STAFFORDSHIRE HEALTH & WELLBEING BOARD

10th APRIL 2014

Report of Anthony E. Goodwin PhD
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ACHIEVING STRATEGIC OUTCOMES VIA LOCALISED DELIVERY "PROJECT PANACEA"

Introduction: Member organisations of the Health & Wellbeing Board (HWBB), politicians, practitioners and partners have expressed concern and frustration at the apparent lack of "action" in relation to the achievement of outcomes from the **Health & Wellbeing Strategy.**

Neither this report nor the work and related proposals emerging from the Task & Finish Group seek to support, deny or even challenge this perception but rather it proposes an approach by which this perception is eradicated.

The primary task or original mandate was presented in two parts:

a) **To clearly articulate the role of District & Borough Councils and their broader locality partnerships in the delivery of the Health & Wellbeing Strategy (HWBS);**

b) **To develop an appropriate, yet proportionate governance arrangement that demonstrates robust and clear lines of accountability across sectors within the two tier environment.**

The original mandate was deconstructed in order to ensure that the team maintained a tight focus on the task.

"Articulate the role" This represented an opportunity to identify current activity, explore new opportunities and ultimately define and design a locality based, outcome focused, collaborative "function".

"District & Borough Councils and broader locality partnerships" This was viewed as the potential "form" via which the "function" could be scoped, planned, commissioned and delivered.

"Delivery of the Health & Wellbeing Strategy outcomes" A pan-Staffordshire, high level strategy devoid of measures, targets and milestones yet reliant upon 'member' organisations to deliver – the challenge.

The second element is less complex but no less challenging – Design the means by which the "form" can deliver the "function" in an accountable, balanced and efficient manner.

Final consideration being that the task is undertaken on the premise that **Locality Based Commissioning** is a genuine shared ambition, and that the **Health** outcomes would be the focus for CCGs, DPH, County & Commissioned care services etc.

1. **Phase I:** Using standard Task & Finish project planning and management principles the initial phase focused upon three fundamental outcomes:

   i **Clarity of the expectations and aspirations of member organisations;**

   ii **Reality based 'scoping' exercise; and**

   iii **Recruitment of a quality team**

   Using a variety of approaches outcomes i and ii were completed in relatively quick time however; it became clear to the author when seeking the support of key stakeholders that the significance and potential implications of this piece of work was far greater than developing a discrete model for the purpose specified.

   The potential to drive transformational change if aligned to other key projects could provide the framework that shapes and secures relationships, working practices and sustainable outcomes for all parties concerned and the communities they serve. The team would be key. It was with this in mind and with the support of nine Chief Executives the team was recruited.

   In order to access the views, knowledge and experience required for the task, the 'selection' process had an eye on the future and the ultimate position whereby the recommendations would need to be implemented. Each team member has substantial knowledge and/or experience in one or more of the following:

   - **Leadership/Strategic planning**
   - **Prevention/Early Intervention activity**
   - **Cross sector collaboration/partnership working**
   - **Strategic and/or Locality Commissioning**
   - **Relationship Management**
   - **Existing and emerging "wellbeing" related activity**
   - **The significance of wellbeing upon health**

   Furthermore, each team member (**Appendix 1)** also had access to or is a member of other working groups working on related initiatives that would influence this work.

2. **Phase II:** The nature of the task dictated that it was essential to gather quality, relevant insight and intelligence in order to establish a 'baseline' position. With a focus upon current practices and processes; existing

locality based activity; examples of what works and why; funding sources; governance and accountability infrastructures etc. In order to collate, consider and map this information, it has been necessary to 'front load' knowledge gathering.

Parallel work has been undertaken in order to assess the 'status' of existing partnership infrastructures and what are the key success factors that may be transferable.

The final element of the mapping exercise involves a series of face to face meetings with key stakeholders involved in current locality commissioning, planning and delivery.

In summary, this major mapping and intel gathering exercise will be key to informing future considerations around locality models, working collaboratively (shared ambitions not just shared priorities), knowledge and skills development and assessing competencies and capacity. Whilst still a "work in progress" it is already providing a rich picture of our baseline position and the potential routes towards our destination.

3. **Phase III:** Given the initial timescale, the team was keen to 'start with the end in mind' and, despite recognising that form follows function, were equally keen to articulate clear measures of success based upon their initial thoughts on a working model.

The **'Locality Commissioning Triangle"** is designed to stimulate consideration of a simple process that would enable the relevant locality 'body' to actively engage in a meaningful way, in the commissioning and delivery of solutions, services and outcomes at every level. The diagram at **Appendix 2** sets out in simple terms how this might look.

- **Strategic Commissioning:** This relates to universal services over a geographic area greater than one borough eg., pan-Staffordshire or a CCG geographic area. This would be further informed by the HWB Strategic outcomes, Commissioning intentions and the recently introduced Locality Impact Assessments.

- District/Borough Councils with needs relating to the commissioning intention would have the role of **"Essential Consultee"** thereby ensuring a local voice in defining outcomes.

- **Localised Commissioning:** This relates to locally agreed solutions being agreed for evidence based local needs. The District/Borough Councils will prepare specifications, commission services and be accountable for achieving outcomes. This would be further informed by the HWB Strategic Outcomes; Priorities emerging from eJNSAs, PH outcomes and local wellbeing outcomes.

- **Provider:** This relates to both universal services and locally delivered services designed to achieve local outcomes.

District/Borough Councils will submit bids against specifications and, if successful, deliver the services and outcomes accordingly. This might involve an element of workforce development and skills training for key partners. Clearly, this can and will be expanded to include other local stakeholders eg., Third Sector/FARS.

Using this initial model as a focus point the team are engaged in considering what success might look like. At the highest level, two very practical measures featured unanimously:

- **Fewer residents entering the "Health System"; and**
- **Less resource needed to invest in "Sick People".**

In short – "People live well in Staffordshire".

To understand how these measures of success can be achieved, the focus will now shift towards identifying who and what are the primary influences of achieving transformation either from a supportive perspective **"Assisters"** and those that may stifle progress **"Resisters".**

- **Assisters:**

i) Culture: The potential emerging from this proposal is such that it will be reliant upon all parties being open and honest about their aspirations and commitments and that this is reflected in their behaviours, actions and commitments. Trust is key to collaboration. Sharing priorities is simple; sharing the ambition to address them is a bigger ask.

ii) Assets/Resources

- Clarity and awareness of the extent of funding likely to be included in localised delivery (HWB, LEP, CCG, DPH, BRFC, OPCC, mainstream).

- Clarity around the issue of technical support ie., might human resources be deployed from the centre to support localised delivery?

- Need to understand location of relevant assets – public sector, community etc.

- **Insight**

- Locality profiles and eJSNAs need to be refreshed and shared;

- Awareness of current commissioning (what, when, where, why)…. at what level? (district, community, family, individual).

- Awareness of future commissioning intentions – to what extent are 'commissioners' prepared to integrate; devolve and transfer accountability.

- **Prioritisation**

- With the HWB strategic outcomes being the ultimate aim, how do we identify the right outcomes from universal and locality based commissioning?

- Should **'Prevention'** focused outcomes be used as opposed to **'Wellbeing'** when prioritising? Are existing commissioners ready to pool funds/joint commission for greater good?

- **Governance**

- Strategic policy frameworks and associated governance structures already exist in respect of the three priority outcomes of **Prosperity; Health & Wellbeing** and **Safety.** Any locality based model should seek to utilise any current, relative infrastructures and have regard for fair and transparent local requirements.

- **Resisters**

These are listed as potential barriers at this stage however; they will form the basis of a risk matrix appended to the final report and recommendations.

- **Failure to secure commitment to shared ambitions/resistance to change;**
- **Commissioning bodies electing not to engage;**
- **Lack of necessary skills across the delivery infrastructure**
- **Lack of resources/capacity at locality level to ensure delivery;**
- **Inability to prioritise across localities;**
- **Failure to secure political support.**

In order for these success factors to be achieved, it is essential that we understand the context and local environment in which what will be a transformational change, will take place.

Clearly, the scale of change must be viewed in the context of deliverability; feasibility and sustainability ie., agree the change, implement and sustain subject to local needs, resource and capacity.

V. NEXT STEPS

Subject to the Board being minded to endorse the draft framework as a workable option, the teams next steps would focus on the following:

- Establishing local decision making infrastructure;

- Designing outline processes; identifying skills/training needs; agreeing Terms of Reference;

- Indentifying xx localities to pilot/test and model and practices eg., Proof of Concept;

- Review and Report.

Note: When read, it looks like a fairly simple, staged approach. However; for the team to even consider these next steps, we are reliant upon the ongoing **Insight** gathering exercise; developing the **Assisters** and mitigating the risks relating to the **Resisters**. This will be key to clearing a pathway from the planning stage to local implementation.

VI. TIMESCALES

Given the growing significance of this piece of work, the team recommend a departure from the traditional public sector approach to initiative management and that more time be spent on the planning, design and skills development to facilitate a "Right First Time" implementation phase.

To this end, it is proposed that the teams full and final recommendations be submitted to the Board meeting in June 2014. This will include a proposed 'Implementation Plan' that will by then, have the agreement of all parties.

RECOMMENDATIONS:

That the Board:

i. Acknowledge and endorse the work to date;

ii. Indicate their views on the direction taken to date;

iii. Endorse the draft framework/next steps;

iv. Agree the revised timescales.

APPENDIX 1

1 Members of the Locality Based Delivery Task & Finish Group

1.1 Task and Finish Group Members

Name	Organisation	Role	Mobile	Telephone	Email
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1.2 Wider Engagement Group

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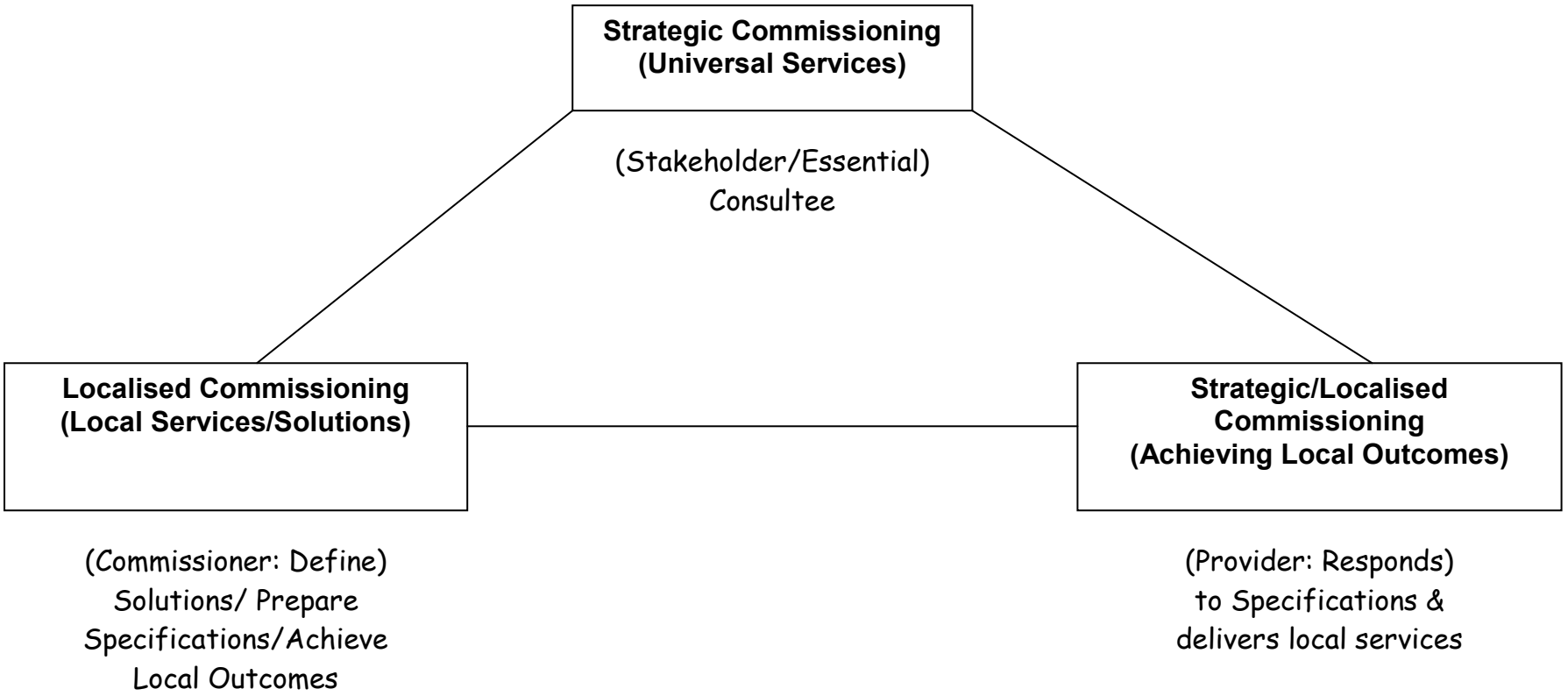
APPENDIX 2


Strategic Commissioning
(Universal Services)
(Stakeholder/Essential)
Consultee
Localised Commissioning
(Local Services/Solutions)
Strategic/Localised
Commissioning
(Achieving Local Outcomes)
(Commissioner: Define)
Solutions/ Prepare
Specifications/Achieve
Local Outcomes
(Provider: Responds)
to Specifications &
delivers local services