



HEALTH AND WELLBEING BOARD: 13 MARCH 2014

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

JOINT HEALTH AND WELLBEING STRATEGY 2013-16
EVENT – 24 FEBRUARY 2014

Purpose of report

1. This report is a summary of an event hosted by the JHWS/ JSNA Steering Board to review progress towards the Joint Health and Wellbeing Strategy (JHWS). The event was held on the 24 February 2014 and is part of the ongoing commitment of the steering board to consult with stakeholders on the progress that is being made against the JHWS so that the delivery and development of the strategy can be revised in light of the feedback that we receive.
2. Due to the short period of time between the event and this meeting the information is not complete. A more detailed analysis will be made available in the Health and Wellbeing Board Annual Report, due for publication in May.
3. The event had two principle objectives:
 - To review the progress that has been made in delivering the Joint Health and Wellbeing Strategy since it was published in January 2013
 - To assess the Better Care Fund (BCF) proposals against the strategy and identify any changes needed to the strategy to support the delivery of the BCF.

The event was hosted jointly by

- Leicestershire County Council
- East Leicestershire and Rutland Clinical Commissioning Group (CCG)
- West Leicestershire CCG
- Healthwatch Leicestershire

The event was split into two sessions, one focussed on the JHWS and one focussed on the BCF.

Participants

4. The event attracted over 100 delegates from a range of different backgrounds. A full break down of the organisations that attended will be made available in the complete report.

The Joint Health and Wellbeing Strategy

5. Delegates were asked to consider the progress that has been made in delivering the strategy against a number of themes. There were 10 groups in total considering five different topics.

- 10.2. The needs of carers need to be considered in more detail.
- 10.3. There is a need for a programme of community development to support communities and patients to manage better for themselves
- 10.4. There is a need for better integration across health and social care with care-coordinators crossing the whole spectrum of care
- 10.5. The action plans need to make better use of new technology to support patients and carers with both access to professionals and to enable people to manage in their own homes for longer.
- 10.6. There needs to be better information sharing across agencies for both provision of care and planning of care.
- 10.7. The needs of the most disadvantaged populations / people with protected characteristics need to be addressed through BCF.
- 10.8. There were significant concerns identified in the workshop reviewing integrated urgent response – the mechanisms to make this happen well need to be more fully developed in the action plans going forwards.
- 10.9. Integration needs to happen at all areas of strategy and delivery from organisational leadership through to service delivery.

Evaluation

- 11. The evaluation of the event is not yet complete. However, feedback on the day indicates that the number of attendees at the event has grown to such an extent that it is no longer possible to manage this as a single event. It was also felt that the mixing of professional stakeholders with members of the public did not work at this event, although this model has worked effectively in other events. The engagement team at Leicestershire County Council will be asked to support the JHWS/ JSNA Steering Board in developing an engagement plan to ensure future engagement activities are adapted to reflect the feedback that is collated.

Recommendations

It is recommended that the Health and Wellbeing Board:

- 12. Note the findings of the engagement event for the JHWS
- 13. Support a refresh of the JHWS in 2014/15 to incorporate:
 - 13.1. The development of the better care fund workstreams
 - 13.2. The inclusion of learning disabilities as an additional priority in the JHWS
- 14. Consider the feedback from the stakeholder event and the key themes identified and task the sub-boards of the HWB with developing these through the strategy refresh and action plans.

15. Support the strengthening of the JHWS actions plans around the needs of carers and the needs of people with protected characteristics

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Appendix 1: Review of progress against the Health and Wellbeing Strategy

	RESULTS	REVIEW and REFLECT	REFOCUS	RELATIONSHIPS
Giving children the best start in life	<p>Sharing information</p> <p>Targeting vulnerable groups</p> <p>Supporting Leicestershire Families: a worker who works across a whole family – can facilitate access to a whole range of other services</p>	<p>Low level ‘mental health’ support – school nurse capacity is a concern.</p> <p>Whole family approach – needs more work with some groups e.g. carers.</p> <p>Children’s oral health – gap in PH.</p> <p>Transition from child to adult services</p> <p>Services during school holidays</p>	<p>Themes for children and young people are right and each has notable successes over last 12 months</p> <p>But we need HWB to have simple, strong & direct governance and to set outcomes & targets that all relevant organisations sign up to and are accountable for.</p> <p>Need mental health and integrated provision to be a top priority</p>	<p>Issues with links between services e.g. Maternity Services- UHL/HV-LPT – need to join up.</p>
Early Intervention and prevention	<p>Success of 111 contract</p> <p>Improved links between HV and midwives in sure starts</p> <p>Increase in access to physiotherapy services</p>	<p>Ideas are there but needs more progress to embed across the whole county</p> <p>Need a single point of contact for patients and carers</p>	<p>Increased visibility of services</p> <p>Better linkages and co-ordination between services</p> <p>Objectives need to be targeted and “SMART”</p>	<p>Desire for partnership</p> <p>Better and earlier public consultation</p> <p>Better leadership</p> <p>Better communication with the public</p>

	RESULTS	REVIEW and REFLECT	REFOCUS	RELATIONSHIPS
	Four ways to warmth	Are we maximising the opportunities through community pharmacy	Understanding low cost and zero cost options Strengthen strategy and delivery for hard to reach groups	Better matrix working across organisations – break down silos
Supporting the ageing population	Some good developments – shared lives, extra care Providing the right information for people in an appropriate format, particularly around hospital discharge Carers hospital services is a good model for involving carers in decisions about care Assistive technology is good and successful but new to some people	Single point of access Delay in adaptations is a problem Hospital discharge – people need a ‘check up’ call to see if they are ok after first 24 hours at home Services need to take more account of peoples needs around access – reasonable adjustments	Need a workforce training & development plan for carers Need more low level support based in communities for older people Increased support for people to stay in their own homes	Healthwatch should keep the website questions page open as it’s a good way to get feedback from people

	RESULTS	REVIEW and REFLECT	REFOCUS	RELATIONSHIPS
Mental health	<p>Better training / feedback systems to account for feedback from service users.</p> <p>Better joint services of adult / children / acute service.</p> <p>Better referral systems from e.g. GP / different pathways for referrals.</p> <p>Better guidance for pathways to mental health services.</p> <p>Linking different organisations better to promote better care.</p> <p>One Joint Care Plan to allow for integrated care (to incorporate physical and mental health issues).</p>	<p>No real improvement felt from service users or practitioners / mental health services appear to get worse - not enough capacity for acute mental health services / health professionals leads to 'Gate Keeper' system.</p> <p>Crisis Intervention Team (Resolution): great idea, but after initial contact, they pass you on to other services who can't or won't help and pass you back to the Crisis Team</p> <p>A greater focus on meeting childrens mental health needs</p> <p>Reduction in psycho-oncology services is negative</p>	<p>No real improvements though changes in health and social care system felt.</p> <p>Clear outline of strategy and what has been achieved</p> <p>One point of contact for mental health services.</p> <p>Better understanding of what is 'mental health'.</p> <p>Need to consider mental health needs of people with protected characteristics, including children</p> <p>More support for children and young people</p> <p>Resources must follow referral. Don't refer</p>	<p>Mental Health: a cross cutting issue for all elements of the strategy and this is helpful, as physical activity for example, has positive impact on mental health, so good to see emphasis on prevention that has a by-product of improved wellbeing .</p> <p>Request for a county wide health promotion group to drive the agenda forwards</p> <p>Districts having local health partnerships is a good development – has been difficult to get mental health strategic leadership.</p> <p>Impact of £ pressure. Act together to tackle diminishing resources. Create/explore new ways of doing things. Taking some calculated risks together</p> <p>Supporting schools to address mental health issues in children</p>

	RESULTS	REVIEW and REFLECT	REFOCUS	RELATIONSHIPS
		Need to evaluate initiatives Carers support	into services that can't accommodate volume Mental health promotion strategy	Role of community safety partnerships
Learning disabilities	Changing eligibility criteria. Developing information about who we have. Health Checks / Health Action Plans. Pooled budgets. Gap in transition from traditional services to personal budget. Review of short breaks. Inclusion as a priority in JHWS	Very tough for long term carers. Different ways to engage: users /carers can find it difficult to attend meetings Personal budgets: better support for families, infrastructure for pooling individual budgets. Better (and more accessible) information about services that are available Look at evidence of what's working well. Transition from childrens to adults services needs to improve	What do we need to do in light of Winterbourne? Learning disability CANNOT be mixed up in Mental Health. Ageing caring population. Dual caring – caring for person with LD and family member. Short breaks. Social interaction. Early intervention for those out of eligibility. Protected characteristics	Named care co-ordinator with families and people who use services. Information at point of access/discharge. Signposting. Recognise we are carers for life

Appendix 2: The Better Care Fund

	From your perspective, what are the main benefits you would expect to see from the proposals under this BCF theme.... and how could these be improved further.... For	In what ways should our JHWS and action plans change/develop to promote integration?
<p>The unified prevention offer</p>	<p>Local area support needs to be wider than social care</p> <p>Good neighbour scheme</p> <p>Early identification and support is needed</p> <p>Extend the principles of first contact</p> <p>Difficulties of financial pressures means that focus is on acute priorities rather than prevention</p> <p>Issues for gypsies and travellers need to be considered</p> <p>Issues BCF should focus on:</p> <ul style="list-style-type: none"> • Transport help to appointments • Helping with children • Help with using internet • Can we expand care online • First contact person to be able to signpost effective – use standard questions. • Vulnerable elderly – short term illness – 72 hours support at home including for carers. • ‘mini plans’ for what to do in a crisis 	<p>Carers assessment in care bill - need to identify issues for older male carers. Carers should be seen as an at risk group</p> <p>Broaden the JHWS to incorporate the BCF elements</p> <p>Need to include employers / faith communities / neighbourhoods / parishes / voluntary sector.</p> <p>Sharing agendas to deliver information.</p> <p>Organisational behaviour change.</p> <p>Challenge of what we won't do any more to enable these areas to develop;</p> <p>What can we do to help communities to develop:</p> <p>Targeting – greatest need and hard to reach</p>
<p>Long term conditions</p>	<p>A number of issues were raised about the need to have better integration across health and social care and some of the barriers to this. Including:</p> <ul style="list-style-type: none"> • A need to move a way from the idea of a medical or a social model to a holistic model • Better case management • A single number for people with LTC 	<p>Integration is key to supporting people with LTC and the development of seamless services</p> <p>Links between the LTC workstream and the unified prevention offer</p> <p>Changing the way services are delivered and</p>

	From your perspective, what are the main benefits you would expect to see from the proposals under this BCF theme.... and how could these be improved further.... For	In what ways should our JHWS and action plans change/develop to promote integration?
	<ul style="list-style-type: none"> • Better support for patients to manage their own condition/s • Role of community pharmacy • Making every contact count • Managing cultural barriers for medical and social care professionals • Peer support <p>Issues raised about cuts impacting on prevention</p> <p>Better use of technology, including:</p> <ul style="list-style-type: none"> • Home adaptations • Telephone and web based consultations • Access to good quality information <p>Sharing information across agencies:</p> <ul style="list-style-type: none"> • Essential for case management • Essential for robust planning across the pathways • Concerns about personal data being shared <p>Issues raised about reaching the whole population</p> <ul style="list-style-type: none"> • LTC all ages not just elderly • LTC and people with learning disabilities • Carers • People from disadvantaged groups / people with protected characteristics 	<p>making better use of technology</p> <p>Improved information sharing</p> <p>Ensuring that the strategy reaches the whole population</p> <p>Targeting – greatest need and hard to reach</p>
<p>Integrated urgent response</p>	<p>This theme raised a number of concerns identified below:</p> <ul style="list-style-type: none"> • Will GPs work seven days a week • Discharges must be planned 	<p>The action plans in the JHWS need to be updated to incorporated integrated urgent response and the mechanisms for developing this and</p>

	From your perspective, what are the main benefits you would expect to see from the proposals under this BCF theme.... and how could these be improved further.... For	In what ways should our JHWS and action plans change/develop to promote integration?
	<ul style="list-style-type: none"> • A need for a co-ordinator to support people through the discharge • People leaving hospital need better information about the support that is available • Linking in the voluntary sector services that are available • Issues with providers understanding the different support needs for people with protected characteristics <p>Some specific issues were raised for people with mental ill-health, particularly lack of discharge support for people that have attempted suicide and the need for discharge planning to ensure that people are not returning to an unsafe environment.</p>	<p>delivering this well need to reflect the concerns identified here.</p>
<p>Hospital discharge and reablement</p>	<p>The benefits were identified as:</p> <ul style="list-style-type: none"> • Rapid assessment of individual needs • Full assessment (including health needs / housing needs / technology and adjustments) before hospital discharge. • 7 day working, 24/7; • Continuity of care • Less pressure on working • Must be a range of services – possibly GP led • Easier to cost • Identify patterns of care. • Opportunity for welfare review across health and social care. • Better support for carers 	<p>Action plans need to focus on staff training to ensure that the integration is managed as effectively as possible, providing the right support and information for patients and their carers.</p> <p>Action plans need to be holistic across health and social care and the integration needs to happen throughout all levels of care.</p> <p>Strategic join up of the strategy across health and social care so that there is a join up on the issues that are being addressed, including using language that works across all organisations</p>

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	<p>The concerns were identified as:</p> <ul style="list-style-type: none"> • 2 hour response team – who will be on the team; • Triaged • Challenges of having ‘strangers’ in a person’s home who is already distressed • Cultural challenges • Holistic approach to review of services – NOT SILOS. • Relationship between CCGs – working co-operatively on issues, not slightly different themes. • How will future strategies developed a shared language across health, social care and independent sector. • Aligning of management structures and operational processes 	

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