

Health and Wellbeing Board Development Session

23 Oct 2019

Rep: Kim Shutler, Chair VCS Assembly

Health Watch – supporting Healthy, Happy at Home

- Supporting co-production
 - Continuation of the Big Conversation
 - Questionnaires have also gone out across the communities – understand what exists at a locality area
 - Intended to sit along the JSNA
 - Asset based community development approach – exploration of local assets and build on good practice
 - Jan-March – mini report for each Community Partnership (for use with the CP Leadership Team) and then overall report, short films for each CP, support with their comms strategy/profile raising
 - Will support the HHatHome Plan refresh
 - Some CPs looking at Citizen's Panels
- I raised that this was a very positive approach but needs to be an ongoing engagement and conversation ie not just one off. Needs to be a joint engagement strategy.
 - Helen Hirst updated that there had been a positive discussion at ICB about bringing together the systems comms people too develop joint work and campaigns in the first instance. It was recognised that is more comms than engagement.

Early Help and Prevention

- Dan Greenwood who has been leading this work is leaving and is being replaced by Sally Fryer.
- Aim is to develop a model not to look at implementation ie it is not aiming to 'solve' early help and prevention and is more about how we bring together structures.
- There was a presentation on 'EH Blue Print'
 - Emphasis on co-production and local response
 - Proposed definitions for early help and prevention
 - Proposals hang on a 4 conversation model which is about asset based working (same approach being implemented in social care)
 - Aim is to try and reduce the need for care
 - Pilot proposed
 - One front door – one access point, all age, information and guidance through to multi agency response
 - Aim to work with people holistically from the outset
- 1) First is self serve in terms of access to info to support self care, sign posting to services
- 2) Intelligence and decision making unit (IDMU) – single view of an individual, sharing information to get a full understanding, identification of unmet need. Decision made about stepping up to tier 3 or 4.
 - One of the challenges in the system is a tendency to 'refer and forget'
 - I raised that it would be difficult for the VCS to fit within the IDMU as it currently stands – there would not be a single service that is currently commissioned to provide this.
 - Mark Douglas (Dir Children's Services) raised that VCS may be best involved at a panel level. I raised that this would be good in theory but it could not be assumed that the VCS have the capacity to work in this way so needs more thinking through in terms of operationalising and mobilising.
 - 24/7 response proposed as key
 - The Hub could be in a variety of buildings – could be a library, GPs surgery etc. Not about all delivering in same space. The key is that it is where the multi-agency teams are based but likely to include some virtual team working.
 - Approach is Multi Agency Hub with Multi Agency panel.
 - Cases ref from front door or practitioners bring cases themselves
 - Consent based conversations

- Lead Practitioner – person to bring the case – to ensure continued ownership
- Discussion about info they hold, agree best way forward, then allocate case to work on
- Step up and step down protocol
- Noted that the changing nature of CPs means that they won't be fully aligned
- In the longer term – will look at developing an integrated locality service plans
 - Building partnerships for integrated working
- Recognised that big challenge in terms of data capture across different systems
- Aim is to go live with the pilot in Keighley in January.
- There was some challenge about how this model fits with other hubs etc. Essentially it is a Multi-Disciplinary-Team Meeting with a joint agency care plan/care coordination based on asset based, prevention, early help approach.
- I tried to raise that there are hundreds of people that the VCS were supporting who would fit into tier 3 and 4 not currently touching statutory services and there will be a need for a clearer criteria on how people might be brought forward. This was not recognised.