

**REPORT FROM THE CHAIR OF DUDLEY HEALTH AND WELLBEING BOARD
HEALTH AND WELLBEING BOARD PROGRESS REPORT 2013/14
23rd January 2014**

PURPOSE OF REPORT

1. This report provides an update for the Health Overview and Scrutiny Committee on the developments of the Health and Wellbeing Board and progress of work from 1st April 2013

BACKGROUND

2. Dudley's Health and Wellbeing Board was established in shadow form on the 9th February 2011, with the first meeting on the 25th July 2011. It moved out of shadow form and became a statutory board on the 1st April 2013.
3. This report details the development and progress of the Board in its first formal year of operation.
4. The Board has a number of responsibilities including the development of a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, to provide a framework for the commissioning of local health and social care service, and operates as systems leader for the health and care setting, with a particular responsibility for ensuring integration of care.
5. The work-plan for 2013/14 has focused on ratifying, promoting and progressing a Joint Health and Wellbeing Strategy, agreeing processes of quality assurance and performance management and the development of community engagement principles and plans for the Board.

PROGRESS 2013/14

JSNA and Joint Health and Wellbeing Strategy

6. The JSNA steering group was set up in order to put in place a continuous process of intelligence gathering, development and review for JSNA synthesis. This group is Chaired by the Director of Public Health and involves key stakeholders across Dudley. The 2012 JSNA synthesis was ratified on the 21st January 2013. The JSNA takes a life-course approach, identifying key issues and key questions for commissioners. It has encompassed both a needs based and an asset based approach to health and wellbeing, with the development of an assets framework for capturing activity for the JSNA and also a mapping of community engagement activity. The key issues and the emphasis on an asset

based approach have been incorporated into the Joint Health and Wellbeing Strategy.

7. The Board's first Joint Health and Wellbeing strategy was ratified on the 21st January 2013. The strategy is based on the Joint Strategic Needs Assessment's key needs and also extensive consultation with stakeholders and residents in Dudley borough. The strategy identifies 5 priority areas
 - a. **Making our neighbourhoods healthy** – by planning sustainable, healthy and safe environments and supporting the development of health enhancing assets in local communities.
 - b. **Making our lifestyles healthy** – by supporting people to have healthy lifestyles and working on areas which influence health inequalities, for instance, obesity, alcohol, smoking and the early detection of ill health.
 - c. **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 might affect their health in the future.
 - d. **Making our minds healthy** – by promoting mental health and wellbeing.
 - e. **Making our services healthy** – by integrating health and care services to meet the changing Dudley borough demography, starting with urgent care.
8. An ambitious work-plan for 2013/14 was agreed on the 29th April 2013, in order to take these 5 priorities forward. A key focus for this has been a series of 5 spotlight events with key stakeholders, one for each priority area. Each spotlight focused on specific challenging issues identified from the JSNA associated with the priority area and the events followed a process of diagnosing the issue, providing information on the key challenges and then stimulating the generation of ideas and action planning across partners. Outcomes and recommendations from the spotlight sessions were presented to the appropriate lead Commissioning Group or Board to agree key actions and performance indicators to take forward during 2013/14 and 2014/15. These collectively frame the implementation plan for the Joint Health and Wellbeing strategy.
9. To date, 4 of 5 spotlight sessions have been held:
 - a. Making Our Services Healthy – focusing on Urgent Care: 18th June 2013
 - b. Making Our Lifestyles Healthy- focusing on breastfeeding and alcohol: 19th July 2013
 - c. Making Our Children Healthy- focusing on building resilience in children, young people and their parents: 10th October 2013
 - d. Making Our Minds Healthy- focusing on depression and dementia: 14th November 2013
10. The final spotlight for 2013/14 on 'Making Our Neighbourhoods Healthy' is scheduled for February 6th 2014. It is proposed that this will focus on building community capacity, working with and facilitated by the Think Local Act Personal (TLAP) partnership, to test out a framework they are developing on this issue for Health and Wellbeing boards. This is part of the support being offered to Dudley

borough following successful application to the TLAP 'Developing the Power of Strong Inclusive Communities' programme. The Board will be able to use the draft TLAP framework to help it reflect on wider issues of how community capacity in Dudley borough will help support improving the health of residents and the quality of health and care services.

11. Progress to date is as follows:

- a. Urgent Care: The spotlight session was attended by Board members, Commissioners, Providers, and Councillors, and public and user input was incorporated from the Clinical Commissioning Group's health forum event held prior to the spotlight session. An outcomes report has been produced and forwarded to the Urgent Care Working Group, who continue to coordinate work to redesign and improve urgent care provision. Key conclusions from this event were that the model of urgent and emergency care needed to be redesigned to simplify, reduce duplication and to take account of people's default behaviour of attending A/E and that awareness of how to access the system was needed across all partners and the public. Since the spotlight event the CCG has carried out a public consultation process on a new service model for urgent care that reflects the comments made at both the spotlight event and the CCG Healthcare Forum. Reducing hospital admissions and nursing home/residential home admissions will be a key performance requirement of the services to be funded through the Better Care Fund and partners will be expected to agree a series of performance indicators linked to the Better Care Fund. It is suggested that the performance indicators developed for this purpose are used as a basis for assessing performance in relation to this Joint Health and Wellbeing Strategy priority. The spotlight event report will be available at www.allaboutdudley.info, where a topic page for the Health and Wellbeing Board is being set up.
- b. Breast Feeding and Alcohol: The spotlight session included a similar range of stakeholders and also service users. Key discussions in relation to alcohol focused on the need to further educate and raise awareness on the health impacts from a younger age, the need to stimulate a cultural change towards alcohol, for health professionals to feel confident in raising the issue especially in primary care, and to have programmes that support people to use other coping strategies rather than alcohol. Key discussions in relation to breast feeding emphasised the need to develop strategies to gain its cultural acceptance, including with the health care profession. An outcomes report has been forwarded to the Strategic Breast Feeding Group and Substance Misuse Implementation Group who have agreed key actions and local indicators for improving breast feeding rates and reducing alcohol misuse respectively. The full report will be available at www.allaboutdudley.info
- c. Resilience of Children, Young people and Parents: The spotlight session focused specifically on the early years and 16 to 18 transition. As part of the process a consultation with young people is underway to further inform the outcomes from this spotlight. An outcomes report is currently being

finalised for circulation to the Children's and Young People's Partnership Board for inclusion in their action plans. Key actions are for commissioners are detailed in appendix 1. Key outcomes from the discussion in relation to early years were the importance of building on the Time for Twos programme, targeting the most vulnerable children and their families. There was a view that there needed to be more joined up working for transition through to the provision for 3 to 4 year olds. The family support worker role has been shown to have a significant effect and it was the view that this provision needs to be extended. There was unanimous agreement that the current work to develop parenting skills was critical and needed to be further developed to enable more families to benefit. The third major topic of discussion was the acknowledgement that early intervention was essential in order to support families in the development of resilience in their children. Key outcomes of the discussion for the 16-18 age group were firstly the need to commission a Mental Health Service for the 16 – 18 age group, whose needs are frequently not met in the transition from the Children's and Adolescent Mental Health Service to Adult Services. Secondly there was the recognition that all services should be young people friendly, and that there was a need to ensure that staff are trained to understand the issues around providing young person appropriate services. The third key outcome was the importance of ensuring that young people are empowered to contribute to the planning and development of services that meet their needs, through ensuring that their voice is heard. The full report will be available at www.allaboutdudley.info .

- d. Depression and Dementia: This session involved stakeholders and service users who gave informative accounts of their experiences in using services. An appreciative inquiry technique was used to organise and develop participation and generate key areas for development. There was a strong emphasis in discussion of orienting the local system towards preventative interventions, developing a mental health friendly Dudley borough and a greater prominence of interventions that build/strengthen social capital. This theme links well to the final spotlight session on neighbourhoods and the proposed focus on the 'Think Local Act Personal' framework. The full report will be available at www.allaboutdudley.info. The report has been forwarded to the Mental Health Partnership Board for final development of key actions and local indicators for 2014/15 onwards.

12. A set of local indicators and actions will be developed for the neighbourhoods priority area following the spotlight event in February on the developing community capacity theme. To compliment these, a set of local indicators have been developed by the Department of Urban Environment in relation to the physical environment.
13. A process of evaluating the spotlight sessions approach is currently in progress in order to inform H&WBB workplan developments for 2014/15.
14. Appendix 1 details the collective local indicators, their status and the actions identified to date for the priority areas.

COMMUNITY ENGAGEMENT

15. Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act (2012).
16. During 2013/14, the H&WB Board has delivered engagement activity through the spotlight events and also delivered its first annual health and wellbeing conference in June 2013. The event was held at the Dudley College Evolve campus, giving students on the hospitality, catering and tourism courses an opportunity to be involved in conference organising and catering as part of their course work. The services they provided on the day were excellent and the students' enthusiasm and professional approach was a credit to them and the college.
17. The conference focused on launching the Joint Health and Wellbeing Strategy, giving an overview of the role of the H&WB Board, the JSNA and providing an opportunity for attendees to meet the board members and ask questions. Break-out sessions centred on the identified priority areas within the strategy. 154 people attended the conference from a range of stakeholders including healthcare providers, local authority, colleges, statutory and voluntary organisations community groups and service users and carers forums. Overall the conference evaluated well, although the limitations of such events as a public community engagement mechanism was noted. Future plans are to aim the conference at statutory and voluntary organisations and use other mechanisms for engaging directly with the public.
18. Further to this, work is ongoing in developing a community engagement plan (and communications) that ensures a wide cross section of the public are involved in identification and delivery of Dudley borough's health and wellbeing priorities that makes use of existing engagement mechanisms. A series of interviews with H&WB Board members are taking place to bring together their perspectives in relation to engaging and involving individuals and communities, which will be used to formulate a plan for 2014/15.
19. Dudley Health and Wellbeing Board has already articulated seven principles which inform the delivery of the vision in Dudley's Health and Wellbeing Strategy which includes:

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
20. It is proposed that the above principle should underpin engagement and involvement activities, and in addition the following principles be used to guide engagement and involvement. The Board will be signing up to this on the 28th January :

- a. Engagement is the business and responsibility of every board member
- b. There will be different types and levels of appropriate engagement, depending on the situation
- c. Engagement activities should be based on evidence of what works
- d. We will open ourselves to learning about the reach, impact and effectiveness of our engagement

INTERGRATION- BETTER CARE FUND

21. A key priority theme within the Joint Health and Wellbeing Strategy, is integration, and the Board is prioritising the development of integrated service models across health and social care, in order to avoid unnecessary use of acute/long-term health and social care.
22. In the June 2013 spending round the Chancellor announced that a sum of £3.8 billion would be available nationally to ensure closer integration between health and social care. For Dudley borough, an initial estimate of this “Health and Social Care Integration Transformation Fund”, equates to around £15 million coming into full effect from 2015/16 as a single pooled budget for health and social care services, to be based on a plan agreed between the NHS and local authorities. This is not new resource but funding to be pooled from the CCG’s existing baseline and existing allocations. This is now referred to as the Better Care fund.
23. The Board is overseeing the development of the Better Care Fund Plan, which represents an opportunity to secure significant system change. Discussions have begun in the context of existing work on service integration. Strategically, given pressures on both adult social care budgets and the budget pressure the pooling of these monies will create for the Clinical Commissioning Group (CCG), the collective objective for the health and social care economy will be to reduce expenditure on care home placements and urgent hospital care through joint investment in integrated community health and social care services.
24. To support the facilitation of this work, the Board was successful in bidding for system leadership support from Local Government/ Public Health England, which has funded an enabler/facilitator for Dudley borough to work with partners, particularly exploring reducing the dependency of the frail elderly.

CHARTERS AND DECLARATIONS

25. As system leader, the H&WB Board has a role to champion health and wellbeing work across the health and social care sector. To support this, the Board has signed up to 2 charters during 2013/14
- a. Disabled children’s charter: This commits the Board partners to improving the quality and outcomes experienced by disabled children, young people and their families, including children with special educational needs and health conditions.
 - b. Children and Young People’s better health outcomes pledge: This commits the Board partners to prevent ill health for children and young people, improve long-term health and care provision, improve mental

health support, improve care for children and young people with long term conditions and protect the most vulnerable.

26. In addition, the Council has signed up to the Local Government Declaration on Tobacco Control which is an opportunity for the council to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reduced smoking prevalence. It commits the Council to live up to its obligations as a party to the World Health Organisation's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry.
27. These charter's will be linked into on-going work of the 5 priority areas in the Health and Wellbeing Strategy.

H&WB BOARD PERFORMANCE MONITORING ARRANGEMENTS

28. The H&WB Board will be agreeing its performance monitoring arrangements on the 28th January 2014. These will comprise of processes that are light touch but able to demonstrate
- a. Overall impact on the health and wellbeing of the people of Dudley Borough
 - b. Progress being made with the implementation of a Joint Health & Wellbeing strategy and
 - c. A good understanding of how the Board is functioning
29. It is proposed to report performance status to the H&WB Board annually against the national frameworks for Public Health, Adult Social Care and the NHS, using a system that organises all indicators according to Dudley borough's 5 local health and wellbeing priorities and highlights where performance is below, similar or above the average performance for England. In year, it is proposed that the Health and Wellbeing Development Group monitor the outcomes frameworks on a quarterly basis and inform the Board of any additional performance outliers.
30. Where performance demonstrates a trend that is significantly below average, explanations will be provided from the lead Directorate/organisation where feasible.
31. It is proposed that progress against the Joint Health and Wellbeing Strategy, operates similarly, with annual reporting against the set of agreed local indicators and actions being undertaken to take forward the 5 priority areas. These indicators may vary or be added to from year to year as identified challenges and actions change. It is proposed to use a similar process of progress commentary as described in 7 to highlight where performance is below target for each priority area.
32. In terms of assessing how the Board is functioning it is proposed that there is an annual appraisal process or Board health check, that makes use of available tool kits and peer review as made available. The Board has applied to take part in the

peer-review process being offered to Boards by the Local Government Association during the 2014/15 time period.

H&WB BOARD QUALITY ASSURANCE

33. The Francis enquiry has highlighted how crucial it is that any health and care system has a 'relentless focus' on patient quality and safety standards. The Health & Wellbeing Board, as system leader bringing together the key commissioners across Dudley borough, has an important role in ensuring that local commissioning and providing maintains that focus on quality and safety:
- a. Strategic oversight- in terms of awareness and understanding of the quality and safety implications and actions required from local partners in the health and care system
 - b. Receiving assurance- that quality assurance frameworks and action plans are agreed and being implemented by relevant partners. It is not intended to replicate existing processes and governance arrangements but for the Board to be assured that these processes exist and are robust.
34. However this role needs to be set within the NHS and social care sector context where quality assurance structures have undergone considerable change as a result of the Health and Social Care Act 2012. Relationships and arrangements continue to evolve. The H&WB Board role locally needs to be considered in relation to the Quality Surveillance Groups, the Health Overview and Scrutiny Committee, the Safeguarding Boards for adults and children, Healthwatch Dudley and the role of the CCG, Local Authority and NHS England as commissioners and providers of local health and care services.
35. Dudley H&WBB has an agreed protocol in place that sets out working arrangements between the Health and Adult Social Care Overview and Scrutiny Committees (OSCs) and the H&WBB. Within it, the H&WBB has the authority to recommend items for inclusion on the OSC workplan, so that where the board identifies issues they feel warrant more detailed scrutiny they can ask the OSC to investigate and make recommendations to the council and other stakeholders or the board. The Board also provides strategic steer of the OSC workplan to reflect H&WBB priorities. This potentially provides a valuable mechanism to the Board for assuring quality and safety
36. The Board is in the process of agreeing its quality assurance structure and mechanisms, with a development session arranged for the 28th January.

RECOMMENDATION

37. That the Health Overview and Scrutiny Committee note the development and activity of the Health and Wellbeing Board for 2013/14



Cllr Stuart Turner
Chair of Health and Wellbeing Board

Contact Officers:

Karen Jackson
Consultant in Public Health
Office of Public Health, DMBC

Brendan Clifford
Assistant Director –DACHS
DMBC

Ian McGuff
Assistant Director –DCS
DMBC

Sue Holmyard
Assistant Director –DUE
DMBC

Neill Bucktin
Head of Partnership Commissioning
Dudley CCG




Appendix 1: Local Indicators and Actions: Health and Wellbeing Strategy Implementation Plan 2013/14- 2014/15

HEALTHY SERVICES :URGENT CARE DASHBOARD															
Item	Indicator	Target	Apr	May	Jun	July	Aug	Sep	Oct	Nov	YTD Performance	RAG	Consequences of Breach	Penalty for Month	YTD Penalties
1	A&E 4 Hour Waits	95%	91%	96%	96%	97%	96%	97%	92%	94%	94.9%	✗	2% of revenue derived from the provision of the locally defined service line in the month of the under achievement.	£ -	£ -
2	Trolley Waits in A & E	Any trolley wait > 12 hours	0	0	0	0	0	0	0	0	0	✓	£1,000 per breach	£ -	£ -
3	Ambulance Handover between 30mins & 60mins	Target 15m, Threshold =30m	379	211	247	201	182	205	401		1826	✗	£200 per patient waiting over 30 minutes	£ 80,200	£ 365,200
4	Ambulance Handover > 60mins	Target 15m, Threshold =60m	53	15	9	12	9	23	55		176	✗	£1,000 per patient waiting over 60 minutes	£ 55,000	£ 176,000
5	Category A Red 1 Response	75.0%	73.0%	81.5%	95.8%	87.5%	89.7%	82.1%	81.5%		84.4%	✓	Monthly withholding of 2% of the actual monthly contract value with an end of year reconciliation	Year End	Year End
6	Category A Red 2 Response	75.0%	69.4%	78.0%	78.5%	73.0%	75.1%	72.6%	73.3%		74.3%	✗	As Above	Year End	Year End
7	Category A 19 Minute Response	95.0%	99.1%	99.2%	98.8%	99.0%	98.8%	98.6%	99.1%		98.9%	✓	As Above	Year End	Year End
8	Ambulance Crew Readiness (a)	Target 15m, Threshold =30m	67	36	11	12	12	12	13		163	✗	£20 per event where > 30 minutes	£ -	£ -
9	Ambulance Crew Readiness (b)	Target 15m, Threshold =60m	2	1	0	0	0	0	0		3	⚠	£100 per event where > 60 minutes	£ -	£ -

Notes

1. The Contractual Performance month is currently June 2013 (all validated data submitted). Where data is available for July this is included.
2. Ambulance Handover penalties for >30minutes have to date been waived due to inaccuracy of Ambulance Service data and clinical concerns regarding motivating Providers to cohort patients and increase trolley waits in A&E in order to meet this target.

3. RAG rating key

-  Both month and YTD figures meet or exceed the target
-  Either the month or the YTD figure has failed to meet the target
-  Both the month and the YTD figures fail to meet the target

HEALTHY LIFESTYLES: BREAST FEEDING

Key Actions and Indicators:

Priority	Notes	Lead	Local Indicator	Timescale
Development of Borough Wide-Marketing Plan /Strategy	This priority will capture a number of the points raised regarding better communication, promotion, awareness and positive press interests etc.	OPH	Marketing / promotion plan developed using social marketing approaches.	August 2014
Ongoing development of the volunteer buddy programme.	Volunteer Buddies to be integrated into Office of Public Health volunteer programme.	OPH	Annually train 30 buddies. Recruitment of 90% of trained buddies on volunteer programme.	
GP Engagement	Identify GP Champions. Online GP training made available to all GP's.	CCG	20 % (50) of Dudley GP's trained (250) – need to get actual GP numbers in Dudley.	March 2015
Multidisciplinary co-ordinated approach to provision of Antenatal support to pregnant mothers		OPH /BCPFT/DGHFT	100% of Dudley pregnant women offered antenatal support (at 34 weeks)	March 2016
Maintain UNICEF		OPH	UNICEF accreditation level 3 achieved	

Stage 3 in hospital and achieve stage 3 in community		/BCPFT/DGHFT	2014/15	
Mainstreaming community buddies in health visiting teams			Each Health Visiting team to have one wte buddy. 90% of women who are breastfeeding on discharge have contact with buddy.	

HEALTHY LIFESTYLES: ALCOHOL

Key Indicators:

Ref	Performance Indicator	Last year out-turn 2012/13	Target 2013/14
	Alcohol related admissions to hospital per 100,000	2144/100,000	2293/100,000
	Alcohol treatment services: Numbers in alcohol treatment services Number of successful completions Re-presentations within 6 months Numbers waiting >3 weeks to start treatment		Target >900 Target 45% Target <10% Target <8%

Key Actions

Action	Lead	Completion date
Development of an alcohol strategy and action plan for Dudley borough	Substance Misuse team	March 2015

HEALTHY CHILDREN – EARLY YEARS

Key Actions for commissioners

Action for Commissioners	Lead	Completion date
<ul style="list-style-type: none"> The importance of building on the Time for Twos programme, targeting the most vulnerable children 		

and their families, joined up working for transition through to the provision for 3 to 4 year olds is required. Extend the key worker role which been shown to have a significant impact.	TBC	TBC
<ul style="list-style-type: none"> Further develop parenting skills opportunities to enable more families to benefit. 	TBC	TBC
<ul style="list-style-type: none"> Focus on early intervention to support families in the development of resilience in their children 	TBC	TBC

HEALTHY CHILDREN- 16 TO 18 TRANSITION

Key Actions for Commissioners

Action for Commissioners	Lead	Completion date
<ul style="list-style-type: none"> Commission a Mental Health Service for the 16 – 18 age group, whose needs are frequently not met in the transition from the Children’s and Adolescent Mental Health Service to Adult Services. 	TBC	TBC
<ul style="list-style-type: none"> Put in place plans to encourage all services to be young people friendly, and train staff to understand the issues around providing young person appropriate services. 	TBC	TBC
<ul style="list-style-type: none"> Ensure young people are empowered to contribute to the planning and development of services that meet their needs, through ensuring that their voice is heard. 	TBC	TBC

HEALTHY NEIGHBOURHOODS

Key Indicators:

Ref	Performance Indicator	Last year out-turn	Target
	Adult participation in sport and active recreation (1X30 minutes per week)	27.8% (2012)	N/A
	Improved street and environmental cleanliness (National indicator 195) a: litter b: detritus c: Graffiti d: fly-posting)	3.3% 6.3% 1.3% 0.1%	3.3% (2014/15) 5.7% 1.3% 0%

	Gross affordable housing completions (Core Output Indicator HOU3)	312 (49% of gross completions (2011/12))	Between yrs 2006-2026) 2479 affordable dwellings (15% of gross completions) (116 /year)
	Increase in cycle use of monitored routes (LOI TRAN4a)	14,272 (2012/13)	1% increase in cycling
	Implementation of missing links and overcoming barriers identified in sub regional cycle network map (LOITRAN4b)	10 new links via healthy towns project – 7.26km (2012)	N/A