

**Health and Wellbeing Board
Plans and Priorities Workshop
8 December 2015**

Introduction

As part of the recent review of the Health and Wellbeing Board (HWBB) a number of proposals were agreed and many of these have now been implemented. One of these proposals was the development of a clear and concise action plan. This action plan would support the delivery of the aspirations and intentions within the Health and Wellbeing Strategy but would articulate these as tangible activity for 2016/17. The role of the HWBB would then be to own the actions within the plan and provide leadership, support and challenge to enable its delivery.

The purpose of this workshop was to allow the discussion and dialogue across Board members to agree the short term goals, priorities and activity that will populate the Boards action plan.

Who was involved?

All members of the HWBB were invited to the workshop and there was good representation from all sectors. A full list of participants can be found at **Appendix A**. In addition colleagues from Healthier Lancashire, the Better Care Fund Steering Group and Lancashire County Council's commissioning team provided expert input and facilitation.

What happened?

Setting the scene

Key note inputs were provided by Dr Mike Ions (East Lancashire Clinical Commissioning Group), Gary Hall (Chorley Council) and Dr Sakthi Karunanithi (Lancashire County Council). These inputs provided an overview of the current challenges across the health and wellbeing system and some of the ongoing developments

The primary messages delivered through the presentations were as follows:

- There are significant challenges now but reducing resources and increasing demand for services will mean that over the next five years some of these challenges will become unmanageable unless we do something substantially different
- Any response to future health and wellbeing challenges needs to be a whole system response not just an NHS response
- The way we work now is not sustainable, we need to focus our efforts on developing place based systems of care
- Healthier Lancashire provides a vehicle for addressing some of the issues in the system
- At the moment there are lots of discussions, planning and work, but fundamentally decisions are still made by individual organisations
- The 15 Local Authorities in Lancashire are having positive discussions about coming together as a Combined Authority. This will not be a new authority but a way of

working together and the focus will be on skills, housing, transport, economic growth and public service reform

- There is a need to focus on prevention and early intervention – refocussing the services already provided to address the cause of issues before they arise
- How do we focus better on the prevention, early help and the socio economic determinants?
- The Board has already agreed the evidence base (JSNA) and the Strategy (framed around Start Well, Live Well, Age Well) but there is a need to be clear about the priorities needed to deliver the Strategy and how this aligns with other developments ie Healthier Lancashire, Combined Authorities, LCC Corporate Strategy
- In all the developments and challenges around the health and wellbeing systems, where is there a focus on children and young people?
- Is the Board committed to addressing wider socio economic determinants? At the moment the focus of the Board is predominantly around health care services



The Determinants of Health (1992) Dahlgren and Whitehead

Workshop 1 - improving health and wellbeing outcomes

Board members engaged in a facilitated discussion on tables to identify future priorities for the HWBB. Information was provided to inform this discussion and included summaries of previously agreed areas of focus and themes of work drawn from needs assessments, strategies and actions from past Board meetings (see **Appendix B**).

Through this discussion, Board members identified the following key themes as areas of focus and development:

Better engagement with the third sector – maximising their contribution, developing community assets, a coherent VCFS structure to work with, understand the VCFS offer

Making every contact - using the workforce more effectively, single care records, mutual trust/support

Develop and embed place based integrated teams – implement a model; develop shared estates strategy; effective engagement in planning and design; address information sharing challenges

Digital First – develop the infrastructure, getting people digitally literate, an approach where digital is the default option, explore the potential to develop the economy

Childhood Obesity – working with schools, planning services and the private sector; simple steps; lobbying locally, regionally and nationally

Reducing Alcohol Harm – oversight of the Alcohol Harm Reduction Strategy; including focus on behaviours, licensing, intervention, education

Developing the prevention agenda – where is the potential for pooled budgets; Shared agenda; do we understand the focus (the most vulnerable)

Strategic leadership and direction – bringing together plans and priorities,;shared vision/principles; promoting/enabling collaboration; holding organisations to account; influencing; alignment of resources; challenging systems

Addressing health inequalities - what action is the Board taking to address health inequalities? where is the focus on the wider determinants of health? This should be a focus within the work of Healthier Lancashire

Adult Care Market - care homes; health and social care collaboration and integration; is the Health and Wellbeing Board clear of expectations of the system?

Workshop 2 – governance and leadership

The second workshop allowed all Board members to discuss three different areas of governance and leadership that have been identified as key in recent Health and Wellbeing Board meeting. These areas were Better Care Fund; Healthier Lancashire; and Health and Wellbeing Structures.

Better Care Fund

Within this discussion the Board focussed on three key questions and a summary of this can be found below:

- What does the Board need to know to ensure the effective use of the Better Care Fund (BCF)?
- What are the strategic challenges to making the most of the Better Care Fund that the Board could provide?
- What opportunities are there to broaden the scope of the application of the Better Care Fund to enable other pooled budget arrangements?

Better understanding of BCF – what is the progress being made? Where are the challenges? What are the future opportunities? simplify the reporting – what are the key messages?

Prevention – how will BCF support an approach that is focussed around prevention?

Ambition - to use the BCF to achieve big ambitions. What is the role of BCF in developing place based systems? Using BCF as a platform to drive cultural change – sharing risk, building trust?

2020 – a model/process to deliver integrated social care and health services by 2020, a plan needs to be in place for 2017

Strategic alignment – is there potential for a pan Lancs BCF? Needs to ensure that BCF is working towards HWBB priorities, how is BCF aligned with HL workstreams?

Future opportunities – obesity; children's mental health services (children); starting well; transforming care; linking in with third sector; other pooled budget arrangements.

Healthier Lancashire

Within this discussion the Board focussed on three key questions and a summary of this can be found below:

- What could the Health and Wellbeing Board offer to Healthier Lancashire (HL)?

- What are the requirements of the Health and the Wellbeing Board of Healthier Lancashire?
- What might the role of the Health and Wellbeing Board be in Healthier Lancashire?

Formalise the relationship between the HWBB and HL – needs a formal agreement, regular flow of information and dialogue between the two bodies, the Health and Wellbeing Board holding the joint committee accountable?

Strategic alignment – there is a need to ensure that there is a shared vision that supports strategies, priorities and workstreams to be fully aligned

What does good look like? – need to develop a shared understanding (and then shared ownership and leadership) of what we are working towards – what do we want the health and social care system to look like; what is the model that we are working towards, can we describe this?

Missing focus – HL needs to develop a focus around children and prevention and early help.

Provide oversight, challenge and support – HWBB to hold HL accountable for delivery; ensure duplication is removed; provide strategic direction and enable alignment with other key agendas and programmes

Wider determinants – challenge HL to ensure that activity to address the wider determinants of health are addressed

Systems Leadership – HWBB to provide a focal point for driving change across the whole of the whole of the health and wellbeing system; to ensure synergy between the NHS and the rest of the public sector; to focus on health outcomes

Health and Wellbeing Structures

Within this discussion the Board focussed on three key questions and a summary of this can be found below:

- What needs to happen to strengthen the links between the H&WB Board and the five local partnerships?
- How do we ensure coherence and alignment across the three HWB Board in Lancashire?
- Are there other groups and partnerships that should be better aligned with the H&WB? What do we need to do to make this happen?

Clear responsibility – Health and Wellbeing Partnerships (HWBPs) to identify what needs to be delivered at local level and how these complement countywide priorities, better sharing information/knowledge between the Board and HWBPs; HWBPs reporting progress to the Board; HWBPs challenging the Board and providing a local perspective

Strategic alignment – when the HWBB has set its priorities the local Health and Wellbeing Partnerships need respond and detail how they will support the delivery of these priorities; all priorities and plans across the structure need to align with the Health and wellbeing Strategy

Pan Lancashire Approach – to work with Blackpool and Blackburn with Darwen to embed a single HWBB across Lancashire

Local structures – HWBBs to lead on ensuring local health and wellbeing structures are streamlined, coherent, effective and sustainable; examples include discussion between BwD HWBB and East Lancs HWBP or merging Central Lancs Clinical Senate and the Preston, Chorley and South Ribble HWBP.

Effective approach across partnerships – need to further develop the links across the HWBB, Children's Trust, Community Safety, Safeguarding Board; commit to not developing new Board structures as new agendas/funding come into place but use what we already have; ensure the starting point is how we support vulnerable people and then make sure partnership we have are delivering this.

Oversight and leadership of existing programmes – children and young people's mental health services; transforming care for people with disabilities

Next steps

Following this workshop of Board members the next steps are as follows:

- This report will be shared widely, specifically with Health and Wellbeing Board members and members of the five local Health and Wellbeing Partnerships report produced and shared widely, but also including the membership of other strategic partnerships and with colleagues in Blackburn with Darwen and Blackpool
- A small task and finish group of board members to meet in January 2016 to turn the discussion that have been capture in this report into an action plan for the Board for 2016/17
- This action plan will be taken to the February meeting of the Health and Wellbeing Board for agreement.

Appendix A

Health and Wellbeing Board - Plans and Priorities Workshop Participants

Name	Attendance	Representing
CC David Whipp	Attended	Lancashire County Council
CC Jennifer Mein	Attended	Lancashire County Council
CC Matthew Tomlinson	Attended	Lancashire County Council
Clare Platt	Attended	Lancashire County Council
Cllr Delma Collins	Attended	Fylde Borough Council
Councillor Bridget Hilton	Attended	Central Lancs District Councils
Councillor Hasina Khan	Attended	Preston, Chorley, South Ribble HWB Partnership
Dave Carr	Attended	Lancashire County Council
David Tilleray	Attended	West Lancs HWB Partnership
Dee Roach	Attended	Lancashire Care Foundation Trust
Dr Alex Gaw	Attended	Lancashire North CCG
Dr Dinesh Patel	Attended	Greater Preston CCG
Dr Mike Ions	Attended	East Lancs CCG
Dr Sakthi Karunanithi	Attended	Lancashire County Council
Gary Hall	Attended	Lancashire District Councils
Ian Crabtree	Attended	Lancashire County Council
Jane Booth	Attended	LSCB
Karen Partington	Attended	Lancashire Teaching Hospitals Foundation Trust
Louise Taylor	Attended	Lancashire County Council
Margaret Flynn	Attended	LSAB
Mark Bates	Attended	Lancashire Constabulary
Mark Youlton	Attended	East Lancs CCG
Michael Wedgeworth	Attended	Healthwatch Lancashire
Paul Robinson	Attended	Commissioning Support Unit
Phil Huxley	Attended	East Lancs CCG
Richard Cooke	Attended	Lancashire County Council
Sally Nightingale	Attended	Lancashire County Council
Sam Nicol	Attended	Healthier Lancashire
Sarah Swindley	Attended	Lancashire Women's Centres
Stuart Aspin	Attended	Healthier Lancashire
Tony Pounder	Attended	Lancashire County Council

Appendix B

Health and Wellbeing Board Workshop - an overview of existing evidence, commitments and priorities

December 2015

The following provides a summary of some of the evidence, commitments and priorities that have featured through recent Board agendas. Whilst the context we are working within is constantly evolving, and in some respects the pace of change is quickening, it is important when we consider future priorities for the Board that this is framed and builds upon evidence that has already been recognised, considered and agreed as being important.

Lancashire Health and Wellbeing Strategy

The JSNA makes it clear that we need to focus our work to deliver the strategy across the whole life course, intervening in a coordinated way in childhood, adulthood and old age. Three distinctive programmes of work have been identified, reflecting the different support people need at different stages of their life. Below are the work programmes with the desired objective for each of the work programmes:

Starting well

- To promote healthy pregnancy
- To reduce infant mortality
- To reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

Living Well

- To promote healthy settings, healthy workforce and economic development
- To promote mental wellbeing and healthy lifestyles
- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

Ageing well

- To promote independence
- To reduce social isolation and loneliness
- To better manage long term conditions
- To reduce emergency admissions and direct admissions to residential care
- To support carers and families who care for family members

Health Inequalities JSNA (2014)

The diversity of the county is reflected in the health and wellbeing needs and assets of the population. There are large inequalities in health and in the causes of poor health between different areas and groups of people in the county. Inequalities in health in the county are a significant concern and JSNA analysis has identified the 10 largest gaps in health outcomes between the least and most deprived areas of the county and the priorities for addressing these inequalities.

Top Ten Goals for Health Equity

Narrow the gap in:

- diabetes
- respiratory disease
- digestive disease
- mental health problems
- lung cancer
- circulatory disease
- accidental deaths
- quality of life
- unplanned hospital admissions
- infant mortality

Priorities for addressing health inequalities

Priority 1 Develop the local economy

Recommendations to JSNA partners:

- consider how economic development strategies can support growth in sectors that employ high numbers of people from deprived areas as well as increase investment in high growth sectors;
- support local businesses to become accredited healthy workplaces that use evidence-based approaches to keep people well at work and enable those with health problems to stay in employment;
- promote access to welfare rights advice within health care settings;
- work with GPs and local employers to better understand the 'fit note';
- encourage the local public sector and partners to increase social value through employment of local people, purchasing from local businesses, commissioning from the third sector and employee volunteering;
- identify ways to increase digital inclusion;
- encourage local employers to pay the Living Wage.

Priority 2 Increase social connectedness

Recommendations to JSNA partners:

- take opportunities provided by infrastructure programmes such as the Preston, South Ribble and Lancashire City Deal to design the built environment to facilitate social connectedness;
- commission the third sector to bring local communities together to improve quality of life, using community assets approaches;
- increase opportunities to bring people together for group activities, sports and games;
- support local authority elected members to undertake community development and to connect local people to community assets;
- establish networks of mentors/buddies in the most vulnerable communities;

- increase digital inclusion to help address loneliness and social isolation;
- make use of Lancashire Economic Partnership's influence, connections with big businesses, skills and financial resources to increase social connectedness

Priority 3 Promote and enforce health-related legislation

Recommendations to JSNA partners:

- encourage local lobbying for evidence-based health-related legislation by JSNA partner organisations such as local authorities, clinical commissioning groups, health and care providers, police and the third sector;
- enforce health-related legislation (e.g. licensing, food hygiene, alcohol and tobacco sales) proportionately according to intelligence about non-compliant businesses;
- lobby for a minimum unit pricing for alcohol;
- promote health and safety in the workplace as a more positive concept that focuses on promoting the health and wellbeing of employees, their work-life balance and fulfilment rather than purely risk management;
- enforce building regulations to ensure the quality of housing;
- explore the introduction of 'exclusion zones' to limit the number of unhealthy food outlets and alcohol-licensed premises near schools;
- consider opportunities for increasing physical activity and social interaction, and improving access to green space and leisure facilities when planning the built environment;
- increase the number and quality of cycle and walking routes when developing the transport network;
- make health impact assessment mandatory for local authority planning, contracting and commissioning.

Priority 4 Allocate public sector service resources according to need

Recommendations to JSNA partners:

- explore the development of resource allocation formulae that reflect need for services;

- promote the use of equity audit in the commissioning of services to ensure that access, use and outcomes of services are proportionate to the level of need across the social gradient;
- introduce local area co-ordination approaches to join up services around groups of general practices and to enable people experiencing challenge to be connected to assets in the local community;
- commission integrated prevention services focused on achieving a small number of key outcomes;
- apply the concept of proportionate universalism within the commissioning process.

Health Behaviours JSNA (2015)

Whether a person is healthy or not is a combination of many factors including the wider determinants of health and the availability of health enabling resources across the region. A deeper understanding of health behaviours has allowed the identification of the health behaviours across population groups, and the characteristics of people with different health behaviours. It has also allowed an understanding of emerging issues. The JSNA produced a number of evidence-based strategic recommendations:

- Increase people's health-enabling behaviours and health literacy levels to reduce health-compromising behaviours.
- Reduce harmful drinking among identified high-risk groups and promoting sensible drinking.
- Enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.
- Promote harm reduction and recovery services for substance users.
- Support and develop work around substance misuse, dual diagnosis, and collaborative working between partner organisations.
- Address and reduce levels of obesity in adults and children.
- Increase knowledge, skills and abilities around healthy eating and nutrition.
- Challenge societal attitudes towards mental health, develop opportunities for social inclusion, social capital and mentally healthier communities.
- Increase physical activity levels among children, young people and adults by making physical activity more available/accessible.
- Improve sexual health through increasing testing and screening rates and reduce rates of under-18 conceptions and abortions.
- Reduce smoking rates in the adult population whilst preventing children and young people from smoking (including e-cigarette use).

Six Shifts

The Board has committed to making a number of important changes or 'shifts' in the way that we work together for the benefit of our citizens and their communities. These shifts will fundamentally challenge the way that we currently work and 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:

1. Shift resources towards interventions
2. Build and utilise the assets, skill and resources of our citizens and communities
3. Promote and support greater individual self-care and responsibility for health
4. Commit to delivering accessible services within communities
5. Make joint working the default option
6. Work to narrow the gap in health and wellbeing and its determinants

An overview of themes and priorities taken from the notes of the last 12 months of Health and Wellbeing Board meetings:

Children's emotional health and wellbeing services

Infant mortality

Tobacco control

Governance and effectiveness of the Board

Alcohol harm reduction

Domestic abuse

Dementia

Transforming care for people with learning disabilities

Understanding of health and wellbeing needs in Lancashire

Affordable warmth

Health and Wellbeing system leadership and oversight

Transforming care for people with learning disabilities

Better Care Fund

#hello, my name is...

Healthier Lancashire – alignment of plans