

1. Introduction

The Lancashire Shadow Health and Wellbeing Board has now been meeting for a year. The shadow Board agreed that its first priority was to clarify its priorities within a Health and Wellbeing Strategy. The strategy has now been developed and launched and needs to move to the delivery phase. In April 2013 the Shadow Health and Wellbeing Board will emerge from its shadow form and will become a substantive functioning Board. It is therefore a good time for Board members to reflect on its work to date, ensure lessons from the shadow period are translated into the statutory phase and agree how the strategy will be delivered.

During January discussions were held with members of the Health and Wellbeing Board. During these discussions questions were posed to Board members regarding their role on the Board. They were also asked to suggest any recommendations that are required to be made to the strategy, how the strategy should be delivered and how they can help to contribute to support the delivery of the strategy. They were also asked how they can help support the four chosen interventions.

These discussions highlighted a number of challenges for the Board both in delivering the strategy and in exercising its other roles. This report outlines these challenges and offers recommendations to address them.

2. Role of the Board

The core purpose of the Lancashire Health and Wellbeing Board is to provide collaborative leadership for the health and wellbeing of the population of the county. Its four functions are:

- To identify the health and wellbeing needs of the population through the Joint Strategic Needs Assessment (JSNA)
- To set out priorities to meet these needs within a Health and Wellbeing Strategy
- To co-ordinate the commissioning plans of Health and Wellbeing Board partners
- To promote integrated commissioning and provision of services

3. Developing the Health and Wellbeing Board

Board members recognised that they have a leadership role to play for health and wellbeing. They saw their role as 'to hold the ring' on health and wellbeing in the county. Board members were however, unclear about how they will hold each other to account for their actions and provide challenge in relation to decisions affecting the health and wellbeing system. A number of Board members stated that the Board had not yet had the opportunity to explore some of the significant challenges facing the health, care and wellbeing system.

Recommendation

- Hold a facilitated development session for Board members to work through a number of scenarios providing opportunities to challenge in a safe environment and to agree how Board members will hold each other to account.
- Develop a process by which the "knotty issues" that need discussion are identified and a programme of work to take these forward

4. Key challenges for the Board

4.1 Features of an effective Health and Wellbeing system

An effective Health and Wellbeing system has three goals:

- Improvement of health outcomes
- Improvement of public and patient experience of the system
- Increased sustainability

Although the health and wellbeing strategy sets out priority health and wellbeing outcomes it does not fully establish how public and patient experience will be improved or how the system will be sustainable with an ageing population and increasing demand on the resources available. Several Board members perceived sustainability challenges as a critical issue for the Board to grapple with, however most viewed these issues as outside of the health and wellbeing strategy. It could be argued that the 'shifts' within the strategy aim to highlight some of the public experience and sustainability issues but this was not recognised by a number of Board members.

Recommendation

- The strategy narrative should be explicit about the three goals of an effective health and wellbeing system and how the strategy shifts contribute to improving citizen's experience and the sustainability of the system.

4.2 What success looks like

Health and Wellbeing Board members were asked how the strategy could be strengthened and how we can ensure it is implemented. In response to these questions a number of Board members mentioned the need for the strategy to be more explicit about what success would look like, to ensure the Board is able to oversee its implementation. However there were mixed views about whether measures should be placed against the outcomes, interventions and shifts. Some members felt that success measures would be essential and others were concerned that there could be a perception that not reaching the success measures would be seen as failure.

It will be difficult for the Board to hold itself and its constituent members to account for delivery and to identify ongoing improvement priorities without explicit success measures. It is therefore suggested that the strategy needs to articulate what success will look like and to specifically state how Lancashire would be different if the strategy was successfully implemented.

Recommendations

- An overarching measurable goal for the strategy should be set focused around narrowing the gap in healthy life expectancy
- SMART (specific, measurable, attainable, realistic and time sensitive) success measures should be set for each outcome, shift and intervention and progress should be reported to the Board.

4.3 Delivery

A number of Board members felt that the Board should have strategic oversight of the delivery of the strategy. Some felt that further consideration was needed to understand how the action of each constituent organisation would contribute to the measurable delivery of the outcomes and shifts.

Some Board members said that they were not clear why the Board had selected four interventions of the ten to drive forward and on what basis those particular four had been selected. Some of the CCG Board members felt that the four interventions chosen required social care rather than healthcare intervention. It was suggested that a clear rationale for why these have been chosen should be included in the strategy narrative.

Recommendations

- The Board should review its decision to focus on the four specific interventions and be clear of the rationale for this
- The Board should consider developing a three-year strategic plan to specify how the strategy will be delivered, specifically, how partners will contribute to the outcomes, shifts and interventions. It is suggested that Board members could nominate a representative from their organisation who could form a multi-agency team and work together to develop the three-year strategic plan.

4.4 Co-ordinating commissioning plans

One of the roles of the Health and Wellbeing Board is to co-ordinate the commissioning plans of partner organisations so that they contribute to the health and wellbeing strategy. A number of Board members were unsure as to how that co-ordination would happen in practice. Others felt that the Board needed to develop some clear expectations with regard to how and when commissioning plans are shared with, and co-ordinated by, the Board and discussion about how to ensure constructive challenge is provided.

A number of Board members were not sure how the strategy would be reflected in their own organisation's commissioning plan. Some of the CCG Health and Wellbeing Board members offered to present any business case for investment in the health and wellbeing strategy priorities to their CCG Board, whether or not that particular priority was reflected in the commissioning plan. Although this is very positive, there is a risk that this approach would make co-ordinating commissioning plans very difficult for the Board. One Board member suggested that the Board's role is to ensure that the pieces of the individual plans come together to achieve the strategy's goals so that members can understand the specific contribution each makes and agree how to address gaps.

Recommendations

- The Board should make explicit its expectations about how and when it would like to receive partner's commissioning plans and about what should be included in them in order for them to co-ordinate as effectively as possible with health and wellbeing strategy priorities
- The Board needs to give consideration to how it will undertake the co-ordination of commissioning plans to ensure that any gaps can be identified and proposals developed for them to be filled. Once these plans have been discussed by the Board they could be considered in more detail by a multi agency team who could co-ordinate the plans across the partners.

4.5 Integration

Integration of the commissioning and provision of interventions and services was rarely mentioned by Board members during this process. It was clear from the discussions that many Board members are not considering how they can move towards joining up services and interventions across sectors with other Health and Wellbeing Board partners at this stage even though the pooling and sharing financial and other resources is one of the strategy shifts. This is understandable at a time when new organisations are forming and/or learning about their new responsibilities. However, as the Board moves into statutory form, Board members will need to explore the need and appetite for joint commissioning and provision and how this could add value to the strategy outcomes.

Recommendation

- The Board's approach to co-ordinating commissioning plans should include the identification of opportunities for integrating in the commissioning and delivery of services and these should be highlighted to the Board.

Appendix - Summary of Discussions with Health and Wellbeing Board Members

Introduction

During January 2013, members of the Health and Wellbeing Board discussed on an individual basis their organisation's contribution to the Health and Wellbeing Strategy. This report will summarise the main findings from these discussions.

Role on the Board

Many of the Board members recognised that their role on the Board was to provide a link between their own organisation and the Health and Wellbeing Board. They considered this as essential to facilitate communication. Board members also acknowledged that they need show leadership, one member commented it was like 'sitting at the top of the mountain where you can talk about the health economy and mould it into a different place'. A number of Board members also noted that they have a role to play by influencing and challenging others.

Recommendations to improve the strategy

Length of the strategy

Some Board members commented on the length of the strategy. Some considered this to be the right length while others considered it needed to be simplified and be concise. One suggestion was that it should be amended to read 'we aim' rather than 'we will'. A proposal was made for a user friendly flier to be produced that includes a summary of the strategy.

Shifts, priorities and outcomes

Suggestions in relation to the shifts, priorities and outcomes require:

- Further explanations of the shifts, priorities and interventions
- Better linkages between the four outcomes
- The strategy to clearly spell out why the strategy is different and needs to be different in the shifts, including measures of success for the shifts
- The strategy needs to pull out the wellbeing element
- The interventions need to capture the shifts more radically

Success measures

It was proposed that success measures need to be developed for the outcomes, interventions and shifts. The strategy needs to specifically state how Lancashire would be different or in what ways it will have improved when the shifts and outcomes have been achieved. This would give the strategy more credibility and commissioners would know what is expected of them.

However, it was noted that the Health and Wellbeing Board should not become a performance management system and it was suggested by one Board member that targets should be avoided as failure to achieve the targets may be seen as failure.

The four chosen interventions

Some Board members questioned why the four interventions were chosen as they considered that the chosen interventions were all social care related. They felt it would have been beneficial if more balance had been given to the chosen interventions. They suggested it would have been more relevant to them if, for example, vulnerable families and healthy weight were chosen, as these would have more buy in from CCGs.

How the strategy should be delivered

By Board members reporting back progress to the Board

It was suggested that there needs to be an on-going process whereby Board members report back to the Board on their progress and that they are held accountable for their actions in implementing the strategy.

It was also suggested that 6 monthly progress reports could be submitted to the Board. The Board would also benefit from a Lancashire dashboard being developed to measure performance.

Aligning commissioning plans with the strategy

It was suggested that the strategy could be delivered by aligning the strategy with Board member's commissioning plans, strategies and intentions.

Developing a plan for how the strategy will be achieved

It was proposed that a three year plan should be devised on what the Board would have expected CCGs, hospital services, social care and public health to have achieved.

Commitment to the shifts

In order to ensure that the shifts are achieved it was felt commitment from Board members was needed and this should be reinforced at every opportunity. Partners will also need to demonstrate how they will deliver the shifts in their commissioning plans.

Others

Some of the elected members of the Board already regularly brief Cabinet Members within their local authorities and those they represent to keep them up-to-date with the strategy and developments and others suggested that they will do so from now on.

Delivery of the strategy

A number of suggestions were identified as to how Board members can help support the delivery of the strategy. These include:

- CCG Members said they would keep their CCG up to speed with the Strategy and Board and work to ensure that the commissioning plans reflect the strategy

- Development and monitoring of tactical plans to deliver the strategy and commissioning plans
- Promote an understanding of the strategy throughout their organisation
- Ensure that young people have a voice focus on social issues, strong advocacy, contribute by changing CYP trust and ensure that children and young people have a voice
- Use Large Scale Change methods to deliver
- Bring skills of change, energy, passion and accountability
- Build confidence and trust in the Board

Interventions

1. Loneliness in Older People Intervention

Recommendations made to the loneliness in older people intervention are as follows:

- A single point of access is needed – possibly locating Help Direct in the surgery
- A good neighbour scheme should be developed
- The third sector should be involved
- There should be an investment in culture change and asset identification rather than services
- Increase the awareness of services such as faith groups and luncheon clubs
- Educational sessions for CCGs and GPs to make them aware of the services available
- Community nursing teams should be involved in sharing information
- An asset based approach needs to be developed. A model approach should be developed of what a community asset based support network should look like
- Finally, one suggestion was that no additional funding should be required to carry out this intervention.

The following are suggestions made by Board members on how they can contribute to the loneliness intervention:

- GPs can contribute by identifying people who are lonely and signposting them
- Raise the issue of loneliness in older people at the Third Sector working group
- Support an asset based approach
- Commission and undertake community asset mapping and development
- Explore the role of the third sector – mobilise and grow the voluntary sector
- Schools could open up their facilities for older people. In order for older people to engage with schools they could have hot meals in schools.

To carry out the loneliness intervention resources were suggested as follows:

- Interest in commissioning a service for people to be referred to
- Attends older people's networks and Parish Council liaison meetings and make loneliness in older people as a standing item on the agendas
- Take business cases for investment in the intervention to CCG Board.

2. Support for Carers' Intervention

Recommendations made to the support for carers' intervention are as follows:

- Develop a LES for the carers' register
- To involve the third sector groups in providing support for carers
- Links need to be made with young carers

It was mentioned that GPs already carry out carers' awareness training and CCGs have already carried out work in this area at a Carer Conference.

There were concerns that the one hour training course for staff was unrealistic

The following are suggestions made by Board members on how they can contribute to the support for carers' intervention:

- GPs can screen carers for depression and identify the support that they can promote
- A LES could be developed for the carers' register
- Go out and reach with carers
- To look at the impact on commission and de-commissioning

To carry out the support for carers' intervention resources were suggested as follows:

- Carer support into the workplace
- Take business cases for investment in the intervention to CCG Board.
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3. Affordable Warmth Intervention

Recommendations made to the affordable warmth intervention are as follows:

- Link to flu vaccination –distribute warmth packs
- Publicise existing programmes widely
- Identify people and signpost them to the appropriate support

One Board member identified concerns about using disease registers to support the targeting of this intervention for reasons of confidentiality

The following are suggestions made by Board members on how they can contribute to the affordable warmth intervention:

- Integrate identification and measures into assessment and discharge
- Make connections to districts through PH locality teams

To carry out the affordable warmth intervention resources were suggested as follows:

- To put the identification of vulnerable as a LES on COPD and CVD registers
- To share commitment for a standard of response to overcome confidentiality issues

4. Early response to domestic abuse

Recommendations made to the early response to domestic abuse intervention are as follows:

- Health visitor input – health visitors are the greatest source of awareness and would appreciate being given updates
- A database to be developed regarding domestic abuse for use across hospitals
- Single point of access

The following are suggestions made by Board members on how they can contribute to the early response to domestic abuse intervention:

- Training for A and E staff
- Undertaking of Domestic Abuse awareness training if all Lancashire CCGs would undertake this training
- Public health programmes to prevent injury

To carry out the early response to domestic abuse intervention the resources were suggested as follows:

- There is no harm in writing into the contract the requirement for A and E staff to ask partners to leave during examination when a person presents with 'accidental' injury.

It was felt by one of the CCGs that it would be difficult to say what CCGs could do to make a difference. Victims and perpetrators of domestic abuse rarely disclose to GPs.