

HEALTH AND WELL BEING BOARD IMPLEMENTATION IN LEICESTERSHIRE

**A perspective from an early
implementer site
February 2011**

Overview

- 1. Our approach to transitional arrangements in Leicestershire**
- 2. The developing relationship between GPs and the Council**
- 3. Role and Membership of the Board**
- 4. Ensuring comprehensive stakeholder engagement**
- 5. Key considerations for governance, strategic partnerships and performance**
- 6. Developing the Board's vision and values**
- 7. Examples of multi agency work in Leicestershire to improve health and well being outcomes**

LCC/LCR Transition Plan

- Pre-existing Joint Change Programme aiming to improve joint commissioning
- Focus on service quality and cost in priority service areas, achieving better integration of commissioning activities (and teams) e.g. across children, adults, health and social care
- White Paper July 2010 - expanded scope of joint change programme to include transitional plans, for example for H&WB Board, Public Health.
- Addition of work to apply the “health to social care transfer monies”, reablement and carers allocations within the agreed framework for joint commissioning

Our approach to transition in Leicestershire

- Governance: Joint Change Board and Transition Steering Group
- Joint programme plan, joint resources, co-location
 - Joint Commissioning
 - Public Health - transition plan
 - Engagement - scoping potential for joint functions and services
 - Health and Well Being Board implementation
 - Health Watch
 - Procurement

The developing relationship between GPs and the Council

- Consortia implementation plan and LA transition interface – the importance of timing!
- Early engagement with LMC, PEC
- Clinical leadership within the Joint Change Programme Board
- Clinical leadership and engagement for joint commissioning
- Building on clinical engagement at District/locality level
- Preparations for H&WB Board members
- Mutual education on roles and perspectives
- New relationship/role: lead member for health

Key Considerations on the Role and Membership of the Board

- Currently at draft TOR stage and defining initial scope/governance/duties
- Defining the change from our existing “H&WB Partnership Board” into new role/arrangements
- Functions and duties - JSNA/ H&WB Strategy plus defining local scope and work plan e.g. based on public health deliverables, joint commissioning priorities, priority health and well being outcomes, and relationship with other parts of commissioning system
- Membership – member representation, appointment of chair, establishing how NHS Trust providers, District Councils and other providers/stakeholders are either represented or otherwise engage with the Board, agreements on proxy membership e.g. LINKs until Health Watch in place.

Engagement with Stakeholders

- Stakeholder mapping for the new health and well being board, engagement resources and expertise
- Implications for existing groups and partnerships – who needs to be consulted, engaged or informed, who needs to endorse proposals, who governs and signs off proposals/TORs, map to timeline and critical path.
- Comprehensive stakeholder engagement plan – e.g. officers, staff, members, professional groups, partnership groups, user/patient groups, NHS Trusts, LINKs, Voln sector, other agencies
- Core products for key messages and briefings
- Core products for media engagement/media plan

Key considerations for governance and partnerships

- Shadow arrangements vs future statutory configuration – governance and TORs to reflect both stages
- Relationship with Childrens’ Board - respective roles and accountabilities
- Work plan, performance framework, and measuring outcomes across the commissioning landscape/total spend – how to structure this effectively with GP consortia and the NCB incl. line of sight centrally vs local accountability, sub regional factors
- Structure of stakeholder engagement for two way dialogue within the wider partnership (e.g. within Leicestershire Together)

Vision, Values, Organisational Development

- Ensure a real shift to the new system and ways of working
- Via workshops (March) ensure co-production with members of the Board/stakeholders) for H&WB Board overall vision and values, ways of working.
- Define regional, sub regional, county wide and locality level commissioning approach within the system
- Build the work plan/deliverables – examine local legacy and existing traction on health and well being outcomes, progress to date on inequalities etc.
- Challenge the quantum of work, focus on joint priorities and system change - as a commissioner collective
- Rationalise and reduce layers and groups, maintain engagement but work smarter and be more focused. Use clinical and managerial resources to areas of greatest impact and VFM.
- Scope organisational development needs on an ongoing basis

WORK IN LEICESTERSHIRE WHERE A MULTI-AGENCY APPROACH TO COMMISSIONING IS IMPROVING OUTCOMES FOR LOCAL PEOPLE: EXAMPLE ONE: FIT FOR WORK

- To help employed people who are signed off sick (or at risk of long term sickness absence) to remain in work
- One of 11 pilots nationally, service delivery began April 2010
- Partnership between PCTs, Local Authorities, Job Centre Plus
- Case managed service (non-clinical) with support from Occupational Health advisors and GP
- Over 400 clients referred to service so far
- Main reasons for referral are mental health (53%) and musculo-skeletal (30%)
- Interventions are mainly non-medical and include negotiation with employers, plus debt, legal & housing advice
- 66% of clients are successfully supported to return to work
- Future links with Work Programme, SMEs, GP Consortia

WORK IN LEICESTERSHIRE WHERE A MULTI-AGENCY APPROACH TO COMMISSIONING IS IMPROVING OUTCOMES FOR LOCAL PEOPLE: EXAMPLE TWO: TOTAL PLACE SUBSTANCE MISUSE (ALCOHOL)

- 1 of 13 national pilots commenced June 2009
- Partners include LCC, Police, PCT, UHL, VAL, Trading Standards
- Identified alcohol misuse costs of up to £60m p.a. (majority in health and crime), with public costs increasing year on year
- Proposal Nov 2010 invest to save bid (£2m)
- New governance arrangements with development of Place Substance Misuse Board
- New “Place Vision” & ‘Operating Model’ agreed by all partners for Substance Misuse
- Pooled budgets for majority of health elements of substance misuse, including criminal justice system pathway
- Re-commissioning of entire drug and alcohol system by July 2011
- Agreement to apportion drug treatment funding more equitably
- New substance misuse performance framework being developed
- Action plan underway for 2011 – 2013. To be evaluated and prioritised based upon health evaluation framework

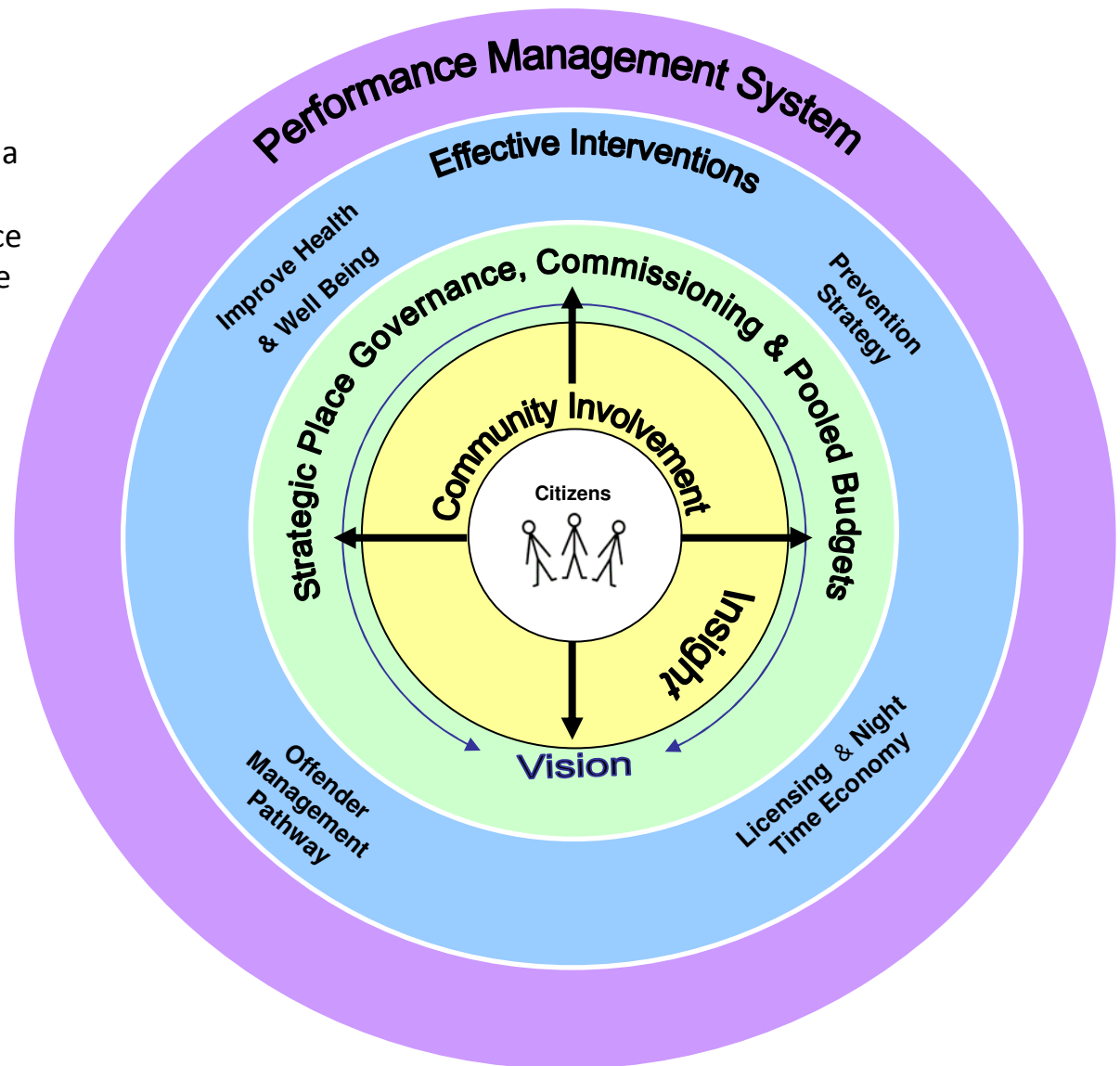
Leicestershire Substance Misuse Improvement Framework (Target Operating Model)

Vision:

Working together to make Leicestershire a healthier and safer place by reducing the harm and inequalities caused by substance misuse, in a sustainable and cost-effective way

4 Key Outcomes:

1. Reduce substance related crime & disorder
2. Minimise the negative impact on children and families of substance misuse
3. Improve health and well-being for all substance users
4. Reduce public service costs by optimisation of all interventions and service delivery



WORK IN LEICESTERSHIRE WHERE A MULTI-AGENCY APPROACH TO COMMISSIONING IS IMPROVING OUTCOMES FOR LOCAL PEOPLE: EXAMPLE THREE: FAMILIES WITH COMPLEX NEEDS (FCN)

- Community Budgets for families with complex needs announced in CSR - Leicestershire one of 16 areas identified
- Based on Total Place thinking - only by integrating across public services can we provide better services at lower cost
- For local areas to identify scope – no template
- Ambitious whole system approach - not a family intervention project but a different way of working with people and families
- Short term understand the needs of FCN better - focus on some of the estimated 700 FCN in Leicestershire
- Medium term focus on changing the way we work with all 700
- Longer term focus on earlier intervention and prevention of FCN - probably 10k at risk of becoming FCN

How the Health and Well Being Board will enhance local progress to date

- We are moving into a new phase of our partnerships in Leicestershire
 - Taking elements of joint commissioning into a more systematic approach, with clinical leadership
 - Using our strong foundation of partnership working
 - Moving from transitional arrangements to shaping the “end state” of the new system
 - Taking our collective learning to scope new opportunities (e.g. total place into community budgets)
- The Board should improve accountability, governance, resource allocation and delivery across partners in the new commissioning system, with a focus on how we collectively deliver outcomes for local people
- The commissioning partnership envisaged on this Board will design a specific performance and delivery framework to assure their work, reflecting partnership changes affecting the NHS, the local authority and other partners.

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