

Lancashire Shadow Health and Wellbeing Board

Strategy Task Group Meeting

Meeting Report

(Appendix I refers)

Introduction

This report summarises discussions of the Health and Wellbeing Strategy Task Group held on 28th March and the 30th April 2012. The meetings discussed production of emerging strategy outcomes and shifts that should be discussed at the shadow Health and Wellbeing Strategy on 9th May. The strategy will then be refined for further discussion at the Board meeting on 29th May and completed for presentation at the Board meeting on 10th July.

1. Purpose of the strategy

Work together

- **Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire.**
- **Learn the lessons arising from this collaboration to strengthen future working together**

.... get results

- **Deliver improvements in 'priority outcomes' in Lancashire.**
- **Deliver 'early wins' i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together**

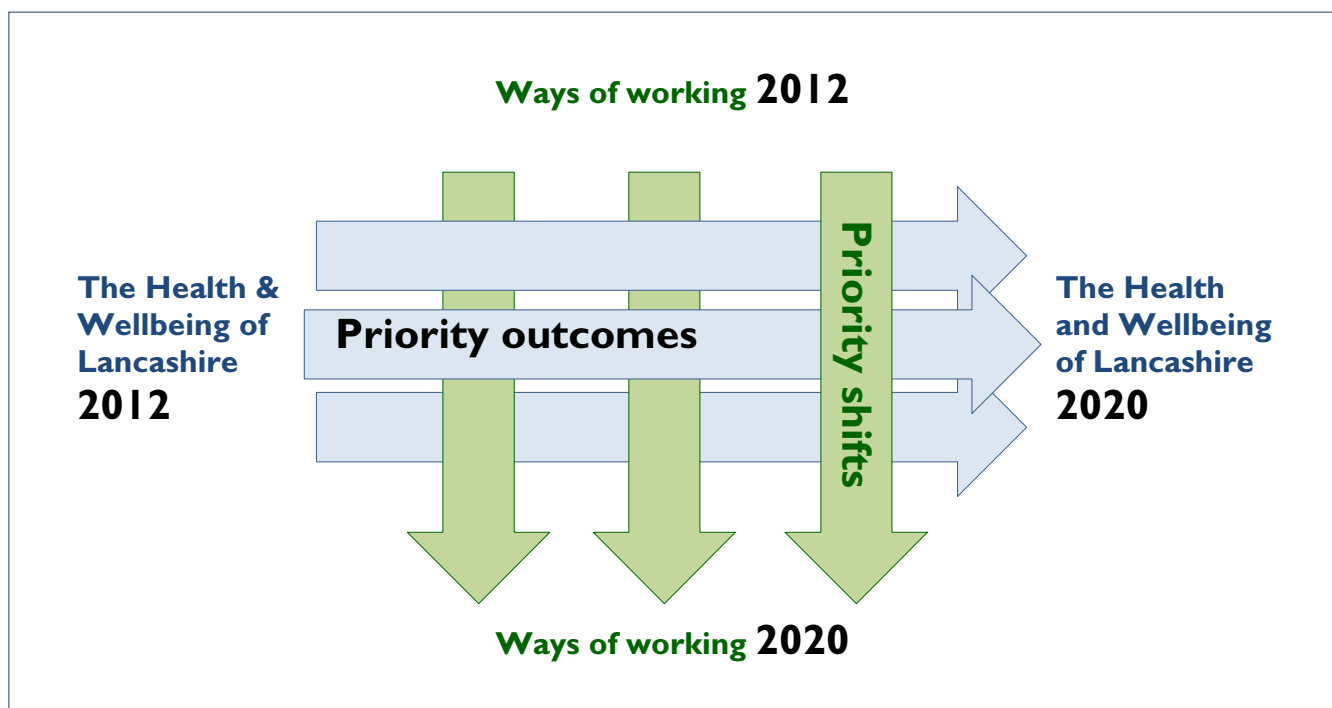
2. The structure of the strategy

The Task Group discussed the possible structure of the Health and Wellbeing Strategy. It was agreed that the strategy should have three parts;

1. **The current position.** A concise analysis and summary of the intelligence available currently (e.g. the Joint Strategic Needs Assessment) on health and wellbeing needs and opportunities in Lancashire.
2. **Priority shifts in ways of working.** The specific shifts in the way that partners work that will result in more effective collaboration and greater impact on health and wellbeing outcomes in Lancashire
3. **Priority health and wellbeing outcomes.** The key improvements to Health and Wellbeing that the strategy will deliver in Lancashire.

The inter-relationship between the 'priority shifts' and the 'priority outcomes' is illustrated in Figure 1.

Figure 1 Overall structure of the health and wellbeing strategy



3. Priority shifts in ways of working

The following shifts in the ways that partners work were identified.

Table 1 Priority shifts in the ways that partners deliver services

- Shift resources towards interventions that prevent ill health and reduce demand for acute 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; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; 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

4. Priority Health and Wellbeing outcomes

The Task Group discussed both the priority outcomes that the strategy will deliver and also possible 'early wins' i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together.

Priorities for action in Lancashire

The Task Group discussed the 'priority outcomes' for the strategy in Lancashire, informed by intelligence from the Lancashire Joint Strategic Needs Assessment

Table 2 Priority health and wellbeing outcomes in Lancashire

<p>1. Maternal and child health.</p> <ul style="list-style-type: none">● To provide accessible and effective support and services to expectant mothers and their families● To promote and safeguard the health and wellbeing of pre-school age children
<p>2. Mental Health & Wellbeing</p> <ul style="list-style-type: none">● To promote emotional health & wellbeing in children and adults● To support people of all ages who are affected by mental health play a full and active role in society
<p>3. Long term conditions</p> <ul style="list-style-type: none">● To reduce the incidence of, and mortality from, long term conditions● To improve quality of life for people with long term conditions and their carers
<p>4. Improve health and independence of older people.</p> <ul style="list-style-type: none">● To increase healthy life expectancy for those aged 65● To support older people and their carers play a full and active role in society

5. Delivering 'Interventions'

The Task Group supported the view expressed by the shadow Health and Wellbeing Board that the strategy must emphasise the delivery of 'concrete' interventions (services, sets of services, pathways) where partners will get significant and demonstrable results and through which the Board can test out and learn from new ways of working.

The Task Group had a view that these "interventions" are those which we cannot allow ourselves to fail. It was described as we have a moral duty to get these interventions right for the people of Lancashire. Appendix I gives a brief rationale on each of the chosen interventions.

Suggested Interventions

- Identify those who are at risk of admission into hospital and provide appropriate intervention
- Holistic support to those vulnerable families (from first pregnancy)
- Early response to domestic violence
- Support for carers (of dementia patients)
- Address loneliness in older people
- Affordable warmth to those who need it most
- Alcohol liaison nurses
- Healthy Weight – environmental measures
- Tackling smoking in pregnancy
- Self-care – encourage people to take control of their own health & wellbeing

The task group proposes that the Board should invite partners from across the county to engage in developing the strategy and early interventions and specify their contribution to the priority outcomes and shifts set out in the strategy.

6. Proposed Actions

<i>What?</i>	<i>When?</i>
<ul style="list-style-type: none"> ● Prepare a summary of the emerging strategy <ul style="list-style-type: none"> - Refine the interventions following discussion with key partners and experts 	9 th May Board
<ul style="list-style-type: none"> ● Prepare a concise document showing the proposed programme of work for the Health and Wellbeing Board <ul style="list-style-type: none"> - Prepare a consultation timeline 	
<ul style="list-style-type: none"> ● Complete initial engagement with CCG reps, District Councils, Third Sector CYP Trust etc. 	29 th May Board
<ul style="list-style-type: none"> ● Prepare the narrative for the strategy as a whole 	
<ul style="list-style-type: none"> ● Prepare the detailed outcomes, objectives and measures of success 	
<ul style="list-style-type: none"> ● Clarify the detail of the proposed interventions 	
<ul style="list-style-type: none"> ● Prepare concise summary of the evidence-base of the strategy 	
<ul style="list-style-type: none"> ● Prepare vignettes to demonstrate the imperative for the interventions 	10 th July Board
<ul style="list-style-type: none"> ● Complete additional consultation on interventions 	
<ul style="list-style-type: none"> ● Prepare draft strategy for submission to the Board 	Sept
<ul style="list-style-type: none"> ● Complete in-depth engagement with partners on the strategy and proposed interventions and secure partner support for implementation of the broader strategy and identified interventions 	