

Report to Rutland Health and Wellbeing Board

Subject:	Health & Wellbeing Board Development and Priorities
Meeting Date:	22nd March 2016
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Presented by:	Karen Kibblewhite
Paper for:	Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

Strategic Objective

Meeting the health and wellbeing needs of the community

1. The Role of Health and Wellbeing Boards

1.1 Health and Wellbeing Boards were introduced in 2011 as statutory bodies with democratic accountability to lead and direct work to improve the health and wellbeing of the local population. The main functions of the health and wellbeing boards are:

- i. to assess the needs of their local population through the joint strategic needs assessment (JSNA) process;
- ii. to produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and other services which the board agrees are relevant;
- iii. to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.

2. Existing Priorities within the Joint Health & Wellbeing Strategy

2.1 The existing Rutland Joint Health and Wellbeing Strategy, developed four years ago identified 3 themes, within which there were a number of priorities:

Theme 1: Giving children & young people the best possible start

Priorities: i) Vulnerable Families;
ii) Vulnerable Teenagers;
iii) Emotional health and wellbeing of children, young people and their families.

Theme 2: Enable people to take responsibility for their own health

Priorities: i) Obesity;
ii) Smoking;
iii) Alcohol.

Theme 3: Help people live the longest healthiest life they can

Priorities: i) Frail elderly;
ii) Dementia
iii) Cancer
iv) Depression and anxiety
v) Wider determinants of health

2.2 The Strategy pre-dates both Better Care Together and Better Care Fund and the focus on Health and Social Care Integration.

3. Potential Priorities

3.1 There are three key drivers for health and wellbeing work in Rutland currently:

- Health and social care integration
- Better Care Together (BCT)
- Better Care Fund (BCF)

3.2 In addition the new requirement of Sustainability and Transformation Plans (STP) within the NHS planning guidance for 2016/17 requires five year plans to be developed by health and care partners by summer 2016. The agreement is that the footprint of this plan local plan will mirror BCT, that is cover Leicester, Leicestershire and Rutland, and that the BCT Programme Office will coordinate the plan's production. The STP will be wider than the 9 current workstreams of BCT.

3.3 The JSNA Overview also identified several additional areas for focus some of which are already included within the BCF and/or BCT workstreams:

- 1) Planning care for an ageing population
- 2) Dementia
- 3) Carers
- 4) Obesity
- 5) Children's oral health
- 6) Factors affecting access to information and advice, including access to preventative services.

3.4 It is suggested therefore that the HWB focuses on the following two areas on which it can have a real impact:

- 1) Helping people to manage their own primary and secondary prevention
- 2) Extending healthy life expectancy

3.5 In addition, partners are asked to suggest other priority areas for discussion and agreement. Appendix A contains the latest Public Health Outcome Framework data to support this discussion, along with the recommendations for the Director of Public Health Annual Report.

4. Moving Forward

4.1 Reviews of HWBs by the LGA and Kings Fund have noted that those Boards which have greatest impact are those with a clear sense of purpose about their outcomes. They have:

- a dynamic view of the needs of the local population

	<ul style="list-style-type: none"> - a clear joint health and wellbeing strategy - focus on a small number of relatively high-impact changes
4.2	<p>Success factors of high-functioning HWBs include:</p> <ul style="list-style-type: none"> • investing time in building relationships • being flexible • clarity on the role of stakeholders <p>Further information from the LGA/Kings Find reviews is in Appendix B.</p>
4.3	<p>The HWB also has a role in challenging partners to ensure that they are working towards these priorities and reviewing their individual work and priorities within this wider context, and understanding system wide impacts of individual service or provider performance.</p>
4.4	<p>Key Questions for Discussion</p> <ul style="list-style-type: none"> • How can we ensure system leadership with collective responsibility for <i>local</i> outcomes? • Are we future planning based on clear evidence of need? How can we improve this? • Do we effectively join up the CCG and Council priorities, commissioning and decision-making, driving the agenda for BCT and BCF accordingly? • Do we have the right balance between addressing local needs and the wider determinants of health, and the BCT - and in future - the STP drivers? • Do we lead the discussions on system redesign, involving the key partners in identifying opportunities, reducing costs and ensuring effective care pathways? Do we understand the implications for Rutland where these discussions are on an LLR footprint? • How can we monitor and support the health messages and impact across the widest possible system in Rutland, ensuring links to housing, leisure and wider quality of life services?
Financial implications:	
There are no specific implications of identifying priorities themselves, although there may be financial implications attached to specific pieces of work.	
Recommendations:	
<p>That the Board:</p> <ul style="list-style-type: none"> - Discuss the key questions and consider how the HWB is meeting Rutland's needs and priorities for focus and development. 	
Strategic Lead:	Karen Kibblewhite
Risk assessment:	

Time	L	The discussion will support appropriate work planning and is in line with good practice recommendations for high performing Health & Wellbeing Boards.
Viability	L	Once priorities have been identified, they will be woven through existing work and plans.
Finance	L	There are no additional financial implications of identifying the development needs of the HWB and priorities themselves.
Profile	M	The development and priorities identified will drive the Health and Wellbeing Board's work and will be public-facing.
Equality & Diversity	L	Full Equality Impact Assessments will be completed for individual pieces of work.

Appendix A – Public Health Data & Recommendations

1. Public Health Outcomes Framework (PHOF) Data

The report is embedded here:



Rutland_PHOF_updates_February_2016.pdf

Data on the PHOF for Rutland can be accessed at:

<http://www.phoutcomes.info/>

2. Director of Public Health Annual Report Recommendations

The recommendations for the current DPH Annual Report:

1. That future programmes focus on extending **healthy life expectancy** (the number of years lived in good health) and closing the gap by targeting specific groups with worse health. This should include routine and manual workers, service families, children living in poverty and older people in greater need.
2. The development of community prevention and wellness services provides a good opportunity to measure benefits and impact of services based on a model of building community capacity and resilience to improve health and wellbeing. Mechanisms for evaluating the effectiveness of these services in achieving this should be built in to the service design from the start.
3. Cross agency working and partnerships are extended to more fully involve local people and communities as the next step to increase and improve **community engagement in planning**.
4. **Co-production models** (where service users work jointly with professionals to design and deliver services) are trialled for several projects in Rutland with the aim of developing more suitable services and reducing exclusion.
5. The Council uses a **Health Impact Assessment (HIA)/ Health in All Policies** approach to support local communities in influencing **major** developments and policies. HIA's can facilitate active engagement of local communities in the assessment process and enable consideration of the health impacts of proposals from a range of perspectives so that positive impacts can be increased, negative impacts identified and ways to mitigate these considered.

6. It is made easier for people to find out what services are on offer locally to support health and wellbeing, through better coordination and communication of prevention activities within Rutland.

Appendix B – LGA and Kings Fund Reviews of Health & Wellbeing Boards

The LGA has produced a number of reports to support Health & Wellbeing Boards. This appendix draws out some of the key points from their guidance.

The LGA note that HWBs should embody the principles of prevention, personalisation, choice and integrated services to inform commissioning of health and care.

What a good HWB looks like

Among the essential characteristics of effective HWBs are:

Shared Leadership

- an equal partnership of local commissioners with mutual recognition of the skills that each partner brings to the table
- a willingness to move away from institutional cultures and ways of doing business towards a common understanding of what matters
- bringing together a wide range of local and national agencies to make a demonstrable impact on outcomes
- designing and delivering services that take account of the wider determinants of health
- recognition of the crucial role of providers in identifying solutions to local health challenges.

A strategic approach

- shared ownership of a strategic approach to joined-up commissioning
- focusing on a manageably small number of local priorities that will have maximum impact on health outcomes
- designing services which are population- orientated, co-designed, person-centred, addressing inequality and disadvantage, and based on evidence
- focusing on services which are integrated, accessible, innovative, safe and of high quality
- working at a pace and scale that makes sense locally, for example, building on existing community provision and conforming with local planning priorities for the area.

Engaging with communities

- working with local communities in developing a vision and strategies for service design and redesign
- being jointly accountable to local residents.

Collaborative ways of working

- openness and transparency in the way they operate
- pooling and sharing risks as well as budgets where mutually agreed
- sharing data and intelligence
- having good working relationships with service providers
- making and encouraging the best possible use of new technologies
- sharing information to monitor progress and measure impact.

The reports from which the above are taken can be found at:

<http://www.local.gov.uk/documents/10180/6869714/L15-254+Making+it+better+together+-+A+call+to+action+on+the+future+of+health+and+wellbeing+boards/311885a4-5597-4007-8069-46bc2732d6a2>

<http://www.local.gov.uk/documents/10180/7632544/L16-5+HWBs+engaging+effectively+with+providers/5faeded5-feb8-4af9-86a6-b0dc4cb5ef9b>)