

Joint Health Improvement Board and Adult Health & Social Care Board workshop

Background

On the 22 January 2013 the Adult Health & Social Care and Health Improvement Board held a joint workshop looking to explore how to take forward areas of work that overlap the two boards.

The workshop's aim was for members and wider stakeholders of the Health Improvement Partnership Board and Adult Health & Social Care Partnership Board to discuss how we will work together to achieve our outcomes for **preventing premature death and enabling healthy older age**.

Aims of the workshop

The key aims for the day were to:

- Identify gaps in how this area of overlap is being taken forward, devise plans for plugging the gaps and to ensure good working arrangements
- Consider how a wider range of partners / affiliated projects could add value to either partnership

The workshop

The workshop was well attended with over 50 participants from; service providers; CCG; the voluntary and community sector; public health; local authorities as well as members of the public.

The plenary session was introduced by Councillor Arash Fatemian, Chairman of the Adult Health & Social Care Board who gave a presentation on the Older People Commissioning Strategy and process of consultation. This was then followed by an introduction to the work on prevention undertaken by the Health Improvement Board focussing on priority 8 within the Joint Health and Wellbeing Strategy.

There was also a presentation given by Oxford University Hospital on Generation Games; a 50+ physical activity network across Oxfordshire.

Two group discussion exercises then took place and details are given in the appendix to this paper.

Next steps for the Adult Health and Social Care Board and the Health Improvement Board

The ideas and views from participants at the workshop have been analysed and a number of themes have emerged (see the appendix for full details). Some of these can be taken forward by the Health Improvement Board (HIB) or Adult Health & Social Care Board (AH&SC). Others will need to be taken forward elsewhere. This section of the paper outlines those themes, sets out some draft principles for how the HIB and AH&SC Boards work together on taking this agenda forward and outlines some ideas for translating this work into action plans.

Themes emerging from the workshop

The diagram below shows some of the themes that have emerged from the workshop. The building blocks show broad themes. Some of these may be already in progress, may need more focus or may be the work of other partnerships. The themes which are around the edges of the diagram and not within building blocks show potential new areas of work for the HIB or AH&SC. If these ideas are taken forward then the work will be more far reaching and robust.



Recommendations:

Adult Health and Social Care Board

- Consider what contribution can be made to tackling the issue of loneliness and take action to develop work in this area
- Build on the work being undertaken through the "Futures" Programme to make information on primary prevention services accessible to the public
- Ensure that the Generation Games work develops alongside other initiatives and works together with them e.g. Go Active

- Make active links between commissioners and voluntary sector providers to align work and share strategic direction. Improve effectiveness where possible e.g. befriending schemes

Health Improvement Board

- Deliver outcomes on screening and NHS Health Checks which are in the action plans of the Older People Commissioning Strategy and share performance information
- Consider the potential for promoting health through Workplaces (in the public, private or voluntary sector) and the use of the Workplace Charter.
- Ensure that commissioners in AH&SC are aware of healthy lifestyle initiatives commissioned through the HIB
- Build on work already done to identify affiliated projects in the voluntary sector and share strategic direction. Improve effectiveness where possible.

Others

- Engage the voluntary and community sector (maybe through the Oxfordshire Stronger Communities Alliance) in prioritising health and wellbeing in community development initiatives e.g. community led planning
- Consider the use of grant funding for wellbeing initiatives in communities and work with partners to promote this, e.g. through OSCA, Community Foundation etc.

The workshop also highlighted some potential principles for how the HIB and AH&SC Board need to take this work forward:

- Prioritise primary prevention in all work streams and all commissioning
- Build on existing work e.g. don't invent a new way of getting information to members of the public
- Use the existing systems of public involvement and consultation through the PIN to develop "co production"
- Work together on commissioning prevention services to ensure they are joined up and build on what is already there.
- Have a long term view and build sustainable services
- Target the populations with worst outcomes

Next steps

1. Health Improvement Board and Adult Health & Social Care Board are to discuss the recommendations set out above and decide what actions they can take forward.
2. Action plans will be drawn up for implementation by the partnerships
3. Consideration will be given to how to influence a wider range of organisations or partnerships to contribute to this agenda.

Appendix – details of the group work undertaken at the workshop

Exercise 1: What's going on: The good, the bad, the gaps

Delegates were asked to think about what is currently going on within their own organisations, within their own lives and also elsewhere around the country that supports and enables good health and wellbeing prior to old age or conversely pushes people into poor health and wellbeing or prevents them achieving it.

Delegates were also asked to identify what gaps there currently are in helping people to attain good health and wellbeing prior to old age: what needs to be done to ensure good health and wellbeing into old age can be achieved by all?

What participants told us:

	Promotes good health and wellbeing	Prevents good health and wellbeing
What I do	Family and friends were overwhelmingly the top two seen as keeping individuals healthy	The key theme was around work overload, stress at work and the inability to keep up a work/life balance
What my organisation does	Importance of organisational/employer policies that promote job satisfaction and support employees	Focus on an employer/employee culture that promotes being unhealthy – sitting at a desk for long periods, not taking lunch hours and so limits time/opportunity for exercise and emotional recharging
What is going on elsewhere in the country?	Transport – links to improved access and services	
	Exercise – access to a wide range of opportunities including integrating exercise into the working day	
	Signposting, information and education – empowering people with the right knowledge to make healthy choices	
	Communities – supporting communities to support themselves	
	Dementia – engaging people with dementia and helping them stay active	
	Commissioning and contracting services – promoting staying healthy when designing service models	
What are the gaps?	Transport – inaccessible and unaffordable public transport	
	Exercise – time, cost and accessibility	
	Signposting, information and education – more effective information sharing between organisations, consistent messages, too much information only available via the web	
	Partnerships – smarter collaboration between and within organisations and better partnerships between the communities and organisations	
	Communities – investment required to build resilience and capacity	

	Promotes good health and wellbeing	Prevents good health and wellbeing
	Empowerment – supporting and promoting individual responsibility	
	Housing – decent and affordable housing for all, people in poor housing at a disadvantage	
	Health and social care – accessible GP services, more early intervention, need to prioritise ill health prevention, disincentives to poor lifestyles	
	Commissioning – the business case for procuring exercise and healthy food, the need for a comprehensive wellbeing service for older people, need for an effective lifelong and care group wide approach	
	Funding – long term and sustainable	

Exercise 2 Group discussions on action to take this work forward

Exercise 2 allowed delegates to explore the issues raised in exercise 1 in more detail and offer suggestions on how the gaps can be addressed by both boards and others, also on the back of that what can we expect to be different. The following tables provide an overview of the discussions and ideas expressed.

What can I or my organisation offer to stay healthy?

Partnerships	Working more in collaboration
The workplace	Workplace incentives for active lifestyle and wellbeing interventions
	Exercise classes at work
Signposting and Information	Better signposting and health promotion
	Be experts by experience
Volunteering	Enabling and taking part in volunteering
Community empowerment	Build better networks and infrastructure in the community
	Reach more people: the isolated and lonely people; older people
Personal responsibility	Take more control of personal health

What should HIB & AHSC do?

Funding	Partnership boards to have an overview of funding sources and encourage sustainable funding when projects are working, especially within the voluntary sector that can help to deliver strong partnerships.
	Able to provide advice on how funding can be used.
	HIB should commission an info service across partnerships
Vision and overview	Should hold the overall vision and knowledge of what is

	going on across the pathways,
	Create a shared vision including the prevention agenda to support long term planning
	Continuing to hold workshops and engage providers can help this
Influencing and co-ordinating	Adding value was a key theme especially in the form of identifying and bringing partnerships together to promote joined up working within projects (GG and Go Active).
	Influence partners to have consistent policies/approaches.
	encouragement of early intervention and help build relationship with service users
	Identify organisations and services which empower individuals and communities
	encourage employers to market the message of good health and wellbeing via active interventions
	Not to get in the way of things that are working
Intelligence	Included mapping what is going on already and developing databases and knowledge hubs so everyone can feed in what they are doing or intend to do.
	development of a co-ordinated marketing segmentation strategy to help us understand how to engage and communicate with our audience
	funding of a consultation to ask people what would persuade or help them to take action which will support health and wellbeing
Branding	Develop a brand - GPs crucial to that

Who else needs to be involved?

- Comments were received about improving the role of education and business in promoting and enabling healthy behaviours
- GPs were seen a crucial partners in this and the need for a focus HWB; noticing that things make a difference, promoting good practice
- Further engagement of the VCS and smaller community groups and organisations outside of the health & SC world working with people at a local level

Areas of unnecessary duplication or where more joined up working can take place

Better coordination / join-up	There were a number of calls for one befriending scheme rather than many
	More co-production
	Lack of long term planning
	Consolidation rather than continual change management
Funding	There is a need to have a better understanding of where and how to get funding

	Further development of pooled budgets and joint decision making
	Gap in monitoring VCS group receiving local authority funding
Communication	All parties are seeking to communicate with same hard to reach groups, can this be managed

What would we expect to be different?

Empowerment	Enable people to look after themselves
	Communities made aware of good practice
	People living longer and healthier
Equalities	Ensure what we do doesn't widen inequalities
	Better services
	More uptake of sports by BME
	A reduced variation in life expectancy across the county
Ways of working	Don't monitor contracts by numbers
	Better informed GP with information to aid long term planning
	Influencing employers to adopt good work practices
	More time spent delivering rather than planning
	Coherence of policies across all districts e.g. exercise on prescription/referral