

# Position statement – Proactive & Preventative Workstream

January 2018

## Executive summary

- The Proactive & Preventative programme has been refreshed to:
  - reflect the Place-based role across HWBB and STP agendas
  - reflect Upscaling Prevention work with LGA
- The refreshed programme will deliver on three main elements:
  - Overall mang't and oversight of the Coventry & Warwickshire Place-forum and place plan
  - Delivery of specific elements of the plan, including the Upscaling prevention & Year of wellbeing
  - BHBCBV programme specific activity, including integration of prevention into wider STP programme and wider system

## 1.0 National Context

- 1.1 There is widespread recognition that the current model of care is unsustainable as demand outstrips supply and the gap between the income for health and care services and the costs of these services widens. This is not just down to changes in demographics alone. Although people are living longer this has not been matched by similar improvements in people living longer in good health - so as a result we are spending more years experiencing ill health.
- 1.2 Improving health requires a strong focus on prevention and early intervention. It requires a refocusing away from services designed to deal with the consequences of severe health and care problems and/or services that rescue people in crisis situations. We need to get 'upstream' and ensure that as a system our strategies, service models and workforce development have a greater focus on keeping people healthy (prevention) and proactive early intervention to reduce the impact of health and wellbeing risks.
- 1.3 Nationally the NHS5YFV, Care Act and anticipated further legislation acknowledge this. Within Coventry & Warwickshire the Alliance Concordat, Partnership principles, BHBCBV programme, HWB Strategy and DPH reports all recognise and reinforce this. However despite this commitment to date we are not capitalising on our collective strengths so, this is only happening in pockets and still not happening with SCALE or PACE.

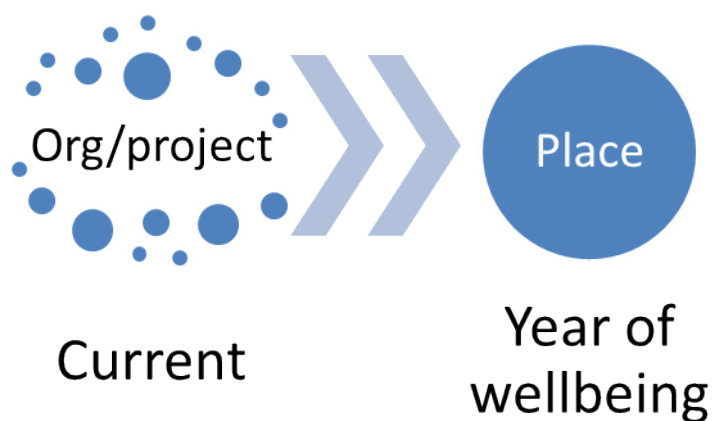
## 2.0 Purpose of this paper

- 2.1 Following a number of significant events and inputs over the past few months, this paper seeks to reaffirm the role of the Proactive & Preventative programme in setting out a holistic response to above challenges.
- 2.2 It positions the Proactive & Preventative programme as both the catalyst and coordinating body for this work, supporting the work of both HWBB and STP as well as emerging

thinking on developing increased 'integration of place' through Accountable Care systems.

### 3.0 Local context

- 3.1 Locally the Alliance Concordat is acknowledged as the cornerstone of joint working across the health and care system within Coventry & Warwickshire. Originally signed in October 2016 by both HWB boards it also headlines the STP and draws together these two important drivers of change.
- 3.2 A year on, in December 2017, the two HWB Boards and Executive team for Coventry and Warwickshire met with the overall aim of *bringing the Alliance Concordat to life*. Agreement of our Alliance Concordat last year generated national interest. The commitment made in December to being this to life through a place plan has renewed this level of interest.
- 3.3 The session in December brought together Elected members and senior leaders from Clinical Commissioning Groups, Acute providers, Healthwatch, Third sector, Fire Service (WM), Police & Crime Commissioner (Warks) City, County and District/Borough Councils.
- 3.4 There was a real sense of movement and commitment within the group to pursue a number of actions which would further strengthen commitment to the Concordat.
- 3.5 The basic premise behind this work is a commitment to working as one place, drawing out our strengths and applying them for common good.



- 3.6 To date, but we have come at this separately or in partial partnership, either as organisations or programmes, without fully mobilising the collective strength of the system. We want to change this.
- 3.7 We are increasingly coming to the conclusion that addressing the pressures in public services acute services require efficiency AND a system-wide uplift in wellbeing and prevention. This is felt most greatly in the acute health sector, where the contrast between immediate pressures and long term planning is visible on a daily basis and reflected in the current regulatory framework.

#### 4.0 Role of Proactive & Preventative programme

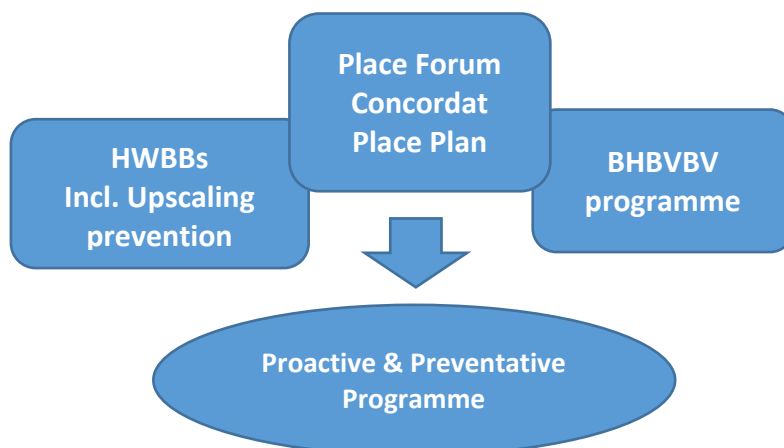
4.1 Originating as a workstream of the STP the Proactive & Preventative programme has evolved over the past 12 months to ensure it can effectively respond to the challenge set out above.

4.2 The workstream seeks to translate the commitment set out in the Alliance Concordat by all Members of both Coventry and Warwickshire Health and Wellbeing Boards to work together.

4.3 Its focus and vision is to:

***To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health & Wellbeing system***

4.4 The success of the programme relies on its ability to influence not only behaviour within the wider BHBCBV programme and leadership, as well as across the wider health BUT ALSO across the wider care system and public service system activity. The diagram below illustrates this relationship.



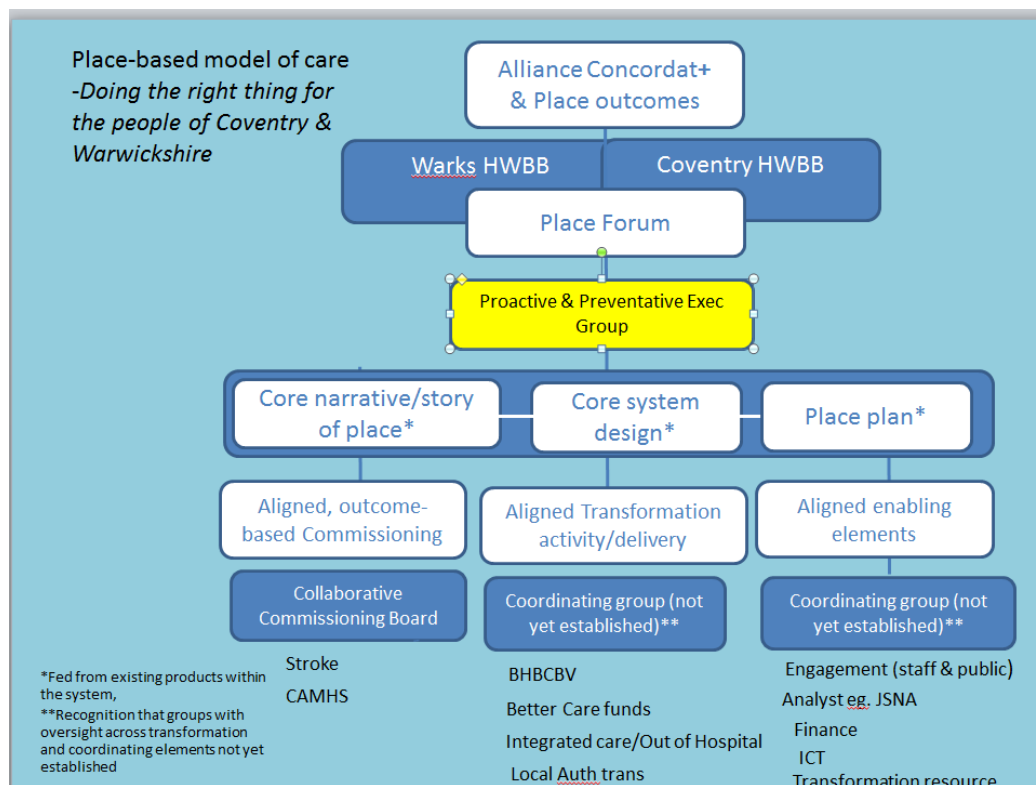
4.5 The programme seeks to achieve this by:

- Taking a place-based approach to system change
- Coordinating effort and input in support of the Place forum
- Bridging, influencing and aligning the HWBB, BHBCBV, BCF and wider transformation agendas
- Creating and fostering the conditions necessary to support a system-wide uplift in commitment to prevention
- Capitalising on the momentum created by the STP and integrating prevention into the wider programme and workstreams
- Coordinating effort and expertise across the wider system in support of an uplift in prevention, recognising that we are not starting from a zero base and will instead seek to build and capitalise on existing good practice and assets.

## 5.0 Programme governance

5.1 The diagram below attempts to outline the role of the P&P programme and executive in the context of the wider system.

5.2 This is intended as illustrative, recognising that all elements are not in place.



5.3 The Programme is governed by an Executive Group and supported by a working group consisting of representatives from agencies including the C&RCCG, South Warwickshire CCG, Warwickshire County Council, CWPT and SWFT. Detailed purpose and membership is included in **Appendix 1**.

5.4 Acknowledging the complexity of the current landscape it is recognised that decisions made within the P&P Executive are not fully binding and further contribution, consideration and support by a number of existing decision making groups is still required, notably:

- C&W Place Forum
- STP Programme Board
- HWB Boards (and Executive team in Warwickshire)
- Collaborative Commissioning Board
- Respective organisations boards/bodies as required

## 6.0 Programme content

6.1 The P&P workstream was originally shaped around the Out of Hospital (OOH) programme. However due to the ongoing contractual position of the OOH programme and the

successful selection of Coventry & Warwickshire as one of 15 national pilots for upscaling prevention work, this has been changed in recent months.

- 6.2 In August 2017 the two HWBB's secured the opportunity to be one of 15 national pilot sites for the Local Government Association (LGA) Upscaling Prevention (uP) offer. Following several workshops with the P&P Executive Group it has been agreed the 20 days will be focused on stimulating on creating the system-wide behaviours need to driver a change in behaviour.
- 6.3 In September, with support from the Collaborative Commissioning Board the decision was taken to refocus the P&P workstream around the uP initiative rather than OOH. This would allow OOH contractual elements to complete, whilst progressing the cultural/condition setting elements required for an uplift in prevention through the **uP** work.
- 6.4 In December 2017 the Coventry & Warwickshire place forum met and the P&P programme will pick up the actions coming out of this sessions and support future forums. These will be combined into a single place-plan.
- 6.5 The refreshed Proactive and Preventative programme will now deliver on three main elements:
- 1 Overall mang't and oversight of the Place-forum and place plan (rolling content) framework (see appendix 2)
  - 2 Delivery of specific elements of the plan, including the Upscaling prevention & Year of wellbeing (see Appendix 3 for detail on Upscaling prevention)
  - 3 Delivery BHBCBV programme specific activity, including integration of prevention into wider STP programme and wider system
- 6.6 As a result of the above activity the revised programme content looks like this:

	Element	Relationship
Place forum and plan oversight		
Core elements	Place Forum and Plan – overall	Coordinating body for Place forum work, including development and oversight of the Place plan
Place plan delivery (see Appendix 2 for detail)		
Core elements	<ul style="list-style-type: none"> <li>• Narrative/story of place -</li> <li>• LGA Upscaling prevention</li> <li>• Year of wellbeing</li> </ul> (see Appendix 3)	Core element focused on establishing the conditions necessary for an uplift in prevention. This element will also lead delivery of workplace health and an organisational prevention 'offer' and the wider year of wellbeing delivery plan.
	Trust & behaviours	Refreshed concordat
	Vision	Place-based outcomes, system design
	Getting it done	Produce place plan, metrics
	Holding to account	Place dashboard, governance refresh

Related elements	Community capacity	Core element focused on developing community capacity and 'hub' work within STP and wider HWB system – P&P programme to ensure ongoing connection with OOH
BHBCBV programme & wider system		
Key elements (regular updates required to Exec)	OOH programme	Remains part of P&P, but has own governance and reports separately to STP programme board
	Mental Health	STP workstream, closely related to P&P core elements as 'delivery arms'
	Workforce	STP workstream, closely related to P&P Core elements as 'delivery arms', including specific bid to the LWAB
Related elements (regular updates not required to Exec)	All BHBCBV workstreams	Must include a preventative element to work programmes
	Better Care Fund programmes	Health & care integration, community capacity and Coventry BCF funding support
	Local Authority transformation	Community capacity, public health adults and childrens transformation

## 7.0 Next steps

- 7.1 The place plan is intended to be an iterative plan which captures and 'wraps around' existing activity.
- 7.2 P&P Executive are asked to comment on the approach outlined in this documents ahead of wider sharing and cascading.
- 7.3 Delivery plans now to be developed for:-
- place forum / place plan
  - Upscaling prevention
  - Year of wellbeing.

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## Appendix 1 – Programme governance

Executive group	
Purpose	<p>To improve place and system working/leadership across health and care organisations and the wider public sector</p> <p>To champion place-base working and improve connectivity between the STP and HWBBs within Coventry and Warwickshire</p> <p>To have oversight of the design and delivery of the P&amp;P workstream and channel effort within the STP programme and wider system towards an uplift in prevention</p>
Core Membership	<p>Local Authority SRO – Gail Quinton (CCC), Nigel Minns (WCC)</p> <p>Directors Public Health - Liz Gaulton (CCC), John Linnane (WCC)</p> <p>CCGs – Andrea Green, Gill Entwistle</p> <p>Mental Health workstream – Justine Richards (CWPT)</p> <p>Workforce/LWAB – Catherine Sills</p> <p>Community Capacity – Helen Shankster (CCC), tba (WCC)</p> <p>OOH &amp; Primary Care – Anna Hargrave (SWCCG), Jenny Northcote (CRCCG, WNCCG)</p>
Wider membership	<p>Better Care fund leads – Pete Fahy</p> <p>Communication – Darren O’Shaughnessey</p> <p>BHBCBV Programme –Brenda Howard</p>
Prog, mang;t	<p>Robina Nawaz</p> <p>Rachel Barnes</p>
Related bodies that Exec group Members are also represented on	<p>HWB Boards (Coventry &amp; Warwickshire), CCG, OOH Design Boards, Collaborative Commissioning Board, STP Board, STP Design Authority, STP Delivery Group</p>
Meeting frequency	<p>Bi-monthly</p>

\*Sub-set of Core membership to meet to align HWBB and BHBCBV requirements ahead of Exec group

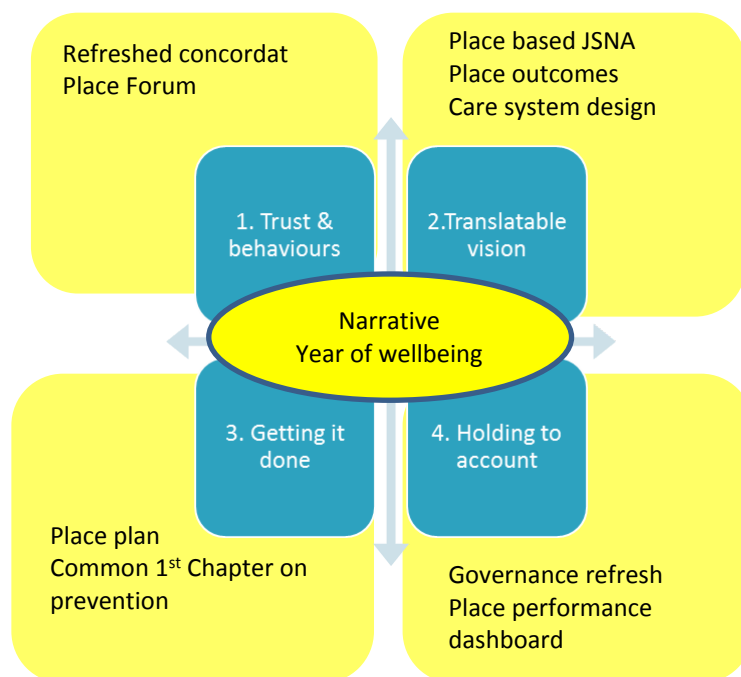
Working group	
Purpose	<p>To oversee the translation of the vision for the P&amp;P workstream into tangible activity and delivery of the key elements of the P &amp; P workstream</p> <p>To ensure linkages between programmes of work within the P &amp; P workstream and other STP workstreams are made to ensure synergy and consistency in approach, where appropriate.</p>

Structure	<p>The Working Group will focus on three key delivery areas:-</p> <ul style="list-style-type: none"> <li>• The Place plan and place forums</li> <li>• UpScaling Prevention</li> <li>• Year of Wellbeing</li> </ul> <p>Appropriate members will be invited to each Working group, as the agenda dictates.</p>
Core Membership	<p>Public Health – Liz Gaulton (CCC), Jane Fowles (CCC), John Linnane (WCC), Rachel Robinson (WCC)</p> <p>Community capacity - Helen Shankster (CCC), Louise Williams (WCC)</p> <p>Year of Well-being Co-ordinator – Jane Coates</p>
Wider Membership*	<p>OOH – Jane Fowles</p> <p>Mental Health – Fiona McGruer</p>
Project mang't	<p>Robina Nawaz</p> <p>Rachel Barnes</p>
Meeting frequency	<p>Bi-monthly</p>

\*We will be seeking nominations from relevant partners.



## Appendix 2 – Coventry & Warwickshire Place plan 2018/19 – draft for comment



### Coventry & Warwickshire Place plan

#### Trust and behaviour

1. **Concordat** - Refresh our Concordat and use it to capture our priorities for improving health wellbeing and care and our ways of working together.
2. **Place forum** - Use the place forum to develop trust further, address challenging issues together agree shared plans at a strategic level

#### Translatable vision:

3. **JSNA** - Develop the evidence base through the place-based JSNA rollout
4. **Agree a shared model (based on the swift / Christchurch model)**
5. **Outcome set** - Indicate sign up to place-based outcomes and priorities for delivery
6. **System design** - Use the place forum to confirm the coherent, modern care delivery system together within which all our contributions fit

#### Getting it done

7. **1st chapter** - Make prevention and self-help the first chapter of all change programmes, pathway redesigns
8. **Place plan**-Build one strategic, place based plan that is
  - a. delivered coherently by the various means (STP, BCF etc) we have at our disposal
  - b. reported to Place forum, HWBBs, STP Board etc
  - c. Coordinated through P&P Executive
9. Agree and monitor priority metrics of improvement- a place based dashboard to measure progress.

#### Holding to account

10. Use the Place forum to mutually hold ourselves to account for delivery arrangements to deliver against our Concordat
11. **Place governance** - Strengthen the necessary place based governance and working arrangements to take place-wide decisions and deal with vetos

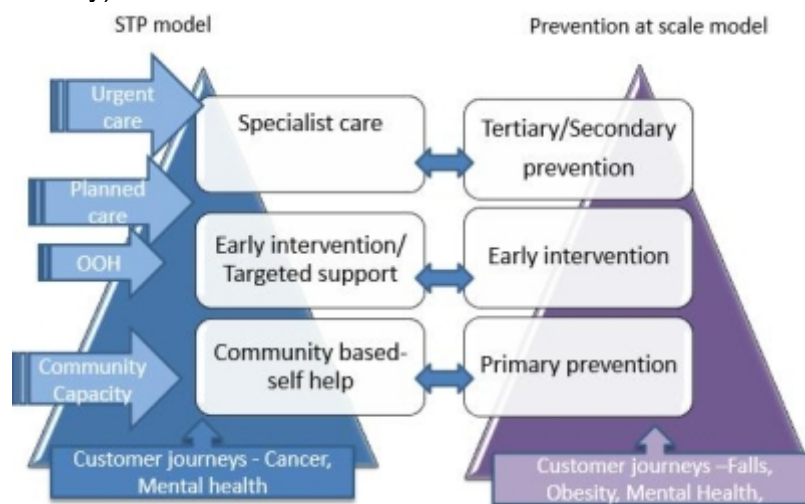
#### Narrative /Story of place

12. **Story of place** - Use the Upscaling prevention pilot to develop the common narrative, focused on wellbeing/prevention for the place
13. **Year of wellbeing** - Use the YoW as the catalyst for change, to galvanise effort and celebrate existing strengths

### Appendix 3 -Upscaling prevention – detail

The Upscaling Prevention Programme aims to manage individual health risks by focusing on early intervention to prevent health risks turning into ill-health and, where people have health problems, to stop those health problems escalating to the point where they require significant, complex and specialist health and care interventions. This project will be aimed at those individuals who are ‘at risk’ and will take an early intervention/prevention approach.

The diagram below explains the relationship between these different elements of prevention (primary, secondary, tertiary) and the BHBCBV model.



The Upscaling Prevention work will focus on creating the system wide conditions needed to drive a change in behaviour and act as a catalyst, and will be split into two phases:

- Phase 1 will create service and organisational ownership of the prevention agenda.
- Phase 2 will look at key areas of focus e.g. staff health and wellbeing, MECC training and developing community capacity and consistent community messages.

Phase 1 will aim to develop system readiness for prevention and will link with wider work to develop a system wide commitment to joint working by strengthening the Alliance Concordat, and developing and agreeing a common outcome framework that is owned by all partners.

We have been successful for a bid for 20 days support from the Local Government Association (LGA). The 20 days support from the LGA will be used to deliver phase 1 of the project. Through this phase, we will ensure that:

- There is a system wide commitment to prevention, and this agenda is owned by all organisations
- Develop a multi-layered definition of prevention and a narrative that all audiences can sign up to
- Show and tell celebration of existing good practice and baseline of where we currently are as a system
- Quantify the benefits of system approach to prevention
- Ensure prevention is integrated into policy and practice
- Establish a cohort/network of prevention champions
- Develop of a prevention toolkit.

Phase 2 will focus on a number of key areas and our mechanisms for delivery are anticipated to be threefold:

- Staff health and wellbeing across all providers – recognising that a strong focus on workforce wellbeing enables us to deliver better care to our population and act as exemplars of good practice to local employers
- MECC/extended MECC across all providers – supporting delivery of consistent messages across our points of contact and maximising opportunities to promote good health and wellbeing and signpost to support by ensuring all identified staff are MECC plus trained
- Developing community capacity and consistent messages - making the most of community capacity to support our population to live well. Through this work we will significantly improve pathways and interventions by working together to provide a better level of care and to keep people healthy and well. It is recognised that the local voluntary and community sector in Coventry is well placed to develop and deliver help to tackle the underlying causes of poor health and well-being through collaborative approaches that provide effective support with long lasting impact.



The prevention framework 'Upscaling prevention' will utilise the opportunities of the out of hospital work to get greatest impact to reduce inequalities in health outcomes and manage demand on health and care services via a prevention and self-care approach