

## PROJECT INITIATION DOCUMENT

<b>GENERAL INFORMATION</b>	
<b>Project Name</b>	<b>Health and Well Being Strategy</b>
<b>Project Number</b>	N/A
<b>PID submitted by</b>	Tony Kinsella
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<b>Department</b>	Public Health (Performance & Intelligence)
<b>Project Description</b>	This project will set out the plans required to deliver the inaugural Health and Well Being Board Strategy.
<b>Date OBC approved</b>	N/A
<b>Significant Implications</b>	None at this time

<b>BUSINESS CASE (Brief outline of why the project should be undertaken as per the approved OBC)</b>	
<p>The project is designed to produce a Health and Wellbeing Strategy for 2013/14. The strategy will translate the priorities derived from assessing needs and available assets (based on a high quality JSNA) into concrete actions that collectively address the underlying determinants of health and well-being to improve outcomes.</p> <p>The strategy will provide members of the Health and Wellbeing Board with the opportunity to:</p> <ul style="list-style-type: none"> <li>- Explore local issues that previously, may only have been addressed in isolation.</li> <li>- Develop a consensus on priorities to be addressed across the system and how to make use of collective resources in order to achieve them.</li> <li>- Formulate local decisions that drive service change (e.g. investment/disinvestment) according to local need and engagement with local communities.</li> </ul>	

<b>BACKGROUND</b>	
<b>Scene Setting</b>	<p><b>National context</b></p> <p>The Health White Paper, 'Equity and Excellence: liberating the NHS' was published in July 2010 and set out a radical restructuring of the NHS. This vision was realised in the Health and Social Care Act (2012), which introduced new policy and legislation designed to change fundamentally, the way in which public health, health services and social care are to be delivered.</p> <p>The major changes include:</p> <ul style="list-style-type: none"> <li>• shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning Board</li> <li>• the creation of a health specific economic regulator</li> </ul>

	<p>(Monitor) with a mandate to guard against ‘anti-competitive’ practices</p> <ul style="list-style-type: none"> <li>• giving groups of GP practices and other professionals – Clinical Commissioning Groups (CCGs) – responsibility for the majority of NHS commissioning</li> <li>• transferring responsibility for public health from the NHS to the local authority</li> <li>• moving all NHS trusts to foundation trust status</li> <li>• giving local authorities, through Health and Wellbeing Boards (HWBs), a new role in encouraging joined-up commissioning across the NHS, social care, public health and other local partners</li> </ul> <p>The Health and Social Care Act sets out a new vision for the leadership and delivery of public services – those decisions about services should be made as locally as possible, involving people who use them and the wider local community. The Act supports local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs.</p> <p>The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) are an important means by which they can achieve this. There is a statutory requirement for the Local Authority and Clinical Commissioning Groups to develop a JHWS that demonstrates how need, (identified through the JSNA) is to be addressed. The aim of the JHWS and the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning. They will be used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. A successful JHWS will have a positive effect on locally prioritized health and wellbeing outcomes.</p>
<p><b>Related Projects</b></p>	<p>The development of the strategy is dependent upon the number of enabling projects/work streams.</p> <p><b><u>JSNA</u></b></p> <ol style="list-style-type: none"> <li>a. Each chapter of the JSNA is periodically reviewed throughout the year</li> <li>b. The data and words that describe the needs and issues surrounding any given subject are updated by the Analysts in the Performance &amp; Public Health Intelligence Team based upon available new and later information</li> <li>c. Each chapter is started with an Executive Summary of the key issues described in its content</li> <li>d. These key issues provide the reader with an instant overview of the main themes associated to that subject area.</li> </ol>

<b>PROJECT DEFINITION</b>	
<b>Objectives</b>	<p>The following objectives have been identified by the project group as fundamental to the successful development and production of a Health and Wellbeing Strategy:</p> <ol style="list-style-type: none"> <li>1. The refinement and agreement of the key “design principles” that underpin the strategy and its future development.</li> <li>2. The development of a robust and transparent process for identifying and agreeing HWB priorities (which satisfy the requirements of the “design principles”).</li> <li>3. The development of a framework for the consensus development and agreement of actions which target the delivery of outcomes which address HWB priorities.</li> </ol>
<b>Approach</b>	<ul style="list-style-type: none"> <li>• The project team will research national guidance and examples of best practice with regard to the development of HWB strategies.</li> <li>• The project team will coordinate and incorporate the collective knowledge and experience of all partners which form the Health and Wellbeing Board</li> <li>• The project team will seek to develop a ‘consensus vision’ for Wirral’s Health and Wellbeing Strategy, which is evidence based and delivers improved outcomes for the residents of Wirral through collective and coordinated actions.</li> <li>• The development of the strategy will be underpinned by the “design principles” agreed by the HWB. These principles should facilitate the development of a strategic document that does not try to solve everything, but which should: <ul style="list-style-type: none"> <li>- Tackle the current and future health and social care needs of the population (identified by JSNA), including the worst inequalities.</li> <li>- Understand inequalities and the factors that influence them (e.g. housing).</li> <li>- Focus on issues that can be addressed together (through joint working across the local system) and understands the value of pooling resources to achieve greater impact &amp; improvements in outcomes.</li> <li>- Set shared priorities based on evidence of greatest need and focus on those which will make the biggest difference (maximise resources).</li> <li>- Develop a prioritisation process which is systematic, transparent, and simple and is used consistently over time to justify outcomes. It should aim to balance different types of need and take into account complex needs and integrated</li> </ul> </li> </ul>

	<p>planning to address them.</p> <ul style="list-style-type: none"> <li>- Articulate a clear rationale for locally agreed priorities (and what that means for other JSNA identified needs) and how they will be tackled by individual services to deliver improved outcomes.</li> <li>- Support increased choice and control by those who use services with independence, prevention and integration at the heart of such support.</li> <li>- Focus on prevention and improving outcomes when setting strategy and making decisions (e.g. set clear and measureable outcomes). There should be a process for reviewing whether outcomes have changed as a result of agreed outcomes (taking into account the long term nature of delivering health outcomes).</li> </ul> <p><b>Note:</b> These design principles will be refined in order to facilitate the prioritisation process and the agreement of the actions required to deliver outcome improvements.</p>
<b>In scope</b>	Development of a strategic document which targets the key priorities identified by the HWB through coordinated and evidence based actions to improve outcomes for Wirral residents
<b>Out of scope</b>	The commissioning process and the individual commissioning strategies and priorities of Health and Wellbeing partner organisations.
<b>Assumptions</b>	The project assumes the support/resource input from both the Health and Wellbeing Board and the JSNA Executive Group in delivery of the project.
<b>Constraints</b>	Time constraints associated with developing a multi partnership strategy within 4 months

<b>PROJECT CONTROL.</b>
<p>This project was initiated by the Health and Wellbeing Board and its governance will be overseen by the JSNA Executive Group.</p> <p>The Project Manager will provide relevant updates (e.g. Risk Logs, Project Plan updates etc) to the JSNA Steering Group and the project group to enable the management of programme delivery.</p>

<b>PROJECT ORGANISATION AND STRUCTURE</b>		
<b>Role</b>	<b>Name</b>	<b>Phone</b>
Project Sponsor	Tony Kinsella (NHS Wirral)	
Project Manager	Helen Bromley (Wirral University Teaching Hospital)	

Team Member	John Highton (NHS Wirral/Wirral Council)	
Team Member	Andrew Cooper (Wirral CCG)	
Team Member	Steve Rowley (Wirral Council)	
Team Member	Chris Harwood (NHS Wirral)	
Team Member	John Doyle (NHS Wirral)	
Team Member	Hannah Madden Liverpool John Moores University)	
Team Member	Nancy Clarkson (Wirral Council)	
Team Member	Kevin MacCallum (Wirral Council)	

<b>EQUALITY AND DIVERSITY IMPACT:</b>	
<b>Equality impact statement date and implications</b>	To be completed on joint health & wellbeing strategy

<b>PROJECT PLANS</b>	
<b>Timescales</b>	<p>The PID has a maximum lifecycle of 6 months and is designed to deliver a Health and Wellbeing Strategy by February 2013. However, the frameworks and methodologies which it generates should form the foundation for the on-going development and refinement of the strategy. The project plan activities and the outline timetable are as follows:</p> <p><b><u>September 2012</u></b></p> <ul style="list-style-type: none"> <li>• HWB &amp; JSNA Executive Group to agree proposed approach (TK)</li> <li>• Complete and agree PID (HB/TK/JH)</li> <li>• Establish project group (TK/JH)</li> <li>• Complete draft "Context" section of Strategy (HB)</li> </ul> <p><b><u>October 2012</u></b></p> <ul style="list-style-type: none"> <li>• Draft "Vision" section of Strategy (HB)</li> <li>• Update "Key Issues" document based on Octobers refresh of the JSNA (including JSNA Executive Group sign off) (JH)</li> <li>• Refine and agree "Design Principles" (for prioritisation process) (PG)</li> <li>• Research and develop a draft prioritisation framework/process (HB)</li> <li>• Confirm engagement process for strategy (priorities and final strategy) (TBC)</li> <li>• Project plan update (e.g. feedback on prioritisation process) to JSNA Executive Group on 23/10/12 (HB/JH/TK)</li> </ul>

### **November 2012**

- Agree prioritisation methodology (PG)
- Develop an interactive mechanism/process for members of the HWB to agree priorities (PG)
- Health and Wellbeing Board 1<sup>st</sup> development session – agree priorities for 2013/14 (FJ/HB/TK/JH)
- Complete “Priorities” and “Priority Methodology” sections of the Strategy (HB)

### **December 2012**

- Revise “Design Principles” based on prioritisation process (HB)
- Agree methodology/framework for identifying and prioritising actions which improve outcomes with project group (PG)
- Design a development session for HWB members to facilitate the agreement of a coordinated set of actions for addressing priorities (PG)

### **January 2013**

- Health and Wellbeing Board 2<sup>nd</sup> development session – agree collective actions for 2013/14 (FJ/HB/TK/JH)
- Complete “Actions”, “Key Outcomes” and “Governance & Review” sections of the strategy (HB)
- Finalise “Vision” section of the strategy with input from Chair of the HWB (HB)
- Review 1<sup>st</sup> draft of Strategy (PG)

### **February 2013**

- Final draft of the Strategy submitted to the HWB for final QA and approval (FJ)
- Update Strategy based on HWB feedback (HB)

### **March 2013**

- Final signed off Strategy circulated to all partners for use and promotion (as part of planned/coordinated Communication and Engagement process)

**Key** – HB – Helen Bromley / JH – John Highton / TK – Tony Kinsella / PG – Project Group/  
FJ – Fiona Johnstone

<b>Staff Resources required</b>	
<b>Resources Required</b>	Dedicated project manager/author (Helen Bromley) plus input from all key stakeholders organisations (e.g. DASS, Children's Service, PH etc)
<b>Key decisions</b>	<p>This PID will be reviewed and signed off by the JSNA Executive Group on 23/10/12.</p> <p>Key decision milestones for the completion of the strategy include:</p> <ul style="list-style-type: none"> <li>- Priorities</li> <li>- Actions</li> <li>- Action outcomes</li> <li>- Governance framework</li> <li>- Sign off and approval of final draft</li> </ul>
<b>Key communication requirements</b>	<p>The development of the strategy will require the input of both internal and external stakeholders. Communications will include elements of both process and product.</p> <p><b>Process</b>            HWB Communication &amp; Engagement will be led by Kevin MacCallum</p> <ul style="list-style-type: none"> <li>o Reflection of original JSNA key issues survey, and suggested priority topics as a second stage process in order to give the Board additional insight at the time of the strategy prioritisation process sessions in December 12.</li> <li>o This will cover communication and engagement opportunities of HWB partners such as membership lists and engagement databases</li> <li>o It will need to be a stand-alone exercise in order to have the necessary information for the HWB prioritisation meeting – this meeting is expected to be held on <b>12<sup>th</sup> December</b> – so we would want the <b>survey completed and results provided by Wednesday 28<sup>th</sup> November</b> to allow for their inclusion in the HWB pre meeting papers</li> <li>o A rating, then ranking system for the main survey question for the key priorities suggested from the original survey</li> <li>o Non-online options for residents to complete and return</li> </ul> <p><b>Product</b></p> <p>1. A <b>communication plan</b> (incorporated as part of the overall HWB Board communication plan) will be required to ensure that all appropriate stakeholders are kept informed about the project's activity. It will need to promote:</p> <ul style="list-style-type: none"> <li>- Strategic vision</li> <li>- Process for identifying priorities</li> <li>- Actions initiated to address priorities</li> <li>- Impact of actions on outcomes</li> </ul> <p>2. Publication and promotion of the <b>Health and Well Being Strategy</b> in February 2013 (estimate)</p>

<b>COSTS AND BENEFITS</b>			
<b>Investment and costs</b>	Not Applicable		
<b>Financial effects</b>	This year	This year + 1	This year + 2
<b>Anticipated Cost reduction (£m)</b>	N/A	N/A	N/A
<b>Anticipated Revenue Budget Saving (£m)</b>	N/A	N/A	N/A
<b>Other benefits</b>	Increased joint working between HWB Board partners and alignment of resources and priorities.		

<b>KEY RISKS AND ISSUES</b>	
<b>Key Risks</b>	<ul style="list-style-type: none"> <li>• The objectives of this project failing to be met within the timescales agreed.</li> <li>• Inability to access external support.</li> <li>• Project scope becomes too broad.</li> <li>• Insufficient expertise to deliver the objectives of the project.</li> </ul>
<b>ICT issues</b>	N/A
<b>Staffing issues</b>	Insufficient partnership expertise or resource capacity to support the delivery of this project.
<b>Legal issues</b>	There are no direct risks relating to legal issues for this project.
<b>Asset Management/ accommodation</b>	N/A.
<b>Initial issues</b>	N/A.

<b>APPROVAL</b>	
I, the proposer certify the above as an accurate statement of the key elements of this project.	Date: 23/10/2012
This project is endorsed by Chief Officer	Date: 23/10/2012
Financial implications verified by Director of Finance	Date: n/a
If approved, who will be the Project Manager.	Name Helen Bromley Email <a href="mailto:helen.bromley@nhs.net">helen.bromley@nhs.net</a>