

SHADOW DUDLEY HEALTH AND WELLBEING BOARD

MONDAY 21ST JANUARY 2013

**AT 3.00 pm
IN COMMITTEE ROOM 2
THE COUNCIL HOUSE
DUDLEY**

If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, could you please contact Democratic Services in advance and we will do our best to help you

**JOE JABLONSKI
ASSISTANT PRINCIPAL OFFICER (DEMOCRATIC SERVICES)
Internal Ext – 5243
External – 01384 815243
E-mail – Josef.jablonski@dudley.gov.uk**

**You can view information about Dudley MBC on
www.dudley.gov.uk**

IMPORTANT NOTICE

MEETINGS IN DUDLEY COUNCIL HOUSE

Welcome to Dudley Council House

In the event of the alarm sounding, please leave the building by the nearest exit. There are Officers who will assist you in the event of this happening, please follow their instructions.

There is to be no smoking on the premises in line with national legislation. It is an offence to smoke in or on these premises.

Please turn off your mobile phones and mobile communication devices during the meeting.

Thank you for your co-operation.

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

10th January, 2013

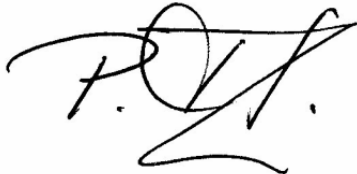
Dear Member

Shadow Dudley Health and Wellbeing Board

You are requested to attend a meeting of the Shadow Dudley Health and Wellbeing Board to be held on Monday, 21st January, 2013 at 3.00pm in Committee Room 2 at the Council House, Dudley to consider the business set out in the Agenda below.

The agenda and public reports are 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 names of any substitute members serving for this meeting.

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 1st October, 2012(copy herewith)

5. JOINT STRATEGIC NEEDS ASSESSMENT SYNTHESIS FOR 2012 - TO FOLLOW

To consider a joint report of Officers

6. DRAFT JOINT HEALTH AND WELLBEING STRATEGY (PAGES 1 – 10)

To consider a joint report of Officers

7. DUDLEY CLINICAL COMMISSIONING GROUP – STRATEGIC COMMISSIONING PLAN 2012/15 (PAGES 11 –13)

To consider a report from the Clinical Commissioning Group

8. PRESENTATION BY THE CHAIR OF DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIPS NHS TRUST (PAGES 14- 23)

To receive a presentation

9. PROPOSED DRAFT RESPONSE TO NATIONAL ALCOHOL STRATEGY CONSULTATION - TO FOLLOW

To consider a report of the Director of Public Health

10. GOVERNANCE – DRAFT PROTOCOL TO SUPPORT WORKING RELATIONSHIPS BETWEEN THE HEALTH AND WELL-BEING BOARD AND THE HEALTH SCRUTINY COMMITTEE (PAGES 24- 34)

To consider a joint report of Officers

11. SUPPLEMENTARY PLANNING DOCUMENT – PLANNING AND HEALTH – GOOD PRACTICE ITEM (PAGES 35 - 41)

To receive a presentation

12. TO ANSWER QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8 (IF ANY)

MEMBERSHIP

Councillors Crumpton, Islam, Miller and Waltho

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

Safeguarding Board – Assistant Director Children and Families

Dudley GP Clinical Commissioning Group

Dr. D Hegarty, Dr N Plant and Mr P Maubach

Dudley PCT – Gill Cooper and Valerie Little

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

Ambrose Koryang – LINKs Chair

Andy Gray – Dudley CVS CEO

Dennis Hodson – Director of Dudley Community Partnership

Cc Brendan Clifford Assistant Director, Health Reform Programme Lead (DACHS)

Assistant Director Quality and Partnership (Children's Services)

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

SHADOW DUDLEY HEALTH AND WELLBEING BOARD

Monday, 1st October, 2012 at 3 p.m.
In Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Islam (Chair)

Councillor Miller

Director of Adult, Community and Housing Services, Assistant Director Planning and Environmental Health (Directorate of the Urban Environment), Assistant Director Children and Families (Directorate of Children's Services),

Dr N Plant – Dudley Clinical Commissioning Group, Director of Public Health, Mr J Evans-Black Country Cluster PCT, Mr A Gray – Dudley CVS CEO, Mr D Hodson – Director of Dudley Community Partnership, Assistant Director, Performance and Partnership (Directorate of Children's Services), Assistant Director, Health Reform Programme Lead (Directorate of Adult, Community and Housing Services), Mr N Bucktin (Senior Management Lead – Dudley Clinical Commissioning Group) and Mr J Jablonski (Directorate of Corporate Resources).

Also in attendance

Mr John Edwards, Chair The Dudley Group National Health Service Foundation Trust (for Agenda Item No 9)

Ms Ros Partridge, Head of Adult and Community Learning (Directorate of Adult, Community and Housing Services) (for Agenda Item No 11)

together with three members of the public

11 **APOLOGIES FOR ABSENCE**

Apologies for absence from the meeting were submitted on behalf of Councillors Crumpton and Waltho, Jane Porter, Angela Hill, Jill Cooper, Dr Hegarty and Matt Hartland.

12 **APPOINTMENT OF SUBSTITUTE MEMBER**

It was reported that Jason Evans had been appointed as a substitute member for Les Williams for this meeting of the Committee only.

13 **DECLARATIONS OF INTEREST**

Mr A Gray – Dudley CVS CEO declared a non pecuniary interest in Agenda Item No 7 – Local Health Watch Development in Dudley – as his organisation had submitted a pre-qualifying questionnaire as part of the Health Watch procurement process.

14 MINUTES

Mr Evans reported briefly on the current position regarding the National Health Service Commissioning Board and commented that a note on this would be circulated to Board Members following the meeting. It was also reported that further consideration had been given to the holding of a seminar for all Elected Members on the work of the Dudley Clinical Commissioning Group and that once details had been finalised a seminar would be arranged.

RESOLVED

That, subject to the deletion of the word 'Mr' in the last line of the attendances at the last meeting and the substitution of the word 'Mrs' therefor, the minutes of the meeting of the Board held on 23rd July, 2012 be approved as a correct record and signed.

15 DRAFT JOINT HEALTH AND WELLBEING STRATEGY

A joint report of officers was submitted on the continuing development of a Joint Health and Wellbeing Strategy for Dudley. Attached as an Appendix to the report was the second draft of the Strategy for further development.

In his presentation of the content of the report, and Appendix to the report, submitted the Assistant Director, Health Reform Programme Lead informed the Board that there had been initial feedback to the second draft indicating that a simpler and clearer use of language was required together with comments on the content and actions to be taken including a simpler presentation of the "life-course" approach. It was also noted that further work was being undertaken to widen the cohort of people with whom the Board have engaged through as indicated in paragraph 6 of the report submitted.

As part of the continuing development of the Strategy it was noted that a further development session for Board Members would be held on 6th December, 2012.

RESOLVED

- (1) That the information contained in the report, and Appendix to the report, submitted on the continuing development of a draft Joint Health and Wellbeing Strategy for Dudley, be noted, together with the comments made at the meeting, in particular relating to further Engagement activity, with a view to the provision of a final Strategy for submission to the next meeting of the Board to be held on 21st January 2013.
 - (2) That an Equality Impact assessment be undertaken to take account of the revised timetable for the Strategy.
-

16 TRANSITION OF PUBLIC HEALTH FUNCTIONS - UPDATE

A report of the Director of Public Health was submitted updating the Board on the progress of the transition of Public Health functions to the Council.

In her presentation of the report the Director of Public Health commented that arrangements were well in hand for the transition of Public Health functions to the Council and also commented in particular on the position regarding Public Health England a new organisation with which the Council will be developing a relationship.

RESOLVED

That the information contained in the report submitted, on the strategy and progress to date for the transition of Public Health responsibilities to the Council, be noted.

17 LOCAL HEALTH WATCH DEVELOPMENT IN DUDLEY

A joint report of Officers was submitted on developments to establish Healthwatch Dudley and to advise on key national matters affecting the delivery of Local Health watch.

RESOLVED

That the information contained in the report submitted, on the current position regarding developments to establish Healthwatch Dudley and to advise on key national matters affecting the delivery of Local Healthwatch, be noted, that further updates on the development of Healthwatch Dudley be submitted to future meetings of the Board, as required, and that the approach to the establishment of a new successor service to the Independent Complaints and Advocacy Service in Dudley relating to a more localised model for Dudley be endorsed and noted.

18 THE ANNUAL REPORT OF DUDLEY SAFEGUARDING CHILDREN BOARD 2011/2012

A report of the Director of Children's Services was submitted on the Annual Report of the Dudley Safeguarding Children Board for 2011/12. A copy of the executive summary and of the full annual report were attached as Appendices to the report submitted.

In his presentation of the content of the report, and Appendices to the report, submitted the Assistant Director, Performance and Partnership reported that the Annual Report had been submitted to a number of other bodies including the relevant Scrutiny Committee and the Children and Young Persons Partnership for consideration.

He also commented that the report was submitted to the Board so that they could be reassured about the quality of the provision provided and in this connection reference was made to the outcome of an announced inspection of Safeguarding and Look After Children's Services that had taken place in Dudley between 28th November and 9th December, 2011 in which the findings of at least adequate provision had been made.

Of the total of thirteen recommendations to be actioned within three or six months the Dudley Safeguarding Children Board will take a proactive approach in scrutinising and/or delivering improvements in respect of a number of these recommendations.

Arising from the presentation made Members made a number of comments with particular reference to the education vacancy on the Dudley Safeguarding Children Board and issues regarding attendance of school representatives which it was reported were being addressed and in connection with child death reviews for which appropriate actions had been taken and learning points recognised.

RESOLVED

That the information contained in the report, and Appendices to the report, submitted on the annual report of Dudley Safeguarding Children Board 2011/2012, be noted.

19 PRESENTATION ON THE DUDLEY GROUP NATIONAL HEALTH SERVICE FOUNDATION TRUST

The Chair welcomed Mr. John Edwards, Chair of the Dudley Group National Health Service Foundation Trust to the meeting. A copy of the presentation on the Foundation Trust had previously been circulated to Board Members and Mr. Edwards commented on the presentation as displayed visually at the meeting.

In making his initial comments, he referred in particular to the fact that he was an independent Chairman and non-executive director of the Board of the Dudley Group and that the Foundation Trust was independently regulated by Monitor and had a Council of Governors representing a membership of over 16,500 people. Therefore a key issue for a foundation trust, in addition to more financial freedoms, was the greater local accountability that membership and the Council of Governors afforded.

Mr. Edwards further commented that he regarded the Dudley Group as the primary Secondary Care Provider in the Borough and with the local providers and the Local Authority were essentially the provider for the Local Health Economy. He further considered that there were many positive results being gained from the primary and secondary provision made and that there was not enough recognition made of the good results and high performance gained in the Local Health Economy. Therefore, whilst things could be done better, not enough was made of the achievements that were being made. He also commented that currently the Dudley Group was the only Foundation Trust in the Black Country.

Following his initial comments Mr. Edwards commented on the content of the presentation, a copy of which was also available on the Council's Committee Management Information System.

Arising from the presentation given, a number of comments were made relating in particular to perceived difficulties with the information technology systems under-pinning the work of the Trust and in respect of health inequalities/improvement. In response to these, Mr. Edwards reported on recent developments regarding the IT systems used and to the appointment of a new Director who, within a short space of time, had made significant changes. Therefore, over the next twelve months it was expected that there would be significant changes in this regard. Regarding health inequality and improvement it was recognised that there were marked differences within the Borough and that this did present certain challenges so that it was vital that every contact did count. It was further commented that there was a significant difference made in respect of health inequality and improvement if a person became economically active and had a sustainable level of income, a point that was recognised.

Regarding the Dudley Groups Membership of over 16,500 people, it was suggested that further discussions could be had with the Dudley Group so that the Board's efforts to broaden out engagement could be developed by making contact with these persons. In response, it was indicated that the Dudley and Walsall Mental Health Trust were also in the process of trying to achieve foundation status and would also need to talk to some of the people concerned. Therefore, the Foundation Trust would welcome an open relationship with bodies seeking to engage with a broader constituency having broadly similar agendas.

At the end of questions and comments made, Mr. Edwards was thanked by the Chair for the informative and comprehensive presentation given on the Dudley Group National Health Service Foundation Trust.

RESOLVED

That the information contained in the presentation, and as reported at the meeting, on the work of the Dudley Group National Health Service Foundation Trust, be noted.

A joint report of officers was submitted on a first draft of a Protocol for Conflict Resolution for the Board.

RESOLVED

That the information contained in the report submitted, on a first draft of a Protocol for conflict resolution for the Health and Well-Being Board, be noted and that the content of the report be used to finalise a Protocol for Conflict Resolution to be included in an up to date version of the Board's Terms of Reference.

21 ADULT LEARNING, HEALTH AND WELL-BEING - GOOD PRACTICE ITEM

A copy of a presentation on Adult Learning, Health and Well Being had previously been circulated to Members of the Board and a copy of the presentation was available on the Council's Committee Management Information System.

Ros Partridge, Head of Adult and Community Learning, Directorate of Adult, Community and Housing Services, commented on the presentation submitted.

In commenting on the content of the presentation, Ms. Partridge emphasised the link between Adult and Family Learning and Health and Well Being the evidence for which was outlined in the presentation document. The joint working that was also being undertaken on Adult Health, Well-being and Targeted Learning was also referred to and, as indicated in the presentation, was undertaken with many of the organisations represented on the Board.

On the conclusion of the presentation, it was reported, in particular, that there was powerful evidence to link adult learning with health and well being and that there was a broad spectrum of activity being undertaken, contributing to well being by all the parties concerned.

Ms. Partridge was thanked for the excellent presentation given.

The meeting ended at 4.46 p.m.

CHAIR

SDHWB/13

011012

SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

21st JANUARY 2013

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

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY FOR DUDLEY BOROUGH

Purpose of Report

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

Background

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

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

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

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

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

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

Finance

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

Law

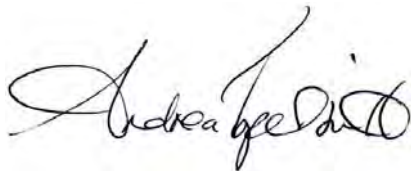
7. The background to the development of Health and Well Being Boards and the production of Joint Health and Well-Being Strategies lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

Equality Impact

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

Recommendation

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



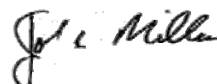
Andrea Pope- Smith
Director – DACHS



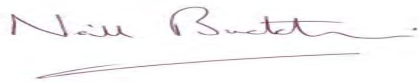
Jane Porter
Director – DCS



Valerie Little
Director - Public Health



John Millar
Director – DUE



Neill Bucktin
Head of Partnership Commissioning
Dudley Clinical Commissioning Group

Contact Officers:

Brendan Clifford
Assistant Director – DMBC

Ian McGuff
Assistant Director – DMBC DCS

Sue Holmyard
Assistant Director – DMBC DUE

Neill Bucktin
Associate Director –Dudley CCG

Karen Jackson
Public Health Consultant - NHSD

APPENDIX 1

DRAFT DUDLEY HEALTH AND WELL BEING STRATEGY – TO FOLLOW

APPENDIX 2

Young People's Consultation – July 2012

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

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

APPENDIX 3

“FROM THE STREETS” ENGAGEMENT – NOVEMBER 2012

Some examples of Priorities / Most important issues

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

APPENDIX 4

INSERT DRAFT EQUALITY IMPACT ASSESSMENT – TO FOLLOW

Shadow Health and Wellbeing Board - 21st January 2013

Report of the Head of Partnership Commissioning, Dudley Clinical Commissioning Group (CCG)

Dudley CCG – Strategic Commissioning Plan 2012/15

Purpose of Report

1. To consider Dudley CCG's Strategic Commissioning Plan.
2. To offer the CCG the Board's opinion as to whether the plan takes proper account of the Joint Health and Wellbeing Strategy (JHWS), in accordance with the provisions of the Health and Social Care Act 2012

Background

3. The Board has, on previous occasions, received reports on the development of Dudley CCG.
4. The Board has noted the process that the CCG has been required to go through in order to be authorised as a statutory body with effect from 1st April 2013. Part of this process has involved the CCG developing a comprehensive plan setting out its commissioning priorities, the financial context within which it will be operating and its associated Quality, Innovation, Productivity and Prevention (QIPP) Programme.
5. This report sets out the broad framework of this plan for consideration by the Board in terms of how it takes proper account of the JHWS.

Strategic Commissioning Plan 2012/15

6. This plan is attached as a separate document. The plan has been drawn up in the light of:-
 - the likely financial challenges to be faced by the CCG in coming years;
 - priorities inherited from the PCT;
 - the views of the CCG's membership;
 - key issues from the Joint Strategic Needs Assessment (JSNA);
 - views expressed by patients and the public.

7. Three commissioning objectives have been identified:-

- to address health inequalities in Dudley;
- to ensure that local services deliver the best possible outcomes for the whole population;
- to improve the quality and safety of services locally.

The JSNA, the Joint Health and Wellbeing Strategy and CCG Commissioning Priorities

8. The main duty of the Board, of which the CCG is a constituent part, is to develop a JSNA and in so doing draw up the JHWS.

9. The emergent JSNA and its key facts has been the subject of consideration by the CCG during Board development sessions and on other occasions. The CCG has noted the JSNA's key facts in drawing up its commissioning priorities. Because of timing issues, the development of the Joint Health and Wellbeing Strategy has taken place to some extent in parallel to the CCG's plan. Nevertheless, the JHWS's priorities of:-

- making neighbourhoods healthy;
- making lifestyles healthy;
- making our children healthy;
- making our minds healthy;
- making our urgent care services healthy.

...are all reflected in the CCG's 12 main commissioning priorities as follows:-

- improving children's services;
- improving urgent care;
- developing primary mental health care;
- improving care for older people;
- improving diabetes services;
- improving access to cardiology;
- improving access to ophthalmology services;
- improving stroke care;
- developing community nursing services;
- developing psychological input into alcohol services;
- implementing a primary care strategy to reduce unwarranted variation in performance;
- prioritising resources.

Financial Implications

10. The financial assumptions underpinning the plan are identified in Section 1.1.

Legal Implications

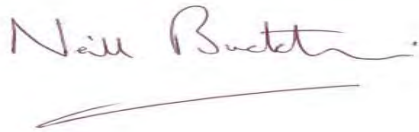
11. Section 14Z13 of the Health and Social Care Act 2012 places a requirement on CCGs to consult the Health and Wellbeing Board when preparing its commissioning plan. The Health and Wellbeing Board is required to give its opinion on whether the plan takes proper account of the JHWS.

Equality Impact

12. The commissioning plan is designed to address a number of health inequalities. Equality impact assessments will be carried out as part of the business case process for any developments and reviewed as part of the CCG's governance arrangements

Recommendation

13. The Board is asked to consider the CCG's Strategic Commissioning Plan 2012/15 and offer an opinion on whether the plan takes proper account of the JHWS.

A handwritten signature in purple ink that reads "Neill Bucktin". Below the signature is a horizontal line.

Neill Bucktin, Head of Partnership commissioning, Dudley CCG

neill.bucktin@dudley.nhs.uk

better *together*

Dudley and Walsall Mental Health Partnership NHS Trust

Shadow Health and Well Being Board

January 21st 2013

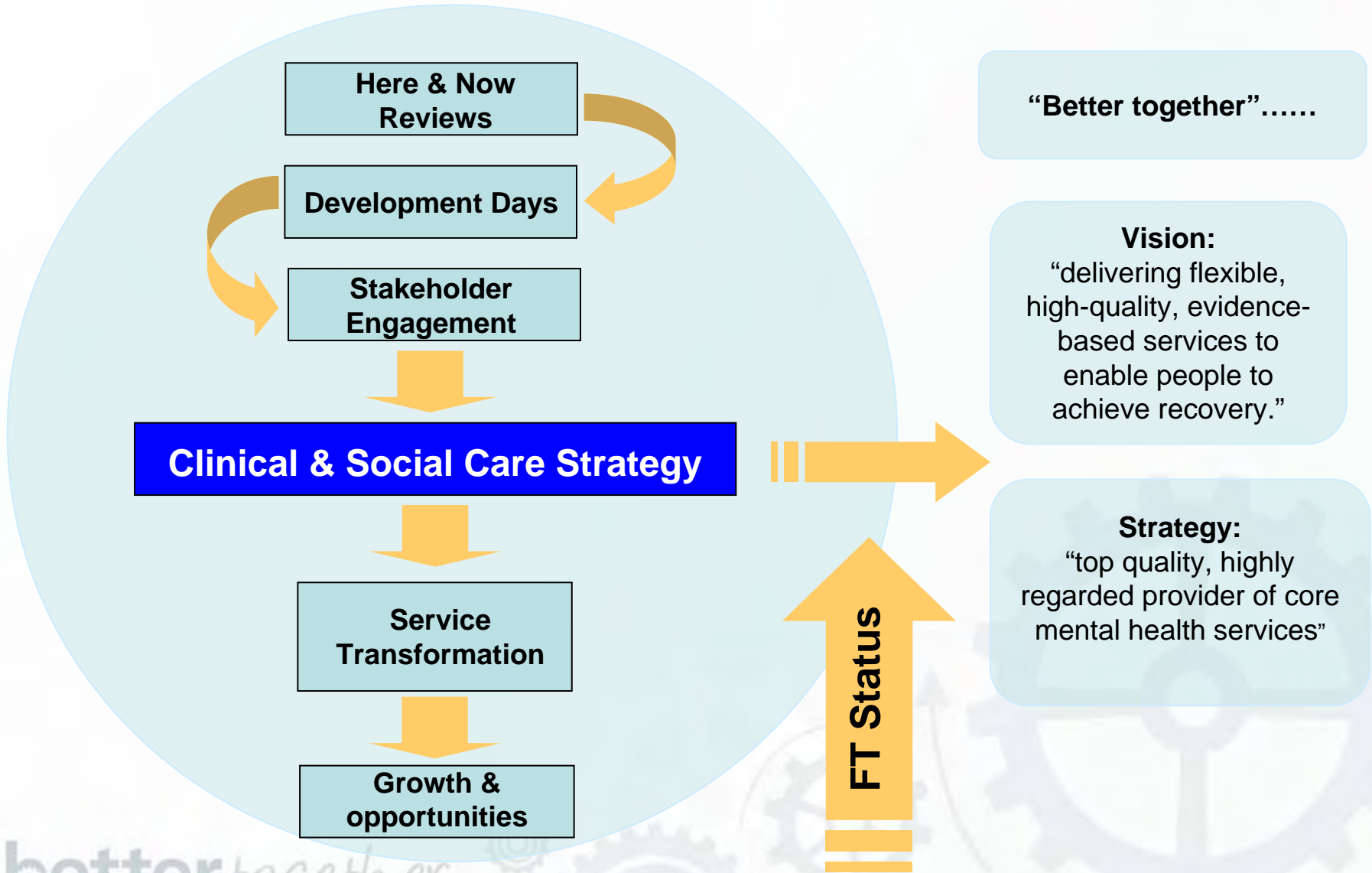
What do we do?

We provide a range of mental health services across Dudley and Walsall (and beyond) including:

- Community mental health services for children, adults & older people.
- Inpatient services for adults and older people
- Primary Care (including IAPT) services
- Mental Health Social Care Services (via council partnerships)
- Psychological Therapies
- Substance Misuse Services



Delivering our Vision



Our Recent Achievements

- The launch of a new and improved service model within Adult Community Services across Dudley and Walsall.
- Agreed priorities for quality improvements
- Improvements in survey results from both staff and service users
- Foundation Trust Application progressed to Monitor Stage (Final Stage)
- Launched membership recruitment campaign and recruited over 6,000 members
- Elected a Council of Governors

Our Recent Achievements contd...

- Achieved financial and performance targets
- Invested £1,360k in capital improvements
- Enhanced capability to provide real time performance reports
- Investment in leadership development
- Received Occupational Health accreditation - SEQOHS
- Launched a dedicated Service Experience Desk
- Launched Quality Strategy and Quality Impact Assessments



Looking forward

Our environment

- Emphasis on quality and performance
- Significant financial challenges
- Personalization and Personal Budgets
- Provider competition and Any Qualified Provider
- 'Payment by Results' (PbR) tariffs for mental health
- New roles for regulators
- Rising demand for MH services

Looking forward

Our stakeholders and partners

- 'HealthWatch' and Health and Wellbeing Boards
- National Commissioning Board and Regional Structures
- Clinical Commissioning Groups
- Health Education through Local Education and Training Councils and Local Education and Training Boards
- Mental Health Institute

Looking forward

Our focus

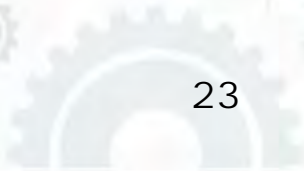
- Service transformation
 - Continue with year 2 implementation
 - Begin year 3 planning
- Foundation Trust
 - Achieve Foundation Trust Status
 - Celebrate first 100 days
 - Invest, seek new opportunities and grow
 - Drive Quality through customer services
 - Extend engagement of our membership
- Further engagement with Clinical Commissioning Groups

Specific Challenges for Providers of Mental Health



Thank You

better together



SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

21st January 2013

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

GOVERNANCE: DRAFT PROTOCOL TO SUPPORT WORKING RELATIONSHIPS BETWEEN THE HEALTH AND WELL-BEING BOARD AND THE HEALTH SCRUTINY COMMITTEE

Purpose of Report

1. For the Shadow Dudley Health and Well-Being Board to consider a first draft of a Protocol to support working relationships between Dudley's Health and Well-Being Board and its health scrutiny committee

Background

2. At its meeting of July 23rd 2012, the Shadow Health and Well-Being Board noted the need to consider relevant working Protocols for a range of internal and external relationships as part to its overall Governance arrangements in preparation for the Board's "go- live."
3. The Shadow Board reflected on aspects of these relationships at its Development Session on 6th December 2012. Arising from that session, the Shadow Board acknowledged the need to have clear lines of reporting across a range of relationships within the local health and care system as well as with bodies concerned with wider wellbeing issues.
4. Amongst these relationships, it is proposed that the Health and Well Being Board will need to reflect further on deepening its relationship with:
 - the Safeguarding Boards for children and for adults in Dudley as these will also be on a statutory basis
 - other relevant partnerships such as the Safe and Sound Board and the Local Enterprise Partnership
 - the Local Healthwatch as it begins to report back to the Board on its contact with the public and people who uses health and care services in Dudley
 - Council Scrutiny Committees
5. It will be important that our Dudley community has established clear understanding of these relationships so that the Health and Well Being Board can receive re –

assurance and provide challenge as needed as part of a wider quality framework about safeguarding in Dudley as part of the Health and Well Being Board's leadership role for health and care overall. Practically, it may also be important not to burden any of the statutory Boards with more reporting than is necessary to provide assurance in the system. It is suggested that further work is undertaken on this aspect in the months before "go-live."

6. It is also proposed that the Health and Well Being Board will clarify and agree its relationship with the Dudley Healthwatch once it is established. Agreeing a Protocol to support this relationship will ensure that no extra burden is imposed in terms of reporting but that Board is able to effectively hear the voice of people using services in Dudley even more strongly following "go-live."
7. Similarly, although the main focus of this report is Dudley's health overview and scrutiny committee, the relationship of the Health and Well Being Board with other key scrutiny committees such as the Children's Committee is one that ought to repay similar approach because of their link to the wider well-being agenda. To that extent, work on the relationship between the Health and Well-Being Board and the health overview and scrutiny committee can be seen as something of a pilot for other Council Committees.
8. The need to establish good governance overall for the Health and Well Being Board has been established through the Department of Health's National Learning Network for the Health and Well-Being Boards. In addition, at the Shadow Board's Development Session of 6th December 2012, it was noted that the Centre for Public Scrutiny has published a helpful guide on roles and relationships to add value amongst partners available at:
<http://www.cfps.org.uk/publications?item=7195&offset=0>
9. The Appendix to this Report draws on that document in addressing the specific issue of the relationship between the Health and Well Being Board and the local health overview and scrutiny Committee. In Dudley, this is currently the Health and Adult Social Care Scrutiny Committee and this power carries the duties and powers attached to health scrutiny.
10. Health scrutiny has become well established as part of arrangements which have sought to address perceived "democratic deficit" in local health services delivery. The establishment of Health and Well Being Boards is a further step on this overall journey and therefore the need for mutual understanding, co-operation and constructive challenge will be acknowledged by all concerned with the Shadow Board and the Health and Adult Social Care Scrutiny Committee..
11. The draft protocol attached addresses the background to the responsibilities for the Board and the Scrutiny Committee including the statutory and good practice issues attached to the relationship which are not repeated here. The document will be edited following consideration given by the Shadow Health and Well Being Board as well as the Health and Adult Social Care Scrutiny Committee who will also consider this draft in due course. An initial meeting of the Chairs of the Shadow Board and the Health and Adult Social Care Committee along with relevant officers has taken place on 16th January 2013 to discuss the relationship.

Finance

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

Law

10. The background to the development of Health and Well Being Boards and their roles and responsibilities lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

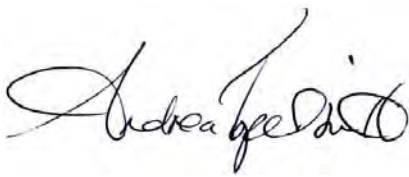
Equality Impact

11. Improving the health of the local population and the quality of local health services are statutory responsibilities of partners in the Health and Well Being Board. The Shadow Board has considered a Report on a draft Joint Health and Well Being Strategy which will be a main driver alongside the Health Inequalities Strategy to address inequalities in access and outcomes for all people.

Recommendation

12. That the Shadow Dudley Health and Well-Being Board -

- Authorise the Chair to confirm a final version of the draft Protocol following comment made by the Shadow Board and the Chairs meeting with the Chair of the Health and Adult Social Care Scrutiny Committee and officers
- Agree to protocols being developed to cover the Board's relationships with the Dudley Safeguarding Vulnerable Adults Board, the Dudley Safeguarding Children's Board, the Dudley Healthwatch and other Council Scrutiny Committees such as the Children's Committee.



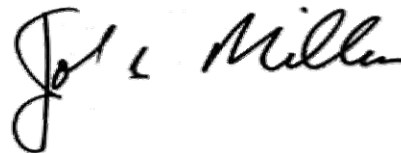
Andrea Pope- Smith
Director – DACHS



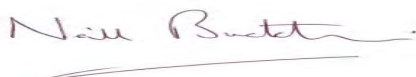
Valerie Little
Director - PH



Jane Porter
Director – DCS



John Millar
Director – DUE



Neill Bucktin
Head of Partnership Commissioning - Dudley Clinical Commissioning Group

Contact Officers:

Brendan Clifford
Assistant Director – DMBC DACHS

Sue Holmyard
Assistant Director – DMBC DUE

Josef Jablonski
Principal Officer – DMBC CRD

Ian McGuff
Assistant Director – DMBC DCS

Neill Bucktin
Associate Director –Dudley CCG

Karen Jackson
Public Health Consultant

APPENDIX

DRAFT PROTOCOL TO SUPPORT WORKING RELATIONSHIPS BETWEEN THE HEALTH AND WELL-BEING BOARD AND THE HEALTH SCRUTINY COMMITTEE

Introduction

Health and Well-Being Board

HWBB is an executive function of the Authority and is responsible for identifying current and future health and social care needs through Joint Strategic Needs Assessments; and developing Joint Health and Wellbeing Strategy to set local priorities, providing a framework for the commissioning of local health and social care services

HWBB will be a Committee of the Authority with a view to strengthen democratic legitimacy through the involvement of elected representatives and patient representatives in commissioning decisions.

Health Scrutiny

Whilst individual Board members will be held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS Commissioning Board) HWBB can also be collectively held to account for their effectiveness through the independent LA health scrutiny function - this continues to be delivered through the scrutiny committee format specifically the Health and Social Care Scrutiny Committee..

HASC sets its own priorities for scrutiny to reflect the people's needs and acts across the health community; using pathways of care to hear views from across the system and examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services.

HealthWatch

Local Healthwatch (LHW) will build on the LINK legacy and will look to represent the collective voice of people who use services and the public.

It will build up a local picture of community needs, aspirations and assets and the experience of people who use services and report any concerns about services to commissioners, providers and council health scrutiny. Through its seat on the HWBB, LHW will present information for the JSNA and discuss and agree with other members on the Board JHWBS.

A stand-alone protocol governing the relationship between LINK and HASC already exists. This will be retained and updated for LHW - HASC's main reality-check mechanism to test whether experiences are really improving.

New Guidance

New health scrutiny regulations governing LA processes are expected Jan/Feb 2013. These will be based on the legacy of the 2002 regulations which in Government's view have, overall served the system well. Supporting guidance will assist a deeper understanding of respective roles and relationships across the reformed system which in turn will help shape new practices and approaches.

Framework for scrutiny

The challenge facing the Health and Wellbeing Board will be whether they can deliver shared collective leadership across local organisational boundaries. Increasing financial pressures, rising demand and complex organisational change will test the leadership skills of the board.

It is recognised effective scrutiny of the board will strengthen the board's accountability and authority. This Protocol has been developed in partnership with HWBB in order to provide a framework for that scrutiny to take place - along with setting some clear guidelines to govern the scrutiny-executive relationship.

Purpose

The aim of the Health Scrutiny Protocol is to agree and set out working arrangements/guidelines principally between HASC and the HWBB on how to best deliver the responsibilities and duties placed on them and in this way maximise effectiveness health and well being services across Dudley's communities.

Management of LHW relationship is not explicitly covered in this agreement in view of the development of a stand-alone HASC LHW protocol which updates the current HASC LINK agreement.

The protocol looks to build on the following fundamental principles:

- Improved health and social care are a common goal;
- Early discussions are vital to ensure no one is left out;
- Everyone has responsibility to develop relationships, not just to engage formally;
- Good relationships lead to good communication, identifying where value can be added;

and specifically looks to:

- ensure roles are used to add value so as to collectively improve outcomes in health and well-being and tackling health inequalities through commissioning intentions and other approaches;
- ensure that these services meet the needs of all community groups
- embed good working relationships between scrutiny and the Health and Well-Being Board and its constituent Commissioners ;
- embed a mutual understanding about the role of health scrutiny
- reach agreement about specific procedures and approaches and definitions in the light of emerging guidance.
- complement not duplicate work across interested parties

The protocol will need to be refined to take account of the on-set of new regulations governing LA health scrutiny and connected guidance. It will also be subject to annual review by agreement with all interested parties in order to continually improve the scrutiny process.

Administration

HWBB will

1. Provide information relating to the planning, strategy and commissioning intentions of the HWBB that HASC requires so that it can carry out its functions including reviewing and critique for health scrutiny reviews
2. Provide the HASC with that information when requested
3. Respond to HASC review reports
5. Provide HASC with annual report of activity at least once a year .
8. Provide a single point of contact for members and support officer.
9. Commit, where appropriate to providing a report on a single topic area (e.g. smoking cessation; obesity; mental Health) so as to consider the issue within a strategic context across organisational boundaries
10. Ensure that all acronyms are explained
11. Commit to attending agenda planning meetings as required
12. Commit to at least 1 joint meeting a year enabling strategic steer of the HASC's work plan reflecting HWBB priorities

HASC will

1. Co-ordinate the development of a rolling work-programme in consultation with key health and social care bodies including HWBB
2. Arrange for agendas, reports and minutes to be distributed to established circulation lists at least 5 working days before the meeting
3. Invite the representatives to the meeting giving adequate and appropriate notice.
4. Give at least two weeks notice of requests for information
5. Provide a lead officer/single point of contact for all the trusts
6. Engage with a wide range of local community groups/stakeholders and colleagues from across Health and Social Care to support the work of the committee and advise HASC as appropriate.
7. Undertake an induction programme on change of membership
9. Prepare an annual report setting out the HASC's work in that municipal year and reporting against the agreed work programme.
10. Ensure that all acronyms are explained as an appendix to any papers/reports or recommendations.
11. Commit to at least 1 joint meeting a year enabling strategic steer of the Committee's work plan reflecting HWBB priorities

Scrutiny Reviews

1. HWBB to co-operate with Health Scrutiny Reviews as the scope impacts HWBB and constituent bodies .

2. HWBB co-operate with the evidence gathering through written submissions/ seminars/workshops/Chairs briefings as required
3. HWBB/constituents support the development of emerging action plans.

Duty to Consult on Substantial Developments/Variations to Services

- 1, Procedures and approaches in this area will stipulated by new scrutiny regulations expected Jan/Feb which may include:
 - requirement for local authorities and the NHS to agree and publish clear timescales for making a decision on whether a proposal should be referred;
 - new intermediate referral stage to the NHS Commissioning Board for some service reconfigurations;
 - requirement for local authorities to take account of the financial sustainability of services when considering a referral, in addition to issues of safety, effectiveness and the patient experience; and
 - requirement for health scrutiny to obtain the agreement of the full council before a referral can be made.
2. Subject to publication of the new scrutiny regulations, however NHS bodies are still required to consult HASC where it is considering a substantial development of/or variation to the health service.
3. This remains subjective area and is ultimately a judgement of the HASC. In view of the lack of prescriptive guidance it is advised that the definition is agreed locally across stakeholders.
4. As such HWBB is asked accord with the broad guidelines below when considering referring a substantial development or variation to services:

The proposed development or variation must:

- Affect Dudley residents as service recipients or as carers of service recipients, both current and/or potential recipients.

And Involve one or more of the following:

- the provision of a new service (except for the piloting of new services)
- the permanent closure of a service
- A major expansion or significant reduction of a service
- A change in the location where patients would receive an existing service
- A switch in the management and/or provision of a service as between primary acute and specialist care setting.
- A change in the way in which people gain access to a service.
- An expansion or restriction in the degree of choice that patients have about the location and nature of a service.
- Levy on individuals where none had previously applied.

NB. It is important to note that changes such as those highlighted above may be necessary due to significant quality and/or safety concerns. In these

circumstances the relevant commissioner(s) will inform the HASC as to the reasons for any changes as soon as is reasonably possible.'

5. A HWBB representative will attend the relevant agenda meeting with the relevant service lead(s) to discuss the issue with the Chairman in order to determine the impact of proposals; and establish how best to engage scrutiny in the process.

Roles

HWBB

1. HWBB and constituent commissioner will accord with the NHS duty to involve and consult as per Health and Social Care Act which updates section 242 and 244 of the NHS Act 2006. Subject to the new regulations this requires NHS bodies to consult scrutiny committees, to attend these committees when requested to answer questions, to respond to their requests for written information and to respond to scrutiny committee reports and recommendations within 28 days of the request of the committee.

HASC

2. HASC has a unique democratic mandate to act across the whole health economy. Scrutiny has a clear role at every stage of the commissioning cycle, from needs assessment through commissioning to service delivery and evaluation of health outcomes. They are responsible for holding decision makers (Decision makers - HWBB, Commissioners CCGs/ NHS CB /Council and providers) to account
3. HASC has its own terms of reference based on the current scrutiny regulations. Its work programme is set annually and increasingly encourages scrutiny of specific health and well-being topics e.g. smoking cessation so that a strategic approach can be taken, across organisational boundaries in tackling health inequalities in the borough.

Communications Plan

HWBB will

1. Consult with and provide information to the HASC at an early stage on its key commissioning intentions and plans for substantial developments or variations pertaining to the remit and terms of reference of the HWBB. These should where possible be identified at the annual joint meeting/during the work planning cycle.
2. Inform the panel members of these consultations in sufficient time for them to comment
3. Consult at an early stage on the business of any joint meeting(s)

4. Send the HASC Chair and any other members who request them HWBB papers and documents
5. Through its chair or lead officer maintain regular contact with the Committee through regular Agenda Planning Meetings and commit to attending additional Chair's briefings as needed.
6. Prepare responses for questions sent in advance of scrutiny meetings

HASC will:

1. Send the panel agendas, reports and minutes plus any associated papers to the Chair and any other members or officer who may request them.
2. Send draft scrutiny reports, including scrutiny review documents, on matters relating to HWBB and member commissioners so that they may have the opportunity to comment before finalisation of the report.
3. Consult with and make available to the HWBB their programme of work
4. Identify a link officer to facilitate HWBB colleagues
5. Through its Chair maintain regular contact with the Chair and Lead officer of the HWBB
6. Familiarise themselves with the subject under scrutiny/review.
7. Send any questions for scrutiny meetings at least 1 week in advance

Measuring Success

1. It is envisaged this agreement will contribute to the establishment of successful working and relationships described below which, in turn can be used to test the effectiveness of agreement over time:
 - **Health and wellbeing board** members are committed to working with others with clear lines of accountability. They encourage open and honest discussions about the challenges faced by all partners in the new landscape and have dealt with any conflicts quickly and openly. By actively seeking and sharing information, the Board has developed a comprehensive analysis of health and social care needs and assets.
 - Balancing those needs against national and local policy it has developed a robust strategy to improve health and social care and reduce inequalities which is well understood and accepted. They work constructively with health scrutiny, welcoming their involvement. People who use services and the public are central to the Board's work, and people understand how local agencies are improving health and social care outcomes.
 - **Council health scrutiny** has influenced health and social care in a variety of ways by encouraging transparency, involvement and accountability throughout the

planning and delivery of services. Officers and councillors shared their experience and knowledge during transition so that relationships could be built. It's pro-active reviews of health and social care themes provide timely evidence and constructive recommendations to commissioners and providers. Health scrutiny is involved very early on in discussions about reconfiguration of health services and takes a view about whether changes are in the interests of local health services. It acts as a 'bridge' between elected members, professionals and communities, so that solutions are identified together

- **Other Scrutiny Committees relevant to HWBB - The Council is reviewing its overall Scrutiny arrangements** during 2012-13. Currently, it is the case that issues which the HWBB may consider might also be the subject of interest to other Scrutiny Committees such as Children's Services Scrutiny Committee. A practical approach within the spirit of this protocol will be taken to the way in which issues are identified and carried forward.

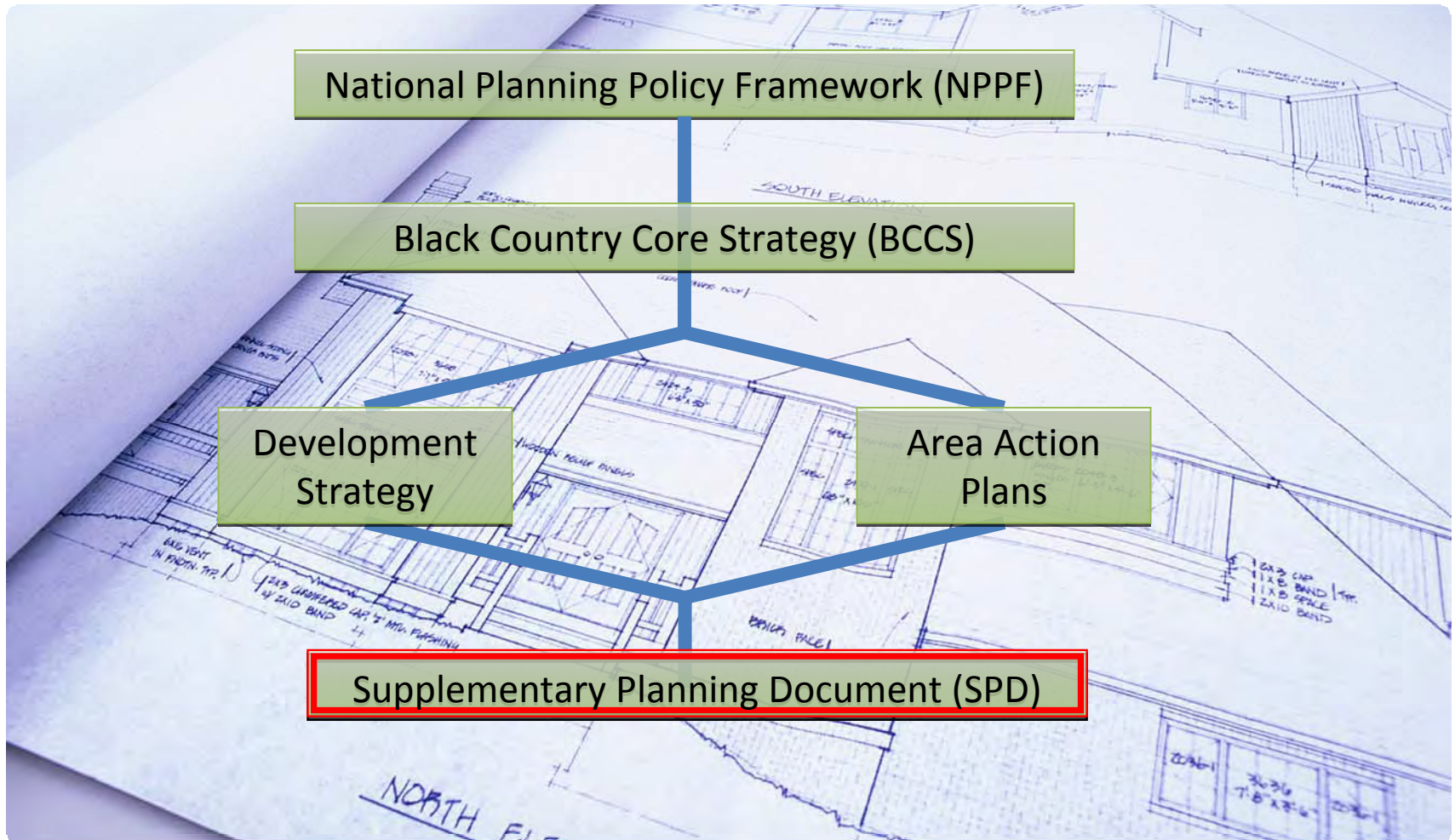
First Draft: December 2012



Planning & Health

Supplementary Planning Document





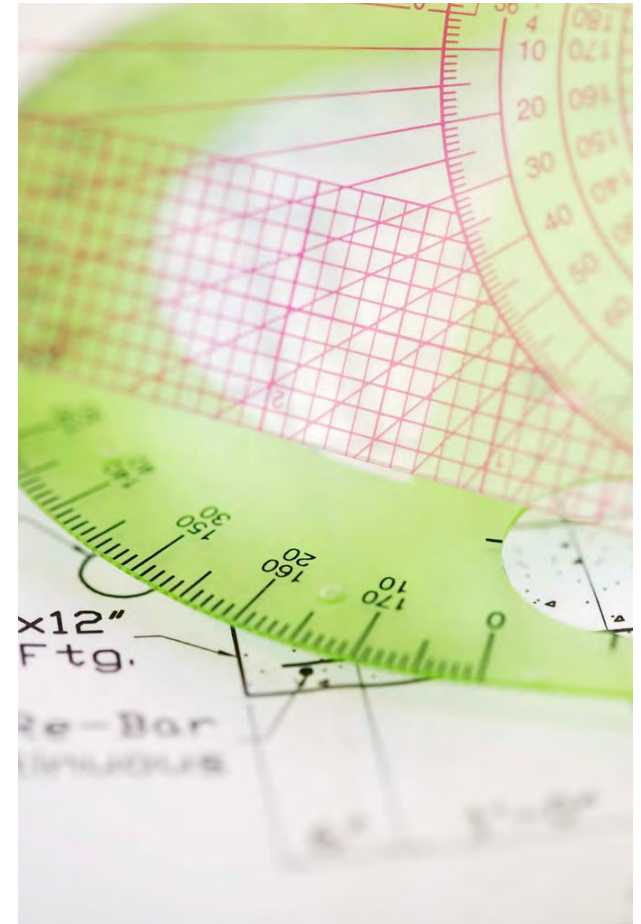
What is an SPD?

- Supplements planning policy of the council and helps explain planning policy and its implementation
- Gives extra layer of detail on policy issues
- Helps decision makers in reaching decisions on planning applications



What will the SPD do?

- Explain links between planning and health for developers
- Set out guidelines and issues to consider in the location and accessibility of development
- Set out guidelines for planning and developing spaces for active lifestyles



What will the SPD cover?

It will have guidelines that will

- Set out that large scale residential development should be located where there is access to a range of community facilities accessible by a choice of transport modes
- Make sure that services are located in areas where they are accessible to communities



- Set out guidelines for planning for active lifestyles
- Set out guidelines to design for healthy places (making sure that public spaces/shops/parks etc are well integrated into surrounding development)
- Consider the impact of development proposals on Health
- Reduce the proliferation of Hot Food Takeaways in areas close to schools



Timetable

- **Spring 2013:**
Consultation on draft
- Consideration of issues raised in consultation
- **Autumn 2013:**
Adoption of final document

