

## Health Scrutiny Committee

Meeting to be held on 4 March 2015

Electoral Division affected: All
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### Health & Wellbeing - update

(Appendix A refers)

Contact for further information:

Sakthi Karunanithi, 01772 536287, Adult Services, Health & Wellbeing,

sakthi.karunanithi@lancashire.gov.uk

#### Executive Summary

The Committee is being presented with a report that provides an update on:

##### Health & Wellbeing Strategy:

The three programmes of work – Starting Well, Living Well, Aging Well are underway and progressing well. The main risks to delivery have been identified. The Six Shifts JSNA is progressing well. Areas of synergy and opportunities for collaborative working are being identified and a final draft to be presented to the next Health & Wellbeing Board Meeting.

##### Better Care Fund (BCF) plan:

The plan has been approved and an implementation action plan has been developed by the Steering group on behalf of the Health & Wellbeing Board.

##### Relationship between the Health & Wellbeing Board and Health Scrutiny Committee:

Legislation underpins the role of health overview and scrutiny committees in holding health bodies, including health and wellbeing boards, to account. The centre for Public Scrutiny produced a report Spanning the System – Broader Horizons for Council Overview and Scrutiny to help support accountability through Overview and Scrutiny.

#### Recommendation

The Health Scrutiny Committee is asked to receive and comment on the report.

### Background and Advice

#### Health & Wellbeing Strategy:

Three Programmes of Work.

The three programmes of work within the Health & Wellbeing Strategy are:

**Starting well; Living Well; Aging Well.**

Overall, there has been good progress made in all the programme areas since the last update report to the Board, and ongoing areas of work have been identified. Summary information around each of these programmes based on progress and the identification of key risks is detailed below.

### **Starting Well:**

Progress:

- 58% of measures on the Children & Young People's Plan Performance Scorecard (Appendix A) have shown an improved performance.
- Five children's Partnership Boards have been established across Lancashire and committed to agree clear priorities and align with other local partnerships.
- Proposals to improve understanding across key strategic partnerships have been developed and agreed by some partnerships.

Key Risks:

- Embedding Liquidlogic Children's system. In mitigation, additional resource and capacity have been identified and agreed to support the transition to this new system.

### **Living Well:**

Progress:

- A workshop with registered social landlords to address health inequalities was held November 2014. A draft action plan and follow up activity are in development.
- Work is ongoing to develop a multi-agency work programme to address premature mortality and raise awareness of and improve uptake of screening, immunisation and health checks services.
- Housing authorities have been contacted to consider use of selective licensing as a means to improve housing conditions in the privately rented sector.

Key Risks:

- Partner organisation capacity may potentially impact on ability to fully realise potential of interventions
- Commitment of partners to work areas may be variable

### **Aging Well:**

Progress:

- New Initiative for Dementia Friends to target the South Asian Communities in East Lancs
- The Wellbeing Worker Service is currently being procured and expected to be fully operational by September 2015.
- Increasing numbers of GP surgeries are signing up to Connect 4 Life (C4L) service, so far 59 out of 64 GP surgeries are providing the service in Greater Preston and Chorley South Ribble area and 6 out of 2 surgeries in the West Lancs area.

### Key Risks:

- High risk of initiatives and efforts being duplicated as work priorities are being implemented by localities
- Benefits and impacts of community assets to reduce isolation and to improve wellbeing may not be realised if clear navigation capacity is not built into and funded as part of neighbourhood infrastructure

### **Health & Wellbeing Strategy: Six Shifts:**

Lancashire's Health and Wellbeing Board is committed to making a number of important changes or 'shifts' in the way that partners work together for the benefit of our citizens and their communities. These shifts will fundamentally challenge the way that we currently work, but they are essential if we are to successfully improve health, wellbeing and the determinants of health on a sustainable basis and within the resources that will be available to us in the coming years.

The shifts are outlined below:

- Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
- Build and utilise the assets, skills and resources of our citizens and communities
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
- Make joint working the default option (for example by pooling our budgets and resources to focus on our priorities; commissioning together on the basis of intelligence about what can make the biggest difference and evidence of what we know works; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk)
- Work to narrow the gap in health and wellbeing and its determinants

The Health & Wellbeing Board requested that a JSNA approach is used to work-up the six shifts.

The Scoping Group met on 5 February and:

- Started to identify what success looks like
- Started to identify what successful work is currently underway
- Established a project group.

The project group met on 8 April and agreed:

- A methodology to identify a more full definition, actions, success measures, areas of potential cost
- A governance structure which will report progress to the Health & Wellbeing Board.

The Project group has continued to meet on a regular basis.

Next steps are:

- The Project group will produce a near-final draft in March
- The Project group will consider undertaking a Health Impact Assessment of the JSNA
- There will be a Scoping Group event in March to:

- Prioritise the actions
- Identify areas of synergy
- Identify areas where similar work is already underway

The final draft of the JSNA will be presented for approval to the Health & Wellbeing Board at its next meeting.

### **Better Care Fund:**

A copy of the Better Care Fund is available to view via the agenda for the Health and Wellbeing Board 7 January 2015. Click on the following link and scroll to the bottom of the page to find the document:

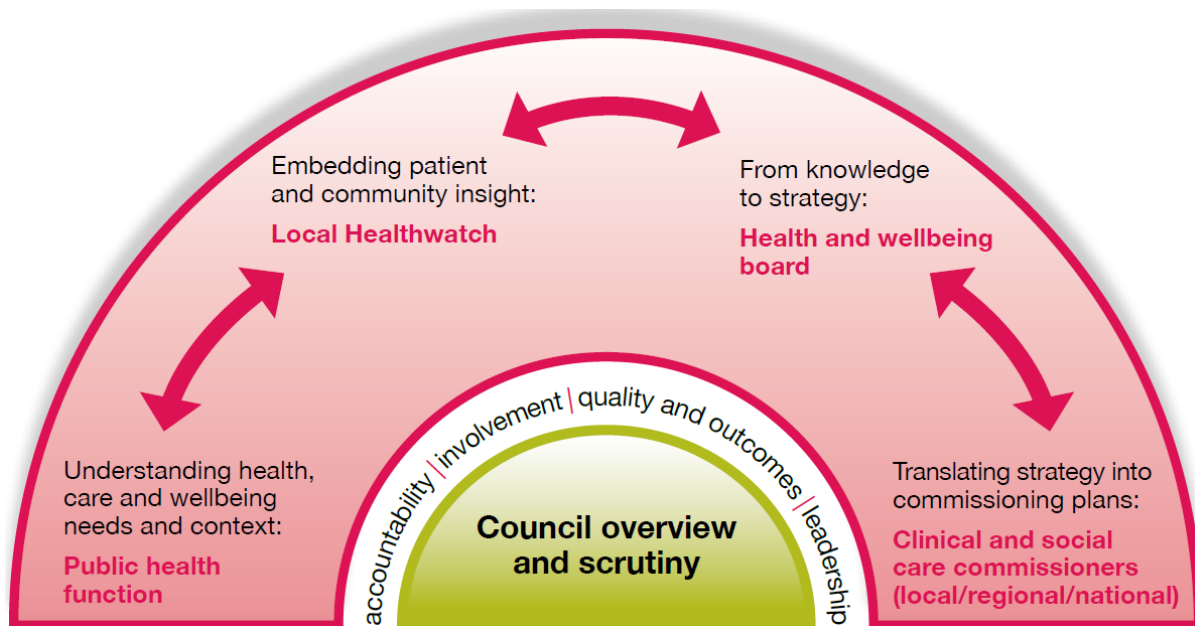
<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=4366&Ver=4>

Lancashire's Better Care Fund (BCF) plan was submitted to NHS England on 9<sup>th</sup> January. This plan sets out the council and its partners' vision and intention to deliver integrated health and social care systems to reduce the demand on acute hospital and care home provision in favour of a sustainable integrated neighbourhood health and social care system. There have been several iterations of the plan that have been overseen by the Health and Well-being Board with the final submission being signed off on 7 January 2015. Notification that Lancashire's plan has been authorised without conditions was received on 6<sup>th</sup> February 2015.

As directed by the Health & Wellbeing Board, the BCF steering group has produced a draft implementation action plan based around governance arrangements, pooled funding and hosting; performance management and reporting; communications. The draft plan is being fine-tuned by the programme managers group (which works to the steering group) and will be signed-off by the steering group on 24<sup>th</sup> February.

### **Relationship between the Health & Wellbeing Board and Health Scrutiny Committee**

Legislation underpins the role of health overview and scrutiny committees in holding health bodies, including health and wellbeing boards, to account. The centre for Public Scrutiny produced a report [Spanning the System – Broader Horizons for Council Overview and Scrutiny](#) to help support accountability through Overview and Scrutiny. The diagram below illustrates the role that scrutiny has across the spectrum of health, care and wellbeing: from helping to understand the local context, through embedding the insights of patients and communities, to checking that strategy, commissioning and delivery are actually improving outcomes.



Accountability across the spectrum is summarised below, identifying the role of different agencies, and the potential for scrutiny to hold them accountable:

### Accountability across the spectrum – summary table

Organisation/ function	Role	What council scrutiny can do to hold them accountable
Public Health	Understanding broader health and wellbeing needs & context: focusing on population data, public health evidence, prevention, health information, reducing health inequalities & galvanising action on wider determinants of health.	<p>Ensure public health teams are aware of the role of scrutiny &amp; understand their duties.</p> <p>Ensure scrutiny is aware of the role of public health.</p> <p>Connect their work to the Joint Strategic Needs Assessment and Health &amp; Wellbeing Strategy to review the needs and context analysis and focus on outcomes.</p> <p>Understand and analyse public health spending – ensuring that funding is allocated appropriately.</p>
Local Healthwatch	Embedding patient and community insight: creating multiple ways for individuals, groups and communities to shape planning, commissioning, design, delivery and review of health and care services in the locality.	<p>Ensure local Healthwatch representatives are clear of their role in terms of voice and also a health and wellbeing board member.</p> <p>Collaborate with local Healthwatch to gather evidence of impact and experience of people who use services and communities affected by health and care strategy locally.</p> <p>Consider utilising the complementary powers of local Healthwatch's 'enter and view' and scrutiny's call in and referral powers.</p>
Health and wellbeing board	Translating knowledge about health, care and wellbeing needs into meaningful strategy: through its meetings that draw the commissioning system together and through key tools: the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.	<p><b>The Board itself</b></p> <p>Ensure that the Board is effective and that its work is improving outcomes.</p> <p>Ensure Board members work together and with others to balance treatment and prevention and to integrate budgets and provision.</p> <p>Ensure that there is equality in the board - is local Healthwatch an equal partner?</p> <p>Challenge the Board around the integration of health and social care.</p> <p><b>The Joint Strategic Needs Assessment</b></p> <p>Be proactive and provide some of the evidence base through outcomes from scrutiny reviews.</p> <p>Scrutinise the extent to which the Joint Strategic Needs Assessment reflects the needs and aspirations of communities for their health, care &amp; wellbeing.</p> <p><b>The Joint Health and Wellbeing Strategy</b></p> <p>Check that strategic priorities are evidence-based, respond to patient and community insight and reflect a high level of ambition to improve local health and care.</p> <p>Ensure that there is a commitment to narrowing the gap in health inequalities as well as improving outcomes for all.</p>
Clinical and social care commissioning	Translating strategy into commissioning plans: drawing on the health and wellbeing strategy to ensure provision on the ground meets its aims.	<p>Ensure clinical commissioning groups, the NHS Commissioning Board and councils work together to translate identified needs and strategic priorities into services.</p> <p>Check that commissioned services are leading to improved outcomes for people who use services and to integrate care.</p>

## **Consultations**

Implications:

This item has the following implications, as indicated:

## **Risk management**

This report has no significant risk implications.

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

Paper	Date	Contact/Directorate/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A