



HEALTH AND WELLBEING BOARD: 5 JANUARY 2017

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

OUTPUTS OF THE DECEMBER BOARD DEVELOPMENT SESSION

Purpose of report

1. The purpose of this report is to summarise the discussion that took place at the Health and Wellbeing Board Development Session on 15 December, to present the outputs from that session and to outline the next steps that will be taken to progress actions arising from the session.

Link to the local Health and Care System

2. This report relates to the Health and Wellbeing Board's role in delivering the Sustainability and Transformation Plan (STP) and also considers the need for the Board to develop a more comprehensive method of engagement with the other Health and Wellbeing Boards in Leicester and Rutland and the public, as local health and care services are transformed.

Recommendation

3. The following recommendations are made to the Health and Wellbeing Board:-
 - (a) That the actions proposed in paragraph 9 of this report be approved and that a report outlining progress with their delivery be submitted to the meeting of the Board in March 2017;
 - (b) That the Director of Public Health be asked to develop a prevention wrap-around offer for the Integrated Locality Teams and report on progress with this to a future meeting of the Board;
 - (c) That individual partners be asked to progress the proposals outlined in paragraph 12 which relate to their organisation and that this be the focus of a Development Session for the Health and Wellbeing Board during Spring 2017.
 - (d) That officers be asked to develop a refreshed communications plan for the Health and Wellbeing Board, based on the Board's role as set out in paragraph 13 of this report;
 - (e) That officers be asked to develop a communications campaign for the Board related to self care and supporting people to stay safe, well and independent in Leicestershire;

- (f) That the Better Care Together/STP Programme Management Office be recommended to consider learning from the integration model developed in Salford;
- (g) That the Better Care Together/STP Programme Management Office be recommended to consider using the Public Health Prioritisation Tool to determine commissioning and decommissioning decisions across the health and social care system.

Policy Framework and Previous Decisions

- 4. The Health and Wellbeing Board agreed on 6 December 2016 to take on a greater role in relation to delivery of the STP in line with the governance arrangements proposed across Leicester, Leicestershire and Rutland.

Background

- 5. The Health and Wellbeing Board holds an annual development session towards the end of the year to consider partners' commissioning intentions the following year and to ensure that risks, issues and pressures are discussed and addressed jointly.
- 6. The purpose of this year's development session was:-
 - a) To receive an initial briefing on the STP areas where the Health and Wellbeing Board will have a lead role;
 - b) To consider the Health and Wellbeing Board's role in relation to the STP;
 - c) To ensure that priorities for 2017/18 are aligned with the STP;
 - d) To ensure partners have an overview of commissioning intentions across the system for the forthcoming financial year and to consider risks and issues across the partnership arising from these.

STP Lead Areas

- 7. Board members received an initial briefing on integrated locality teams and community hospital reconfiguration; the two STP priority areas where the Board will take a lead role in confirming and challenging plans for implementation on behalf of the other Health and Wellbeing Boards in Leicester, Leicestershire and Rutland.
- 8. The discussion that took place following the two presentations sought to clarify further the role of the Board and identified the following principles:-

General

- (i) To ensure that the roles of the Health and Wellbeing Boards and Health Overview and Scrutiny Committees do not duplicate each other;
- (ii) To ensure that there is a common understanding across the Health and Wellbeing Boards in Leicester, Leicestershire and Rutland of their roles in delivery of the STP and that appropriate arrangements are in place for engagement between the three Health and Wellbeing Boards;

Integrated Locality Teams

- (iii) To ensure a balance between a consistent offer for all eleven localities while allowing some element of local flexibility;
- (iv) To involve the wider partnership, such as District Councils, the Police, EMAS and the voluntary sector from the start of the programme, both at locality leadership level and, where appropriate, at Programme Board Level;
- (v) To build in evaluation of the effectiveness of the model from an early stage using Public Health expertise to develop the methodology for this;
- (vi) To take the lead in the development of the prevention wrap-around offer for integrated locality teams;

Community Health Services

- (vii) To develop key communications messages relating to the benefits of the community services offer for each locality;
- (viii) To consider giving individual members of the Board a role in communication and engagement.

9. Arising from discussion of these principles, the following specific actions for the Board have been identified:-

Action	Date for Completion
Review the protocol between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch Leicestershire in the light of the STP arrangements.	January 2017
Produce a protocol defining how the three Health and Wellbeing Boards in Leicester, Leicestershire and Rutland will engage with other on the STP.	February 2017
Work with STP communications leads to develop key communications messages for the two lead areas, setting out the benefits for each locality and clarifying:- <ul style="list-style-type: none"> • The role of the STP; • The role of the Health and Wellbeing Board; • The role of individual organisations; and • The role of individual members of the Health and Wellbeing Board in communications and engagement.	February 2017
Update the guidance on declarations of interest for Board Members, recognising that some Board members will have senior roles in delivering the STP and will not be able to participate in confirm and challenge sessions relating to their areas of responsibility.	January 2017

10. Actions relating to the role of the Integrated Localities Programme Board, in terms of engaging the Police, EMAS, District Councils and the Voluntary Section in the programme and ensuring evaluation is built in at an early stage have been referred to that Programme Board to progress.

Commissioning Intentions

11. Each partner with commissioning responsibilities was invited to give a brief presentation of the key risks and pressures they faced in the coming year and to outline where they felt these would have an effect on the wider health and care system.
12. Set out below are the key points that were raised, where a corresponding action was identified to help mitigate the risks:-
- (i) Leicestershire County Council was developing a Whole Life Disability approach. There was an opportunity for joint working with Integrated Locality Teams in this area.
 - (ii) Looked After Children were highlighted as a financial pressure for the County Council. Leicestershire Police indicated that it had a similar concern, particularly in terms of the impact on their resources of children who were missing from home or from a care placement. This therefore presented an opportunity for joint working, with a focus on the emotional health and wellbeing needs of children.
 - (iii) There was an opportunity for joint working on cyber crime, particularly in relation to frail older people who were increasingly vulnerable to this type of crime. This could be through the Police providing development sessions for GPs or through links to the social isolation communications campaign that was currently ongoing.
 - (iv) The 101 service provided by the police was being reconsidered in terms of how it served vulnerable people. It would be helpful if this could be considered in the light of the Leicester, Leicestershire and Rutland Integrating Points of Access project for health and care customer call centres. There are opportunities to identify any potential for joint working around demand management and the provision of alternative support for vulnerable people who would otherwise generate an emergency call.
 - (v) The District Councils acknowledged that articulating consistent offer describing how District Councils supported prevention and demand management (which was easier for partners to understand) would help with managing demand on the system.
 - (vi) All partners were reminded of the need to build on initiatives that were already in place rather than to develop new ones or overlay developments. This would help to ensure that partners were not duplicating work which was already in place. To that end, consideration should be given to the integration model developed by Salford where the mapping of services had identified overlaps in service provision which could then be addressed.

- (vii) It was suggested that, as the Housing Enabler for Hospital Discharge had provided to be effective, it should be extended to community hospitals.
- (viii) It was noted that the pathways set out in the draft STP relied on social care being available to support them. Given the current funding pressures in social care, it was important that this risk was reflected in risk analysis and risk registers.
- (ix) The role of public health in providing an evidence base and evaluating services, particularly pilots, was important. Public Health had developed a prioritisation tool which enabled a judgement to be made on the relative importance of the issues which needed to be taken into account when making commissioning decisions. This tool was subsequently circulated to all members of the Board with a view to consistent tool being used across the health and social care system.

Role of the Health and Wellbeing Board in Communications and Engagement.

13. Through discussion of the commissioning intentions, it became apparent that the Health and Wellbeing Board had a wider communications and engagement role than simply in terms of the STP lead areas. This was defined as follows:-
 - (i) To raise public awareness of the changes needed in the health and care system and how partners are collaborating to deliver them;
 - (ii) To explain what budget reductions and service reconfiguration would actually mean to patients, service users and their carers;
 - (iii) To provide assurance of how the health and social care system will continue to deliver quality services in the context of diminishing resources, including through improved partnership working;
 - (iv) To ensure consistent messages are in place across the health and social care system and to liaise with the other Health and Wellbeing Boards in Leicester, Leicestershire and Rutland accordingly.

14. There was also a need for a more focused communications and engagement campaign relating to self care. The following suggestions were put forward:-
 - The sharing of self help resources across partners, particularly those hosted on websites (such as the County Council's self help guide to equipment);
 - The development of a multi-agency campaign with links to tips and resources for keeping safe, well and independent in Leicestershire ("Help Yourself Leicestershire"). This could take the form of a digital calendar of daily tips, for example. It could also be a project for DeMontfort University's next hackathon.
 - To make the most of existing roles such as Local Area Co-ordinators and Voluntary Sector partners who can direct members of the public to self help resources.

Resource Implications

15. The actions arising from this report will be delivered within existing resources. The communications actions will be scoped and discussed with the Leicestershire County Council communications team and communications teams across Leicester, Leicestershire and Rutland to establish any resources constraints.

Conclusion

16. The Development Session has shown that, during 2017, the Board will need to develop its role in terms of promoting smarter working between agencies and the conversation it has with members of the public.
17. The Board is pleased to assume a leadership role for the two STP areas it has been asked to lead on, on behalf of Leicester, Leicestershire and Rutland, and will adjust its terms of reference, workplan and communications plan accordingly.

Background papers

Report to the Health and Wellbeing Board on 6 December – Sustainability and Transformation Plan: Role of the Health and Wellbeing Board <http://ow.ly/t8yY307oG6O>

Circulation under the Local Issues Alert Procedure

None

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Relevant Impact Assessments

Equality and Human Rights Implications

18. The role of the Health and Wellbeing Board is to collectively tackle health inequalities and to make sure that all people can access health and care when they need to. Individual proposals coming before the Health and Wellbeing Board will be subject to an equalities and human rights implications assessment.