.

6. What contribution can your organisation/partnership make in the delivery of the strategy?

- Align future priorities for NHS West Lancashire CCG and West Lancashire borough council with the priority outcomes set out in the strategy.
- Reflect the priorities of the strategy in the commissioning intentions and priorities of CCG & borough council.
- Added value of partnership working at a local level through local health partnerships and CCGs and the role they can play in delivering the strategy.
- Seeking out possibilities to co design, co-produce and jointly commission against the patient / citizen pathway to ensure that opportunities to maximise effectiveness is optimised.
- Greater and more effective collaborative working across full 'patient' pathway.