



West Lancashire
Local Strategic Partnership



West Lancashire
District Council

Chorley
Council

Central Lancashire
Primary Care Trust



(Consent required for use of logo's)

Optimising Partnerships between Central Lancashire Primary Care Trust and Local Government in Central Lancashire to Improve Health and Wellbeing

A Proposal for a Central Lancashire Wellbeing Board

October 2007

Proposal to Optimise Partnerships between the PCT and Local Government in Central Lancashire to Improve Health and Wellbeing

1.0 Background

1.1 This document sets out:-

- A working definition of the concept of wellbeing
- A suite of performance indicators appropriate to improving health and “wellbeing”
- Examples of successful partnership working between NHS and local authorities; and
- Examples of how Local Strategic Partnerships (LSP's) play a fundamental role both individually and collectively in making policy decisions which impact on improving health and wellbeing.

1.2 It also makes a number of proposals, including the:-

- Development of a Central Lancashire Wellbeing Board as a mechanism through which two tier partnership working may be facilitated to identify common priorities and opportunities for integration.
- Central Lancashire Wellbeing Board to develop processes for joint procurement and joint commissioning of health and wellbeing services and initiatives;
- Development of partnership principles to guide and support the work of the Board;
- Development of integrated approaches to meet common goals and priorities applying the concept of wellbeing and the wider determinants of health (social model of health) to outputs and performance management frameworks.
- Sharing of best practice, skills, resources and economies of scale
- Development of a range of practical support measures, resources and tools to advise and support the work of Local Strategic Partnerships and Local Area Agreement delivery structures, around health improvement and wellbeing. Examples include secondment opportunities and specialist expertise.
- Tactical positioning of the Central Lancashire Wellbeing Board as “one needle through which the “golden thread” of community engagement and development may be spooled” i.e. Parish and Village Plans and local Quality of Life surveys feeding up through CVFS networks via local LSP's to enrich and inform the Joint Strategic Needs Assessment and health and wellbeing commissioning processes.
- Formation and monitoring of a shared work plan for public health activities across Central Lancashire, with the Wellbeing Board receiving the annual Public Health report.
- The Central Lancashire Wellbeing Board will be the vehicle through which the partnership elements of Central Lancashire PCT's emerging organisational strategy will be delivered.

2.0 Wellbeing – A Definition

2.1 Research into the concept of wellbeing is copious and extensive. Concurrent work has also been undertaken by Central Government (the Whitehall Wellbeing Group); Care Services Improvement Partnership, and the Scottish Executive. Findings from these initiatives have been incorporated into research carried out by the Co-Production Team at Central Lancashire PCT and are available on request, attached are a number of definitions used during the research phase.

Positive mental health is a “state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a positive contribution to his or her society” (WHO 2004)

[Wellbeing]...comprises objective descriptors and subjective evaluations of physical, material, social and emotional wellbeing, together with the extent of personal development and purposeful activity, all weighted by a personal set of values (Felce and Perry 1995)

Wellbeing is a positive and sustainable condition that allows individuals, groups or nations to thrive and flourish. Wellbeing.....requires an integrated approach, one that embraces mind, body, society and the environment. Understanding how individuals and communities can be helped to thrive and flourish could be of great benefit to our citizens, our educators and our leaders (Huppert et al 2005)

Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment (Defra)

Well-being The subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life. It includes physical, material, social, emotional (‘happiness’), and development and activity dimensions (Felce and Perry 1995; Danna and Griffin 1999; Diener 2000) – Department of Health

- 2.2 It is clear that the definition of wellbeing is less important than its determinants. The most useful definition of wellbeing is **‘the quality of people’s or communities experience of their lives’**.
- 2.3 Wellbeing is interchangeably used with such terms as happiness or quality of life as is perhaps more easily identified in individuals than in communities but is recognised as a core objective of all public sector strategies and operations.
- 2.4 It is clear that there are a number of factors that impact upon wellbeing. The key ones are as follows:-
 - a) Enhancing wellbeing will mean influencing a number of policy domains and therefore calls for an integrated approach across public sector agencies as well as private and voluntary, community and faith sector organisations;
 - b) Improving wellbeing (where people feel they have a greater sense of control over their lives; greater self esteem and confidence) is probably more beneficial than traditional health promotion approaches that rely on behaviour change models;
 - c) Increasing economic productivity negatively impacts upon wellbeing (there is no correlation between greater wealth leading to greater happiness) whilst financial security and rewarding employment are key determinants of wellbeing;

- d) Developing a sense of place through attractive physical environments is key. This is achieved through the development of integrated and supportive infrastructures such as transport, criminal justice, employment and education systems;
- e) Relative inequalities of access to, quality of and outcomes from services and opportunities matter significantly;
- f) Ensuring the nurturing of supportive personal relationships and empowered communities is key to improving health and wellbeing. This can be achieved through asset based community development to increase the sense, level and range of community control and corporate citizenship.

2.5 The measurement of wellbeing is also subject to extensive research. A collation of performance indicators will be needed and it is important that they align into local Sustainable Community Strategy / LAA thematic group action plans. Key elements within the measurement of wellbeing include:-

- a) the degree to which communities and individuals have influence and control over the factors and services affecting them;
- b) the ease which communities and individuals are able to navigate around systems to access services;
- c) the extent to which individuals and communities are able to choose services which suit their particular needs.

3.0 Partnership Working

3.1 There is a significant body of evidence which showcases good practice examples of joint work between NHS and local authorities. Most of this evidence is related to partnerships between Social Services, NHS and the third sector. Little is available in relationship to PCT's working in partnership with two tier local authorities. The Central Lancashire Wellbeing Board will use best practice particularly the Audit Commission's work on health inequalities and the partnership work by University of Birmingham, through the adoption of partnership principles

3.2 Principles to optimise partnership working on wellbeing issues in Central Lancashire

- a) Partnership working needs to be outcome focussed and add value to existing activity within individual partner organisations. Partnerships should focus on the things that require a partnership approach and not issues that are the business of a single agency.
- b) Strategic agreement to common outcomes must mean a commitment to deliver on the part of all partners involved.
- c) The delivery of solutions to identified issues should be at the level most appropriate for the issue – Lancashire wide, Central Lancashire, district council, ward, neighbourhood.
- d) Districts should be the footprint for collecting data (broken down further to SOAs when necessary) Data should be described and analysed in such a way as to relate social inequalities in health by gender, age, ethnic background or geography to socioeconomic background.

- e) Emerging partnership structures need to take account of and integrate with existing partnership structures across / within the county (as long as they are fit for purpose) – e.g CTA, Partnership Boards, etc.
- f) Partnership working arrangements need to take account of the capacity and resources available within partnership organisations to support them, and look to pool resources where appropriate.
- g) Partnerships need to have robust governance arrangements, and develop clear objectives and SMART goals.
- h) There needs to be clarity about the priority setting process within partnerships, which is the lead organisation, and accountability for delivery back into partner organisations
- i) Partnerships should facilitate the development and exchange of evidence based good practice across the county and beyond.
- j) Partnership working between the NHS and local authorities in Central Lancashire should support health and wellbeing, the whole of the Local Area Agreement and, where relevant, any multi area agreements. The LAA needs to be relevant to district councils and district LSPs.
- k) Partnerships need to develop effective communications strategies.
- l) Partnership should invest in programmes where there is a clear evidence base. Actions should be concerned with tackling the social determinants of health inequalities.
- m) When considering policies to tackle social inequalities in health, partnerships should adopt three main approaches which should be seen as interdependent – focusing on people in poverty; narrowing the health divide and taking a whole population approach.
- n) Partnerships are based on principles of integrity, common understanding, transparency, trust, mutual respect, openness, honesty and collaboration.
- o) Policies, strategies and action plans should strive to level up, not level down. This principle emphasizes that the only way to narrow the health gap in an equitable way is to bring up the level of health of the groups of people who are worse off to that of the groups who are better off. Levelling down is not an option

3.3 There is evidence nationally that partnership working can improve efficiency and reduce duplication. However, there is limited evidence to support the assumption that partnerships lead to better outcomes for service users. In order to explore the partnership factors in this research, a particular framework of partnership is adopted. This identifies three different approaches to partnership working: individual, organisational and structural. Central Lancashire PCT has approached UCLAN who are happy to assist partners in optimising opportunities for and enhancing current partnership working.

3.4 The opportunities regarding partnership may be summarised by the following possibilities:

- a) Using existing statutory powers
 - (i) Developing integrated approaches to commissioning, provision and procurement through s.31 Health Act 1999;

- (ii) Using NHS financial resources to secure wellbeing through activities outside NHS by s.28A Health Act 1977.
- b) Changing service delivery
 - (i) Reviewing service provision, commissioning and procurement across three agencies to identify efficiencies and possibilities of commissioning an integrated approach from a third party.
- c) Organisational development
 - (i) Developing new organisations to deliver joint activities.

4.0 Local Strategic Partnerships

- 4.1 Research into partnership working or multi-sectoral collaboration to improve public health is extensive. In addition, there has been an extensive review of Local Strategic Partnerships (LSPs) including those in two tier local authority areas. LSPs have recently been reinforced as the central forum for local policy development and implementation; the effectiveness and potential of LSPs as a way to advance public health has also received a degree of attention.
- 4.2 Districts in Central Lancashire have led and are contributing to ways in which enhanced two tier working can be established. A further opportunity exists to expand this work within a “three tier structure” – one that embraces the findings of Parish and Village Plans, local survey information and valuable anecdotal, often subjective information funnelled through voluntary, community and faith networks. The latter is an important element in generating information about subjective factors which impact on the health and wellbeing of individuals in a community i.e. how people feel, their attitudes and whether their fundamental human needs are being satisfied. Linking to local Voluntary, Community Faith networks is an important part of the work of District LSP thematic groups. This offers the opportunity through the establishment of the Central Lancashire Wellbeing Board to create “the golden thread” through which communities and parishes may be linked to Districts and further linked up to County activities, fulfilling one of the objectives in the County’s Community Engagement Strategy.
- 4.3 Discussions with LSPs in Central Lancashire conclude that there would be some advantages to LSPs in the area working together to:-
- a) Share examples of good practice;
 - b) Identify successful solutions to common issues, in particular reducing the stark social inequalities which exist across all Central Lancashire local authorities;
 - c) Increase capacity to deliver approaches to issues such as planning, transport and Children’s Trusts.
 - d) Move towards building and sustaining communities based on the principles of community development, social justice and mutual respect.

5.0 Recommendations

- 5.1 Establish a Central Lancashire Wellbeing Board to influence and support Local Strategic Partnerships and two tier working arrangements (Membership & Terms of Reference attached).
- 5.2 Establish partnership principles to be endorsed by PCT, Local Authorities and LSPs (see above).
- 5.3 Through partnership working develop integrated approaches to meet common goals and priorities applying the concept of wellbeing (subjective factors and objective descriptors) and the wider determinants of health to outputs and performance management frameworks.
- 5.4 The Central Lancashire Wellbeing Board to develop and offer a range of practical support measures, resources and tools to help advise and support the work of Local Strategic Partnerships including the Lancashire Partnership and Local Area Agreement strategic and operational structures.
- 5.5 As a first task of the Central Lancashire Wellbeing Board, develop a work plan, to include the following headings with support functions identified under each:

Joint Strategic Needs Assessment:

1. Public health expertise to assist health needs assessments and lifestyle or quality of life surveys (to feed into the Joint Strategic Needs Assessment)
2. Access to public health analysts for data collection and analysis, in particular at small area level. Sharing and using information more effectively. Building “soft data” such as anecdotal and attitudinal information (from Parish Plans and local surveys) into the needs assessment process (subjective wellbeing factors).
3. Qualitative and quantitative research knowledge and skills eg to facilitate focus group work;

Joint Commissioning and Procurement:

4. The application of health economics techniques to inform joint commissioning and decommissioning decisions, to promote efficiency and effectiveness and ensure equity of access to scarce health and social care resources. One such technique is cost utility analysis in which the outcomes of alternative health care procedures or health programmes are expressed as a unit of measurement – the “Quality Adjusted Life Year” or QALY.. Such techniques can help to ensure maximum social benefit is obtained from constrained health producing resources through investing in programmes which have the greatest outcome in terms of best use of resource for optimal health and wellbeing gains.
5. Resources to develop the evidence base on effective approaches to developing community capacity and improving the health and wellbeing of the population – eg review of guidance issued by the National Institute of Clinical Excellence (NICE) and Strategic Action for Community Engagement (SAFEC).

Opportunities for Integration and sharing of:

6. Community engagement and development knowledge, skills and resources;
7. Research, information and evidence based practice on tackling social inequalities in health (focus on the social model of health); pooling of resources and expertise when conducting lifestyle surveys.

8. Health Impact Assessments and Equity Audits on major new policies, strategies and plans (e.g. a regeneration initiative)
9. Hosting and supporting topical workshops and seminars on common themes and challenges, updates on evidence based practice, research findings, guest speakers.
10. Facilitating methods of joint communications including consultations with stakeholders and across all client groups (including children).
11. Social marketing and branding knowledge, skills and resources.
12. Approaches including the collation of joint community asset registers and joint work to review and commission third sector services. Relevant to the review of Fair Access to Care Services and development of the community Gateway model.
13. Approaches to monitoring and evaluation of programmes, using a single health and social care framework which incorporates health economic principles and techniques.
14. Development of joint estate strategies to review use of estates and promote co-location

Joint workforce and stakeholder development:

15. Joint training / development sessions for public sector staff, elected members and executive members e.g. on topics including partnership working, joint commissioning, joint procurement, evidenced based practice, application of health economics, community development, supporting social enterprises and social marketing.
16. Staff development opportunities i.e. secondments, action learning sets, job shadowing, job swaps.

Co-Production for Health
Central Lancashire PCT
October 2007

TERMS OF REFERENCE

1. Title

Central Lancashire Health and Wellbeing Board

2. Membership

Chairs or delegates from Lancashire Partnership (County LSP) Chorley Partnership, Preston Strategic Partnership, South Ribble Strategic Partnership and West Lancashire Local Strategic Partnership

Chief Executives or delegates from Lancashire County Council Chorley Council, Preston City Council, South Ribble Borough Council and West Lancashire District Council.

Chief Executive, Director of Commissioning, Director of Public Health and Associate Director Co-Production for Health, Central Lancashire Primary Care Trust

Health Policy Officer, Wellbeing Director and Assistant Director Children's Services, Lancashire County Council

Voluntary Sector Representative(s) – e.g. LINKS

3. Purpose/Duties

3.1 Purpose: To optimise opportunities to enhance wellbeing across Central Lancashire and support and contribute to County wide priorities for health improvement, including supporting the work of the county wide Health & Wellbeing Partnership

3.2 Functions: To influence and support the work programmes of Health & Wellbeing Thematic Groups of LSPs, contribute towards the delivery of appropriate Local Area Agreement targets and take forward enhanced two tier working with regard to wellbeing across Central Lancashire.

3.3 Outputs

The Wellbeing Board would aim to: -

- a) Identify common priorities across Central Lancashire LSPs
- b) Propose ways that these common priorities could be more effectively delivered by way of a co-ordinated approach through integration, joint procurement and commissioning
- c) Propose best structures and mechanisms for the planning and delivery of joint health and well being priorities.

- d) Establish and implement a shared commitment to enhanced two-tier working and develop an appropriate programme management approach in order that it secures the agreed benefits and objectives, and establish baseline measures for these.
 - e) Ensure effective communication and consultation about enhanced two tier working with all partners and stakeholders
 - f) Propose a governance framework for agencies across Central Lancashire to collectively identify, improve and monitor indicators of wellbeing.
 - g) Propose the best approach to develop, produce and review the Joint Strategic Needs Assessment
 - h) Prepare Central Lancashire for and ensure that it benefits from Multi Area Agreements and Comprehensive Area Assessments
 - i) Act as a conduit for the collection, analysis and dissemination of emerging best practice and new thinking / developments on wellbeing.
 - j) Clarify existing planning structures across Lancashire at strategic, tactical and operational levels and removes chances of parallel planning procedures
 - k) Develop and implement a risk management strategy to ensure that all potential risks are identified and monitored, and that action is taken to minimise and control these, with appropriate escalation arrangements.
 - l) Review existing assets, procedures and decisions of County, District and PCT regarding commissioning third sector organisations with a view to integration
 - m) Develop joint processes for corporate citizenship, community engagement and development across Public Sector organisations in Central Lancashire (building on work led by Home Office – community development workers and PACT);
 - n) Identify more effective ways of communicating priorities across partners across all client groups (including children).
 - o) Identify populations that are the hardest to reach and develop new and specific proposed approaches to those sectors of the population
 - p) Enhance community engagement and participation approaches to provide the tools, the information and the mechanisms necessary for citizens to exercise effective influence over services and develop action learning sets for elected members and non-executive directors regarding social model of health¹
 - q) Consider and address a range of issues currently acting as barriers to effective joint working including the collation of joint asset registers; monitoring implementation of comprehensive assessment frameworks and single assessment procedures and optimise links to projects being implemented in District Councils
 - r) Ensure local government policy decisions are considered in light of their potential impact on health inequalities through the use of Health impact assessments.
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- s) Ensure that arrangements with those who hold resources and responsibilities for commissioning services (e.g. GP Practices, schools) reflect the priorities of the Central Lancashire Wellbeing Board.

4. **Frequency of Meetings**

Meetings will normally take place on a quarterly basis.

5. **Servicing and Support**

The Board will have a nominated Chair and vice Chair and will be co-ordinated and serviced by (the PCT for the first 12 months then rotated between partners).

6. **Accountability**

The Central Lancashire Health and Wellbeing Board supports The Lancashire Partnership and Local Strategic Partnerships Health & Wellbeing Thematic Groups. Members will ensure reporting to their respective agencies, as appropriate.

7. **Standard Agenda Items**

Partnerships

Community development and engagement
Communications
Local Strategic Partnership Update
Enhanced two tier working

¹ “A conceptual framework within which improvements in health and well-being are achieved by directing effort towards addressing the social and environmental determinants of health, in tandem with biological and medical factors” Department of Human Services, Towards a Community Health Policy Framework Discussion Paper, Community Health Unit DHS, Melbourne, 2002