# Health and Wellbeing Board, Thursday, 10 July 2014

## PAPERS MARKED TO FOLLOW

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**Item**

**3. Reducing the Harm caused by Alcohol** (Pages 1 - 6)

Annual Performance Report for assessment

**Item**

**4. Improving Health and Wellbeing at a local level** (Pages 7 - 30)

Final Recommendations from Task Group

| | |
|---|---|
| **Topic:** | **Reducing drug and alcohol-related harm – Everyone's Responsibility**<br><br>**Report of the Alcohol and Drug Executive Board (ADEB)** |
| **Meeting Date:** | **10 July 2014** |
| **Authors:** | ADEB co-Chair, Michael Cunningham, Chief Constable<br>ADEB co-Chair, Aliko Ahmed , Director of Public Health<br>Tony Bullock, Integrated Commissioner for Alcohol and Drugs |

**Introduction**

This paper summarises the progress made over the last 12 months by the Alcohol and Drug Executive Board (ADEB) in integrating our strategic response to drug and alcohol problems.

The last year has seen major strides taken in achieving our strategic objectives:

- preventing problems developing in the first place;
- optimising the use of regulatory and law enforcement powers; and
- treating people with the most entrenched problems.

In addition to these three priority areas, a fourth cross-cutting theme has emerged over the last twelve months: the need for all stakeholders to take 'responsibility' in combating alcohol and drug issues – see Appendix I. For example, the new treatment services are designed to enable people with drug/alcohol problems to become more resilient and independent. Similarly, licensees have an obligation to ensure that trading is done responsibly, while a whole range of health and social care organisations have a role in play in helping to achieve better drug and alcohol-related outcomes.

In recognition of the progress made with this agenda over the last year a special edition of the Director of Public Health Annual Report has been dedicated to the alcohol strategy and outlines in more detail many of the issues summarised below, not least the issue of responsibility (see http://www.staffordshire.gov.uk/health/PublicHealth/Annual-Public-Health-Report-2013.pdf - hard copies of the report will be distributed at the meeting).

**Recommendations**

The Health and Well-being Board (HWB) is requested to:

- Continue to recognise alcohol and drugs as priorities;
- Comment on the progress made over the last year;
- Support the ongoing development of the ADEB strategy; and
- Where relevant, provide operational support to commissioned services.

**Section 1 Alcohol and drug as a Health and Well-being Board priority**

Addressing the harm caused to our communities by alcohol and drugs was identified by the shadow Health and Well-being Board partners at the June 2012 meeting as key area for development, while the issues were subsequently adopted as two of the Board's twelve areas for action, outlined in the five year plan, *Living Well in Staffordshire*.

Reducing alcohol-related harm was also highlighted a key area of focus for 2013/14, not least because of the contribution this issue makes to many of the other 11 areas for action, not least in terms of parenting, school readiness, education, lifestyle and mental wellbeing, dementia and falls prevention. Furthermore, alcohol and drug problems are:

- **Increasing**: alcohol-related hospital admissions more than trebled in the decade between 2002 and 2012;

- **Broad**: over 200,000 Staffordshire residents drink above recommended levels;

- **Diverse**: affecting people from all socio-economic backgrounds and ages: from unborn babies (through foetal alcohol syndrome), children (child protection/ safeguarding issues), young people (hospital admissions due to poisonings), adults (as victims of crimes ranging from domestic violence and burglaries) and older people (premature mortality due to liver disease and cardiovascular problems)

- **Costly**: alcohol alone is estimated to cost over £400m per year to the public purse in Staffordshire.

However, there is a strong evidence base demonstrating that these problems can be effectively combated. The ADEB group was established to lead a transformation in the county's response to issues that are often entrenched parts of culture that are not amenable to quick or simple solutions.

An effective strategy requires a concerted long term plan that systematically addresses not just the symptoms of the problems but also the root causes. The ADEB approach is therefore conceived as a staged plan. The group's initial priorities were to create a robust multi-agency governance structure and to begin the plug some of the clear strategic gaps (such as prevention initiatives) and make better use of resources (treatment services redesign).

These early aspirations have been achieved and the strategy is now moving to the next stage which will broaden its focus from a primary concern with commissioned services to begin to explore how wider issues and resources (homes, jobs and friends etc.) can be better mobilised in order to achieve improved outcomes.

## Section 2 Progress made in the last year

The key issues over the last twelve months for the three strategy themes:

### 2.1 Prevention/ early intervention

**Focus on Children and Young People**

- Education in schools – the new Staffordshire alcohol prevention curriculum was originally piloted in 28 schools, where it was enthusiastically received by staff and children. This success led to recurrent funding being secured from the Office of the Police and Crime Commissioner that will enable the programme to be rolled out to all secondary schools, while adapted versions will be developed for primaries and colleges.

- Campaigns – two campaigns have been delivered targeting young people. The first, 'Talk Alcohol', was designed to encourage parents to discuss the risks associated with alcohol with their children, while the second (developed by young people) aimed to undermine the 'glamorous' associations of getting drunk by illustrating the negative consequences

**Focus on Parents/Families**

- Parenting programmes – Families First staff were trained to deliver the evidence-based 'Strengthening Families Programme', which is now a core part of their mainstream service provision, across each of the 19 Local Support Teams.

**Focus on Primary Care**

- GP brief interventions pilot – the project, developed by South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group, involved screening and basic alcohol advice being included in the regular reviews for people with high blood pressure, thereby foregoing the need for separate appointments. The programme has reached nearly 4,000 thousand people in the first six months.

## 2.2 Regulation/ enforcement

Various agencies (Trading Standards, Licensing Departments, Police etc.) use regulatory and enforcement powers as part of the day-to-day activities to reduce or prevent drug and alcohol problems. These activities are being enhanced by a range of new or partnership projects:

- Licensing trade event – in October 2013 an event, hosted by the Chief Constable, brought together licensing trade representatives and their public sector counterparts to explore ways of working together to reduce alcohol problems. The event led to over 20 recommendations that are now being implemented, not least including trade representatives on Responsible Bodies Groups to help shape ongoing strategy.

- Staffordshire and Stoke-on-Trent Responsible Bodies Group (SSRBG) – this partnership brings together representatives from the city and eight district licensing departments, trading standards, environmental health, police and public health to develop joint projects and a more consistent approach to licensing across the area.

- Alcohol Diversion Scheme - offers a fixed penalty waiver (much like for other issues such as speeding) where instead of paying a fixed penalty, an educational course is instead offered. Offences that are covered by this scheme include public order type offences where alcohol is an aggravating factor.

  The course is delivered by 'Druglink', a commissioned service and after initial set up costs, is self funding from course fees. At the time of the evaluation (December 2013), 20% of offenders eligible to attend the scheme opted for this as opposed to paying the fixed penalty. In June 2014, this figure is now 50%.

- A&E data – information is now collected in each of the three main hospitals in the county when patients report being victims of assault. The data will be used to inform licensing decisions, as well identifying crime hotspots.

## 2.3 Treatment/ recovery

- Community treatment service redesign and tender – the single largest piece of work over the last year has involved a systematic transformation of treatment services. The three new contracts (North, East and West), which went live on July 1st 2014, represent the consolidation of over 30 agreements thereby removing duplication and fragmentation to create a more efficient system. This efficiency will enable 50% more people to receive treatment for alcohol problems, while also improving quality (for the same level of investment) thereby generating efficiencies of between £1.5m - £2m per year.

- Asset-based community development (ABCD) – a project was conducted in Cannock and Burton that explored the local resources (or 'assets', such as support groups and voluntary associations) that people use to help them recover from drug and alcohol problems. The results will help people who are still struggling with addiction to learn from other people's recovery and help develop support networks, or 'recovery communities'.

- Capital grant – building on the ABCD project, a bid was jointly submitted by Public Health Staffordshire and the Burton Addiction Centre (BAC) to Public Health England for funding to purchase and renovate a supported housing unit in Cannock for people in recovery from drug/alcohol problems. The successful bid was for £550,000 and will help develop the recovery community in the town.

**Section 3 Early signs of success and next steps**

As outlined above, the initial stages of the strategic transformation have primarily involved plugging clear gaps (such as evidence-based prevention initiatives) and developing a more effective and efficient use of resources (treatment service design). However, despite the developmental nature of this transition period there are early signs that the strategy is starting to be effective:

- ***Alcohol-related hospital admissions*** – the latest official data show a reduction in the overall rate of admissions, while local hospital figures show reductions for specific conditions, such as 'acute intoxications'.

- ***Access to Treatment*** - The number of people accessing structured drug treatment has consistently increased over the last six quarters.

- ***Outcomes of treatment*** - Similarly, the proportion of people successfully completing drug treatment is also steadily increasing, as is above the national average.

- ***Parental awareness*** – an evaluation of the alcohol campaigns showed that large numbers of residents had participated in the programme and recognised the message.

- ***Incidence of Fires*** – the number of alcohol-related fires was lower in 2013/14 than in either of the two previous years.

- ***Regulation and Enforcement (Alcohol diversion scheme)*** – an evaluation of the programme demonstrated numerous benefits to participants in a range of areas including crime and health.

- ***Under age sales*** – Trading Standards have found encouraging results in terms of the proportion of traders serving alcohol to under-age young people.

**Next steps**

The next stages of the strategy will involve a move away from a primary focus on improving specialist services to a broader scope that will seek to integrate the drug and alcohol agenda into wider health and social care strategic plans and operational practices.

Drug and alcohol problems are often linked to the presence of high levels of 'risk' factors (such as poor mental well-being, inappropriate housing, offending and skills deficits etc.) or the absence 'protective' factors, such as strong social network and stable employment.

These issues are closely linked to the 'responsibility' theme addressed earlier and the role that partner organisations can play in improving drug and alcohol outcomes (reciprocally, the new specialist drug/alcohol services should contribute toward partners' outcomes).

We are also exploring closer working relationships with colleagues in Stoke-on-Trent in order to explore efficiencies and reduce inconsistencies and duplication across the border.

**Appendix I: Alcohol and Drug Executive Board strategic priorities**

The Four Strategic Priorities

Staffordshire Health & Well-Being Board

# ACHIEVING STRATEGIC OUTCOMES THROUGH LOCALITY-BASED DELIVERY

10 JULY 2014

Anthony E. Goodwin
Chief Executive
Tamworth Borough Council
(Task & Finish Group Lead)

Tamworth Borough Council

# CONTENTS







# 1 INTRODUCTION

1.1 **Well-being (mass noun)**

"The state of being comfortable, healthy or happy"



1.2 The Oxford Dictionary definition of our key outcome: "Well-being" links to a host of synonyms that many, if not all of us can relate to: – good health, security, prosperity, success, comfort, welfare…… The use of the term is often associated with health and/or care eg., **the nurses primary concern was for the patients well-being…**

1.3 Within the context of this report and more specifically, the Health & Wellbeing Strategy, the focus is largely the same. However, seeking to **improve well-being outcomes** is more about influencing and improving the social, economic and environmental conditions of local communities.

1.4 These actions and through them, the consequential improvements across **public health outcome indicators** is largely dependent upon the services (statutory and discretionary) provided by districts and borough councils in two tier areas.

1.5 The insight and evidence collected during this piece of work clearly demonstrates this case and goes further in showing that both the private and voluntary sectors make significant contributions too.

1.6 The challenge therefore has been to assess the current role of districts/boroughs and wider partnerships and to identify the means by which this can be enhanced whilst maintaining a keen focus upon **well-being outcomes**. In setting this 'task', the Staffordshire Health & Well-being Board has acknowledged the multifaceted role of districts/boroughs and key partnerships. As organisational cultures change, working methods become more flexible and shift towards unified approaches: – joint working, collaboration and ultimately – integration; The role of districts/boroughs or the **"LOCALITY OFFER"** will shift to a multi-dimensional function that will improve outcomes across:

- **Health improvement**
- **The wider determinants of health**
- **Health protection**

1.7 Whether through the direct provision of good quality social and affordable housing or an innovative scheme to encourage teenagers to eat healthily, the evidence collected and collated in support of this report is compelling. The innovation, enthusiasm and desire to work together for local communities exists in localities. This report will, through its conclusions and recommendations argue the case for the "co-creation" of LOCALITY BASED DELIVERY BOARDS.

1.8 The report sets out the wide-ranging views and opinions of those actively engaged in locality-based collaborative work and on the potential for delivering HWB Strategy outcomes.

1.9 In highlighting the contributions made by local authorities to the well-being agenda it underlines the need to better align individual service delivery outputs with improved health and/or well-being outcomes.

1.10 Furthermore it seeks to address the concerns expressed by politicians around the "fitness for purpose" of locality infrastructure, the need for robust yet proportionate governance and accountability and the need for democratic legitimacy.

1.11 Finally, based upon a series of evidence-based conclusions, it sets out clear recommendations in support of devolution to localities.

# 2 TERMS OF REFERENCE

2.1 In April 2014, the joint chairs of the Staffordshire Health & Wellbeing Board (HWBB) wrote to the author requesting that he lead a Task & Finish Group with a view to delivering the following outcomes: **(letter attached as Appendix I).**

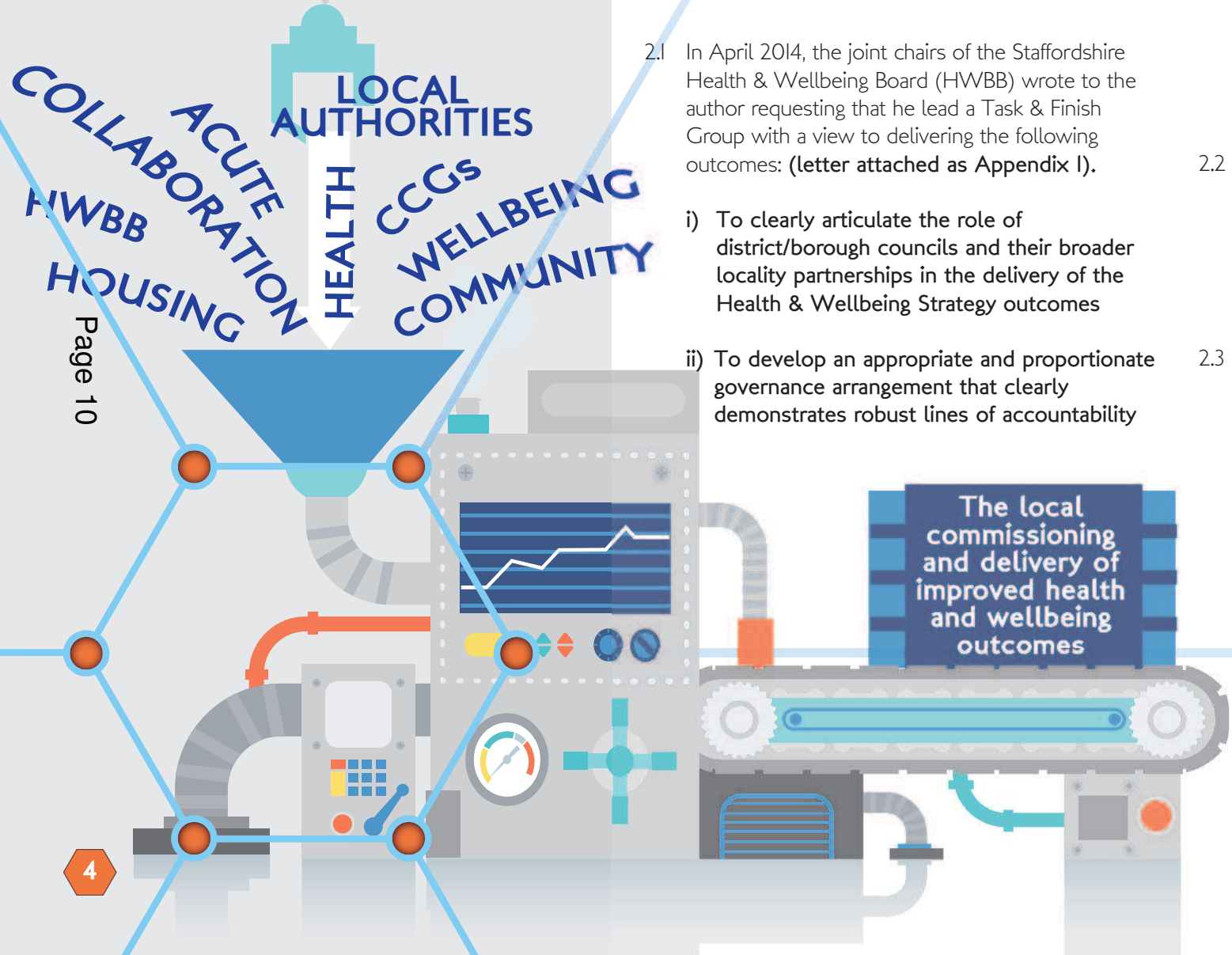
i) **To clearly articulate the role of district/borough councils and their broader locality partnerships in the delivery of the Health & Wellbeing Strategy outcomes**

ii) **To develop an appropriate and proportionate governance arrangement that clearly demonstrates robust lines of accountability**

* This would entail vertical connectivity between the tiers of local government and lateral connectivity across agencies and sectors.

2.2 This report and related attachments sets out proposals that seek to fulfil the task together with a series of propositions and working principles that if adopted, form the basis of a transition route from the requested ARTICULATION to the more challenging task of IMPLEMENTATION.

2.3 While not integral to the original task, it was evident at all stages of this piece of work that **how** this role would be fulfilled was the large, plant eating mammal with a prehensile trunk in the room.



# 3 EXECUTIVE SUMMARY

> "Improvement in wellbeing has a positive impact on health & crime"

3.1 The **Terms of Reference** set out in Section I are, on the face of it, relatively clear and straight forward. It is not until one considers the management and governance infrastructure involved that the complex, almost labyrinthine nature of the task unfolds.

3.2 For the group to have any chance of responding to the task in a meaningful way it has been necessary to make a "strategic" assumption. In essence, this report focuses upon the role of districts, boroughs and wider partnerships in delivering **"Improved Wellbeing"** outcomes. The assumption therefore is that health and improved care outcomes set out in the strategy will be achieved through the planning, commissioning and delivery of services by health, care and associated professionals.

3.3 That said, it is anticipated that the successful and sustained improvement in wellbeing outcomes will have a positive and significant impact upon reducing the number of people entering the health, care and other state systems eg., Criminal Justice.

3.4 Having regard to this, this report seeks to:

- Summarise the key findings in relation to locality based delivery and key stakeholders
- Propose a series of working principles that support the feasibility, deliverability and sustainability of locality based delivery
- Share the conclusions and views supporting the recommendations
- Propose an extension of the group in order to oversee phased implementation and act as an advisory board for well-being.

# 4 METHODOLOGY

4.1 Following the initial 'kick off' meeting, standard task & finish group working principles were employed throughout. As and when appropriate, the specific skills of team members were utilised to achieve optimum effectiveness and best use of time.

4.2 The initial task was to secure support and 'buy-in' from key stakeholders. This was achieved via:

- Meeting all district/borough CEOs
- Writing to all LSP chairs & managers
- Meeting with senior representatives of key stakeholders; OPCC; FARS; Police: voluntary sector; CCGs

(April)

4.3 The next stage involved the collection and collation of baseline information in order to create a picture of current involvement, engagement, awareness etc. This was achieved via:

- Surveys of local councils
- Surveys of LSPs
- Face-to-face meetings with all LSP managers
- Feedback from Community Safety Managers on "sustainable partnerships"

(April)

4.4 Parallel work was undertaken to look into the potential barriers, risks and 'resisters' to the principle of **"locality based delivery"**.

4.5 Progress report to Health & Wellbeing Board in April 2014 – this prompted a review of the scope.

(April)

4.6 Agreed to focus upon how locality partnerships could add value to existing offers through the **Commissioning Triangle Model** – in order to test the principles, the author agreed to present to every LSP or equivalent in Staffordshire.

(May)

4.7 Parallel work was undertaken to draft a 'process map'; a Memorandum of Understanding, an operating model and 'core' principles.

(May/June)

4.8 Summarise findings: Analyse the 'GAP' between current and proposed; List issues and options for board meeting; draft conclusion and recommendations.

(June)

# 5 KEY FINDINGS

## 5.1 Second Tier local authorities

5.1.1 The contributions of local authorities to the Health & Wellbeing Strategy outcomes varies across the eight second tier authorities in Staffordshire.

5.1.2 Achieved primarily through the delivery of statutory and discretionary services, the variations can be attributed to issues such as the scale, scope and sustainability of services; the level of collaboration and engagement with stake holders; community involvement and participation and of course, access to skills and resources and use of local assets.



5.1.3 Contributions range from high level strategic policy making eg., Local Plans and housing needs assessments to day to day operational transactions eg., housing allocations, benefit payments and keep-fit classes.

5.1.4 Variations in 'awareness' of how service delivery aligned with or impacted upon well-being outcomes were also evident as was an emerging pattern suggesting why.

5.1.5 Those local authorities with discrete plans, measures and resources dedicated to improving local health well-being outcomes were, in almost every case, those with a history of **"below average"** measures in relation to public health outcome indicators or other indices relating to the social determinants of poor health eg., **gender specific measure of life expectancy.**

5.1.6 In all such cases, the local authorities had engaged with public health via Primary Care Trusts (PCTs) initially, and county councils post April 2013. The implication being that these authorities had greater awareness than others and as a consequence, were better placed to engage in the emerging agenda at a local level. Whether 'outcomes' are achieved via mainstream services, shared working or targeted activities, the measures of success applied to date have had limited strategic value and do little to inform future strategy and planning.

5.1.7 Professional associations for housing, environmental health and planning all recognise the importance of their field of expertise upon health and well-being. They further advocate the need to align or create new, combined measures of success that on the one hand indicate progress within the field but also measure the effects upon health and well-being.

- **How might the Key Performance Indicators (KPIs) for strategic housing impact upon well-being outcomes?**
- **Using the 'Lifecourse' model; how can we measure the benefit of housing?**

KEY FINDING 1. Positive and productive activities are improving both health and well-being outcomes. However; there is no current means of aligning and quantifying the direct success against HWB Strategy outcomes.

KEY FINDING 2. Professional organisations engaging with public health agenda through corporate/individual memberships. Registered Social Landlords (RSLs) actively promoted health links through housing networks.

KEY FINDING 3. Variations exist in fundamental areas across the local authorities; these include:

- The use of common data and insight when prioritising
- Understanding of what **"commissioning"** means and entails
- Uncertainty around who "owns" the health agenda
- Lack of capacity and skills for anything "new"
- The need for a **"shared language"**
- Where does this fit with **"Integrated Commissioning"**

5.1.8 While not exhaustive; these are the key issues arising from local authorities.



## 5.2 Broader Locality Partnerships

5.2.1 Since the current government removed the duty to prepare a Sustainable Community Strategy, the focus for most local partnerships has been upon "Localism" and making sense of the enabling statutes for big society to thrive.

5.2.2 A consequence of this less prescriptive model is 8 locality forums across the county all of which vary in either purpose, representation, access to funding, governance etc.

5.2.3 Based upon the information provided **"In Confidence"** by partnership officers there is evidence to suggest that the more robust and effective partnerships are those built around the statutory "Responsible Authorities Group" (RAG) which in effect, is the statutory membership of Community Safety Partnerships. The core membership includes members and officers from both local government tiers; the Police, FARS, Health, Probation and Voluntary Services. The partnership boards are then supported by an officer group locally.

If the HWBB, public health and others are serious about devolving resources and the associated accountability for improving well-being outcomes to localities then the local delivery should be via a co-created functioning unit modelled on this core group of stakeholders. There is a strong and considered rationale for restricting membership:

- Limit the diverse range of interests and help manage expectations
- Core RAG members are directly aligned to main commissioning bodies, ie., county council, CCGs, OPCC, Public Health, District and borough councils
- Core RAG members have experience of working within the prevention and early intervention agendas
- All have experience of collaborative working; shared priorities and locality based outcome measures
- Majority of RAG members have representation on the HWBB

## 5.3 Clinical Commissioning Groups (CCGs)

5.3.1 The Accountable Officers of the four CCGs covering Staffordshire were engaged in 1:2:1 meetings with Task Group members. Their open and frank responses gave considerable support to the principle of locality based commissioning and in particular, the focus upon well-being.

5.3.2 There was at this stage a clear consensus forming that a **Locality Commissioning Board** built around the core RAG membership and supported by the "host" authority and other locality based resources could be crucial in driving the local delivery of well-being outcomes.

5.3.3 The responses from CCGs. LSPs and discussions with district/borough CEOs confirm that additional support would be required and might include:

- **A formal mandate yet flexible processes**
- **Admin & technical* support**
- **Adequate resources to support the task**
- **Skills appropriate to those delivering the task**
- **Clarity of HWBB role, relationship and expectations**

* These will be factored in to the final conclusion and recommendations.



> **"We need a common language, a 'lexicon' we can all use and understand."**



# 6 CONCLUSIONS

## 6.1 The Feasibility

The earliest conclusion reached by the group was that this exercise was less about **articulating the role of** but rather **examining the feasibility of** HWB strategic outcomes being achieved through locality based delivery.

In its efforts to establish a baseline position from which to test both feasibility and sustainability, the following facts were established:

**1. Local authorities** make a significant contribution to the improvement of well-being outcomes through the delivery of statutory and discretionary services. These range from strategic/policy decisions to daily transactions/services.

**2. Local partnerships** add value to the above contributions using a variety of methods, funding/resource streams and community engagement and networking tools.

**3. Statutory organisations** across Staffordshire are recognising the value of working through localities for various reasons eg., local knowledge, access to networks; community engagement – in short- the benefit of localism. This has led to the formal recognition of "devolved accountability" as a means of supporting local delivery in a range of outcome focused activities.

**4. Improved outcomes** are evident in those localities where the aforementioned bodies have come together with a shared view upon "what needs to be done". The application of "common sense for a common purpose" helped to remove the often self-imposed barriers to working in collaboration. The result in many cases has been the establishment of delivery or commissioning boards using agreed local frameworks in order to agree solutions; commission services and achieve improved outcomes.

**Example of Commissioning/Decommissioning Framework & Guidance can be accessed from:** www.tamworth.gov.uk/sites/default/files/community_docs/Commissioning_Framework_Oct2013.doc

**5. "Alongside not aligned"** best describes the means by which progress and achievement is currently measured. Local authorities feed a range of performance management systems that reflect outputs and customer satisfaction. However; there is no correlation between these measures and their

broader effect on say Public Health outcomes or locally agreed well-being outcomes. For example:

- **Tamworth Borough Council led an Affordable Warmth Campaign in 2011**

a) It achieved its target of XXX contacts;
b) It achieved its target of loft insulations;
c) It distributed xxx information leaflets;
d) It tested every council property for heat loss…
and yet...

***No mention of the fact that these actions made a significant contribution to the reduction in excess winter deaths.***

**Conclusion 1:** That the establishment of a Locality Commissioning Board working to an agreed framework, working principles and lines of accountability is feasible.

**Conclusion 2:** That the feasibility and sustainability of said boards would be enhanced if built upon the 'best practice' example as attached as **Appendix 2,** and based around core membership that led to the success of Community Safety Partnerships.

**Conclusion 3:** Neither the strategic outcomes, service delivery outcomes nor commissioned activity outcomes will provide a clear picture of record of achievement/progress.

While the above outcomes are unlikely to be the same, there needs to be a **golden thread** between them. Given that the proposed key objective for Locality Commissioning Boards is to **improve well-being** then it makes sense to use it as the key outcome measure used to assess the impact of commissioned activities. There are a number of tools available.

**Example of preferred tool; the Outcome Star can be accessed from: www.outcomestar.org.uk**

**Conclusion 4:** When evaluating the outcomes from initiatives/studies of this nature it is customary to propose some form of "proof of concept" or "pilot" scheme. Given that each locality has some form of working model in place (albeit at differing levels and varying standards) it is proposed that we build upon existing models. Some are well advanced and can be used as "benchmarks", others will require both leadership and support in order to function at the optimum level.

## 6.2 The Deliverability

6.2.1 Having established the feasibility of improving the well-being outcomes of target populations through Locality Commissioning Boards, the group's lens now focused upon the issues likely to affect implementation. Key amongst these were:

a) Local partnerships are at different stages of development and capability; are comprised of different groups and organisations and have a variety of skill sets and interests.

b) Some partnerships are further advanced in their understanding and use of commissioning. These will be nominated as **"Examplars"** and invited to coach or mentor those partnerships seeking to develop.

c) Political understanding and perception of 'what' the intentions are of this initiative varies as do members concerns regarding how it may be delivered.

*** Proposals are set out in the recommendations for "Peer" support and mentoring for partnerships. It is further suggested that Locality Commissioning and related working methods be included as subject matters in both Member and officer leadership training & development.**

6.2.2 Having regard for these factors together with the other considerations discussed by the group, it was concluded that Locality Commissioning Boards would make significant contributions to the improvement of well-being outcomes effectively and efficiently through the adoption of agreed working principles:

**P1. Agreed Baseline:** In order that each locality has a consistent and relevant level of baseline data from which to identify priorities, it is proposed that refreshed eJSNAs and locality profiles* form the agreed baseline. *** As produced by the Staffs. Observatory & Public Health Intelligence.**

**P2. Shared Priorities:** Drawn from the agreed baseline data, each locality will identify commissioning priorities that will improve well-being outcomes of target areas/populations by **adding value** to outcomes achieved from both mainstream and strategically commissioned activities.

**P3. Aligned outcomes.** Member organisations will seek to align the outcomes planned from mainstream, strategic commissioning and locality commissioning forming the basis of a **locality outcomes framework** which will be a key element of the performance measures that will be the subject of governance, accountability and scrutiny evaluation.

**P4. Shared measures.** With 'improved well-being' agreed as the primary outcome measure, each locality having agreed their shared priorities, specified the services and activities they plan to commission, produce a register of their **commissioning intentions**. These will then be shared with the other locality commissioning boards and strategic commissioners (eg., Public Health, OPCC, SCC, CCG) to both inform, avoid duplication and identify joint commissioning opportunities.

Then, using the preferred outcomes measuring tool eg., outcomestar, each locality will have a 'performance' model linking all elements via the infamous ''golden thread''.

6.2.3 **The Commissioning Triangle.** A simple to understand yet effective model that reflects the means by which well-being outcomes can be influenced, commissioned and delivered at a local level. (See Page 13 overleaf.)

**P5. To influence strategic commissions.** Based upon an almost universal perception that services commissioned at a strategic level result in activities ''done to'' not ''done for'' a locality. Whether this is the case or not, the recognition that locality based organisations are closest to the community suggests that greater use of that relationship should be applied.

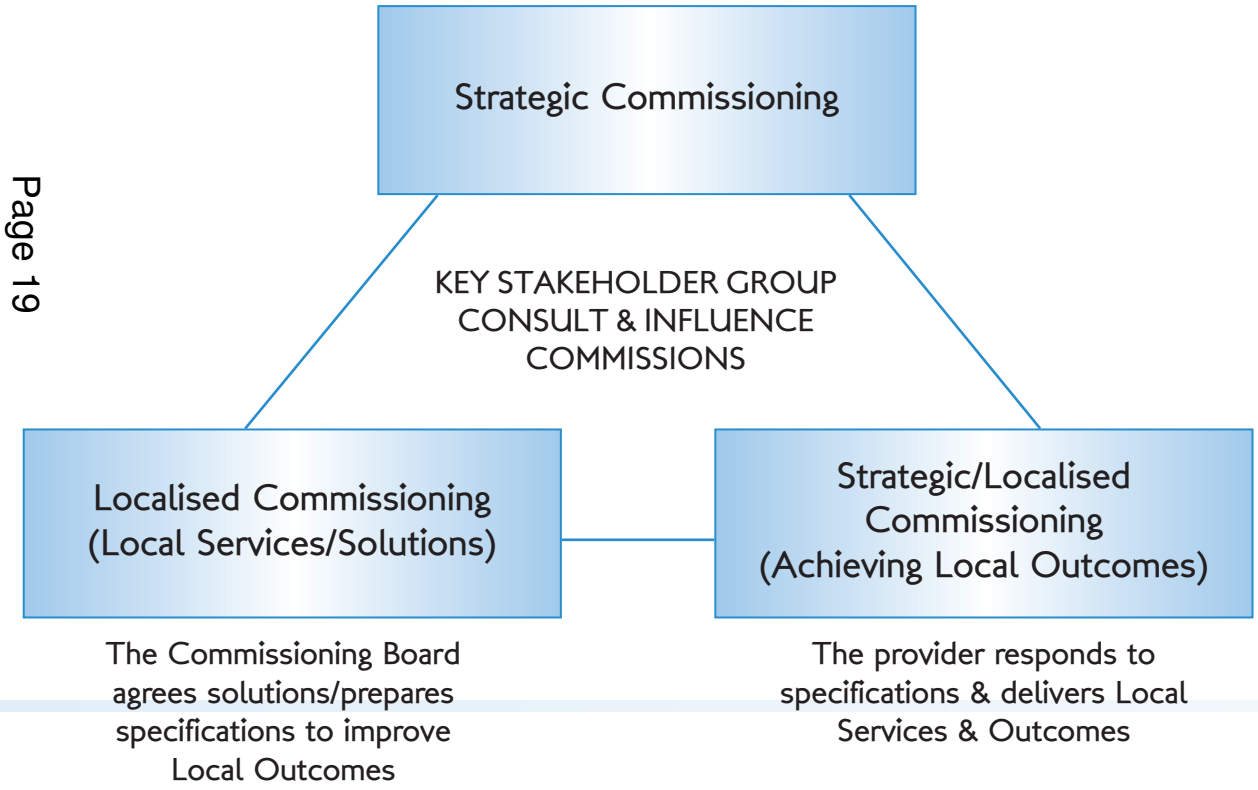
The group concluded that locality boards could and should have the means to engage with and influence strategic commissioners at the point when they are developing specifications if not before. This would enable local knowledge to be shared but also create an opportunity to include well-being as an outcome measure for each commission. Whether through Learning and Skills, Jobs and Growth or Crime and ASB improved well-being outcomes impact positively through early-intervention, prevention, diversionary activities or simply making people ''feel good''.

Finally on this point, strategic commissioners must commit to the principle of 'pooled resources' at locality level. **This is not suggesting £xxx be devolved** but rather the principle of aligning of resources to achieve shared ambitions, joint projects etc locally is agreed.

**P6. Locality based commissioning:** Perhaps the point against which most localities have made greatest progress to date. This involves locality commissioning boards using their **baseline data** to develop solutions that will then shape specifications for the commissioning of services designed to deliver well-being outcomes. The local outcome measuring tool would then track progress and impact on both the local issue but also the boarder strategic outcome eg., fewer people accessing health services.

**P7. Local providers:** Evidence indicates that some localities successfully use voluntary sector commissioning for achieving outcomes in targeted

populations. This point on the triangle proposes an extension of this concept and enables potential providers from all sectors to respond to specifications, submit proposals/bids and deliver local services. Examples exist across the county of voluntary and public sector organisations successfully delivering commissioned services and improving local outcomes using this model and the adopted frameworks are referred to elsewhere in this report.






**P8. Accountability:** The rationale for the establishment of LCBs based on a series of working principles and not a prescribed, rigid model for adoption should be clear – the variations in preparedness and state in development being key.

**a) Governance:**
Accordingly, lines of accountability relative and proportionate to the individual LCB will be agreed and incorporated within the Terms of Reference. They will relate to: The governance requirements of the HWBB; the local democratic mandate; the policies and procedures of the host authority and the relevant performance and finance management controls.

**b) Public accountability:**
There was clear evidence of the challenges associated with engaging local people in the work of LSPs. Unless represented on the partnership or a recipient of services, there was a disturbing "indifference" to engagement.

Rather than depart from the core task, a recommendation has been included pressing for a review of this key issue. Understanding the effect of commissioned services or the "so what" question will be key to performance and review processes.




## 6.3 CONCLUSIONS – The "Sustainability"

6.3.1 Prior to sharing the groups conclusions on the above, two quotes offer food for thought:

"Working in genuine partnership is the day job in this organisation; not something they have to do to save money"

Nicola Bulbeck
Peer Challenge Board

"Coming together is a beginning
Keeping together is progress
Working together is success"

Henry Ford

6.3.2 Nice quotes; great theory however; it is all feasible provided that once again, participating organisations adhere to a set of basic principles.

**PSI.** To commit to the principles and overarching purpose of Locality Based Commissioning.

**PS2.** To commit to revising and aligning resources in order to support the transition from a "work in progress" to the "working method" in two tier local authority areas.

**PS3.** To commit to the principle of pooling resources, intentions and funding at a strategic level.

**PS4.** To work towards the devolution of resources, accountability, support and funding in order to invest in locality based delivery.

**PS5.** To focus upon commissioning for outcomes and to work together to influence and not just spend.

**PS6.** To commit to the principle of developing the locality agenda through the alignment with and ultimately, the integration of Locality Based Commissioning across all of Staffordshire's Strategic Priorities and Workstreams.

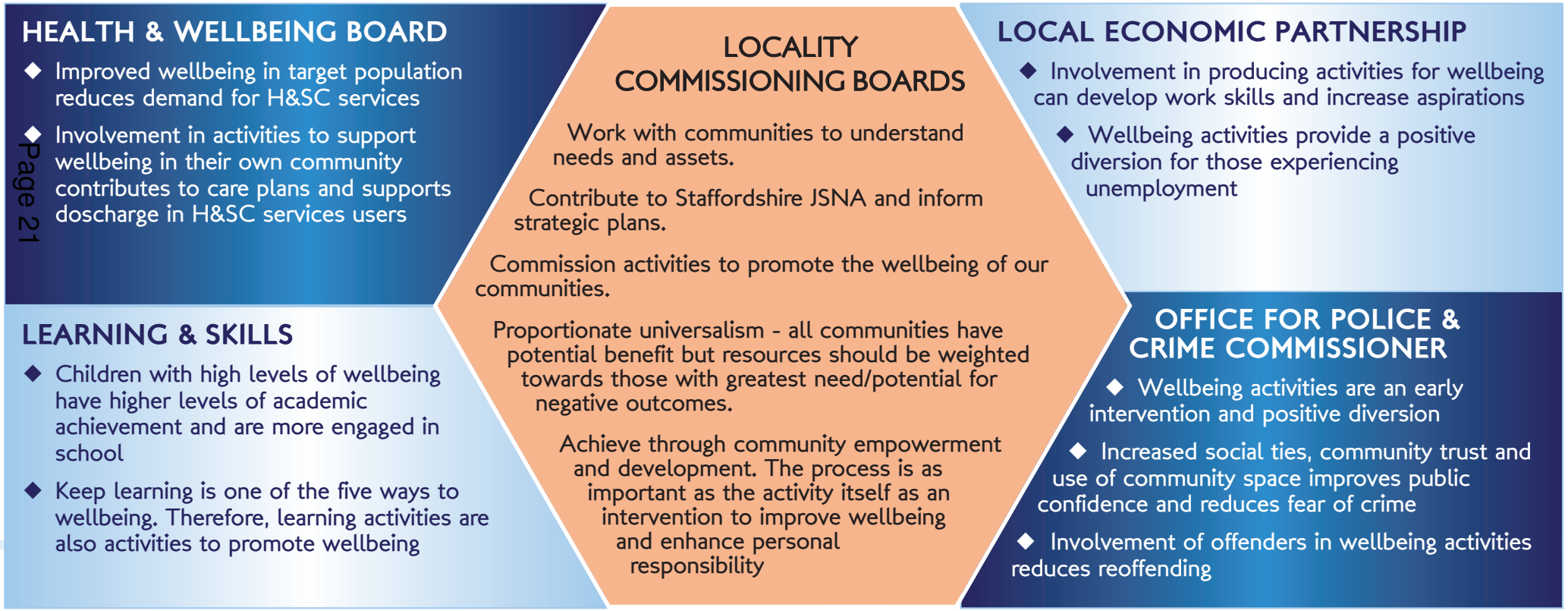
**PS7.** To commit to sustaining Locality Commissioning Boards by:

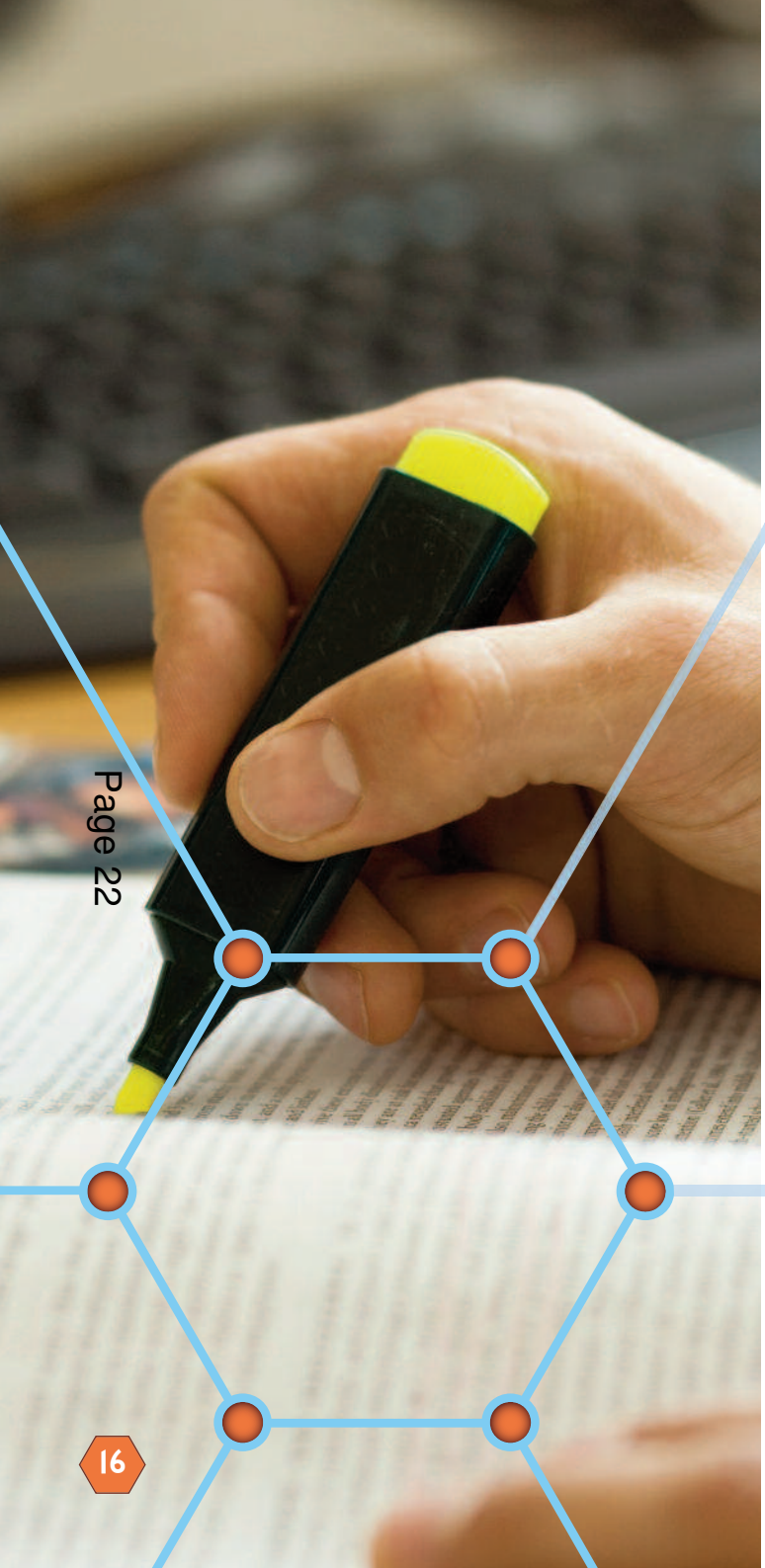
- Supporting innovation
- Investing in partnerships
- Training all who require it
- Plan, measure and evaluate all we do
- Maximise the benefits of all resources: Assets; People' Funding' Knowledge.

*** It is recommended that a Memorandum of Understanding specific to each locality be signed and thereby reflecting these principles.**

6.3.3 LCBs can provide the consistency and security that a safe environment provides. Safe because quite simply members are all there because their organisations share the same ambitions; have agreed the same priorities; agreed solutions born from collaborative problem solving and a process through which services are commissioned to improve outcomes.

6.3.4 To make best use of their unique position at the heart of local communities, LCBs need to function at the heart of locality delivery. In doing so, it not only enhances their influence over a wider range of commissioners but also provides the local focus upon well-being outcomes.





# 7 RECOMMENDATIONS

7.1 **Context:** The workstreams and detailed findings arising from them have provided a highly informative profile on the role and contributions of districts/boroughs and their partners in relation Health & Well-being.

7.2 In order to provide clarify and a genuine focus upon the Health & Well-being Strategy, the conclusions and related recommendations make the connection between locality based activities and well-being outcomes.

7.3 Equally clear are the variations and differentials in existence at Locality levels. However; it is the commonalities, shared ambitions and enthusiasm that provided the compelling case for a pan-Staffordshire approach through locally agreed frameworks ie., No 'one size fits all' model.

7.4 The key findings, conclusions and recommended working principles are essential to progressing beyond this point. Furthermore, for the recommendations to have meaning and influence, the Board are asked to agree in principle the evidence base supporting the following recommendations.

## Strategic

I. That District/Borough Councils in Staffordshire be invited to host and support the establishment of or transition to a stakeholder group to function as a **Locality Commissioning Board (LCB)**.

2. That the purpose of the relationship between LCBs, the HWBB and other strategic commissioners be the achievement of Well-being outcome measures locally through the collaborative commissioning of services and activities designed to **influence, invest and intervene** in local improvements.

3. That strategic commissioning organisations commit to the principle of collaborative commissioning; shared intentions and pooled resources in support of LCBs and other emerging locality and integrated commissioning initiatives eg., Integrated Commissioning.

4. That strategic commissioning organisations commit to the principle of incorporating Well-being Outcome Measures within future specifications and commissioning plans.

## Locality

I. That District/Borough Councils in Staffordshire commit to the establishment and development of **Locality Commissioning Boards**.

2. That the membership, working practices and principles be based upon the conclusions and recommended "best practice" referred to in this report.

3. That the relationship between LCBs and the HWBB/Strategic commissioners form the basis of an agreed Memorandum of Understanding (MoU).

4. That the MoU reflect the agreed local circumstances, fitness for purpose and resource levels for each locality. This will include the well-being outcome measures to be reported to HWBB.

5. That governance and accountability protocols reflect the nature and status of local activities/services commissioned.

6. That LCBs commit to the ongoing development of skills, knowledge and learning necessary for the efficient undertaking of the agreed function.

## Generic

I. That the Task & Finish Group be retained as a Locality Commissioning Advisory Group to support the HWBB and Programme Director manage the developing relationships with LCBs.

2. That the HWBB CEO representative be designated as "sponsor" for locality based commissioning.

3. That the LCAG work with the Programme Director to develop:-

a) Training & Development Plans (Officers & Members)

b) Governance & Accountability protocol to support each MoU

c) Performance & Outcome reporting measures for the HWBB

d) Provide Peer support for LCBs

# 8 APPENDICES

## Appendix I - Letter of invitation

Staffordshire Health and Wellbeing Board
c/o Staffordshire County Council
Wedgwood Building
Tipping Street
Stafford
ST16 2DH

**Co Chairs:-**
County Councillor Robert Marshall
Dr Johnny McMahor

Tony Goodwin
Chief Executive, Tamworth Borough Council
By email

5 February 2014

Dear Tony

We are writing as the co-chairs of the Health and Wellbeing Board to ask that you take personal leadership of a time limited piece of work around the key role of the districts and boroughs in delivery of the Health and Wellbeing Strategy. For some vulnerable groups and elements of integrated commissioning, it makes sense to do things on a County or CCG footprint. We have, however, collectively recognised the role of districts and indeed sub district work with communities in delivering change for our citizens. At the last Board meeting, following discussion, we felt that a clear articulation of the role and what is best delivered at that level for communities would help us all moving forward.

In summary we would like you to work with colleagues in districts and boroughs to:-

- Coordinate work to clearly articulate the district/ borough role in delivery of the HWS, in particular wellbeing, clarifying the unique role they play vs county wide and CCG initiatives. This is partly about districts but also sub district into real locality based work. The expectation is this will cover areas such as wellbeing, community asset building and planning
- Clarify the role of the broader district partnerships in delivery of the Health and Wellbeing Agenda and mobilise local effort
- Work with colleagues to draw out clear governance around local commissioning arrangements (again, we recognise a lot is going on and the intention is we capture local solutions not impose a one size fits all process)

Our suggestion is that the work is supported by a Steering Group and colleagues from the HWB are happy to support. We had thought around 2 months from the starting point would be a realistic timescale but we can discuss that. Conscious of the demands in terms of coordinating the work, Eric Robinson has agreed that a support officer from the County Council's Transformation Support Unit will be allocated to support you in this work. We do hope you feel able to take on the leadership of this work. From the HWB perspective it feels right that you as the executive lead for districts and boroughs on the Board own this important part of the delivery planning.

We look forward to hearing from you
Yours sincerely

RS Marshall

County Councillor Robbie Marshall
**Co-Chairs Staffordshire Health and Wellbeing Board**

Dr Johnny McMahon

## Appendix 2

### South Staffordshire Locality Commissioning Partnership structure:

The South Staffordshire Locality Commissioning Partnership brings together key people to improve outcomes for businesses and residents throughout the electoral district of South Staffordshire.

### History

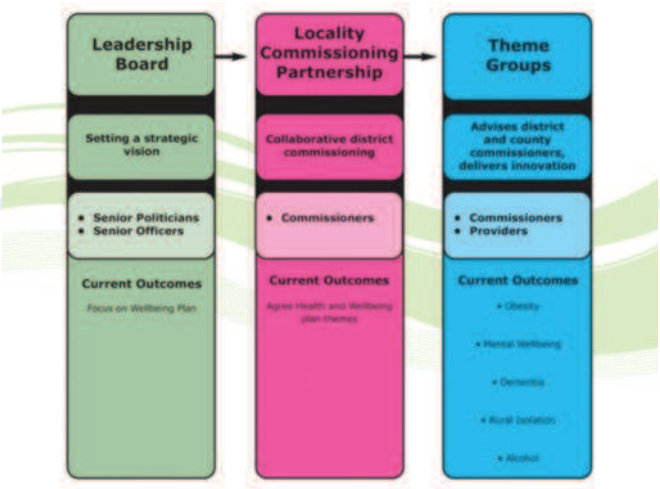
The Locality Commissioning Partnership (LCP) is an evolution of strong partnerships and locality working structures that have delivered outcomes in South Staffordshire for many years. The structure brings together a range of previous partnership arrangements into one. The LCP was created to accommodate change occurring around commissioning nationally and county wide, for example with the development of Police and Crime Commissioners and CCG's. As a result, the partnership continues to be in a healthy position where it can continue to deliver outcomes.



### Structure

The partnership structure has three key components as shown in figure 1:

**Figure 1, Locality Commissioning Partnership Structure**




| | Component | Key function |
|---|---|---|
| 1 | A **Leadership Board** that sets the LCP's strategic vision. Attended by senior politicians and leading strategic partners covering the district. This group identifies and influences commissioning at both district and county wide levels. | **Influencing** |
| 2 | A **Locality Commissioning Partnership** group that defines district outcomes and commissions in collaboration. Attended by commissioners covering the district. | **Locality Commissioning** |
| 3 | Finally, a range of **Theme Groups** (currently 5) that deep dives into the outcome area then provides both recommendations back to the LCP and delivers innovative no cost low cost solutions. Attended by both providers and commissioners and draws on customer insight. | **No cost low cost, and innovative approaches** |

Where resource is required to deliver outcomes, the LCP has two routes.

1. An annual **Commissioning Prospectus** is published based on the LCP's shared district outcomes. Grants are awarded on a payment by result basis, contract lengths are 12 months plus and values are in excess of 5k. Monitoring is conducted through Upshot, a cloud based outcomes monitoring tool accessible even on mobile devices. Providers are requested to submit short video clips to populate social media channels including YouTube.
www.southstaffspartnership.co.uk/about-the-partnership/commissioning-funding-and-grant-opportunities.html

2. A **Community Budget** programme operates to foster community resilience. Communities are given the opportunity to submit there own project proposals to improve outcomes in there own community. The Community Budget has four funding rounds a year. Grants are awarded for small value projects lasting up to 12 months.
www.sstaffs.gov.uk/your_services/your_community/community_funding/community_budget.aspx

The Commissioning Prospectus will be launched in October of each year, scoring will be completed in December and projects confirmed by early January allowing initiation in April. Community Budget scoring panels will align with the OPCC People Power grants. In both instances, budget holders or commissioners will form the decision making panels. The benefit of bringing local commissioners and budget holders together on the panels for the district should reduce any issues around duplication of services and increase collaborative commissioning.

### Insight

The Commissioning Partnership creates an annual Locality Profile that presents the current qualitative research and quantitative data for each of the five localities and the district, compiled from all available information. Uppermost outcome areas based on data are then produced and consulted upon. These are currently Alcohol, Obesity, Dementia, Rural Isolation and Mental Wellbeing.

Locality Profile:
www.southstaffspartnership.co.uk/date-and-intelligence/locality-profiles.html

### Consultation

Consultation then takes place with members, customers and the voluntary sector through an annual reoccurring suite of engagements called My Place My Say. Every locality is visited throughout the year, different age groups are targeted and social networking is used to ensure everyone is involved in a conversation with the partnership. In addition, wider partnership events are hosted at the Council and Master Classes are held for parish, district and county councillors.

My Lace My Say:
www.sstaffs.gov.uk/pdf/MPMS%20Consultations%20Cycle%202014-2014.pdf

## Resource

South Staffordshire District Council has undertaken a leadership role for the LCP, pulling key partners together throughout the re-modelling process. The District Commissioning Lead (DCL) performed a key role in linking the County Council commissioners and the district together. Having strong trusting relationships and a willingness to do things differently at all levels have been essential ingredients to drive forward the LCP. Key staff are all co-located in the same district office bringing a wealth of knowledge and expertise together, they include:

Partnership Manager, Transformation Co-ordinator, Public Health, DCL, Children's Commissioner, Community Safety, CPO, CCG, Insight and Comms.

A critical unique resource has been both the Partnership Manager and Transformation Co-ordinator who are both on secondments from either the County Council or CCG. These roles have helped drive forward change at pace, facilitated the partnership and built the relationships required with countywide commissioners to influence future commissioning intentions at a local level.

One of the current challenges for the district is managing the large and growing number of locality funds that aim to improve Health and Wellbeing outcomes. At present, locality funds come into the district at different times, from different organisations, some with short timescales for delivery each with there own separate outcomes. Bringing together these funds into one prospectus with all commissioners **agreeing shared outcomes** fosters collaborative commissioning. The LCP this year has been able to align OPCC, Public Health, District Council and BRFC funds. Next year CCG's voluntary sector grants will also be aligned now the LCP timescales run concurrently with the CCG.

## Delivery

The Locality Commissioning Partnership performs a brokering role between all the different county wide commissioners, district partners, providers and residents that enables collaborative commissioning throughout the district. This includes facilitating partners locally to deliver better outcomes together, looking also at no cost low cost solutions. In addition the partnership actively seeks out county and national commissioning intentions aligned with the five outcomes, for example the delivery of Dementia Friendly Communities. The partnership also brokers and works with commissioners to improve collaboration locally, for example with CCG voluntary sector grants.

The voluntary and community sector has a huge role to play in delivering outcomes with businesses and residents in South Staffordshire. Village Agents are commissioned through the Partnership, including the CCG to be a person on the ground in each locality working closely with the community to improve outcomes around wellbeing, for example working with young people and the police to create afterschool sports clubs.

Village Agents: www.staffs.org.uk/villageagents.html

The district is also embarking on a transformational venture called The Good Life that will connect communities with one another to improve health and wellbeing. The Good Life builds on the existing website that's full of local information and the Connect bus service bringing a single positive message for people to live a Good Life in South Staffordshire. All outcomes that aim to improve people's health and wellbeing through the LCP will be branded and delivered through The Good Life.

The Good Life: http://southstaffordshire.thegoodlife.uk.net/

The Vision, Purpose and Core Values of the Locality Commissioning Partnership are:

### Our vision

To provide an integrated commissioning infrastructure that delivers prioritised outcomes based on local need.

### Our Purpose

The purpose of South Staffordshire Partnership is to:

- Be the 'partnership of partnerships' within South Staffordshire providing strategic co-ordination and linking other plans and bodies at local, sub regional and regional levels
- Prepare and implement a Community Strategy that provides a long term framework for action to benefit all the people of South Staffordshire
- Work with Staffordshire County Council and other key partners to develop and deliver and the outcomes



### Our Core Values:

- Sustainability - we are looking at the long-term implications of current activities while taking into account the wellbeing of future generations as well as the current generation of residents
- Engagement – we will actively involve the residents of South Staffordshire in both the development and implementation of the Community Strategy
- Equality – we will provide services that are accessible and appropriate to the needs of all irrespective of disability, gender, racial or ethnic background, religion or culture
- Diversity – we believe that everyone in South Staffordshire deserves to receive excellent services that reflect their individual needs and circumstances

For more information, please contact: Imre Tolgyesi, imre.tolgyesi@staffordshire.gov.uk


# 9 BIBLIOGRAPHY

"Leading Connected Staffordshire"
(Staffordshire County Council Strategic Plan)

"Living Well in Staffordshire"
(Staffordshire HWB 5 Year Plan)

"District Action on Public Health"
(District Council Network publication)

Healthier Housing Strategy 2011-2014
(Tamworth Borough Council)

Commissioning Frameworks/Best Practice Guides
(various)

Housing & Health Bulletins
(Learning Information Network)

# 10 ACKNOWLEDGEMENTS


All Staffordshire Council Leaders & Chief Executives

All Staffordshire LSP/Partnership Managers

CCG Accountable Officers

All Staffordshire LSP/Partnership Board Chairs & Members

Task & Finish Group

| | |
|---|---|
| Arko Ahmed | DPH – Staffordshire County Council |
| Ros Barnes | Director, Tamworth Borough Council |
| Danny Cook | Leader, Tamworth Borough Council |
| Andrew Donaldson | Staffordshire County Council |
| John Fraser | Stafford Borough Council |
| Anna Hammond | SES & Seisdon CCG |
| Lucy Heath | Public Health Advisor (SCC) |
| Sander Kristel | Staffordshire County Council |
| Tim Leese | DCL Staffordshire County Council |
| Amanda Stringer | Staffordshire County Council TSU (**Task & Finish Group – Lead Support Officer**) |
| Helen Titterton | Lichfield District Council |
| Imre Tolgyesi | South Staffs District Council |
| Jon Topham | Public Health Advisor (SCC) |

Staffordshire Health & Well-Being Board

# ACHIEVING STRATEGIC OUTCOMES THROUGH LOCALITY-BASED DELIVERY

10 JULY 2014



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