Directorate of Corporate Resources

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Dudley
Metropolitan Borough Council

Your ref:	Our ref:	Please ask for:	Telephone No.
	JJ/jj	Mr J Jablonski	815243

4th December, 2014

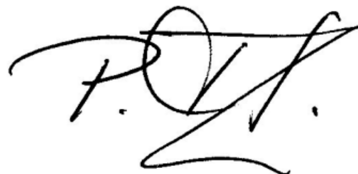
Dear Member

Dudley Health and Wellbeing Board

You are requested to attend a meeting of the Dudley Health and Wellbeing Board to be held on Tuesday, 16th December, 2014 at 3.00 pm at Lye Community Centre,(main hall),Cross Walks Road,Lye,DY9 8BH to consider the business set out in the agenda below.

The agenda is available on the Council's Website www.dudley.gov.uk and follow the links to Councillors in Dudley and Committee Management Information System.

Yours sincerely



Director of Corporate Resources

A G E N D A

1. APOLOGIES FOR ABSENCE

   To receive apologies for absence from the meeting

2. APPOINTMENT OF SUBSTITUTE MEMBERS (IF ANY)

   To report the appointment of any substitute Members for this meeting of the committee.

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3. DECLARATIONS OF INTEREST

To receive Declarations of Interest in accordance with the Members' Code of Conduct

The attention of Members is drawn to the wording in the protocols regarding the general dispensation granted to Elected Members and the voting non-elected representative from requirements relating to other interests set out in the Members' Code of Conduct given the nature of the business to be transacted at meetings.

However, Members and the voting non-elected representative (and his potential substitutes) are required to disclose any disclosable pecuniary interests. In such circumstances, the voting Member would be required to withdraw from the meeting.

If Members have any queries regarding interests would they please contact the Director of Corporate Resources, Philip Tart, prior to the meeting.

4. MINUTES

To approved as a correct record and sign the minutes of the meeting of the Board held on 30th September, 2014 (copy herewith)

GENERAL BUSINESS

5. The Annual Report of Dudley Safeguarding Children Board 2013-14 and the Dudley Safeguarding Adults Board Annual Report 2013-14 (Pages1 - 10)

6. Health Protection Annual Report 2013/14 (Pages 11 – 14)

7. Dudley Health and Wellbeing Board Community Engagement Plan (Pages 15 -29)

8. Health and Social Care Leadership Group – terms of reference (Pages 30 –33)

9. Joint Strategic Needs Assessment Chair – Oral report

10. Better Care Fund - Update (Pages 34 – 36)

DISCUSSION

11. Pharmaceutical Needs Assessment(PNA) 2014-15 (Pages 37 -41)

12. Healthwatch - Consultation on PNA - Presentation

13. Dudley Health and Wellbeing Board Peer Review (Pages 42-53)

STRATEGIC ITEM

14. Children and Young People – Draft Plan (Pages 54 -58)

15. Quality Transfers of Care between Hospital and Community Settings (Pages 59 - 72)

INFORMATION ITEM

16. Executive Summary Five Year Forward View NHS England October 2014 (Pages 73-75)

17. TO CONSIDER ANY QUESTIONS FROM MEMBERS TO THE CHAIR WHERE TWO CLEAR DAYS NOTICE HAS BEEN GIVEN TO THE DIRECTOR OF CORPORATE RESOURCES(COUNCIL PROCEDURE RULE 11.8)

MEMBERSHIP OF THE BOARD

Councillors D.Branwood, T.Crumpton, R.Harris and N. Neale

Director of Adult, Community and Housing Services, Interim Director of Children's Services and Assistant Director of Planning and Environmental Health

Ms K.Jackson – Interim Director of Public Health

Roger Clayton – Chair of Safeguarding Boards

Dudley GP Clinical Commissioning Group

Dr. D Hegarty, Dr S.Cartwright and Mr P Maubach

Alison Taylor – Local Area Team - NHS Commissioning Board – Lead Director for Dudley

Andy Gray – Dudley CVS CEO

Pam Bradbury – Chair of Healthwatch Dudley

Chief Superintendent Johnson – West Midlands Police

Neil Griffiths – West Midlands Fire and Rescue Service

OFFICER SUPPORT

Brendan Clifford, Assistant Director, Adult Social Care (DACHS)

Ian McGuff, Assistant Director Quality and Partnership (Children's Services)

Mr N. Bucktin, Head of Partnership Commissioning.(CCG)

Diane McNulty, Locum Consultant in Public Health

Minutes of the Dudley Health and Well-Being Board

Tuesday, 30th September, 2014 at 3.00 pm
at St.Thomas's Community Network,Beechwood Road,Dudley

Present:

Councillor R Harris (in the Chair)
Councillor T Crumpton (Vice-Chair)
Councillor P. Miller
Director of Adult,Community and Housing Services,Interim Director of Children's Services, Interim Director of Public Health, Assistant Director, Planning and Environmental Health,Dr D.Hegarty, Dudley Clinical Commissioning Group, Pam Bradbury – Chair of Healthwatch Dudley, Mr A Gray – Dudley CVS CEO, Chief Superintendant Johnson – West Midlands Police, Mr N Griffiths – Fire Service and Alison Taylor,Local Area Team,NHS Commissioning Board.

In attendance:

B Clifford, Assistant Director, Adult Social Care (Directorate of Adult, Community and Housing Services),Mr N.Bucktin,Head of Partnership Commissioning,Dudley Clinical Commissioning Group and Mr J.Jablonski, Assistant Principal Officer (Democratic Services) (Directorate of Corporate Resources).

Also in attendance:

Diane McNulty,Public Health Programme Manager (for agenda item number 10) and Greg Barbosa (for agenda item number 12)

and ten members of the public.

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16 **Welcome and Introductions.**

The Chair welcomed those present and Members introduced themselves.

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17 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors Branwood and Neale,Dr Cartwright and Mr Maubach .

18 **Appointment of Substitute Member**

It was reported that Councillor Miller was substituting for Councillor Neale for this meeting of the Board only.

19 **Declarations of Interest**

No Member declared an interest in any matter to be considered by the Board at this meeting.

20 **Minutes**

Resolved

> That the minutes of the meeting of the Board held on 17th June, 2014, be approved as a correct record and signed.

21 **Interim Performance Report**

A joint report of Officers was submitted updating the Board on the progress made against the Board's strategic priorities as set out in the Health and Wellbeing Strategy and on the half year position against the health and wellbeing outcomes.

Arising from the presentation given of the report and its Appendix it was noted that one of the issues arising from the recent Peer Challenge was the need to be very focused on priorities.

Particular comments were also made on performance with regard to breast feeding and the need to see improvement, especially given all the work done.Similar comments were also made with regard to the child poverty figures.

With regard to breast feeding a suggestion was made by Councillor Crumpton that popular television programmes be asked to include in their storylines issues to do with breast feeding and he indicated that he would persue this.He also indicated that he would report back to the Board on work to do with breast feeding arising from the volunteer buddies initiative from the childrens centres.

Resolved

> That the information contained in the report,and Appendix to the report, submitted, updating the Board on the current performance status for Dudley Borough , be noted.

22 **Health and Wellbeing Board Communications and Community Engagement Plan**

A joint report of Officers was submitted on a draft framework of the Board's communications and community engagement plan, a copy of which was attached as an Appendix to the report submitted.

It was noted that another feature of the Peer Challenge held recently was the need to increase awareness about the Board and consult and engage on the Joint Strategic Needs Assessment.

It was also noted that the Appendix to the report required completion by the various agencies indicated.

Resolved

> That the draft framework of the Board's Communications and Community Engagement Plan, attached as an Appendix to the report submitted, be ratified, that the content of the plan be noted and proposed activities supported and that the final communications and community engagement plan be submitted to the next meeting of the Board.

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23 **Troubled Families Programme.**

A report of the Interim Director of Children's Services was submitted updating the Board on the experience of the first phase of the Troubled Families Programme and on the context for phase two of the programme.

In commenting on the content of the report, Councillor Crumpton referred to a possible name change for the programme to that of Families in Trouble (FIT) and the team that supported it.

Given the success in meeting phase 1 targets, as indicated in the report, the Council had been selected as an early adopter for the phase 2 programme. This would mean meeting the needs of approximately 2,500 families,as opposed to the 740 families in phase 1.

The overall need was to look holistically in respect of the families involved with the team involved being drawn from a wide range of services.It was considered that the success achieved was due to the work of the team and that there was a need to look at how the techniques involved could be used in respect of mainstream provision.Future success would be measured in terms of whether families involved were no longer considered to be in trouble.

Other Board Members commented favourably on the principles involved and on the associated learning that was going on with regard to different layers of vulnerability.It was considered that a modest involvement brought about a greater amount of benefit.
Discussion also centred on the need to ensure data sharing was not a barrier and on maintaining the flow of data.

One problem for the Clinical Commissioning Group(CCG) was how to share patient data and that there were no quick solution to this.

There was a need therefore to consider how to bring the agencies together to meet the challenges so that using data available made an operational difference.

The CCG would be building on work already done to persue the issue of data sharing and governance arrangements.

With regard to the troubled families programme basic data was already available and that the need for further data would, it was considered, be an issue that would be addressed by Central Government in due course.

The need for the CCG was to consider what added benefit could be provided on an identifiable patient basis taking that forward to individuals and involved families.

The CCG was asked to liaise with the Interim Director of Childrens Services if there was anything they could add to data in respect of the troubled families programme.

Resolved

That the information contained in report submitted updating the Board on the experience of the first phase of the Troubled Families Programme and on the context for phase two for which the Council had been selected as an early adopter of the phase 2 programme ,be noted together with the need to :-

- ensure cross directorate and partner commitment to the re-design of services and joint Troubled Families phase 2 planning

- recognise the importance of reviewing joint commissioning and de-commissioning and for the flow of data and information to a central coordination ready to feed into the cost calculator

- review future links to the Troubled Families phase 2 programmes in order to ensure the best fit with the corporate structure

- recognise the Council commitment to be an early adopter of phase 2

- adopt the appropriate process to engage with elected members with regard to Troubled Families Phase 2.

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24 **Better Care Fund Update**

A joint report of Officers was submitted updating the Board on the progress made on the Better Care Fund (BCF) in Dudley.

A presentation was given at the meeting updating the report submitted with information not available at the time the report was written.Particular comments made were:-

- on the overview – this set out the risk stratification for the population of the borough,the related BCF scheme and stream and performance indicators.
- of the key changes - it was noted that a guideline reduction in unplanned hospital admissions of at least 3.5% was expected and that in Dudley the target was a 9.4% reduction. Savings of up to £7.5m to the health and social care economy would be generated and the benefit would be split between the CCG and the Council on a 50/50 basis.
- That the original and revised NET allocation of BCF funding was £23.84m .
- That a number of risks were identified for example non delivery of the 9.4% reduction in emergency admissions and the sharing of risks on a 50/50 basis between the CCG and the Council.
- Regarding the next steps, the BCF bid was submitted to NHS England on 19th September.The authorisation process concluded on 3rd November ,the outcome being either a pass/pass with minor amendments/pass with qualifications/fail.The bid was to be assured on 10th November.

For the Board the delivery of the required level of performance was considered to be key as was the need to ensure a fully focused system.

Arising from the presentation given,a number of questions and comments were made, in particular whether the 9.4% target reduction in unplanned admissions was achievable.Responses were given to the effect that whilst the target was ambitious assurances were being worked out and measures being undertaken to achieve the required level of reduction.

Consideration was then given as to how the Board would receive the required assurance, given the risks involved and the need for all those involved to perform, and in addition to further discussion outside of meetings of the Board it was also indicated that this item would appear on a regular basis on agendas for the Board.

Resolved

That the information contained in the report submitted, on progress regarding the Better Care Fund in Dudley and as set out in the presentation given, be noted and that the direction and next steps be confirmed..

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25 **Care Act Implications and Implementation**

A report of the Director of Adult, Community and Housing Services was submitted on the key requirements of the Care Act,2014,the potential impact on the Council and on local progress on its implementation.

Arising from a presentation given an assurance was given to the Board that the Council was well placed to meet the implementation date of April,2015.

However, it was noted that given the level of entitlement the numbers involved would increase and that costs involved for the Council had not been agreed or signed off. Currently estimating and forecasting was being used to put the Council in the best position it could be. Such work was being undertaken regionally and nationally. The position was recognised as a risk.

Resolved

That the information contained in the report submitted, and in the presentation given, on the key requirements of the Care Act,2014,the potential impact on the Council and on the local progress being made in preparing for Care Act implementation from April,2015,be noted.

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26 **Alcohol Strategic Framework 2014-2017**

A report of the Public Health Programme Manager, Office of Public Health was submitted on the Alcohol Strategic Framework 2014-2017;a copy of which was attached as an Appendix to the report submitted.

Diane McNulty,the Public Health Programme Manager,was in attendance at the meeting and commented on the content of the Alcohol Strategic Framework.

An updated copy of the framework had been circulated to Members and was available on the Council's Committee Management Information System.

Board Members were supportive of the content of the document and of its approach.

One particular issue raised was the need to ensure that the Council was fully using its licensing powers especially with regard to sales of alcohol to under age persons and that alcoholic products were less on show.

Resolved

> That the information contained in the report, and Appendix to the report, submitted, on the revised Alcohol Strategy Framework 2014-2017 be noted and approval given to the key priorities for implementation over the next three years..

27 **Healthwatch – Visiting the Doctors – Young Peoples' Views**

A presentation was given by four representatives of Dudley Youth Council,assisted by Melissa Guest, Communications Development Officer,Healthwatch Dudley and Siobhan Lloyd,Officer for Youth Empowerment,Dudley Youth Service on the outcomes of a questionnaire undertaken by the representatives on Young People's views on visiting a doctor's surgery.

A copy of the outcomes was circulated at the meeting, and commented upon, together with a copy of the questionnaire used.Copies of these documents would be uploaded to the Council's Committee Management Information System.

Arising from the presentation given Board Members commented favourably on the presentation given and it was considered that the detail presented had been well thought through and presented information that would not have been available otherwise.It was noted that the CCG were in the process of organising meetings for young people in relation to services provided so that they could comment on them.

As the information presented would be of interest to NHS England Alison Taylor was asked to take back to that body her impressions of the presentation.It was also doubted whether any other part of the Local Area Teams area had carried out a similar exercise.

Board Members asked questions of the Youth Council representatives in respect of certain of their findings for example why young people would not wish to discuss certain issues such as mental health with their doctor. It was indicated that in some cases they would be more likely to see a specialist.

This lack of communication was felt to stay with a person so that in later life they would also be reluctant to talk to their doctor.The reasons for not discussing issues was also explored and it was considered that further work needed to be done on this possibly by asking more questions.

On this aspect it was considered that the findings had raised a lot more questions than answers and further work on other topics needed to be done by young people so that their voice was heard. In response to a question asked a representative commented that it was surprising that 1 in 10 young people would not talk to their doctor about general or long term illness . This raised the question of where would they go for such a discussion.

Chief Superintendent Johnson also commented favourably on the presentation given and indicated that he would like presentations to be given in police stations and to his officers.This would be persued and the representatives indicated they would wish to take up the opportunity.to do more.

A comment was also made that previously young people would have used the walk in centre and it was hoped that they were not lost in the new walk in arrangements.

It was also considered that, in addition to the findings being presented to the CCG,NHS England, including the NHS Youth Forum, Healthwatch England and the British Youth Council,they should also be reported to general practitioners themselves.

Resolved

> That the information reported on and comments made arising from the presentation given on Young People's Views on visiting a doctor's surgery, be noted and that all involved be thanked for their hard work and manner of presentation .

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28 **Joint Strategic Needs Assessment (JSNA) Synthesis 2014 Executive Summary**

A report from the Office of Public Health was submitted on an overview of the JSNA synthesis 2014 document ;a copy of which was attached as an Appendix to the report submitted. Also submitted was a document outlining the actions needed from the JSNA Synthesis 2014 for prioritisation for the Health and Wellbeing Board Strategy and commissioning plans.

Greg Barbosa from the Office of Public Health gave a presentation on the content of the Actions needed from the JSNA Synthesis 2014 document.

Arising from the presentation given,it was.

Resolved

> That further consideration be given to the actions needed identified from the JSNA Synthesis 2014 for prioritisation for the Health and Wellbeing Board Strategy and commissioning plans at the development session for Board Members taking place on 7th November,2014.

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29 **Peer Challenge Debrief**

The Chair commented on the Peer Challenge that had recently been completed and reported that the full report arising from the challenge had not yet been received.

As soon as the report was available it would be circulated to all Board Members for consideration and comment.

The meeting ended at 5.55 p.m.

CHAIR

Dudley
Metropolitan Borough Council

Agenda Item No. 5

Dudley Health and Well Being Board – 16th December 2014

Joint Report of the Director of Adult, Community and Housing Services and the Interim Director of Children's Services

The Annual Report of Dudley Safeguarding Children Board 2013-14 and the Dudley Safeguarding Adults Board Annual Report 2013-14

Purpose of Report

1. To present to the Health and Well Being Board the Annual Report of the Dudley Safeguarding Children's Board 2013-14 and the Dudley Safeguarding Adults Board Annual Report 2013-14

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Background

2. **Annual Report of the Dudley Safeguarding Children's Board 2013-14**

   Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB).

3. The Local Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

4. The core objectives of the Local Safeguarding Children Board are set out in S 14(1) of the Children Act 2004 as follows:

   - To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority
   - To ensure the effectiveness of what is done by each such person or body for that purpose
   - Protecting children from maltreatment
   - Preventing impairment of children's health or development
   - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
   - Understanding that role so as to enable those children to have optimum life chances and enter adulthood successfully

5. The scope of Local Safeguarding Children Board's role includes safeguarding and promoting the welfare of children in three broad areas of activity

   - Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development and ensure children are growing up in circumstances consistent with safe and effective care
   - Proactive work that aims to target particular vulnerable groups

- Responsive work to protect children who are suffering or at risk of suffering harm

6. The functions of the Local Safeguarding Children Board are laid out in statutory guidance – *'Working Together to Safeguard Children' (*March 2013).

7. Dudley Safeguarding Children Board (DSCB) has an independent chair in accordance with Government and Ofsted guidance. Under the new arrangements for Ofsted inspections of Local Authority arrangements for safeguarding children safeguarding boards will be subject of inspection. The evaluation schedule for the inspection of boards can be found at http://www.ofsted.gov.uk/children-and-families-services/for-children-and-families-services-providers/inspecting-children-and-families-services/inspect-12.

8. The Dudley Safeguarding Children Board Annual Report (enclosed) provides an outline of the key achievements and developments during 2012-13 and progress in respect of its key priorities.

9. **The Dudley Safeguarding Adults Board Annual Report 2013-14**

The Dudley Safeguaring Adults Board Annual Report 2013-14 is attached (on CMIS) . This document set out six safeguard adult principles for boards to consider: Empowerment Prevention; Proportionality; Protection; Partnership; and Accountability.

10. The context for adult safeguarding – in particular the implementation of the Care Act in April 2014 which will set Safeguarding Adults Boards on a statutory footing for the first time – is noted as well as the Priorities of the Dudley Safeguarding Adults Board.

11. The contribution of partners to the adult safeguarding agenda is outlined in the Report with examples of their work.

12. The challenges for the Board in the context of a changing public sector and social and economic environment are the subject of some reflection in the Report as well as the learning that has been done through Practice Learning Events, Serious Case Reviews and related activity during the last year.

13. Working with the Learning Disabilities Partnership Board, members of the Dudley Safeguarding Adults Board have maintained particular attention on the on-going requirements linked to the outcome of the Winterborne View Review. The Health and Well-Being Board can be re-assured that there is full sight in Dudley of the care situations of all people who might be considered the target group of this Review.

14. The Health and Well Being Board will wish to note that during 2013-14, a Peer review into our local safeguarding arrangements was conducted by colleagues from Stoke-on-Trent City Council. The Review made a number of recommendations which have been followed through, particularly with regard to partnership working.

15. Detailed information on the incidence of safeguarding episodes is included in the Report. The Health and Well-Being Board will wish to note that in addition to partners reporting to the Adult Safeguarding Board about their activity in this area, a detailed analysis of relevant management information is considered twice yearly at the Dudley Safeguarding Adults Board.

16. The Dudley Safeguarding Adults Board Annual report also includes an Action Plan for the coming year.

Finance

17. Dudley Safeguarding Children Board has annual budget of £220,700 for 2013/14 financial year, receiving core funding from the local authority (53%), Primary Care Trust (26%) and West Midlands Police (4%). The remainder of income is received from contributions from other partner agencies and through training.

18. The local authority funds the Head of Safeguarding & Review post and a number of administrative posts within the Safeguarding & Review Unit which contribute directly to supporting the business of the Board.

19. From 2013/14, partner agencies agreed to make contributions to the Dudley Safeguarding Adults Board. The Local Authority employs a Head of Adult Safeguarding. Dudley CCG and Dudley Group also invest in specialist safeguarding roles and other agencies have safeguarding leads,

Law

20. The key legislation underpinning the work of the Local Safeguarding Children Board is the Children Act 2004, supported by statutory *Working Together to Safeguard Children* guidance.

21. For adults, the Care Act 2014 and its associated guidance puts Safeguarding Adults Boards on a statutory footing with an obligation for agencies to act in partnership.

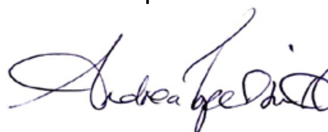
Equality Impact

22. The work of the Dudley Safeguarding Children Board supports parents, families, communities and partner agencies in providing safe homes and environments, security and stability for all children and young people in the Borough. The Dudley Safeguarding Children Board responds to the needs of vulnerable groups to minimise the incidence of child abuse and neglect to ensure that all children can maximise the opportunity to achieve positive outcomes.

23. The Dudley Safeguarding Adults Board monitors the incidence of safeguarding according to a range of identity factors including age, ethnicity and disability. Specific activity linked to Hate Crime has been undertaken to take account of special factors within a variety of setgins such as domestic violence or to protect people with learning disabilities.

Recommendation

13. Dudley Health and Well being Board receive and comment on the reports.



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Pauline Sharratt
Interim Director of Children's Services

……………………………………………
Andrea Pope-Smith
Director of Adult, Community &
Housing Services

Contact Officers:

Ian McGuff
Assistant Director – Quality & Partnership
Telephone: 01384 814387
Email: ian.mcguff@dudley.gov.uk

Brendan Clifford
Assistant Director- Adult Social Care
Telephone – 01384 815806
Email: Brendan.clifford@dudley.gov.uk

List of Background Papers

Dudley Safeguarding Children Board Annual Report - copy on CMIS
Dudley Safeguarding Children Board Executive Summary - attached

http://safeguardingchildren.dudley.gov.uk/what-is-the-safeguarding-children-board/business-plan/
Annual Report of the Dudley Safeguarding Adults Board - copy on CMIS

Reports on CMIS can be accessed via the link – http://cmis.dudley.gov.uk/cmis5/

Two copies will be available at the meeting.If any Board Member wishes a hard copy in advance please contact Joe Jablonski and he will send you a copy

Dudley Safeguarding Children Board Executive Summary April 2013-2014

visit our website www.safeguarding.dudley.gov.uk

What is Dudley Safeguarding Children Board (DSCB)?

The Local Safeguarding Children Board (LSCB) is the key statutory mechanism for agreeing how relevant organisations will co-operate and work together to safeguard and promote the welfare of children and young people in Dudley, and for ensuring the effectiveness of what they do.
Safeguarding children – the action we take to promote the welfare of children and protect them from harm – is *everyone's responsibility.'*
Safeguarding means:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

The Board is made up of senior representatives from a range of organisations from the statutory and voluntary sector. The LSCB is not accountable for operational work, but holds partners to account on the effectiveness of their safeguarding services for Dudley's children and young people.
The Board is chaired independently by Roger Clayton.

What does DSCB aim to achieve?

Since its inception in April 2005, Dudley Safeguarding Children Board has been working to 3 key objectives. In order to achieve this Dudley Safeguarding Children Board (DSCB) will work to ensure that:
1
 All children and young people have safe environments to help promote their welfare and well-being
Action is targeted at *vulnerable groups* such as disabled, children in care; *and Responses* to children who have been harmed to minimise lifelong impact are co-ordinated and effective The revised *'Working Together to Safeguard Children'* guidance (2013) requires the Chair of the LSCB to publish an annual report on the effectiveness of child safeguarding in their local area:
 DSCB's responsibility to **co-ordinate** work to safeguard and promote the welfare of children and young people
 DSCB's responsibility to ensure that local work to safeguard and promote the welfare of children and young people is **effective**

How will the Board achieve its aims?

The Board has a number of defined functions and responsibilities, which are outlined within statutory guidance known as *'Working Together to Safeguard Children'* and underpinned by the Children Act 2004 and LSCB Regulations 2006. These are:
Thresholds, policies and procedures
Training & Development
Communicating and raising awareness
Monitoring and evaluation
Participating in planning and commissioning
Functions relating to child deaths and Serious Case Reviews

Summary of Safeguarding & Child Protection Activity

The following information provides an overview of the Safeguarding Data from April 2013-2014

- 3262 children (around 4% of all children and young people) were defined as 'in need' by children's social care.
- 304 children were subject to a child protection plan.
- 754 children were looked after by the local authority.
- There were 6014 contacts made to Children's Social Care of which 3452 were new referrals.
- Section 47 child protection investigations took place in respect of 938 children and young people.
- There were 281 child abuse recorded crimes by the police and 90 cases were detected as child abuse related offences.
- 2368 notifications were made to children's social care involving children living within the household where a domestic abuse incident had taken place. There has been a 50% increase of referrals from 2012-13 were the figure was 1798.
- There were 170 concerns or allegations in respect of people who work with children leading to 114 independently chaired positions of trust complex strategy meetings concerning 80 individual members of the workforce.
- There have 204 Initial Child protection conferences of which 377 children were made subject of a Child Protection Plan, 12 Receiving In Conferences and 332 Review Child Protection Conferences.
- 376 children were reported as missing from home to the Police, an average of 31 children per month.
- 35 young people were referred to YPSE panel and assessed at risk of sexual exploitation.
- 989 children (under 18 years of age) were victims of recorded crime, of which 26 were victims of knife crime and 6 victims of gun crime.
- 40 young people (under the age of 18 years) were charged with drug related offences, 39 of whom were in respect of Class B drugs and 1 young person in relation to Class A drugs.

Progress in respect of Key Priorities 2013-2014

What did we do?

PRIORITY ONE:

- Continue to revise our Quality Assurance Framework.
- Produced new inter-Agency Child Protection Standards.
- Published Quality Assurance Overview Report of agency audit outcomes.
- Continued to secure additional funding to appoint a temporary Quality Assurance Officer.
- Revised Performance Data Set taking account of national framework and regional activity
- Commissioned additional multi-agency Signs of Safety Training for practitioners and briefed range of frontline managers across key partner agencies.
- Quality Assurance Overview Report of agency audit outcomes.

- Continued to secure additional funding to appoint a temporary Quality Assurance Officer.
- Revised Performance Data Set taking account of national framework and regional activity
- Commissioned additional multi-agency Signs of Safety Training for practitioners and briefed range of frontline managers across key partner agencies.

This work was led by the DSCB Quality & Performance Management Group

PRIORITY TWO:

- Continued to promote use of common assessment across key agencies such as Children's Centres, Health and otherpartners.
- Created education liaison officer post.
- Continued Troubled Families support through a Family Intervention Programme targeted to include children on the edge of care and in need of protection.
- Restructure of Children Centre provision into cluster models.

PRIORITY THREE:

- Multi agency audits completed which have highlighted areas for improvement.
- Section 11 audits completed and scrutiny of agency plans.
- Forums have continued to take place and offered the challenge on an operational level to interventions with families

PRIORITY FOUR:

- Contributed to the development and implementation of a West Midlands Regional Strategy to tackle Child Sexual Exploitation.
- Reviewed and implemented changes to our Young People at Risk of Sexual Exploitation (YPSE) Panel arrangements to improve the effectiveness of screening, risk assessment and specialist support.
- Secured additional investment (10k) for Street Teams to undertake more targeted work with children's social care.

Developed a CSE Framework and Directory of Services to support the introduction of a Delivery Plan during 2013-14Secured short-term funding to support the development of a regional Sexual Assault Referral Centre (SARC).

- Developed and launched a multi-agency CSE referral toolkit.

This work was led by our Vulnerable Children & Young People's Task Group

PRIORITY FIVE:

- Implemented single assessment in Children Services to ensure that the journey of the child is recorded consistently with robust information gathered from partner agencies.
- Domestic Abuse Strategic group have been reviewed through CAADA and a MARAC action plan devised.
- Substance misuse safeguarding forum have raised practice issues following n adult death. Internal review completed to consider the missed opportunities and learning disseminated through an action plan.
- Secured additional investment (10k) for Street Teams to undertake more targeted work with children's social care.
- Developed a CSE Framework and Directory of Services to support the introduction of a Delivery Plan during 2013-14.
- Secured short-term funding to support the development of a regional Sexual Assault Referral Centre (SARC).
- Developed and launched a multi-agency CSE referral toolkit.

SAFEGUARDING EFFECTIVENESS IN DUDLEY

How safe are children and young people in Dudley?

The last full inspection of safeguarding arrangements in Dudley by Ofsted was in November 2011 (published in January 2012). The overall effectiveness of safeguarding was rated as adequate with good capacity for improvement. The report made a total of 13 recommendations to be actioned and DSCB has contributed to the implementation and monitoring of improvement activity during 2012-13 alongside conducting further self-assessment work in respect of safeguarding outcomes

In August 2012, Ofsted and the Care Quality Commission undertook a 3-day thematic inspection of adult services' arrangement for the safeguarding of children where there is parental substance misuse or mental health services. The a Experience of children, parents, carers e.g. feedback surveys
Actions against the plan have been progressed and reported to DSCB.

In November 2013, the LGA have reviewed provision of Services to Looked After Children through peer review. An action plan has been devised to address findings related to reducing the numbers of looked after children and ensuring improved and timely care planning. The findings and progress will be reported in next year's Annual report.

The Quality Assurance Framework was revised in March 2012 with four key components:

- Experience of frontline staff e.g. surveys, focus groups
- Children's, parents case records e.g. file audits
- Other organisational activity e.g. supervision, practice observations
- Experiences of children, parents carers e.g. feedback surveys

The QA group of the Board have held oversight of these and have reported on its activity in this report. There has been progress in ensuring the application of standards within child protection and that children at risk of sexual exploitation are identified quickly and have access to support services within the Borough

LSCB Self-Assessment

DSCB conducted a self-assessment of its own effectiveness using Ofsted Good Practice Checklist in 2013. The findings indicated the following:

- Governance arrangements – satisfactory
- Partnership working – good
- Engagement with children and young people
- – satisfactory
- Business planning and relationship with children's trust/partnership – satisfactory
- Quality assurance – satisfactory

DSCB will prioritise a self-assessment in 2015 to review these findings and incorporate the new Ofsted guidance for inspection arrangements for LSCBs.

The main mechanism for self-assessing how safe children and young people are in Dudley is through the application of the Board's Quality Assurance Framework, which was revised in March 2014, with 4 key components:

- Experiences of children, parents and carers
- Experiences of frontline staff
- Children's and parents case records
- Other Organisational Activity

Looking Ahead: Key Challenges

DSCB has a key role in supporting agencies in respect of their safeguarding arrangements, largely through the provision of services provided by Safeguarding and Review Service. There are occasions when the Board are required to challenge agencies where it is considered that safeguarding issues are not being sufficiently addressed, either in respect of an individual child or at a more strategic level. In January 2014, DSCB commenced a review of its structure and membership. This work continues and will be reported on in next year's report. The work around the risk register falls within this review period

Key risks and Challenges

There are a number of risks and challenges that will require action to mitigate against and minimise. Some of these risks are more specific to partner agencies, others to the work of the Board:

Safeguarding Risks and Challenge

- Capacity of front-line services to respond to increasing demand and complexity of child protection work, notably at a time of recession with the impact of poverty increasing pressures within some families and cuts within public sector services on the provision of early intervention and some areas of more specialist assessment and intervention.
- The continued impact on frontline practice of continued national and regional organisational change and reform within health and police.
- the impact of the Family Justice Review in terms of capacity to adhere to timescales and additional requirements with family court proceedings, particularly in view of the increasing complexity of the circumstances of some children who are subject to care proceedings.
- Lack of consistency in respect of child protection planning and review evidenced through quality assurance activity and case reviews.
- Potential for increased risks to children who suffer from asthma as a result of legal changes with regards to the provision of emergency inhalers.

Board Risks and Challenges

- Capacity to deliver key priorities and improvements identified within business plan and work programme.
- The loss of 24 hour rapid response cover within health for unexpected child deaths.
- The lack of timely distribution of child protection conference minutes.

The Board appointed an Independent Chair in June 2013. Roger Clayton's priorities continue over the next year:

- Review and set a work programme for improving LSCB communications, including the development of the website in-conjunction with Dudley Safeguarding Adults Board.
- Review and set a work programme to improve the engagement and participation of children and young people with the LSCB.
- Review and set a work programme to improve partnership engagement and leadership across the Board structure.

For more information about the work of Dudley Safeguarding Children Board go to http://safeguarding.dudley.gov.uk

health & wellbeing looking after our borough

Dudley Metropolitan Borough Council

DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item No. 6**

REPORT SUMMARY SHEET

DATE	16th December 2014
TITLE OF REPORT	Health Protection Annual Report 2013-14
Organisation and Author	Communicable Disease and Emergency Planning Team. Public Health Intelligence. Environmental Health. Presented by Barry Jones, Acting Nurse Consultant Communicable Disease Office of Public Health
Purpose of the report	Summarising the Health Protection activities of Council Teams during 2013-14.
Key points to note	The provision of Health Protection arrangement in Dudley are covered by: Office of Public Health • Resilience and Emergency Planning • Infection Prevention & Control • Immunisation • Tuberculosis Directorate of the Urban Environment • Environmental Health
Recommendations for the Board	To receive the report.
Item type	*Information.A copy of the full report is available on the cmis link – http://cmis.dudley.gov.uk/cmis5/.Two copies of the report will be made available at the Board meeting .If any Board Member wishes to have a hard copy in advance please contact Joe Jablonski and a copy will be sent to you.*
H&WB strategy priority area	*Making our services healthy* *Making our neighbourhoods healthy*

DUDLEY HEALTH AND WELLBEING BOARD

DATE: 16th December 2014

REPORT OF: Nurse Consultant Communicable Disease, Office of Public Health

TITLE OF REPORT: Health Protection Annual Report 2013-14

HEALTH AND WELLBEING STRATEGY PRIORITY

1. Making our neighbourhoods healthy - by planning sustainable, healthy and safe environments and supporting the development of health-enhancing assets in local communities.

PURPOSE OF REPORT

2. Health Protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation exposure. The Annual Report covers the Health Protection responsibilities of different agencies, and details activities carried out in 2013-14 by the Council Teams who are working towards protecting the population of Dudley.

BACKGROUND

3. The Office of Public Health's Communicable Disease & Emergency Planning Team and the Directorate of the Urban Environment's Environmental Health Teams both contribute to the Health Protection strategies within Dudley, so are both included within this report.

THE MAIN ITEM/S OF THE REPORT

4. This report summaries the activities carried out in 2013/14, and plans for 2014/15.

   The Communicable Disease & Emergency Planning Team coordinated the development of a Dudley Health Protection Cooperation Agreement (previously accepted by the Board in June 2014), supporting the planning and arrangements for Health Protection incidents.

   a. **Emergency Planning & Incident Response**
   The Resilience and Emergency Planning Team ensure that the council is compliant with its duties under the Civil Contingency Act 2004. They have compiled borough wide risk assessments; reviewed and tested emergency plans, liaised with local, regional and national groups making certain that all aspects of possible incidents and emergencies have been considered.
   In 2014/15 the team will be reviewing flu pandemic plans, test the Major Emergency Plan and continuing to provide Dudley Businesses with contingency advice.

b. Infection Prevention and Control

The Team support the Director of Public Health's role in Health Protection, and support the CCG and CQC providing assurance of care standards of Dudley's Health and Social Care Providers. This was achieved in 2013/14 by:

- Surveillance of patients with infections; providing specialist advice on individual cases, and monitoring rates of infection to highlight areas of concern with Health and Social Care partners.
- Audit of Infection Control standards in Care Homes and General Practices.
- Education – delivering sessions for over 400 staff, and holding a regional conference to share best practice and ideas from internationally renowned experts.

In 2014/15 the team will be carrying out more in depth analysis when patients contract Clostridium difficile in a Significant Event Analysis (SEA) Process. The team will also be launching a Link Practitioner programme for 100 Care Homes developing a network of staff who are knowledgeable and proactive on Infection Control in their workplace.

c. Tuberculosis

The Tuberculosis (TB) Nurse Specialists provide a coordinated approach to support the care needs of patients with TB, their contacts and carers across Dudley. They work closely with the Respiratory Team at Dudley Group Foundation Trust, ensuring that robust procedures are in place for prompt investigation and treatment. Treatment of Tuberculosis takes from 6 - 12 months, involving combination of drugs and intensive case management. In 2013, there were 42 cases TB within Dudley, including 5 who were identified from the 140 people screened throughout the year. so an intensive case management Over 300 people attended education and awareness raising sessions including healthcare workers helping to promote early diagnosis and improved patient outcomes.

In 2014/15 the Team will continue to remain vigilant in the investigation and management of TB, and support those individuals and their families on treatment.

d. Immunisation

The Immunisation Team support the Director of Public Health's role in Health Protection and ensures robust immunisation services are in place to prevent any Dudley resident being harmed by a vaccine preventable disease. The team monitor and analyse the uptake of all vaccination programmes delivered within Dudley, and highlight areas of concern with Health and Social Care partners.

Overall, Dudley's update of vaccines is high, but of particular note is the 100% uptake of the Hepatitis B vaccination for at risk babies in Dudley, which has been achieved since 2009. The team are also local coordinators for Dried Blood Spot Testing - instead of parents taking their child for a venous blood test, a heel prick test can be carried out at the GP practice. This innovative practice will improve the already robust service for those children at risk of developing Hepatitis B in Dudley.

GP Practice Visits were carried out to support nursing staff who were delivering vaccines and assess vaccine storage. Promotional activities across

the borough promoted vaccinations such as Flu, Pneumococcal, MMR and Shingles to vulnerable populations to improve awareness and uptake.
In 2014/15 the Team will continue to focus on reducing differences in the uptake of immunisations, as set out in NICE Guidance PH21. This will include commissioning a new Domiciliary Immunisation Service Provider, and improving vaccine uptake in gypsy and traveller families.

e. **Environmental Health**
The Environmental Health Service improves health and well being through the delivery of food safety and hygiene control, health and safety enforcement in commercial premises, animal health and welfare enforcement, industrial and commercial noise and emissions control, contaminated land remediation and air quality strategy and improvement.
During 2013/14, five prosecutions were completed due to failures in food hygiene. No significant outbreaks of food poisoning arose, but 6 small incidents were recorded. There has been an increase in skin piercing practitioners, with 25 new premises registered.
In 2014/15 the Team will continue to deliver a proactive and responsive delivery strategy. In June 2014, there will be an internal service re-alignment and Environmental Health will be reduced to two teams – Food and Consumer Safety, and Environmental Safety and Health.

FINANCE

5. None

LAW

6. The Health Protection arrangements in Dudley cover all the current legal requirements.

EQUALITY IMPACT

7. None

RECOMMENDATIONS

8. The board receive this report.

Signature of author/s

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DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item No.7**

REPORT SUMMARY SHEET

DATE	**16th December 2014**	
TITLE OF REPORT	**Dudley Health and Wellbeing Board Community Engagement Plan**	
Organisation and Author	**Karen Jackson**	**Director of Public Health Dudley Council**
	Andrea Pope-Smith	**Director of Adult Community and Housing Services Dudley Council**
	Pauline Sharratt	**Interim Director of Children's Services Dudley Council**
	John Millar	**Director of Urban Environment**
	Paul Maubach	**Chief Officer Clinical Commissioning Group Dudley Council**
Purpose of the report	To present the community engagement plan for the Health And Wellbeing Board	

Key points to note	• This plan is underpinned by our engagement and involvement principles within the strategy and the additional ones signed up by the Board in January 2014.
	• It takes account of the needs of people involved at different levels with the Board, both within partner organisations and also within communities.
	• The main aims of the plan are to:
	  o Increase awareness about the Board, its role, how to access it and the contribution it makes
	  o Engage partners and the public in health and wellbeing priority setting and delivery
	  o Coordinate elements of engagement across partners where possible
	  o Make use of existing user and community networks within partner organisation	

Recommendations for the Board	For the board to note and support the proposed activities and ratify the plan
Item type	*Information*
H&WB strategy priority area	*community engagement*

Dudley Health and Wellbeing Board Community Engagement Plan 2014-15

1. Principles

Dudley Health and Wellbeing Board has already articulated seven principles which inform the delivery of the vision in Dudley's Health and Wellbeing Strategy. One of these is: **we will work in empowering ways, appreciating the potential of individuals and their communities to maintain and sustain health and wellbeing and the contribution they can make to shaping and delivering services.**

It has been agreed that this principle will underpin engagement and involvement activities, and in addition the following principles be used to guide engagement and involvement.

Engagement is the business and responsibility of every board member
Engagement is the business of every board member and collectively the board has responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services. Activity and issues should be routinely screened by the board in terms of engagement implications and required actions, the board's capability (and the capability of their partners) to involve local people, and local communities' interest and capability to be involved. ***This will be built in to Quality Assurance activity of the board.***

There will be different types and levels of appropriate engagement, depending on the situation
The board needs a consistent and rigorous mechanism by which it can assess the form that engagement should take as each new issue arises, and to evaluate its success. ***Existing community engagement guidance and tools are being reviewed and updated by Dudley MBC and partners, and will be used to help such assessment.***

Engagement activities should be based on evidence of what works
There are a variety of traditional and innovative ways to connect with the local community, including those people who may be from seldom heard groups. Consideration should be given to the most appropriate methodology and medium for engaging the particular target group concerned. It is important that individuals and communities receive feedback on how engagement activities have influenced the development of board policy, priorities and actions. ***Community engagement guidance and standards being developed by Dudley MBC and partners will support officers to do this.***

We will open ourselves to learning about the reach, impact and effectiveness of our engagement
All engagement activity needs to be evaluated, and the learning collected used to plan and develop future engagement. Any evaluation undertaken should actively involve the key audience for the engagement activity concerned. ***Community engagement guidance and standards being developed by Dudley MBC and partners will support officers to do this.***

2. Four types of involvement

We can group the involvement of people in the strategic work of Dudley Health & Wellbeing Board in to four types.

- Strategic: Members of the public and staff who get involved at a strategic level, often due to the position they hold in an organisation. This includes people on boards which have been asked to drive forward specific activity in relation to Health & Wellbeing Board priorities.
- Supportive: Members of the public and staff who are involved by doing, carrying out activity in relation to H&WB Board priorities.
- Generative: Members of the public and staff who have set up projects or activities independently which support the work or priorities of Dudley Health & Wellbeing Board.
- Responsive: Members of the public and staff from organisations who respond to H&WB Board communications, opportunities to observe meetings, or invitations to events such as the annual event and spotlight events.

By considering what these types of involvement mean to people and what they might need, we can consider ways to support each type of involvement:

Type of involvement	What I do	What I need	Our Plan to support engagement
Strategic	Involved at a strategic level, such as being a member of a board, or having responsibilities in relation to commissioning services.	To know what DH&WB Board expects of me and the board I am part of. To be involved in H&WB Board priority setting To be given necessary training and support to focus on the priorities within my work where applicable	Website Community engagement standards. Learning opportunities e.g. co-production Planned stakeholder engagement activities
Supportive	Involved through doing, delivering services, activities or projects which are directly contributing to specific areas of focus in relation DH&WB Board priorities.	As above	As above

Type of involvement	What I do	What I need	Our Plan to support engagement
Generative	Have set up a project/scheme to fill the gap I have identified.	To be given necessary training and support to be effective in my role. To have a say in H&WB priority setting To know how to feed in to DH&WB Board (via other boards etc.) To be appreciated for my contribution to DH&WB priorities.	Website Community engagement standards. Learning opportunities re asset based working Planned stakeholder engagement activities
Responsive	Attend meetings or events in relation to DH&WB Board work. Respond to DH&WB Board communications. Willing to make myself available to give my opinion.	To know what is going on. To be asked and encouraged. To know that what I say makes a difference and to get feedback. Opportunity to get involved Opportunity to get involved in services I use Be able to take responsibility for my own health	Website Also links to other groups/forums e.g. Healthcare Forum, PPGs, Community Forums Social media channels Clear vision and messages Planned stakeholder engagement activities and public consultation events using the existing networks of public and user groups within partner organisations

3. Our Aims

We are aware there is much engagement activity that occurs within Dudley Borough, and that all partners have networks set up for this purpose. Through the Board's community engagement plan and activity we intend to

- Increase awareness of the Board, its role, how to access it and the contribution it makes to the health and wellbeing agenda
- Engage partners and the public in health and wellbeing priority setting and in delivery
- Coordinate elements of engagement across partners in terms of strategic priorities where possible
- Make use of existing user and community networks and staff communication and engagement systems rather than invent new ones. (appendix 1 details examples of networks we can use that are already in place for users and communities and appendix 2 details examples for staff)

4. Key engagement activities 2014-15: goals, targets and resources

Timescales	July 2014	Start June 2014	Oct 2014	Sept to Jan 2014	Feb - Mar 2015
Activity	**Annual accountability event**	**Use of social media as a routine communication for the Board**	**Develop and maintain H&WB Board website**	**H&WB priorities in response to JSNA refresh- engagement**	**Consolidating issues to take forward and approaches**
Direct goals	Host an annual event to inspire and engage partners, & to reinforce the role of the Board and the work of the Board during 2013/14	For the H&WB Board and its members to have a presence on social media: twitter, blogging via partner accounts.	Set up website and direct people to it in various ways	Gaining wider perspectives on JSNA and health and wellbeing priorities for people	Feedback to stakeholders involved and check plans
Indirect goals	Promote collaboration	Another channel to engage – especially for younger age groups	People begin to engage more with H&WB agenda. Raise awareness re Board and its role.	Glean information about approaches to address emerging priorities	Informs 2015-16 implementation plans
Who starts the process	Event planning group	Annual event social media group	H&WB Development Group + DMBC web development team	H&WB Development Group	H&WB Development Group
Resources	Event budget Event planning team Speakers Workshop leads	Partners who use twitter and blogging - organisation/ personal accounts to use a twitter hashtag for DHWB	H&WB Development Group + DMBC web development team	H&WB partner organisations and their user/public networks and volunteers.	H&WB Development Group H&WB partner organisations and their networks and volunteers.
Targets	Involve 150 people across all partners, including at least 50 lay people who work with partner organisations or who receive services.	People who use twitter and blogs	Anyone using the web - general public and partner organisations. Ensure accessibility of site. Make site social Particularly want to engage with councillors and staff within the council and partner agencies	Public and officers in partner organisations Specifically to reach people with physical, mental or learning difficulties, carers, people living in poverty, elderly groups, black and minority ethnic communities, children and young people	People engaged in stage before

Appendix One:
Existing user and community networks linked to communities of interest (not exhaustive)

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
Dudley Council	Public Health Volunteers/Community Health Champions. Social Media OPH Twitter has over 500 followers The council's e-bulletin goes out to 20,000 people Local Account Reference Group facilitates a process of challenge and co-production in the development of the Adult Social Care Local Account. Making it Real in Dudley adult social care in Dudley partnership website (2000+ subscribers and 950 twitter followers Dudley Council social media channels – twitter has almost 8,000 followers, facebook reaches almost 4,000.	Public Mental Health e-bulletin – distributed quarterly to over 650 community contacts Disability in Action provides peer support, signposting and advocacy with issues arising feeding into ASC planning. Learning Disability Partnership Board engages with people with learning disability and carers of people with learning disability. Peoples Parliament provides a mechanism that holds service areas to account.	BME annual event- Oct (DACHS) Community Cohesion Group – Meets Bi-monthly with15 core members representing front line services engaging with Minority Ethnic communities across the borough	Health and Homelessness Group- Bi monthly meeting of 15 core staff from front line services engaging with service users.	Dudley Youth Council and Area Forums give young people in School and College Councils, Youth Clubs and Focus groups an opportunity to contribute to the planning of local services. Dudley representation on the Youth Parliament gives local young people a voice at national level Schools, colleges and associated settings survey the health related knowledge and behaviour of children and young people every 2 years.	Adult Social Care Survey is carried out annually and provides widespread feedback on the quality of life experienced by people who use services in Dudley. Age Alliance is a network of older people in the Borough and links into Healthwatch and the Health and Wellbeing Board.	Expert Patient's Programme (EPP) Volunteers support networks Carers Network - Dudley Adult Social Care's Carer's Network had 3,400 members in 2012-13 and during the year 7,500 newsletters were delivered with 1,000 carer's and organizations receiving fortnightly e-bulletins. Carers' Survey is carried out in alternate years and enables carers of people who use services in Dudley the opportunity to comment on the support they receive

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
Dudley CCG	A network of 42 Patient participation groups (PPGs) –run in GP surgeries Dudley Borough Healthcare forum –100 members of the public that meet quarterly Patient Opportunity Panel – (POPs) Strategic meeting of the chairs / vice chairs of all PPGs across the borough. Engagement newsletter – A target audience of 500 – 600 members of the public Dudley CCG Social media channels – Dudley CCG twitter has close to 2000 followers. Feet on the Street – Real people giving their views out and about in Dudley to the camera which is shown at our CCG board meeting.		Targeted piece of work in SWL locality looking at health needs by linking in with existing communities and community development officers	Targeted piece of work in SWL locality looking at health needs by linking in with existing communities and community development officers	Targeted event in November on behalf of HWBB for year 8 students – the Me Festival with a view to repeating annually if successful	Attendance at Age Alliance meetings (MDT)	

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
Dudley CVS	Website and a range of blogs – some programme or project specific. Dudley CVS on twitter – 1400+ followers, Dudley Volunteer Centre on twitter – 930+ followers and Dudley CVS staff active on twitter: 3000 + followers. Dudley CVS and Dudley Volunteer Centre both have Facebook pages Dudley Volunteer Centre is open to all. Dudley CVS provide development support to locality based resident-led or co-produced programmes/projects e.g. East Coseley Big Local.	Dudley CVS is an infrastructure organisation. We have 350 affiliated community groups, faith groups, voluntary organisations and social enterprises, all serving communities in Dudley borough. In a given year we provide one-to-one support to around 200 local groups and voluntary organisations (not all are affiliates). Affiliates receive The Echo newsletter monthly and an e-bulletin. Numerous grass roots groups, voluntary organisations and social enterprises affiliated to and/or supported by Dudley CVS in turn support, work with and/or involve disabled people, people challenged by mental health problems, black and ethnic minority communities, people living in poverty, people living in 'deprived' areas, children and young people, older people and carers. Some groups or organisations work specifically with one or more of these categories; others support or involve people without such specific targeting. Dudley CVS facilitates networks and events which bring together staff and volunteers from all sorts of groups supporting or involving people from the above categories, often around topics, themes, programmes of activity or policy. Examples include Talent Match, Building Health Partnerships, Some Dudley CVS officers work with people in the above categories on a one-to-one basis, through referrals in the case of the Integrated Services Plus team.					Dudley CVS supports Dudley Carers Forum http://dudleycarersforum.wordpress.com - providing admin and development support. Dudley CVS employs a Carers Co-ordinator who supports carers on a one-to-one basis.

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
Healthwatch Dudley	Community Information Points & Information Champions – Currently 70 registered points & 120 Information Champions Feedback about Dudley Community Informaiton Directory is encouraged via monthly Information Champion feedback surveys Healthwatch Dudley e-bulletin - around 400 subscribers HWDudley on Twitter - over 1000 followers Dudley CVS network of voluntary and community groups via mailing list and Echo newsletter Through topic specific forums and groups that we deliver throughout the yea	Healthwatch Dudley facilitate listening events for people who access mental health services. Next session Nov/Dec 2014 Volunteers with specific interest & experience of mental health Also links to: Dudley Voices for Choice HALAS homes Safe Places Network (administered by Dudley Voices for Choice) Queens Cross Network – Centre for physical disability Dudley Advocacy Langstone Society Dudley Centre for Inclusive Living	Healthwatch Dudley reaches out to all communities some of the groups we engage with include: Dudley African Caribbean Befriending Service New Testament Welfare Association – (Activity centre & lunch club for African Caribbean elders) Halesowen Asian Elders Association Yemeni Community Association Halesowen. Dudley Sikh Community Centre	Healthwatch Dudley is particularly keen to listen to lesser heard voices to ensure that decision makers are aware of the health and social care issues and inequalities faced by people who live in deprived neighbourhoods. We have links to: Atlantic House – Recovery in Progress Team Summit House	Young people are a priority for Healthwatch Dudley to ensure that their experiences are included in decisions affecting their health and wellbeing. Healthwatch Dudley is working with Dudley Youth Council has trained young people to review services commissioned by Dudley Council / Supporting People	Healthwatch Dudley has a power to 'Enter and View' public areas of health and social care settings, this includes care and nursing homes. We also have close links with Age UK	

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
WM Fire Service	The 3 fire stations in Dudley all have an active twitter account We are contributors across a wider range of services targeting the most vulnerable Regular press releases regarding fire and road safety	We have various programmes in place that assist in this area especially around children.		A high risk group relating to fire and a demographic that we specifically target on an ongoing basis through home safety visits	A wider range of activities from key stage 2 visits relating to fire in the home and general safety through to targeted programs working on interpersonal skills and behaviors linking to the Marmot principles.	A high risk group relating to fire and a demographic that we specifically target on an ongoing basis through home safety visits	Working closely with carers to help us identify the most vulnerable to fire through the principles of making every contact count.
WM Police Service	Social media networks across facebook/ twitter and websites both as Dudley and force WMP Distribution networks inclusive of N/Hood Watch, Business Watch KIN and IAG. Regular PACT meetings at N/hood level for consultation and issue reporting. Regular community patrol. (face to face contact/ consultation) N/Hood emails accounts and also consultation with local networks.	Regular crime prevention and self awareness talks via the Crime and Vulnerability officer at variety of community venues inclusive of this audience.	Attendance at the BME conference for policing and crime prevention/ vulnerability awareness. Regular talks at community venues by Crime and Vulnerability officer Management and recruitment of third party reporting centers for raised awareness and reporting of Hate crime	Our public / locality networks are inclusive of this group.	Regular contact and engagement with schools via head teachers and pastoral managers. Police princes trust scheme Youth networks inclusive of youth council and CVS groups. Intensive young person support via Police weeks Police princes trust scheme	Various talks at community venues and signposting to supporting networks such as age concern. Use of living well, feeling safe for both increased protection and also engagement. One to one meetings with crime victims	Regular dementia talks inclusive of carers and vulnerable individuals at community centers

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
DGFT **The Dudley Group NHS Foundation Trust**	Website includes directory of services, patient information and feedback opportunity. Social media presence on twitter, facebook planned for 2015. Trust membership magazine to approx 5,500 households. Email news to 8500 members Members health fairs Patient panels – focus groups with interested parties on particular areas of interest. Listening events Health hub in main reception at RHH Patient stories received at monthly Trust Board meetings in public. Council of Governors made up of a mix of publically elected governors and appointed governors engaging with a range of community groups and patient panels at GP surgeries.	In hospital dedicated Learning disabilities liaison nurse who raises awareness and supports training for staff.	Attendance at the BME conference organized by Dudley Council. Links with Halesowen Asian Elders Association Yemeni Community Association	Welfare nurse based in ED hosts regular information/ signposting events for patients/ visitors. Provides individual support for patients/ families in the department about support available to them	Have engaged with Dudley Youth Council on specific age related topics. Recent menu reviews have engaged young people and their families in a ‘Chosen by patients’ menu	Specific mental health and dementia teams supporting staff and patients with specific information and training Regular dementia friends talks Governors and staff engaged with Older People’s Forum	Carers’ coordinator post based part time at RHH to help signpost and support carers. Carers tea and chat sessions starting Nov 2014 to

Partners	General Public/ locality networks	Physical, mental and learning difficulties	Black and Minority Ethnic Communities	People living in poverty/ areas of high deprivation	Children and Young People	Elderly	Carers
BCPFT **Black Country Partnership Foundation Trust**	We're using our position as an NHS Foundation Trust to strengthen our ties with the local community. We have a large and growing membership, and we're always encouraging people to join our Trust as members. Members are kept informed of what is happening in the Trust, and their advice is sought on ways we can improve the effectiveness and responsiveness of our services. Our membership can also help us champion the importance of good health and well-being to the wider public.						

Appendix Two: Existing staff communication and engagement mechanisms (not exhaustive)

Partners	Staff Communication and Engagement Mechanisms
Dudley Council	Quarterly Managers forum Cascade email Management meetings
Dudley Clinical Commissioning Group	Weekly newsletter to all practices and CCG staff Weekly staff meeting at CCG offices Locality meetings every month Membership development sessions bi monthly
Dudley CVS	Lots of face to face conversation, informal catch ups and coffees etc., updates and supervisions. Team and internal working group meetings Staff meetings, annual staff 'away day' (half a day business planning) and evening with Trustees Email (all staff use this, not all volunteers do) Twitter, dudleycvs blog and team/project blogs, e-bulletin and newsletter (all these are external too) Yammer used previously, not currently active

Partners	Staff Communication and Engagement Mechanisms
Healthwatch Dudley	Email Team meetings E-bulletins Yammer Healthwatch Hub
West Midlands Fire Service	Our weekly all-staff e-newsletter Our staff intranet, Daily desktop messages, also a ‘to do list’ that pings an alert for follow up when vulnerable person involved.. Internal post/targeted emails Our quarterly magazine (which goes to staff and members
West Midlands Police Service	Monthly newsletter (internal only), Consultation meeting across all ranks (Command Team led). Leadership days and away days, Staff briefings and electronic briefing system, Email, notice board (physical and electronic)
Dudley &Walsall Mental HealthTrust	Wednesday wire internal staff communications, live desk top news feed, monthly team briefings, also internal communications and updates.
The Dudley Group NHS Foundation Trust	Internal ‘hub’ intranet with ‘news’ front page, CE update monthly face to face briefing for cascade, CE update monthly video, twitter, notice boards, team meetings, ad hoc CE open forums for all staff, posters, membership newsletters and emails, global emails, staff focus groups on specific topics, live chat with CE, Ask the Board email and specific open forums for different professions with their executive lead.
Black Country Partnership Foundation Trust	Weekly e-bulletin – all staff From December monthly Team Brief – cascade to all staff Quarterly newsletter – 2,000 staff and 6,250 members Annual members event Quarterly Leadership for quality events It’s All About you – Clinical time out Joint Staff Side Committee

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DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item No.8**

REPORT SUMMARY SHEET

DATE	**16th December 2014**
TITLE OF REPORT	**Health and Social Care Leadership Group – Terms of Reference**
Organisation and Author	**Paul Maubach, Chief Executive Officer, Dudley Clinical Commissioning Group**
Purpose of the report	**To approve the terms of reference of the Health and Social Care Leadership Group**
Key points to note	• For some time, the chief officers/directors of the major health, social care and community sector organisations in Dudley have met as the Health and Social Care Leadership Group. • This Group has overseen, at a sub Health and Wellbeing Board level, a number of key issues that affect the health and social care system in Dudley to lead the health and social care system and respond collectively to system wide challenges • In the summer of 2014, NHS England, ADASS, Monitor and the NHS Trust Development Authority issued guidance on the development of "System Resilience Plans" dealing with performance in relation to the 4 hour A and E target and the 18 week referral to treatment target. This guidance requested that local systems establish a System Resilience Group to oversee this process. The Health and Social Care Leadership Group fulfils this function locally. • It is timely to formalise the terms of reference for the Group and to extend its membership to include children's services. • Proposed terms of reference are attached as Appendix 1 • A key feature of the Group's role is to monitor system performance. A presentation on current performance, in relation to a number of key performance targets across health and social care, will be made at the meeting.
Recommendations for the Board	**That the terms of reference of the Health and Social Care Leadership Group be approved.** **That the Board consider current health and social care system performance.**
Item type	*discussion*
H&WB strategy priority area	*All*

Paul Maubach
Chief Executive Officer, Dudley CCG

Appendix 1

Dudley Health and Wellbeing Board
Health and Social Care System Resilience Group
Terms of Reference

The Health and Social Care Leadership Group is a multi-agency, chief executive/director level body, consisting of representatives of all key commissioners and providers in the Dudley health and social care economy.

It's key function is to implement the healthy services priority of the Dudley Health and Wellbeing Board *'by integrating health and care services to meet the changing Dudley borough demography'.*

As a leadership body, this group will lead the health and care system to deliver key system wide priorities and respond collectively to system wide challenges.

Role and Remit of the Group

- Leads on the development and implementation of the Dudley Health and Wellbeing Board's healthy services priority and any activities that arise from this including:
  - Advising the Health and Wellbeing Board on its implications for the Joint Health and Wellbeing Strategy;
  - Fulfilling the Health and Wellbeing Board's objective to integrate health and care services to meet the changing Dudley borough demography.
- Responsible for system wide oversight of the health and social care system including programme management and performance reporting on urgent care, service integration, the Better Care Fund, planned care delivery, system resilience plans and other key strategic partnership issues as necessary.
- Acts as the health and social care economy's System Resilience Group for the purposes of meeting the requirements of NHS England's Operational Resilience and Capacity Planning Guidance for 2014/15 and subsequent updates to that guidance.
- Leads on the development and implementation of partnership service integration opportunities in Dudley including:
  - integration of health and social care and the Better Care Fund;
  - development of integrated CAMHs services for 0-25 year olds;
  - integrated working on child health and wellbeing;
  - partnership working on health promotion and prevention.
  - other areas of integration as determined by the Health and Wellbeing Board
- Maintains oversight of the Surge Plan and System Escalation Policy including incident responses.
- Monitoring system performance on agreed performance indicators for all of the activities identified above

Membership

- Chief Executive Officer – Dudley CCG
- Chief Executive – Dudley Group NHS FT
- Chief Executive – Dudley and Walsall Mental Health Partnership NHS Trust
- Chief Executive – Black Country Partnership NHS Trust

- Chief Officer for Adult Social Care – Dudley MBC
- Chief Officer for Children's Social Care – Dudley MBC
- Chief Officer for Health and Wellbeing / Director of Public Health – Dudley MBC
- Chief Officer, Dudley Council for Voluntary Service
- General Manager, Black Country – West Midlands Ambulance Service NHS Trust
- Head of Commissioning – Dudley CCG

Additional members may be co-opted into the group at the discretion of the Chair as needed or required (such as an NHS England Area Team representative).

Chair

The Chief Executive Officer, Dudley CCG, will Chair the Group

Responsibilities of individual members

On behalf of the Dudley Health and Wellbeing Board, members share a mutual responsibility to work as partners to improve the aims of the Board as follows:-

- Dudley CCG – leads the group in its role as the local leader of the NHS with the CCG's Chief Executive Officer discharging the role, as chair, as accountable officer for the allocation of NHS England funding. Also as a member organization, co-ordinates the input of primary care in the system.
- Chief Executives / Directors of NHS providers – ensures that acute and community, physical and mental health services and ambulance services are delivered: in accordance with the contractual requirements of the CCG and MBC; and in accordance with partnership agreements entered into with other bodies in Dudley in order to meet the requirements of the whole system.
- Dudley MBC adult social care – ensures that its duties are carried out and resources deployed in partnership with the wider health, care and community sector.
- Dudley MBC children's social care – ensures that its duties are carried out and resources deployed in partnership with the wider health, care and community sector.
- Dudley MBC public health – ensures the system makes appropriate responses from a population health and wellbeing perspective, including appropriate emergency response, incident response and epidemic/pandemic preparations
- Dudley CVS – represent the local voluntary and community sector and coordinate their contribution to the health and care system.

Frequency of Meetings

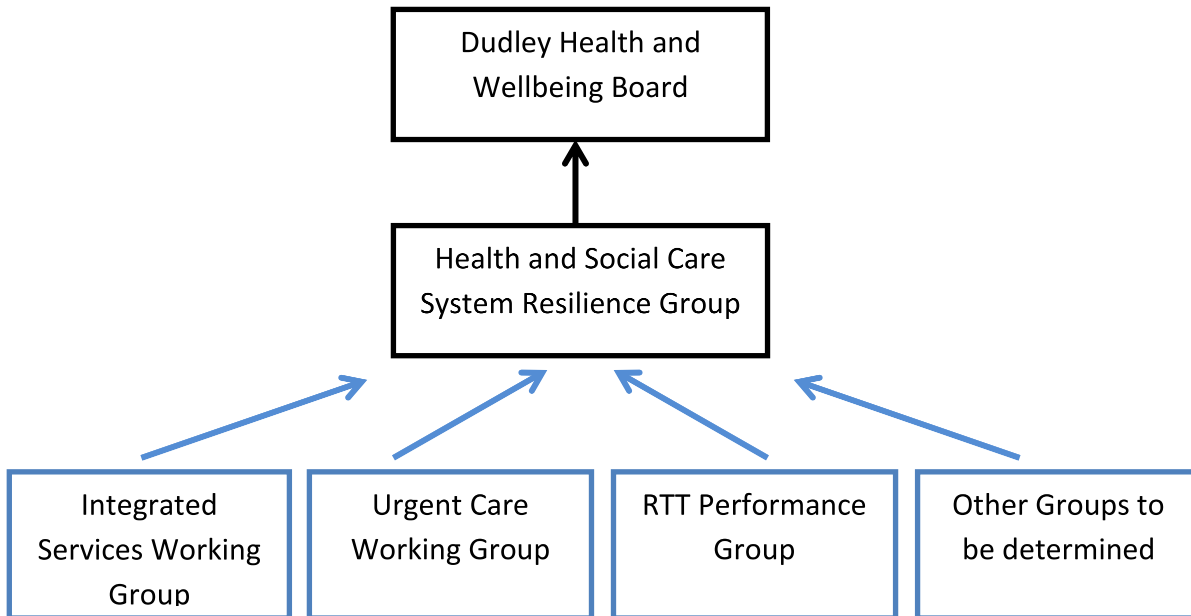
The Group will meet on a monthly basis.

Governance and Reporting Arrangements

Individual members of the group will be accountable to their own organisations but will share a collective responsibility to ensure their respective organisations' contribute proactively to the aims and objectives of this group

The Group will report to the Health and Wellbeing Board.

The Group will determine which subgroups report to it in carrying out the role and remit of the group.



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DUDLEY HEALTH AND WELLBEING BOARD Agenda Itrem No.10

REPORT SUMMARY SHEET

DATE	**16th December 2014**
TITLE OF REPORT	**Better Care Fund**
Organisation and Author	Joint Report of the Director of Adult, Community and Housing Services and the Chief Officer of the Dudley Clinical Commissioning Group
Purpose of the report	To update the Board on the progress made on the Better Care Fund (BCF) in Dudley
Key points to note	• At the meeting of the Board On 19th September 2014, approval was given to the Dudley Better Care Fund Plan. • Following an assurance process run by NHS England, the Dudley BCF Plan has been assessed as "approved with conditions". • The prime condition relates to the level of ambition expressed for reducing emergency admissions. • Colleagues from the CCG and the Council have met to discuss the implications of this. • The required action plan setting out the process for dealing with outstanding issues has been submitted to NHS England. • Work is taking place to agree a revised plan for reducing emergency admissions and the associated financial implications including the impact on the protection of spending on adult social care. • A revised plan will be submitted by 12th December 2014 in order to allow adequate time for any further feedback from NHS England. • A further update will be given to the meeting.
Recommendations for the Board	That the Board note the current status of the BCF submission for Dudley.
Item type	*Information, discussion , strategy*
H&WB strategy priority area	*All*

DUDLEY HEALTH AND WELLBEING BOARD

16th DECEMBER 2014

REPORT OF: Joint Report of the Director of Adult, Community and Housing Services and the Chief Officer of the Dudley Clinical Commissioning Group

BETTER CARE FUND

Purpose of Report

1. To update the Board on progress made on the Better Care Fund (BCF) in Dudley.

Background

2. The Board will recall that it received a presentation at its September meeting, setting out the work that had taken place to develop Dudley's BCF Plan, in the light of changes that had taken place to the national BCF planning requirements, which made a reduction in emergency admissions the main criteria for gaining access to the performance related element of the BCF.

3. This Plan was subsequently the subject of an assurance exercise carried out by NHS England, the result of which was that the Plan was "approved with conditions".

4. This conditional approval was based upon concerns that the planned reduction of emergency admissions, designed to save £7.5m over two years, was too ambitious. This planned pace of change was designed to ensure that the CCG would be able to free up the resources necessary to transfer into the fund and, inter alia, protect the funding of adult social care in line with the national conditions associated with the BCF.

5. A slower pace of change limits the scope for freeing up these resources to the extent required to protect spending on adult social care, thus presenting a risk to the Council.

6. Colleagues from the CCG and the Council have met to review the BCF Plan with a view to re-profiling the planned reduction in emergency admissions in a manner that would enable the conditional approval to be removed and the financial risk to the Council mitigated.

7. An outline approach has been agreed and at the time of writing this report, further work is taking place to finalise this for agreement.

8. An update on the proposed way forward will be given to the Board. In the meantime, an action plan has been submitted to NHS England setting out the process that will be followed to reach a satisfactory agreement, with the aim of resubmitting the revised BCF Plan by 12th December, 2014.

Finance

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

Law

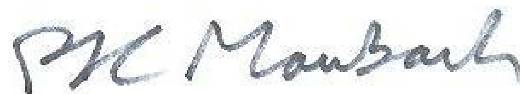
9. The legal framework for the development of the BCF and the associated budgetary arrangements is set out in the Care Act 2014..

Equality Impact

10. The aims of the Better Care Fund are consistent with principles of health and social care to improve the health of people living in Dudley and the quality of health services which they experience. The appropriate avoidance of hospital admission is designed to benefit all sectors of the population.

Recommendation

11. That the position on the Dudley BCF Plan be noted.



Andrea Pope- Smith

Director – DACHS

Paul Maubach

Chief Executive Officer

Dudley CCG

Contact Officers:

Brendan Clifford / Matt Bowsher

Assistant Directors – DMBC DACHS

Neill Bucktin

Head of Commissioning – Dudley CCG

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DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET **Agenda Item No. 11**

DATE	**01/12/2014**
TITLE OF REPORT	**Pharmaceutical Needs Assessment (PNA) 2014-15**
Organisation and Author	**Office of Public Health, Dudley MBC** **Jag Sangha (Pharmaceutical Adviser – Community Pharmacy and Public Health)**
Purpose of the report	• Dudley HWB to meet its statutory obligation to ensure identification of current and future pharmaceutical service needs for its population. • To support NHS England in the commissioning of new pharmaceutical contracts (i.e. pharmacy applications) or adjustments to existing pharmaceutical contracts. Please note that the full report is available on the CMIS link – http://cmis.dudley.gov.uk/cmis5/. Two copies of the report will be made available at the Board meeting.If any Board member wishes to have a hard copy in advance please let Joe Jablonski know and he will send you a copy.
Law	The Health and Social Care Act 2012 (which received Royal Assent 27th March 2012) amended the NHS Act 2006. The 2012 Act established HWBs and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, now provide a requirement for all HWBs to: • Make a revised assessment as soon as is reasonably practicable after identifying significant changes to the need for pharmaceutical services and • Publish its first PNA **no later** than 1 April 2015.
Financial Implications	No financial implications for HWB. Financial Implications for NHS England and existing community pharmacy contractors.
Background	From 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the

<table>
<tr><td></td><td>population in its area, referred to as a 'Pharmaceutical Needs Assessment'.

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies (referred to as the market entry test). As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

This PNA includes information on:
• The legislative background.
• Demography of the Dudley population.
• Pharmacies in Dudley and the services they currently provide.
• Maps relating to Dudley and providers of pharmaceutical services in the area.
• Services in neighbouring Clinical Commissioning Group (CCG) areas that might affect the need for services for our population in Dudley.
• The Healthy Living Pharmacy (HLP) model.
• Conclusions on assessments of pharmaceutical need.
• Potential gaps in provision that could be met by providing more services through our existing provision of pharmacies and likely future pharmaceutical needs.

Membership of the PNA steering group was taken from the Pharmaceutical Public Health Team (Office of Public Health (OPH), Dudley MBC), Public Health Intelligence Team (OPH, Dudley MBC), Dudley Local Pharmaceutical Committee, Lead Commissioner for Service Re-Design (Dudley CCG), Primary Care Contracts – Community Pharmacy (NHS England Birmingham, Solihull and Black Country Area Team), Chief Officer Healthwatch Dudley and Dudley Local Medical Committee.</td></tr>
<tr><td>Key points to note</td><td>• In Dudley, as at November 2014, there are 71 community pharmacies, 3 distance selling pharmacies (wholly mail order or internet pharmacies) and 1 Local Pharmaceutical Services (LPS) contract (The Priory Community Pharmacy) giving 75 pharmacies in total which are providing pharmaceutical services under arrangements made with NHS England.

• A statutory 60-day public consultation is planned from the</td></tr>
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	17th December 2014 to 15th February 2015 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. Feedback gathered in this consultation will be reported and reflected upon in the final revised PNA report. • We have considered geographical access to the Community Pharmacies in our area, the services they provide and their opening hours. In addition through identification of needs linked to the JSNA, the publication of the Dudley Joint Health and Wellbeing Strategy 2013-16 and the CCG strategic plans, we have assessed the potential for those needs to be met through pharmaceutical services. • We conclude that there are sufficient pharmacies in Dudley to provide essential pharmaceutical services to the residents. No gaps in provision across the borough have been identified. Pharmacies are situated both within and very close to GP practices and also in the major shopping centres, supermarkets and locality High Streets. Our pharmacies are open to provide services at the times needed and used by patients and the public. • Dudley pharmacies provide two advanced services. Provision of the Medicines Use Review service is offered from at least three quarters of all the pharmacies in each locality (also referred to as 'township'). Provision of the New Medicine Service is offered from greater than 50% of all pharmacies in each locality. We conclude that this may result in reduced provision for some individual patients. However, we further conclude that within each locality sufficient pharmacies provide a Medicines Use Review and a New Medicines Service, providing patients a reasonable choice to access these services. • Community pharmacies in Dudley are commissioned to provide a range of public health services through direct contract with the Office of Public Health, Dudley MBC. Pharmacies can choose if they wish to provide public health commissioned services. Analysis demonstrates that the majority of pharmacies provide public health commissioned services, with only two (excluding distance selling

	pharmacies) providing no public health services at all. • Each public health service is commissioned with a different client group in mind. For example we have community pharmacies open on a Sunday commissioned to provide Emergency Hormonal Contraception. We conclude that there are gaps in service provision in localities with some public health services namely, alcohol screening and brief intervention, health checks and Counterweight management. However, we further conclude that results from the pharmacy contractor survey provide evidence that sufficient existing contractors are willing to fill any gaps that may arise or undertake any new services that the Office of Public Health may contemplate commissioning in the future. • Therefore we conclude that there are no gaps in public health services provision that could not be filled by the existing pharmacy contractors. The Office of Public Health has plans in place to continue to encourage and support all our pharmacies to improve access for patients for all public health services. • With respect to provision of Healthy Living Pharmacies (HLPs), we conclude that there are gaps in the provision across the borough particularly in some wards with greater deprivation where access (to HLPs) is more important in supporting a reduction in health inequality. However, we further conclude that the Office of Public Health, Dudley MBC will continue to commit support and funding (subject to availability) to developing our existing network of community pharmacies (to achieve and maintain HLP accreditation) with particular emphasis on targeting community pharmacies within the most deprived areas within the borough. • This PNA has identified an unmet need of advice for care homes staff with respect to medicines management for residents within care homes (nursing and non-nursing). We conclude that NHS England and Dudley CCG should consider addressing this unmet need through commissioning of a local enhanced service (subject to funding) through community pharmacy that provides advice and support to care homes with respect to medicines management. Such a service should be aligned to existing services, teams and pathways already commissioned by Dudley CCG to support these older vulnerable patients within care homes (i.e. Older

	Persons Specialist Pharmacist, Virtual Ward and Community Rapid Response Teams).
Recommendations for the Board	• **To approve the draft PNA report for statutory 60-day public consultation (17th December 2014 to 15th February 2015).** • **To bring final PNA report ahead of full publication (post public consultation and amendments as deemed appropriate) to March 2015 HWB for final approval.**
Item type	*Discussion and Decision*
H&WB strategy priority area	*Services, children, mental wellbeing, lifestyles, neighbourhoods, integration, health inequalities, quality assurance, community engagement, -* ***Links to all of these areas***

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DUDLEY HEALTH AND WELLBEING BOARD Agenda Item No 13

REPORT SUMMARY SHEET

DATE	**2nd December 2014**
TITLE OF REPORT	**Dudley Health and Wellbeing Board Peer Review**
Organisation and Author	**Karen Jackson** — **Interim Director of Public Health Dudley Council** **Andrea Pope-Smith** — **Director of Adult Community and Housing Services Dudley Council** **Pauline Sharratt** — **Interim Director of Children's Services Dudley Council** **John Millar** — **Director of Urban Environment** **Paul Maubach** — **Chief Officer Clinical Commissioning Group Dudley Council**
Purpose of the report	To discuss the recent peer review and progress in developing a peer review action plan
Key points to note	The peer review team asked five challenging questions to help the Board critically appraise its progress and examine what it needs to do to be even more effective. 1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents? 2. Is the Health and Wellbeing Board (HWB) at the heart of an effective governance system? Does leadership work well across the local system? 3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities? 4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy? 5. Are there effective arrangements for ensuring accountability to the public? The Peer Review team were also asked focus on the following issues to see how far the Board had achieved them: 1. How is the Board ensuring high levels of engagement from key stakeholders including clinicians and providers? 2. How does the Board ensure it adds value/makes a real impact? 3. How does the Board build capacity of individual members and collective capability to drive change and integration and champion health and wellbeing issues? 4. How far have health and wellbeing objectives been

	embedded across the council? Following the receipt of the final feedback letter on 19th November, which identified a number of actions and recommendations, the development of a draft action plan has been initiated. It is recommended that the next steps are for the Board to set up a time limited task and finish subgroup to finalise the action plan and oversee implementation. It is recommended that Board members identify key leads from their organisations for the subgroup and allow dedicated time within their work activity to fulfil the duties of the group. It is also recommended that the subgroup would benefit from a Board member/s being part of the group.
Recommendations for the Board	• For the board to note the findings of the Peer Review Team and agree to implement the recommendations • For the Board to note the initial action plan and agree to the set up of a time limited task and finish sub-group of the Board, to finalise the action plan and oversee its implementation. • For Board members to note the call to action for themselves/ key leads from their organisation to form the subgroup.
Item type	*Discussion*
H&WB strategy priority area	*Board development*

Local Government Association

Cllr Rachel Harris
John Polychronakis
The Council House
Priory Rd
Dudley
West Midlands
DY1 1HF

September 2014

Dear Cllr Harris and John

Health and well-being peer challenge, 15th – 18th September 2014

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Dudley Metropolitan Borough Council to deliver the health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards will be confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Dudley were:

- Joanne Roney, OBE Chief Executive, Wakefield Council
- Cllr Sue Whitaker, Chair of Adult Social Care Committee, Norfolk County Council
- Dr Nonnie Crawford, Director of Public Health, Sunderland City Council
- Helen Hirst, Chief Officer, Bradford City and Bradford Districts CCGs
- Samantha Hudson, Head of Health Partnerships, Hampshire County Council
- Sally Burlington, Lead officer supporting the LGA's Community Wellbeing Board, Local Government Association
- Kay Burkett, LGA Challenge Manager, Local Government Association

Scope and focus of the peer challenge

The purpose of the health peer challenge is to support Councils in implementing their new statutory responsibilities in health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice.

Our framework for the challenge was five headline questions:

1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?

2. Is the Health and Wellbeing Board (HWB) at the heart of an effective governance system? Does leadership work well across the local system?

3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

5. Are there effective arrangements for ensuring accountability to the public?

You also asked us to comment on the following areas which we have incorporated into the five methodology questions and headline messages:

- How is the Board ensuring high levels of engagement from key stakeholders including clinicians and providers?
- How does the Board ensure it adds value/makes a real impact?
- How does the Board build capacity of individual members and collective capability to drive change and integration and champion health and wellbeing issues?
- How far have health and wellbeing objectives been embedded across the council?

It is important to stress that this was not an inspection. Peer challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the Peer Challenge Team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Dudley Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

Headline messages

The people who sit on the Dudley Health and Wellbeing Board (HWB) are well regarded and have a real sense of commitment to tackling the long standing health and wellbeing challenges in the Borough. The board is signed up to a common set of principles to underpin the priorities in the Joint Health and Wellbeing Strategy (JHWS). Placing the HWB at the heart of partnership working will help the board to capitalise on the strength of the buy-in by partners to become the main driver of system transformation across Dudley, and support a solid move into the delivery stage of its development.

Dudley Council has embraced the new opportunities for health and wellbeing and wants to make a difference by absorbing the public health agenda into the fabric of how the Council works. Public health has placed itself at the heart of health and wellbeing and the Council restructure provides an opportunity for strengthened corporate working

The peer team found lots of examples of effective projects but there is a need to capitalise on these, and better co-ordinate, what is available across the system so there is a 'golden thread' creating coherence between strategic priorities and evidencing tangible outcomes for communities.

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?

The JSNA is well developed and coherent and the JHWS clearly reflects that evidence. Dudley's online JSNA resource 'All About Dudley' is overlaid with crime statistics and is constantly updated as new information becomes available. The annual JSNA synthesis and life course approach provides a good basis for reviewing and refreshing priorities and could be taken to the next level and used to inform a joint commissioning approach between the Council and Clinical Commissioning Group (CCG).

There is clear alignment between the JHWS and CCG Operational Plan and 5 year strategy and there is some evidence of the JHWS influencing wider council and partners' agenda in relation to health improvement and the wider determinants of health including housing, alcohol misuse, tobacco control and economic regeneration ambition. However, the JHWS and other plans need to 'mesh' together for aligned strategic direction and to drive service and integration ambitions.

There needs to be a single vision and narrative to harness ownership and resources across the system. This would enable a refreshed JHWS and other strategies to find the right focus between short and longer term priorities. The next step would be to ensure tighter alignment between implementation plans and clear targets to ensure they are embedded within cabinet portfolios and public health priorities.

The Spotlight initiatives have been successful events for involving stakeholders, including people who use services, to focus on 7 specific challenging issues identified from the JSNA e.g. urgent care, alcohol misuse and mental wellbeing. Information and recommendations from the events have been presented back to the relevant partnership board as key actions to take forward in 2014/15 and have been effective in developing a deeper and shared understanding of the issues.

Dudley is rich in data but needs to make smarter use of intelligence across the health and wellbeing system to inform priorities and resource allocation. A more systematic approach in the use of local intelligence and evaluation would unlock the potential for scaling up innovative work to focus on prevention and health inequalities.

2. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

There is widespread enthusiasm and respect for the Chair of the HWB, who is keen to ensure the HWB fulfils its role as the health system leader to become an effective driver of change.

The HWB is focused on delivering the JHWS and the priority areas. The right partners at the appropriate level to influence delivery of the JHWS are sitting as members of the HWB with good formal and informal relationships to build upon. However, there is not parity between HWB members in relation to signing off plans and voting rights. The HWB is about collective membership and its activities need to be seen as trustworthy by all its members, otherwise, when it comes to issues like pooling budgets partners may be understandably reluctant.

There is confusion about how some aspects of the partnership landscape works in Dudley to deliver the JHWS priorities. The protocol being developed for working relationships with the children's and adult safeguarding boards could be the model used to clarify other partnership boards links, otherwise there will be discussions about the same things in different places. A membership refresh of partnership boards could revitalise partnership working and refresh communication. In doing this consideration should be given to engagement with all providers, as their role is critical to developing sustainable whole-system approaches, and the important role of elected members to make the links back to communities.

Governance and accountability needs to be strengthened by better aligning Council and partners' plans to ensure alignment to the shared strategic direction for Dudley. Partners plans and actions need to be brought together to deliver the strategy at the same time as investing time in ensuring clarity about accountability to help the HWB to conduct its business more effectively. Continue development for HWB members so each partner can fulfil their system leader role.

The development days have enabled the HWB to get ‘under the skin’ of the issues and have the potential to be a forum to develop a more coherent system to inform priorities and resource allocation. In doing this, ensure the ‘golden thread’ is developed so implementation plans collectively effect the change and improvement in services that the strategic direction requires.

Public health is at the heart of driving the HWB agenda and making some inroads corporately, for example, in parks and leisure by funding park rangers to support Healthy Hubs. The public health team have input into licensing applications with the Licensing Committee now positively engaged with the minimum unit price debate to reduce alcohol related harm and public health has funded a trading standards support officer to focus specifically on underage drinking and smoking and illicit tobacco sales.

There are examples of joint working between public health and other council services, such as work on health protection with adult social care which has helped reduce infections in care homes. Relationships are good and such joint working is clearly delivering real results, but you could go further. There is a real appetite from council staff and partners to do much more work jointly.

Dudley was an early adopter of the Healthy Living Pharmacy initiative and has led the way, with leadership from elected members, in the national programme to show the benefits of this new approach. The Public Health Volunteers and Health Champions programme has used a community development model to involve volunteers and communities in rolling out this approach to helping people with long term conditions manage their own conditions more effectively. This has been recognised nationally through the Investing in Volunteers Award.

Public health transition into the Council went well and is a well-resourced public health facility. However, there is further work needed to develop a more integrated, visible, coherent and assertive public health function to enhance support to the HWB, have an influencing and advisory role and to develop external and professional networks.

Development days and scrutiny process are not seen to be driving a more proactive approach to improvement. Take the opportunity to learn from innovation and benchmarking so Dudley can be the best it can be building on the advantage of co-terminosity to make progress faster than in other places and ensure the Council’s restructure drives the corporate and outward facing culture which is needed to make health and wellbeing everyone’s business.

3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

The HWB has recognised the importance of engagement with voluntary and community sector through representation at the board to help progress work on community and individual resilience to help shape proposals and plans for

implementation. However, leadership across the system needs to include putting community assets and opportunities at the heart of the JHWS building on plenty of good examples, like co-production for the Wren's Nest Open Hub, which offers an approach that could be adopted across the Borough and could take you beyond engagement and accountability. To make this happen there is existing expertise in the Office of Public Health and Dudley CVS which could help create a community of practice. Increasing awareness will offer the opportunity to create a platform to capitalise on asset transfer, which is currently in its infancy.

Dudley has used the Better Care Fund (BCF) as a galvanising force to pull the health and wellbeing system together providing the platform for practice based integration to drive transformation. Dudley CCG is proactive in driving systems leadership as demonstrated by resourcing the development of practice based integration teams. Other partners like the police and fire and rescue service, are keen to adopt a more joined up and targeted approach with the HWB to align priorities and services further based on the Marmot principles of 'Fair Society, Healthy Lives'. Build on this to consider how to adopt a proportionate universal approach by all partners, so that universal provision is added to and targeted based on need. This will achieve maximum benefit for communities using evidence based data to underpin the rationale. Take better advantage of having a unitary council with one co-terminous CCG for more joined-up, targeted working.

Staff expressed frustration on the number of uncoordinated activities, too many campaigns in the same area, lack of clarity of who was leading what and no unified programme management approach. This is resulting in duplication of resources. By creating a shared methodology and identifying leads, (either client based or geographic), a more joined up approach could be achieved. There is an opportunity to establish a programme management approach and identify leads to create a more coherent plan and campaign/engagement strategy which could lead to real collaboration across public services and with local people.

The HWB is not sufficiently sighted on the immediate and longer term constraints within which the Council and health economy are operating. There is a recognised issue within the system about avoidance admissions and delayed transfers of care. These linked resource issues would benefit from being tackled on a continuous system-wide basis rather than by individual organisations. This could build on the work of the System Resilience Group to ensure NHS England dialogue and the voice of providers is heard for system solutions.

To enhance its role in influencing and steering commissioning the HWB will need to have collective conversations about financial challenges and opportunities and a shared understanding of the complexities of co-commissioning. A focus by the HWB on outcomes, not services, will show there is a clear focus on the need to shift from providing services it has always

provided to using resources to make an impact on the wellbeing of the community within the context of financial constraints.

There are many good examples of collaboration across the system e.g. Dementia Gateway, the extra care housing schemes and children's centres. However, there is capacity in the system that is not currently being directed for maximum impact, for example, public health and its many assets should be systematically mapped, its achievements understood and resources harnessed in the delivery of the JHWS. Additionally, Dudley, as a unitary council, appears not to be taking advantage of the many opportunities which its role as a housing authority offers in improving the health and wellbeing of its residents.

Relationships with a wider set of key providers are not co-ordinated well across the system. Facilitate methods so it is clear to the HWB about if providers feel part of the system and are engaged in helping shape and deliver outcomes through contributions to the JSNA, JHWS and service re-design.

There are opportunities for scaling up projects based on evaluation, using joint commissioning and a shared outcome based budgeting system. This could include a number of well-regarded projects that have had recognition such as the award winning Healthy Living Pharmacy and Breast feeding programme that has attracted attention across the region and plans to expand the Healthy Pregnancy Service role in community midwifery. Have a vision and clear plan for where pooled budgets may be appropriate building on the BCF opportunity e.g. for children, for some community health and social care integration.

The HWB has yet to fulfil its potential to reach out and influence the private sector and linkages to economy, e.g., in increasing employability for young people. Use the approach that identifies needs and assets in the JSNA and JHWS in order to be more effective in enabling good health and 'wellness' than one which focuses solely on needs. Addressing the structural, material and relational barriers to individuals and communities achieving their potential will significantly contribute towards tackling health inequalities.

4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

The HWB undertakes six monthly monitoring of health and wellbeing priorities with a clear intention to evaluate the impact of the JHWS and communicate this to the public. Putting outcome based measures in place (beyond the BCF) to assure the delivery of the JHWS by developing one dataset for health and wellbeing performance will enable strategic oversight so that progress towards outcomes is visible.

The peer team think it would be helpful to spread insight into population health more widely and contribute to evaluating the impact of the JHWS by

supporting Elected Members' to embrace their new public health role and act as health champions for their ward. Ensure they can make use of disseminated ward level data intelligence (from a Data Observatory) that is enriched by 'real life' stories. This will help elected members' feel they know what is going on and have a stake in tackling health inequalities and building community resilience. A corporate performance management system would help to mainstream health and wellbeing outcomes for residents.

5. Are there effective arrangements for ensuring accountability to the public?

Healthwatch is well regarded and provides a good platform for a more targeted and wider community engagement plan. Dudley is fortunate to have such a strong Healthwatch. To make the most of this resource improved HWB forward planning is required. This will give sufficient lead in time to ensure meaningful work is carried out and provide assurance that the public's voice is embedded into the work of the board.

The principles of engagement adopted by the Board make engagement everyone's business. This is evident through the way in which the JHWS is informed by involvement of the voluntary and community sector and residents. The Spotlight event, and July conference, on 'healthy communities' have provided a valuable opportunity for the public to contribute to priorities. Enhance this approach by giving due weight to qualitative evidence such as personal stories of service users, patients, carers and community voices to bring alive the vision and narrative for health and wellbeing in Dudley. The HWB's recognition that everyone, not just Healthwatch Dudley, is responsible will pay dividends in the future.

There is a draft communication and engagement plan that provides a firm foundation for internal board communication and a basis to create better conditions to co-ordinate communication by partners. Once a clear narrative for the health and wellbeing system is defined it will be possible to better co-ordinate clearer messaging with partners that includes using 'All About Dudley' to provide performance data to the public.

The HWB has already given consideration to branding and improving communication. Existing resources such as the Councils health and wellbeing internet pages and the firstchapter.wordpress.com (that includes videos of the first annual conference and supporting information) are a good start. Be energised and proactive in your communication and the methods you use (e.g. social media) – you have many good stories to tell.

There is recognition of the need to clarify the respective roles of Health Scrutiny and the HWB so the important mechanism of holding the board to account is positively established and the Chairs are having regular meetings to facilitate this.

Health Scrutiny has done some good insight work on tobacco control involving

expert witnesses and the public to inform policy development, future work on physical activity is also planned. A more effective approach can be developed through ensuring recommendations from insight work is reported to the HWB, there is an alignment of agendas and members are developed to have a full understanding of the role and working relationships.

The protocol for defining working relationships between Health Scrutiny and the HWB is currently being updated and will include working relationships with the adult social care and children's services scrutiny committees. This provides an opportunity for the HWB to ensure that scrutiny becomes an important source of information through the enquiries they conduct about the quality of services and issues of concern to patients, service users and the public. The three-way relationship between Dudley Healthwatch, the HWB and Health Scrutiny about how they work together and independently also needs to be clarified.

6. Other messages

The HWB has recognised for itself that there are important next steps to take to strengthen governance and ensure it can make a real impact. The peer team recommend the following actions:

- strengthen a shared narrative for the system on the priorities
- maintain the approach and style that enables maximum contribution from board members and other relevant partners
- consider a review of the constitution to ensure parity between board members and possible inclusion of health providers as members
- develop a joint communication plan that has residents at its heart
- move to a joint commissioning arrangement that puts resources into the priorities creating a strong platform for greater integration of services, and decommissioning where appropriate (e.g. children's services in particular would benefit from a joint commissioning framework based on data)
- find a balance between short term wins whilst planning for the longer term impact
- make use of time between HWB meetings to ensure big ticket and performance concerns are tackled and reported back
- agree a set of focused performance measures for the system that would clearly demonstrate outcomes to residents
- review the officer support structure needed to support the HWB and drive performance

7. Key recommendations

Based on what we saw, heard and read we suggest the Council and HWB consider the following feedback on things we think will help improve and develop effectiveness and capacity to deliver future ambitions and plans:

- Place the HWB at the heart of partnership working in Dudley

- Look outwards to seize opportunities from working across a wider Black Country footprint
- Look forward jointly to get ahead of the financial context
- Continue to develop your partnership working and corporate culture to make health and wellbeing everyone's business
- Make better use of the existing data to strengthen commissioning
- Dudley does a lot of good stuff – you need to join it up
- In refreshing your JHWS you must have a single set of priorities and have a clear system wide performance in place

7. Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how the Council wishes to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this, including a post peer challenge six month follow up initiated by the Challenge Manager.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Howard Davis, Principal Adviser (West Midlands) is the main contact between your authority and the Local Government Association, and will be in contact to finalise the detail of that activity as soon as possible. Howard can be contacted at howard.davis@local.gov.uk (or tel. 07920 061197) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish the Council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

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Dudley Metropolitan Borough Council

Agenda Item No. 14

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

DATE	16th December 2014
TITLE OF REPORT	Children and Young People – Draft Plan
Organisation and Author	Dudley MBC Directorate of Children's Services
Purpose of the report	To develop the knowledge and understanding of Board members about the content of the draft Children and Young People's Plan (2015/17), and the rationale for the priority that has been chosen. To gain the endorsement of the Health and Well Being Board for a Children and Young People's Plan that contains a single priority which is to improve the effectiveness of Early Help and Support Services.
Key points to note	The Children and Young People's Partnership is in the process of developing a revised, draft Children and Young People's Plan based upon a single priority of improving our Early Help and Support Strategy. The Children and Young People's Partnership is seeking the approval and support of the Health and Well Being Board for this course of action.
Recommendations for the Board	To note the proposals for a revised Children and Young People's Plan focussed on improving our Early Help and Support Strategy and Offer. To endorse the proposals for the development of this draft plan and for agencies in membership of the HWB to provide all possible support
Item type	Information, discussion and strategy
H&WB Strategy Priority Area	Services, children, mental wellbeing, health inequalities

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DUDLEY HEALTH AND WELLBEING BOARD

DATE: 16th December 2014

REPORT OF: Interim Director of Children's Services

TITLE OF REPORT: Proposals for the Content of the Draft Children and Young People's Plan 2015-2017

1.0 HEALTH AND WELLBEING STRATEGY PRIORITY

1.1 This report explains to Board members the proposed content of our revised, draft Children and Young People's Plan (CYPP). The main priority in the plan will be for all agencies to improve the coherence and effectiveness of our Early Help and Support offer. This will make a significant contribution to ensuring that the following priority in the borough's joint Health and Well Being Strategy is achieved:

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 taking risks that may affect their health in the future.

2.0 PURPOSE OF REPORT

2.1 To develop the knowledge and understanding of Board members about the content of the draft Children and Young People's Plan (2015/17), and the rationale for the priority that has been chosen.

2.2 To gain the endorsement of the Health and Well Being Board for a Children and Young People's Plan that contains a single priority which is to improve the effectiveness of Early Help and Support Services.

3.0 BACKGROUND

3.1 Part of the role of the Board of the Children and Young People's Partnership (CYPP) in Dudley is to coordinate services for children and young people, ensuring that effective use is made of available resources, and that the needs of the borough in this respect are met.

3.2 The Strategic Commissioning Group of the Board is charged with analysing the needs of children and young people in the borough, drawing upon the information contained within the Joint Strategic Needs Assessment, and other intelligence, in order to establish the priorities to be contained in the plan. As part of the process of identifying appropriate priorities, the Commissioning Group also consults with service providers and young people.

3.3 During the latter months of 2014 members of the CYPP have been working on the identification of a single priority for the next version of the plan. It is felt that if one common priority can be agreed, which is of mutual concern to all partners and agencies, it will have a helpful unifying effect on the efforts of the Partnership to provide effective, coherent services.

3.4 It is now the case that the CYPP has agreed that concentrating upon Early Help and Support Services should be our single priority for 2015 – 17. The main reasons for this are as follows:

(a) Providing high quality universal services as early as possible in the lives of all children and young people will help them to optimise their potential and to live healthy lives in the future.

(b) Providing effective targeted and specialist early help and support to vulnerable children and young people and their families will help to reduce the risks which this group face of suffering harm, neglect and poor health, with all the negative consequences of such experiences for educational attainment and social and economic well being.

(c) Children's Social Care Services in Dudley receive a very high number of contacts from other agencies, requesting services in respect of young persons. The rate of contacts is so high that it is handicapping the district teams in their efforts to deal with children and families who truly need a service. The number has risen from 9,901 in 2008-9 to 15,358 in 2013-14. However a relatively small proportion of these (approximately 1 in 4) go on to become a "referral" requiring specific action by Social Care. In other words a high proportion of the contacts are not really necessary and could have been dealt with by other agencies without reference to Children's Social Care. If we can make our early help and support services more effective it should reduce the number of inappropriate contacts and benefit the lives of the young persons in question by preventing any problems from escalating further.

4.0 THE MAIN ITEM/S OF THE REPORT

4.1 In order to achieve an effective CYP Plan based upon a single priority of Early Help and Support the Partnership is engaged in the following activities to ensure that all agencies are fully contributing to our goal;

4.2 Establishment of strategic and operational task and finish groups (meeting on a monthly basis) to drive forward the initiative.

4.3 Consultation with managers and teams across a range of agencies on current arrangements.

4.4 Visits and consultation with services in other local authorities to identify potential service models and design options.

4.5 Identification of good practice from e.g. OfSTED inspection reports, including Derbyshire which is one of our statistical neighbours.

4.6 Developing options for Dudley's "front door" to Children's Services in order to ensure that Early Help and Support is delivered by all agencies, including a co-located multi agency team to receive referrals and make a decision regarding the most appropriate response.

4.7 Identification of any changes required to remit of social work teams in order to progress social care cases once referred from the new arrangement.

4.8 Develop an operating model for the identification of families, the effective use of the early help assessment and ensuring robust step up and step down arrangements with Social Care teams.

4.9 Re-design of some Early Help services to improve coherence and better meet need.

4.10 Detailed design and formal consultation moving to implementation from 1st April 2015.

5.0 FINANCE

5.1 The course of action set out in this report will be managed from within the existing budgets of relevant agencies. It should, if successful, reduce the costs of dealing with problems associated with poor health and well being by addressing their causes sooner rather than later.

6.0 LAW

6.1 The course of action set out in this report is in accordance with all legal requirements placed upon the Health and Well Being Board and the agencies working to promote the interests of children and young people in the borough.

7.0 EQUALITY IMPACT

7.1 It is intended that the course of action set out in this report will have a beneficial impact upon equality by improving the circumstances, achievement, health and well being of vulnerable children e.g. those at risk of harm and neglect, disabled young people, and those living in deprived households.

8.0 RECOMMENDATIONS

8.1 To note the proposals for a revised Children and Young People's Plan focussed on improving our Early Help and Support Strategy and Offer.

8.2 To endorse the proposals for the development of this draft plan and for agencies in membership of the Health & Well Being Board to provide all possible support.

Signature of author/s

……………………………………
Pauline Sharratt
Interim Director of Children's Services

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DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item No.15**

REPORT SUMMARY SHEET

DATE	16th December 2014
TITLE OF REPORT	Quality Transfers of Care Between Hospital and Community Settings
Organisation and Author	Andrea Pope-Smith, Director of Adult Community and Housing Services, Dudley MBC Paul Maubach, Chief Executive Officer, Dudley Clinical Commissioning Group
Purpose of the report	To advise the Board on issues relating to:- • quality transfers of care between hospital and other settings; • work being done in the health and social care economy to continually improve our services and people's experience of transfer of care between hospital and other settings; • specific issues relating to delayed transfers of care.
Key points to note	• Delayed transfers of care present a significant challenge to the health and social care system. • Patients occupying beds after they are medically fit for discharge create problems in terms of being able to admit patients appropriately and can lead to delays in the Emergency Department. • There is a resource implication for the CCG arising from this of approximately £145,000 per month. • Work is taking place to develop and sustain a more effective system to achieve the necessary flow of patients into and out of hospital. • This report identifies the issues being dealt with.
Recommendations for the Board	That the Board note and comment on:- • issues connected to quality transfers of care between hospital and other settings; • work being done in the health and social care economy to continually improve our services and people's experience of transfer of care between hospital and

	other settings; • specific issues relating to delayed transfers of care.
Item type	**Strategy**
H&WB strategy priority area	**Making Services Healthy and Urgent Care**

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Dudley Clinical Commissioning Group

Report of the Director of Adult, Community and Housing Services and the Chief Accountable Officer, Dudley CCG

Quality Transfers of Care between Hospital and community settings

Purpose of Report

1. To advise the Board on issues relating to:
   - quality transfers of care between hospital and other settings;
   - work being done in the health and social care economy to continually improve our services and people's experience of transfer of care between hospital and other settings;
   - specific issues relating to delayed transfers of care.

Background

Quality transfers of care between hospital and other settings

2. Admission to hospital can be an anxiety-provoking experience for anyone requiring treatment or physical investigation as well as those who actively care or are concerned about them.

3. It is a priority for organisations working in the health and social care economy in Dudley to ensure that when people develop care needs, the support they receive is appropriate and takes place in the most appropriate setting depending on their circumstances.

4. All health and care agencies are committed to upholding best practice by treating people with dignity, respect and ensuring a quality service is provided. Promoting the independence of people and acknowledging the strengths they bring to their own situation are key underpinning practices which support a quality service. Amongst other mechanisms for these practices, health and care agencies bring together their agency commitment to quality and dignity in service provision through their partnership as members of the Dudley Safeguarding Adults Board.

5. The overwhelming majority of people who are admitted to hospital and are discharged back home to the care of their GP do so with support from their family or friends. The care and concern of their family or friends generally gives people the best chance of making a full recovery and regaining independence as soon as possible.

6. A smaller number of people require support and care from health and social care services on the transfer of their care from the hospital to other settings in community, residential or nursing care homes. These instances can range from fairly straight-forward arrangements such as re-starting a package of care which a person had before their admission to hospital to more complex arrangements in starting a new service or admission to a care home environment.

Work being done in the health and social care economy to continually improve services and people's experience of transfer of care between hospital and other settings

7. Work being done in the health and social care economy to improve services and people's experience is influenced by factors, amongst others, which include:

    - More people living longer
    - More people living with long-term conditions
    - Rising public expectations
    - Improved medical and care technologies
    - Need for greater efficiency in context of reduced resources
    - policy to promote independence, choice and support informal carers;
    - Specific policies aimed at addressing avoidable hospital admissions i.e. the Better Care Fund

8. People whose care needs are more complex need staff from different agencies to work together as partners serving the same person in the hospital setting. For example, Dudley Adult Social Care provide:

    - A Hospital Access Team of four Social Workers and a five Community Care Supervisors. One Social Worker and one Community Care Supervisor work in the Emergency Department to support attempts to divert people from Hospital care where appropriate. The remainder of the team work on the Wards. This team works across a time-span from 08:00 - 22:00 with support from other parts of Adult Social Care such as care staff who respond to emergencies in community settings
    - A seven-day service has been provided since January 2014
    - Specialist Safeguarding Social Workers for safeguarding work for people admitted to Hospital. The thresholds for adult safeguarding are actively monitored by the team to ensure that best use is made of expensive hospital beds.

9. Dudley CCG staff are also in attendance at the Hospital to support assessments for Intermediate Care or Continuing Health Care. On a Tuesday, Thursday, Saturday and Sunday, the Intermediate Care work is covered by the Council's Hospital Access Team.

10. Voluntary organisations also contribute e.g. the Red Cross Society work with some people on discharge from Hospital.

11. Private organisations such as "Care Home Select" have been commissioned by the Hospital to support transfers to care homes.

12. Within the hospital, a "Discharge Impact Team" meeting of a multi-disciplinary team meet twice daily to discuss the latest situation of the patients on their list. The status for each patient should be agreed at this meeting and it is recorded on a database called the "Disco" (Discharge Co-ordinators) database. This database is important because its output is used for reporting Dudley's performance to national systems.

13. To avoid hospital admission where possible, a broad range of activity is being undertaken under the heading of the Better Care Fund to support people to stay in the place where they live – at home or in a care environment such as a care home – rather than be admitted to hospital where avoidable and safe to do so. Actions include:

- Development of a Community Rapid Response Team under clinical oversight to strengthen options for alternatives to admission to hospital, including dialogue with West Midlands Ambulance Service;
- The development of a new Urgent Care Centre based at the Hospital will support work to "triage" patients more effectively, supporting efforts to avoid hospital admission as appropriate
- Promoting a more locality-based approach through more integrated working with GP practices and other services e.g. mental health and adult social care;
- Broadening of preventative services still further so that people respond to the need to maximise their own health and well-being
- Re-organisation of adult social care services on a "Customer Journey" model to reflect the way in which people generally may need support and care;
- Working with West Midlands Care Home Association to up-date protocols for discharge from hospital back to the care home environment
- A "Discharge To Assess" model which creates three "pathways" for people to (1) return home where safe to do so; (2) reablement; (3) provision of continuing healthcare.
- The commissioning of work to resolve long-standing challenges about management information system which inform the analysis and decision-making process used to show the activities of all partners relating to hospital discharges.

14. A separate report is on the Agenda for the Committee's consideration but in the context of this Report, the Committee may wish to be reminded that the reduction in emergency admissions to hospital is now the sole determinant of access to the performance element of the Better Care Fund.

15. With regard to the experience of transfer of care between hospital and other settings, a legal framework was set for this through the *Community Care (Delayed Discharges etc.) Act 2003* which was enacted in 2004 and has been updated as appropriate by the *Care Act 2014.*

16. The aim of this law and subsequent guidance / definitions, has been to improve people's experience by better "flow" through the whole system, supporting people to:

- avoid hospital admission where an equally effective alternative can be provided;
- be re-directed from hospital where an equally effective alternative can be provided
- if admitted, experience effective discharge from hospital where each partner agency exercises their responsibility to ensure the best onward provision of care and support from hospital.

<u>Specific issues relating to delayed transfers of care</u>

17. Ensuring a good experience for the person requiring a transfer of care can be a complex process involving the resources and actions of, amongst others:

- the person who is in hospital, their family, informal carers,
- public sector agencies such as
  - Dudley Council Adult Social Care Services,
  - Dudley Group NHS Foundation Trust,
  - Dudley Clinical Commissioning Group
  - Dudley Walsall Mental HealthTrust
  - Care or Nursing Homes, and

- other specialist providers dependant on individual circumstances

18. Monitoring transfers of care is one way of measuring how effectively organisations are working together to facilitate the timely transfer of patients from hospital and so improve a person's experience. The issue of transfers of care is also complex because of the definitions and information requirements needed. For instance, delayed transfers of care are commonly defined as follows:

    A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

    A patient is ready for transfer when:
    (a) a clinical decision has been made that the patient is ready for transfer
    AND
    (b) a multi-disciplinary team decision has been made that the patient is ready for transfer*
    AND
    (c) the patient is safe to discharge/transfer.

    (*A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for that patient in an acute setting.)

19. There is an expectation that delays to transfers of care will be minimised through the following steps:-

    - discharge planning begins on admission to hospital or in the early stages of recovery;

    - there are no built-in delays in the process of deciding that a person will no longer benefit from acute care and is safe to be transferred to a non-acute (including community and mental health) setting;

    - that the NHS and social care will jointly review policies and protocols around discharge, including handling of choice of accommodation; and have systems and processes for assessment, safe transfer and placement, as part of their capacity planning

    - these steps should be guided by good professional practice and safe, person-centred transfers. Although an acute ward is not appropriate once an acute episode is over, joint planning is needed to ensure that appropriate care is available in other settings.

Reasons for delays in transfers of care

20. Relevant guidance takes account of the fact that the reasons for delays in transfer of care may be various. Categories for reasons for delay have been established by the Department of Health as shown in the Table below. Using the categories shown in this Table, both the number of patients whose transfer of care is delayed (a) and the number of days delayed within the month (b) are subdivided by the reasons for delay: A patient should only be counted in ONE category of delay ad

this category should be the one most appropriately describing their reason for delay and total numbers allocated to reasons for delay should equal the number of patients delayed.

	Attributable to NHS	Attributable to Social Care	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	×	×
D i). Awaiting residential home placement or availability	✓	✓	×
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	×
H. Disputes	✓	✓	×
I. Housing – patients not covered by NHS and Community Care Act	✓	×	×

Monitoring delays

21. Using a national monthly Situation Report (SITREP) collected through a system known as UNIFY, data is collected on:
    - the number of patients delayed on the last Thursday of each month and
    - the total delayed days during the month for all patients delayed throughout the month.

22. Data is :
    - shown at provider organisation level, (NHS Trusts, NHS Foundation Trusts and Clinical Commissioning Groups)
    - shown by Local Authority that is responsible for each patient delayed.
    - split by the agency responsible for delay (NHS, social care or both), type of care that the patient receives (acute or non-acute) and reason for delay.

23. The Table above also shows which reasons can be attributed to NHS, social care and both. On the other hand, the delayed days for a given patient can be split across the reasons for the delay. For example, if the total length of delay is 10 days, the first two days were due to waiting for the assessment to be completed and the following eight days were due to waiting for a nursing home placement, then the delayed days will be split across reason A and Dii.

The Situation in Dudley

24. At the time of writing this report, the SITREP data submitted to UNIFY covered September2014. This gives the following figures for Dudley Council of the number of patients whose transfer of care has been delayed (figures for Birmingham, Walsall and Wolverhampton are also included for comparative purposes:)

Local Authority	NHS	Social Care	Both	Total number of patients
Dudley	9	18	2	29
Birmingham	103	88	0	191
Walsall	7	5	5	17
Wolverhampton	12	8	3	23

25. These figures reflect the patients falling within the strictly defined SITREP categories. However, it is recognised across the health and social care economy that SITREP figures alone do not reflect the full scale of the challenge we face in Dudley, because there may be significantly higher numbers of patients in hospital who are medically fit for discharge but not included in these figures. In this context, it is important to note that people's health may vary in terms of medical fitness for discharge. As an example, the council does not deem patients 'safe' for discharge until a social care assessment has been completed because the public are entitled by law to an assessment by the Council. While the number of patients in this category varies on a daily basis, there can be occasions when 20-30 patients are considered safe for discharge in the view of their clinicians but unable to leave hospital until a social care assessment has been carried out.

26. Flow through the system is also dependent upon the availability of community based beds for people stepped down from acute services. These are also subject to delayed transfers of care. At the time of preparing this report, 45 community bed delays are attributable to social care. 35 are awaiting an assessment by a social worker.

27. In addition delayed transfers of care impact on the ability of the hospital to deal with patients in the Emergency Department (ED) and in turn this is reflected in performance in relation to the 4 hour ED wait target. This requires 95% of patients to be either discharged, transferred or admitted within 4 hours of their arrival. Year to date performance is illustrated in Appendix 1.

28. There are occasions, however, when partners dispute the figures used as referred to earlier in this report. The current SITREP definition of a dispute is as follows;

"*This should be used only to record disputes between statutory agencies, either concerning responsibility for the patient's onward care, or concerning an aspect of the discharge decision, e.g. readiness for discharge or appropriateness of the care package.*

*Disputes may **not** be recorded as the responsibility of both agencies. NHS bodies and councils are expected to operate within a culture of problem solving and partnership, where formal dispute is a last resort.*"

29. Evidence shows that the reason for the vast majority of Dudley delays on the SITREP, for the period April to August 2014 is "dispute." This recognition has spurred partners to clarify the practice and management information processes through a project to review and agreed a defined way forward which avoids this occurring. The Council has also agreed to work with the Department of Health as part of a regional Sector Led Improvement approach to improve the current situation.

External Review

30. To help all partners update their understanding and plans of the challenges they face across the whole system, the Department of Health's Emergency Care Intensive Support Team have carried out a review of the operation of the Dudley urgent care system. Their work has been presented to the multi-agency System Resilience Group. It covers a range of factors about the way in which the whole emergency care system works which are the responsibility of all agencies, the Dudley Group, Dudley CCG and the Council's adult social care function.

31. The System Resilience Group has now agreed an Action Plan designed to address all issues of flows through the system. The allocation of additional resources from NHS England to the Dudley Health and Social Care Economy to manage winter pressures will be dependent upon completing a number of required actions.

32. The Emergency Care Improvement Support Team returned to Dudley in early September in order to carry out further work in relation to primary care, nursing homes, mental health and the West Midlands Ambulance Service, with a view to identifying any other system blockages. Any required actions will be built into the existing agreed action plan.

33. Relevant actions designed to reduce delays are attached as Appendix 2. Some significant actions, including the removal of weekly funding panels, remain outstanding.

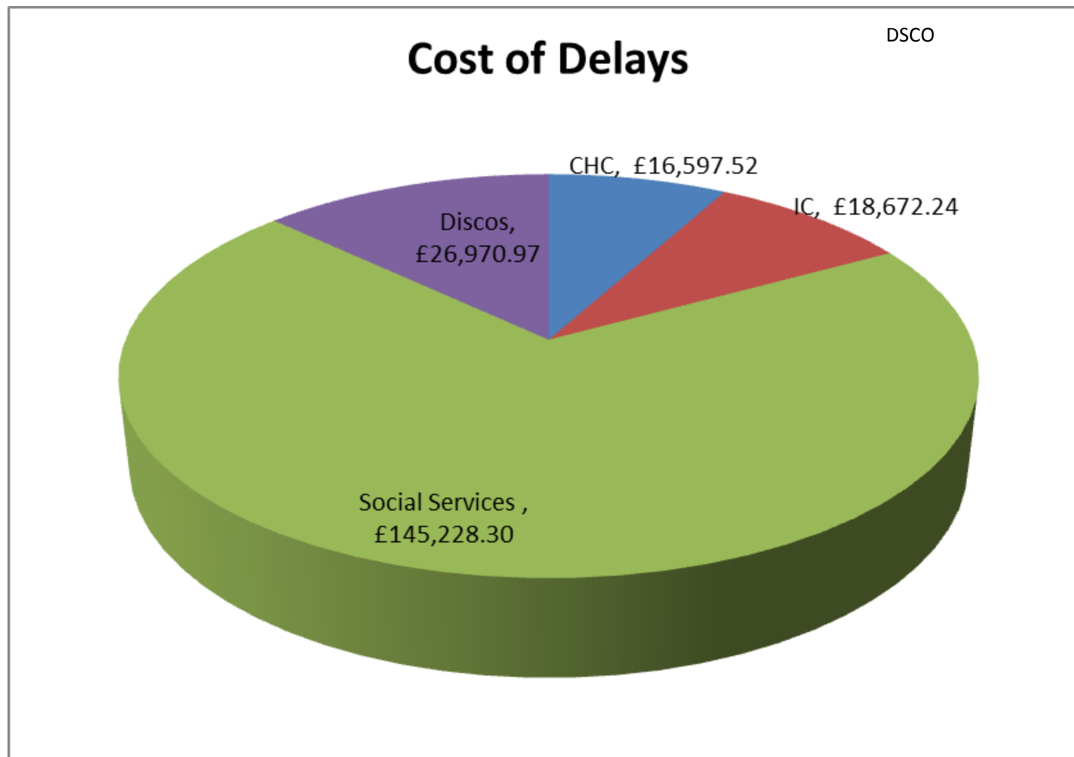
Finance

34. Work is being done to ensure that the information systems used by all agencies are more reliable for all partners to have confidence in analyses made and actions planned based on those analyses. This will support improved efficiency of the system and improved experience by people. All agencies have views about the costs of delays or the processes to their agencies and they are working to ensure that the information sources are more consistent so that view can be reconciled and appropriate actions taken.

35. The CCG has carried out a retrospective analysis of the delays taking place in May 2014, both in terms of the cause of the delay and the associated cost to the CCG. At the time the review was undertaken, the reason for the delay was agreed and none were in dispute.

36. The pie charts below indicate that the majority of delays (70%) were attributable to social care, based on current CCG analysis, at a total cost to the CCG for the month of £145,228, an annual equivalent of £1,742,736.

This data and outcome is currently being challenged and scrutinised by the Local Authority so that we can achieve a shared agreement



CHC = NHS Continuing Healthcare
IC = Intermediate Care
DISCO = Dudley Group NHS FT discharge co-ordinators

Law

37. The legal and government guidance framework to manage issues connected to delayed discharges is set through:

- The *Community Care (Delayed Discharges etc.) Act 2003* which was enacted in 2004
- Delayed Discharges (England) Regulations 2003
- Health Service Circular 2003/009
- Delayed Discharges (Continuing Care) Directions 2013
- Monthly Delayed Transfer of Care Satraps: Definitions and Guidance Version 1.07 (last updated 8 April 2013)
- *Care Act 2014*

Equality Impact

38. Transfers of care will need to be made equally for all people. People's needs will vary according to their health and assessments should take account of all relevant factors at the point of transfer from hospital.

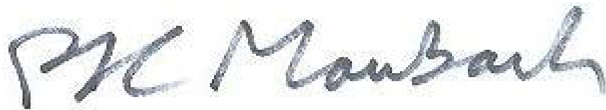
Recommendation

39. That the Board note and comment on
    - issues connected to quality transfers of care between hospital and other settings,
    - work being done in the health and social care economy to continually improve our services and people's experience of transfer of care between hospital and other settings
    - specific issues relating to delayed transfers of care

Andrea Pope-Smith

Director of Adult, Community and Housing Services

Dudley MBC



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Background Papers

More detailed definitions, guidance and the most up to date national statistics are available from the NHS England website at http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

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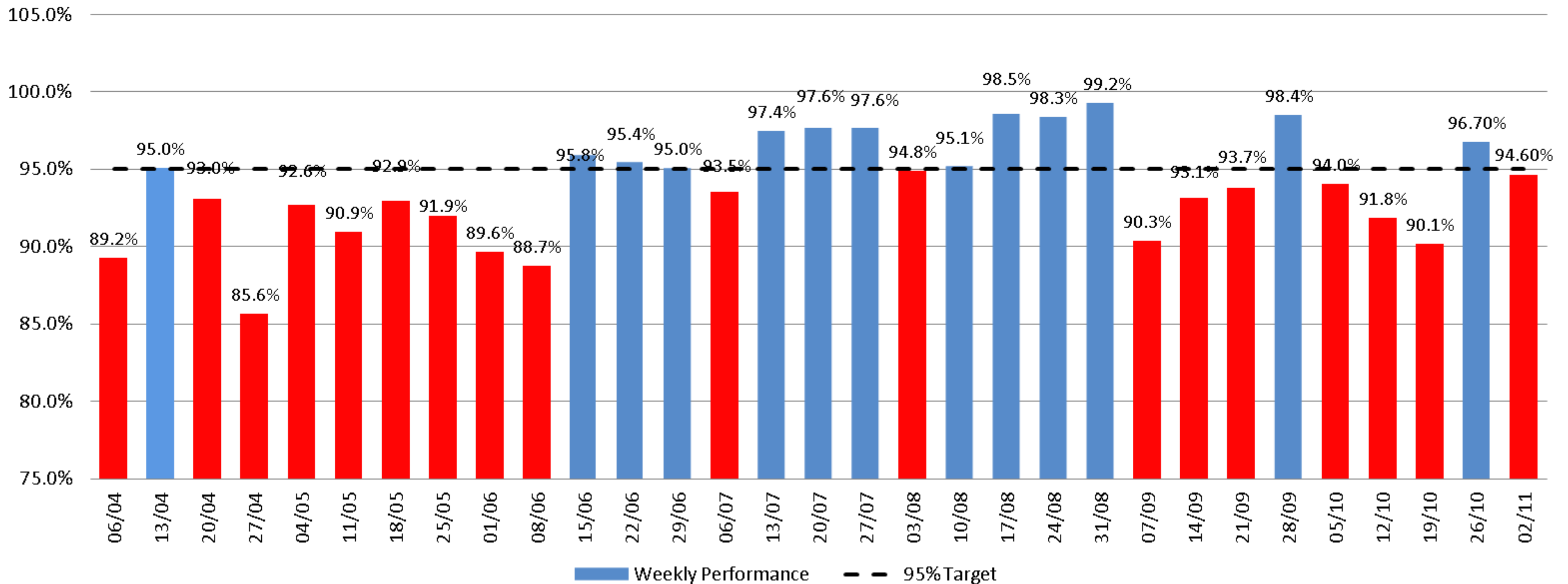
APPENDIX 1



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APPENDIX 2

Delayed Transfers of Care

Extract from Emergency Care Intensive Support Team Action Plan

Area No	Area	Scheme Description	Lead	ECIST suggested key performance indicators	Start Date	Current status of scheme eg: date implemented, key milestones, date for full implementation	RAG Red= not yet started Amber partially implemented % Green fully implemented	Mitigation actions to progress/ comments
1	**Improve the discharge process**	Reduce variation in medical models across inpatient ward areas. Provide a consistent model for provision of ward and board rounds. Implement clinical criteria for discharge with expected discharge dates. Review existing internal professional standards in relation to DTOC. Set internal professional standards with associated escalation for diagnostic tests.	Jon Scott	Number of Discharges taking place each day. Meeting the 4 hour standard.	Oct-14	Some work underway internally.	**Partially Complete**	Mark as complete when D2A live and weekly panel meetings are increased.
2	**Reduce the level of DTOC**	There is a need to reduce delays for community services and partner organisations. Internal length of stay review is completed for all patients in beds over 7 days for both acute and community	Brendan Clifford / Jon Scott / Paul Maubach	Number of Discharges taking place each day. Meeting the 4 hour standard.	Oct-14	Planning and roll-out of D2A model will significantly reduce DTOC issues. Discharge to Assessment workshop agreed for 18th September. LA to review its Panel decision making process. 08.10.14 S Lackenby confirmed that twice weekly panel meetings will commence immediately.	**Partially Complete**	Mark as complete when D2A live and weekly panel meetings are increased. 08.10.14 D Fitton to at UCWG on 22.10.14 re DTOC/EMS Levels - Trigger 14.
3	**Discharge Lounge**	Recommend that the discharge lounge is ring fenced and not used as a contingency for inpatients.	Jon Scott	Discharge lounge used for its primary function and no longer compromised due to inappropriate use.	Aug-14	Ring fence policy issued.	**Complete**	N/a
4	**Weekly panel decisions**	Improvement access to continuing Healthcare panel.	Brendan Clifford	Remove reliance on weekly continuing care assessment panels. Increase frequency of sign-off and agreement of funding decisions. **ECIST Recommendation**: replace weekly panels with 'real time' decision making system.	Oct-14	Currently weekly panel still in place although some decisions are made outside of this meeting. Review of Panel (LA) is to take place early September with the aim of allowing decisions making for placements available across the working week.	**Partially Complete**	Need confirmation of revision of this practice. Proposal ready within the next few weeks. 24.09.14 B Clifford & J Scott to meet on 29.09.14 to discuss this issue. A pope-Smith to write to DGFT with full update. 08.10.14 S Lackenby confirmed twice weekly panel meetings will commence immediately.
5	**Discharge to Assess Model**	Launch Discharge to Assess model.		Pay attention to: medical model for complex medical patients who are clinically stable. Consider using a memorandum of agreement to help clarify governance arrangements across the system. Ensure that optimum use is made of home based assessment pathways. Importance of therapy input in this model - flexibility between acute and community teams required.			**Partially Complete**	

EXECUTIVE SUMMARY Five Year Forward View NHS England October 2014

1. **The NHS has dramatically improved over the past fifteen years**. Cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. Our patients' needs are changing, new treatment options are emerging, and we face particular challenges in areas such as mental health, cancer and support for frail older patients. Service pressures are building.

2. Fortunately **there is now quite broad consensus on what a better future should be**. This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.

3. The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.

4. The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors.

5. Second, **when people do need health services, patients will gain far greater control of their own care** – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.

6. Third, **the NHS will take decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

7. **England is too diverse for a 'one size fits all'** care model to apply everywhere. But nor is the answer simply to let 'a thousand flowers bloom'. Different local health communities will instead be supported by the NHS' national leadership to choose from amongst a small number of radical new care delivery options, and then given the resources and support to implement them where that makes sense.

8. One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care - the **Multispecialty Community Provider**. Early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.

9. A further new option will be the integrated hospital and primary care provider - **Primary and Acute Care Systems** - combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.

10. Across the NHS, **urgent and emergency care** services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. **Smaller hospitals** will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. Midwives will have new options to take charge of the **maternity** services they offer. The NHS will provide more support for frail older people living in **care homes**.

11. The foundation of NHS care will remain list-based **primary care**. Given the pressures they are under, we need a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

12. In order to support these changes, the **national leadership** of the NHS will need to act coherently together, and provide **meaningful local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied. We will back diverse solutions and local leadership, in place of the distraction of further national structural reorganisation. We will invest in new options for our workforce, and raise our game on health technology - radically improving patients' experience of interacting with the NHS. We will

improve the NHS' ability to undertake research and apply **innovation** – including by developing new 'test bed' sites for worldwide innovators, and new 'green field' sites where completely new NHS services will be designed from scratch.

13. In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.

14. The NHS' long run performance has been efficiency of 0.8% annually, but nearer to 1.5%-2% in recent years. For the NHS repeatedly to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the rest of the decade would represent a strong performance - compared with the NHS' own past, compared with the wider UK economy, and with other countries' health systems. We believe it is possible – perhaps rising to as high as 3% by the end of the period - provided we take action on prevention, invest in new care models, sustain social care services, and over time see a bigger share of the efficiency coming from wider system improvements.

15. On funding scenarios, flat real terms NHS spending overall would represent a continuation of current budget protection. Flat real terms NHS spending *per person* would take account of population growth. Flat NHS spending *as a share of GDP* would differ from the long term trend in which health spending in industrialised countries tends to rise as a share of national income.

16. Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way. Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could - if matched by staged funding increases as the economy allows - close the £30 billion gap by 2020/21. Decisions on these options will be for the next Parliament and government, and will need to be updated and adjusted over the course of the five year period. However nothing in the analysis above suggests that continuing with a comprehensive tax- funded NHS is intrinsically un-doable. Instead it suggests that **there *are* viable options for sustaining and improving the NHS over the next five years**, provided that the NHS does its part, allied with the support of government, and of our other partners, both national and local.