Lancashire Health & Wellbeing Board

Meeting to be held on 16th October 2014

Electoral Division affected: ALL

Health & Wellbeing Strategy - Six Shifts JSNA Progress Report

Contact for further information:

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Executive Summary

This paper provides an update to the Health & Wellbeing Board of the production of a JSNA for the six shifts as identified in the Health & Wellbeing Strategy and compliments the update presented to the Board on July 16th.

In particular, this paper describes:

- The background
- The work undertaken thus far
- The position of lead officers for each of the six shifts
- Engagement events

Recommendations:

The Board is asked to:

- Note the progress of the production of the JSNA for the six shifts and initial findings
- Note the success of the engagement and consultation event for the Board on 15th September
- Note the second engagement and consultation event for the Board and third sector
- Identify a lead officer for the shift which currently has an acting lead.

Background and Advice

Work undertaken:

The Health & Wellbeing Board requested that a JSNA approach is used to work-up the Six Shifts as identified in the Health & Wellbeing Strategy.

A Scoping Group met on 5th February and started to identify:

- What success looks like
- What successful work is currently underway

The Scoping Group also established a project group.

The project group meets on a regular basis to share ideas, thoughts and support and to ensure that the project is progressing to the agreed timescales.



A progress report was presented to the Board on July 16th where the board noted the process, governance structure and progress of the Six Shifts JSNA.

Engagement:

Each Shift lead is co-ordinating and undertaking its own consultation and engagement with its key stakeholders as part of the ongoing work of the shift.

Further to this, a large scale engagement and consultation event was held at Woodlands on September 15th to which the Board, JOG and district health lead officers were invited.

The event was very well attended and proved to be successful and provided the shift leads with some excellent material.

Unfortunately, the date was not suitable for a small number of members of the Board and so a second event is being organised. The event will take place towards the end of October and Board members who could not make the initial event will be invited, as will the key stakeholders from the third sector.

Current position:

Draft findings will be presented to JOG in October for discussion and comment and guidance.

Initial analysis suggests that, as well as specific actions which have been identified for each shift, there are a number of cross-cutting themes. These are:

- Leadership
- Relationship Building
- Partnership Working
- Communication
- Defining terms / language / vision

The JSNA will outline any eventual cross-cutting themes but the project lead is very keen to ensure that the shifts do not become homogenised and that each shift's findings are pertinent and relevant to that particular shift and are not unduly influenced by the initial findings.

Risk:

One key risk remains. At its meeting on September 16th, the Board agreed to identify and nominate a CCG officer lead for a shift which did not have a lead officer in place. The shift in question is "Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care".

To date, no lead has been nominated.

To mitigate this risk, the project lead and the deputy project lead have acted as shift leads. However, this is a short-term solution and it is appropriate for the Board to nominate a lead officer at this point.

Next steps:

The project lead officer and the project team will continue to work to the agreed timescales and to engage with the Board and with other key stakeholders. The project is on track to produce a JSNA which will be presented to the Board at its meeting on 29th January 2015.

Consultations

As part of the agreed process for producing the JSNA, a wide range of partners have been consulted using the Board's agreed governance structure. These partners include local authorities, CCGs, local health partnerships, Healthwatch, Public Health England, NHS England and the third sector.

Implications:

This item has the following implications, as indicated:

Risk management

Risks identified in the report.

Local Government (Access to Information) Act 1985 List of Background Papers

Contact/Directorate/Tel Paper Date

Lancashire's Health and

Wellbeing Strategy 2014 Sakthi Karunanithi

Public Health

Reason for inclusion in Part II, if appropriate

N/A