
SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

21st JANUARY 2013

Joint Report of the Director of Adult, Community and Housing Services, Director of Children's Services, Director of the Urban Environment, the Director of Public Health and the Head of Partnership Commissioning of the Dudley Clinical Commissioning Group

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY FOR DUDLEY BOROUGH

Purpose of Report

1. For the Shadow Dudley Health and Well-Being Board to approve a final version of its first Joint Health and Well-Being Strategy for Dudley Borough.

Background

2. The Shadow Board is aware that the production of a Joint Health and Well Being Strategy is a key activity of the Shadow Health and Well Being Board. The work associated with such a Strategy supports the duty on Local Authorities and Clinical Commissioning Groups to improve health and the quality of health services in Dudley Borough.
3. The Shadow Board has led the work of developing a Draft Strategy at its formal meetings and Development Sessions. Direction has been given by the Shadow Board across a number of themes which have included:
 - Analysis – activity to re-fresh the Joint Strategic Needs Assessment has been undertaken with representation across all partners in a group led by the Director of Public Health. The product is due to be presented to the Board and will include better linkages for commissioners. This builds on the “Top Key Facts” considered by the Shadow Board during its Development Sessions.
 - Engagement – the Shadow Board is committed to ever-improving public engagement to support its needs assessment of Dudley Borough. Shadow Board and specific Agency activity which has contributed to the process and product of the Strategy overall has included:
 - i. Clinical Commissioning Group’s Engagement Event, “Nothing About You, Without You” held at Dudley Concert Hall in June 2012 attended by approximately 300 people
 - ii. The Shadow Board’s event for stakeholders and members of the public held at The Venue in Dudley in July 2012 when 250 people

attended for consultation on the Strategy and the development of a Local Healthwatch for Dudley Borough

- iii. Clinical Commissioning Group's regular Healthcare Forum meetings
 - iv. Engagement with Children and Young People – During July and August 2012, the Dudley Youth Service engaged with 40 people aged 12 – 19 from varied economic, social and geographic backgrounds of the borough who took part in focus groups to discuss and identify the most important health and well being priorities for young people within the Dudley Borough. Appendix 2 gives examples of ideas from the children and young people acquired through this activity.
 - v. Adult social care services – the “Take Control and Get Involved” campaign to encourage customers to play a greater role in decision making process and engagement for the “Local Account” over the last quarter of 2012 has contacted 11,000 members of the public, carers or people using adult social care services
 - vi. Corporate Black and Minority Ethnic Communities engagement Event in September 2012 which was attended by 350 people. The main focus of activity on this occasion was information-giving and this included information about the development of the Local Healthwatch in Dudley Borough.
 - vii. In late November 2012, under the title of “From the Street,” the Shadow Board led engagement activity through visits to six locations in the Borough, to use a Questionnaire method to engage with members of the public about the Shadow Board's priorities for the Joint Health and Well Being Strategy. Nearly 170 members of the public, 259 young people at the Thorns School and some members of Council staff resident in Dudley Borough completed the Survey. Appendix 3 gives examples of responses about the priorities from the public.
- The “life course” approach - has been accepted as an organising principle within which the variety of services commissioned and provided for all people in the Borough “from cradle-to-grave” can be presented.
 - Health Inequalities – the Board has embraced the commitment to continued work on the Health Inequalities Strategy agreed in 2010 and the challenge to work together even more effectively through the Board's agencies working in partnership to improve people's health and the quality of health services
 - Integration – work to take integration on to its next stage in Dudley Borough as an effective strategic instrument to improve services has continued with a range of methods being used such as:

- i. joint commissioning - of children's respite services through use of Section 75 Agreement; other Section 75 Agreements e.g. for learning disability services or the Community Equipment Service are already in place;
 - ii. on-going use of shared commissioning staff posts in learning disabilities and mental health services;
 - iii. lead commissioning e.g. by the Council for adult learning disability services
 - iv. integrated approach to budget management - e.g. piloting this approach in commissioning mental health services for adults being led by the Clinical Commissioning Group
 - v. Section 256 transfer of funds from the Clinical Commissioning Group to the Council to underpin work such as hospital discharge arrangements
 - vi. Consideration being given to Intermediate Care / Continuing Health Care to support local integration
 - vii. Shared strategic approaches e.g. Dementia Strategy and Carers Strategy
 - viii. overall development of Joint Strategic Needs Assessment to inform commissioner's decision-making
 - ix. the early establishment of a Shadow Health and Well Being Board to build on previous achievements and lead the next steps required in the health and care system in Dudley Borough towards greater integration
 - x. the integration of the Public Health Service to Dudley Council through transition activity which will include a "core offer" of public health services underpinned by a formal agreement with the Clinical Commissioning Group
- Well-Being – in its discussions, the Board has recognised the need to embrace in its Strategy the contribution of local activity to the wider Well-Being agenda. This approach embraces the life chances afforded to children and young people through education as well as broader issues of the wider determinants of health. Interestingly, the Shadow Board may wish to note the description of Well-Being given by young people in the Engagement activity referred to above as *"Feeling happy, being able to socialise with friends, being able to manage your health and overall being physically and mentally well."*
- Priorities – five suggested priorities determined through the process of engagement, analysis and Board discussion are:
 - Making Our Neighbourhoods Healthy- by planning sustainable, healthy and safe environments and supporting the development of health-enhancing assets in local communities
 - Making Our Lifestyles Healthy- by enabling people to have healthy lifestyles and working on factors which influence health inequalities- obesity, alcohol smoking and early detection of ill-health
 - Making Our Children Healthy- by supporting children and their families at all stages but especially the early years; keeping them safe from

harm and neglect, supporting the development of effective parenting skills and educating young people to avoid risk-taking behaviour

- Making Our Minds Healthy- promoting emotional wellbeing and mental health
 - Making Our Services healthy- integrating health and care services to meet the changing Dudley demography, starting with urgent care
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- Production standards - the Shadow Board have directed that a final Strategy document should be concise and accessible i.e. produced to meet the needs of a range of audiences. Final design work around the text remains to be completed using the content / text of the Draft Strategy presented with this Report in Appendix 1.
 - Review – the Shadow Board has acknowledged that in every way the Shadow Board is “learning by doing.” Therefore, it has been acknowledged that the Draft Strategy will be up-dated appropriately in 2013/14 in the light of this first year’s experience. In particular, the review will take account of the completed up-dated Joint Strategic Needs Assessment. It is suggested that a three-year cycle be established beyond that review.
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4. Shadow Board will recall that the Board-specific work has been undertaken by a Planning / Editorial Group with representation from all Council Directorates, the Public Health Service, the Clinical Commissioning Group and the Dudley Community Partnership. Thanks is expressed to the group for their efforts in supporting the Shadow Board through the process of producing the Draft Strategy.
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5. The completion of the Strategy is an important milestone for the Shadow Board as it puts in place one aspect of the Board’s purpose as it “goes live” from April 2013. Sight of the Strategy at this stage and acknowledging debates during its production, may also alert the Shadow Board to other related issues about which it needs to re-assure itself going forward. It is suggested that three such themes are
- (a) **Quality and Safety:** as well as an overall commitment to quality and safety, the publication of the Government’s final report in response to the incidents at Winterbourne View and the forthcoming Francis Report on the Mid-Staffs Hospital both add force to the serious implications for the Shadow Board to confirm the assurance needed within the wider Dudley Borough health and care sector which it leads.
 - (b) **Outcomes and Performance** - it is suggested that the Board reflect on a framework for reporting both the success of its Joint Health and Well Being Strategy but also the wider Department of Health Outcomes Frameworks for Adult Social Care, the NHS, Public Health and the Department for Education and OSTED requirements for Children’s Services.
 - (c) **Engagement** – as a result of its activity this year, and learning from its December 2012 Development Session, it is suggested that the Board has created an opportunity to increase the integration and effectiveness of its engagement arrangements in Dudley Borough.

The Board may feel that it is better to agree to do further work to support an explicit understanding and approach for the Board on these themes as part of its specific leadership role of the health and care sector in Dudley Borough in the context of the wider determinants of health in Dudley Borough.

Finance

6. Any financial implications arising from the content of this Report will be met from within existing budgets between the agencies.

Law

7. The background to the development of Health and Well Being Boards and the production of Joint Health and Well-Being Strategies lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

Equality Impact

8. The Shadow Board agreed to undertake an Equality Impact Assessment in respect of the developing Joint Health and Well Being Strategy. This work has begun and the Shadow Board are invited to comment on the draft Equality Impact Assessment which is attached as Appendix 4.

Recommendation

9. That the Shadow Dudley Health and Well-Being Board: -
 - approve the first Dudley Joint Health and Well Being Strategy produced by the Board with or without amendment;
 - agree to an appropriate review of the Strategy during 2013/14;
 - agree to the Board's Editorial Group undertaking further work on the themes of (a) Quality and Safety; (b) Outcomes and Performance and (c) Engagement as set out in para 5;
 - comment on the content of the developing Equality Impact Assessment (attached as Appendix 4)



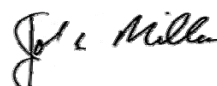
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APPENDIX 1

DRAFT DUDLEY HEALTH AND WELL BEING STRATEGY – TO FOLLOW

APPENDIX 2

Young People's Consultation – July 2012

Health issues for young people today which you think the Health and Well Being Board should focus on in the next 3 years?

- *Discrimination in all its forms*
- *Reliance on technology*
- *Peer pressure*
- *Weight and eating disorders*
- *Money and struggling financially*
- *Confidence, self esteem, self image and body image*
- *When someone is struggling with life, depression and mental health (feeling generally happy or unhappy)*
- *Alcohol*
- *Safety*
- *Bullying*
- *Smoking*
- *Drugs*
- *Family relationships and family difficulties*
- *Employment, unemployment and lack of jobs/ opportunities*
- *When family members are ill and young people are carers*
- *Lack of motivation*
- *When young people get in trouble (involvement in crime)*
- *Abuse, harassment and paedophilia*
- *Building positive relationships, sexual health & education including puberty, STI's (including HIV) and teenage pregnancy*
- *Making sure there are places to go and things to do*
- *Further education and making the right choices*
- *Religious issues and spirituality*
- *Anger*
- *Being listened to and feeling valued*
- *Grief*
- *Homelessness*

APPENDIX 3

“FROM THE STREETS” ENGAGEMENT – NOVEMBER 2012

Some examples of Priorities / Most important issues

- *Unemployment – as it affects physical and mental health (H)*
- *Prevention is always better and cheaper than cure... healthy children invariably become healthy adults*
- *Dementia – because I’m in the firing line.. my mother has dementia*
- *Cancer – research shouldn’t be charity based*
- *Ageing – who’s going to look after them? Take care of them? Where’s the money going to come from?*
- *Depression and anxiety – growing number of people struggling to cope and this impacts on all other key issues*
- *Child poverty – no child should be in poverty – give all the best opp to do as well as possible*
- *Smoking – if we reduce the numbers who smoke, are obese and drink we could save money which could be spent on other care*
- *Jobs – because its proven there are less jobs in local area*
- *You can raise as much awareness as you like but you need to be more proactive*
- *Voluntary work for older people to do more and become involved*
- *Preventable things which cause major problems go unnoticed*
- *Healthy lifestyle – because its important that you live a healthy lifestyle*
- *Make escalators and stuff that will help them in life*
- *Young children aren’t getting proper food so there should be cooking lessons for moms that don’t know how to cook*
- *More centres for older people and families where problems can be addressed without cost to the people*

APPENDIX 4

INSERT DRAFT EQUALITY IMPACT ASSESSMENT – TO FOLLOW