Dudley Health and Wellbeing Board

Thursday 21st September, 2017 at 4.00pm
At DY1, Dudley CVS, Stafford Street, Dudley.

Agenda - Public Session
(Meeting open to the public and press)

Time

16:00 1. Apologies for Absence

To receive apologies for absence from the meeting.

2. Appointment of Substitute Members (If Any)

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 Monitoring Officer, Mohammed Farooq, prior to the meeting.

4. To confirm and sign the minutes of the meeting held on 28th June, 2017 as a correct record.

Strategic Issues

16:05 5. West Midlands Combined Authority Mental Health Update - Sean Russell – Director of Implementation for West Midlands Mental Health Commission – to receive a PowerPoint presentation.

Delivery Plans

16:35 6. Integration and Better Care Fund Plan 2017/19 – (Pages 1-10) – Matt Bowsher/Neill Bucktin

Governance

17:05 7. Updates:

- Health and Wellbeing Strategy and Governance arrangements (Pages 11-28)
- West Midlands Combined Authority Wellbeing Board (Pages 29-33) – Deborah Harkins

17:35 8. Questions from the Public

17:40 9. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).

DATES OF FUTURE MEETINGS:-

Wednesday 6th December, 2017
Wednesday 22nd March, 2018

ALL MEETINGS TO COMMENCE AT 4PM

Chief Executive
Dated: 13th September, 2017

Please note the following important information concerning the meeting:

- In the event of the alarms 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 no smoking on the premises in line with national legislation. It is an offence to smoke in or on these premises.

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

- Information about the Council and our meetings can be viewed on the website **www.dudley.gov.uk**

- Elected Members can submit apologies by contacting Democratic Services. The appointment of any Substitute Member(s) should be notified to Democratic Services at least one hour before the meeting starts.

- You can contact Democratic Services by Telephone 01384 815238 or E-mail **Democratic.Services@dudley.gov.uk**

Membership of the Board:-

Councillors N Barlow, A Millward, P Miller and R Harris

Tony Oakman – Strategic Director People

Alan Lunt – Strategic Director Place

Matt Bowsher – Chief Officer Adult Social Care

Deborah Harkins – Chief Officer Health and Wellbeing

Mark Rodgers – Chief Officer Housing

Liz Murphy – Independent Safeguarding Board Chairperson

Dudley GP Clinical Commissioning Group – Dr D Hegarty and Mr P Maubach

Andy Gray – Dudley CVS CEO

Pam Bradbury – Chair of Healthwatch Dudley

Chief Superintendent Fisher – West Midlands Police

Steve Ball – West Midlands Fire and Rescue Service

Officer Support

Ms K Jackson – Deputy Director of Public Health (DMBC)

Ms J Simmonds - Service Manager – Strategic Partnerships

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

Minutes of the Dudley Health and Wellbeing Board

Wednesday 28th June, 2017 at 6.00 pm
In the Abbey Room, Dudley Archives, Tipton Road, Dudley

Present:

Councillors N Barlow, R Harris, P Miller and A Millward.
M Bowsher (Chief Officer Adult Social Care), S Bull (West Midlands Fire Service), J Emery (Healthwatch Dudley), Chief Superintendent R Fisher (West Midlands Police), A Gray (Chief Executive Officer - Dudley CVS), D Harkins (Chief Officer Health and Wellbeing), P Maubach (Chief Executive Officer - Dudley Clinical Commissioning Group), L Murphy (Independent Safeguarding Board Chairperson), J Simmonds (Service Manager Strategic Partnerships) and K Buckle (Democratic Services Officer).

Also in attendance:

S Brooks (Senior Account Manager – Communications and Public Affairs), A Hindle (Commissioning Manager for Integration), Dr. L Martin (Dudley Clinical Commissioning Group Clinical Lead on End of Life Palliative Care)

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1 **Election of Chair**

Resolved

That Councillor P Miller be elected Chair of the Board for the 2017/18 Municipal Year.

(Councillor P Miller in the Chair)

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2 **Election of Vice-Chair**

Resolved

That Dr D Hegarty be elected Vice-Chair of the Board for the 2017/18 Municipal Year.

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3 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of N Bucktin, P Bradbury, Dr D Hegarty, K Jackson, T Oakman and M Rodgers.

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4 **Appointment of Substitute Member**

It was reported that J Emery had been appointed as a substitute member for P Bradbury, for this meeting of the Board only.

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5 **Declarations of Interest**

No Member made a declaration of interest in accordance with the Member's Code of Conduct.

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6 **Minutes**

Resolved

That the minutes of the meeting of the Board held on 30th March, 2017, be approved as a correct record and signed.

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7 **Progress Update – Dudley Health and Wellbeing Strategy 2017-2022**

A joint report of the Head of Healthy Communities and Place and the Service Manager – Strategic Partnerships was submitted on the development of the Dudley's Health and Wellbeing Strategy 2017-2022.

The Strategy had been circulated to Members prior to the meeting and was available on the Council's Committee Management Information System.

Members were requested to provide comments and observations in relation to the Strategy in order to provide a steer, which would result in the engagement with both communities and service users to commence work on delivery plans. The need for the Board to maintain oversight of the delivery plans and hold the systems to account, as far as delivery was concerned were referred to.

The Chief Officer Health and Wellbeing confirmed that she would email to Members details of the Community Groups that would be engaged with.

Following Members suggestions and comments in relation to the Strategy, it was agreed that the Service Manager – Strategic Partnerships would amend the Strategy to remove the words "Showcase Cinemas" from the logo and any reference to deprived areas within the Strategy. Suggestions were also made in relation to grammar and re-wording, which were noted.

Resolved

(1) That the progress made in relation to the development of the Dudley Health and Wellbeing Strategy 2017-2022, be noted.

(2) That subject to Members comments and suggestions as outlined above, the branding for the Strategy design and format, together with the Strategic objectives, be approved.

(3) That the next steps, consultation and launch of the Strategy, be endorsed.

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8 **Launch of the Health and Wellbeing Board Strategy Final Consultation and Development of the Health and Wellbeing Board Website and Community of Practice**

A report of the Senior Account Manager, Communications and Public Affairs was submitted on the approach to launching the Health and Wellbeing Board draft Strategy and also on communicating the work of the Health and Wellbeing Board to the public and partners (communities of practice).

Resolved

(1) That the Launch of the Health and Wellbeing Board Strategy Final Consultation and Development of the Health and Wellbeing Board website and Community of Practice, be noted.

(2) That the approach for the Launch of the Health and Wellbeing Board Strategy and website, be approved.

(3) That the Board's Collective Commissioning Group oversee the work and launch of the website, be endorsed.

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9 **Dudley End of Life Palliative Care Strategy Report**

A report of the Commissioning Manager for Integration, Dudley Clinical Commissioning Group was submitted on the Dudley End of Life and Palliative Care Strategy "Plan on a page" and the processes for implementation.

In presenting the report submitted, the Commissioning Manager for Integration made particular reference to the remarkable decrease in the number of deaths in hospital, the three main partner organisations who had been involved in the development of the Strategy and the proposal to actively take forward a National Strategy, which would involve preparation of an action plan to address gaps in services in readiness for the national launch in February, 2018.

It was noted that the Dudley Boroughs' achievement rate was 46% higher than their peers in relation to accessing end of life care.

In responding to a question from a Member in relation care homes and the service provided, the Commissioning Manager for Integration, reported that there was a particular focus on advanced Care Plans being in place. It was accepted that one of the largest areas of reduction in deaths in hospital were due to those in care homes and bespoke funding was available for training staff in care homes, with the courses offered being oversubscribed. It was noted that training would continue.

The Chief Officer Adult Social Care, referred to the feedback received regarding Mary Stevens Hospice which evidenced the high regard that the population of the Dudley Borough had for the facility. Reference was made to the system of 'erring on the side of caution' by Care Works in Care Homes and the requirement of advanced care planning in order that Care Workers could be certain of the wishes of their patients.

The Chief Officer Adult Social Care also referred to the development of the Strategy, which would involve assessing the cohort of people involved and what they wished to achieve in order to shape the core of the Dudley End of Life Palliative Care Strategy.

J Emery referred to the added value that Healthwatch Dudley could provide to the development of the Strategy, including capturing those stories of patients which could provide a clearer picture on which services were required in the future in order to fill the gaps in services and shape the Strategy in the future.

Members echoed their appreciation for the work completed to date, referring to the significant achievement in the reduction of deaths in hospitals, which had produced a good a positive result.

Resolved

(1) That the report submitted on the Dudley End of Life and Palliative Care Strategy 'Plan on a page' and the processes for implementation, be noted.

(2) That the Dudley End of Life and Palliative Care Strategy 'Plan on a page', be endorsed.

(3) That the self assessment and implementation process of the Dudley End of Life and Palliative Care Strategy, be approved.

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10 **Development and Commissioning of Dudley's New Care Model – the Multi-Speciality Community Provider (MCP)**

A report of the Director of Commissioning, Dudley Clinical Commissioning Group was submitted on the progress to date with the development and procurement of the MCP.

The Chief Executive Officer, Dudley Clinical Commissioning Group, reported that the working as one team approach had resulted in positive initial evaluation, resulting in staff working more effectively together as one team across partner organisations, with Patients reporting that they feel much more included, with them only having to “tell their story” to one person, rather than repeating this several times. It was noted that this method of working also helped to tackle issues around isolation and loneliness.

The Chief Executive Officer, referred to dealing with multiple complex needs and by adopting the MCP approach patients had become more confident in managing their health, with opportunities emerging surrounding connecting patients to other organisations in order that there care could be managed. It was noted that the approach had resulted in access to General Practitioners reducing, with the care model producing the results that the Health and Wellbeing Strategy sets out.

The Chief Executive Officer reported on the purpose of the procurement of a long term contract over a 15 year period which would facilitate much more meaningful discussion around the prevention agenda, with the development of the MCP geared around the objectives that the Dudley Health and Wellbeing Board wished to achieve.

The procurement process and funding were referred to and it was noted that Social Care could be included once the MCP had been established and that the procurement process would take several months.

The Chief Executive Officer reported that a further update on the procurement process would be presented to the September meeting of the Board.

In responding to questions, the Chief Executive Officer advised that a detailed outcome framework had been produced which sets out the outcome objectives and undertook to forward the framework to Members.

It was noted that any increase in the level of funding allocated to the Dudley Clinical Commissioning Group would result in further funding being available to the MCP.

The Chief Officer Health and Wellbeing referred to the reducing Public Health budget and having passed on that reduction to the MCP in relation to the public health services that the provider would be responsible for.

The Chief Officer Health and Wellbeing undertook to provide Members with a diagram which sets out how the MCP will be paid for services.

Resolved

That the position in relation to the development of Dudley’s new care model, be noted.

11 **Integration and Better Care Fund**

A joint report of the Chief Officer Adult Social Care and the Director of Commissioning Dudley Clinical Commissioning Group was submitted on the year-end performance for the Better Care Plan for 2016/17 and planning for integration and Better Care Fund 2017-2019.

The Chief Officer Adult Social Care, referred to advised that the Better Care Fund has enabled conversations in relation to the totality of the funding involved and the effectiveness of those lines of investment. He referred to the lessons learnt in Dudley including the need to integrate and have aligned intentions, together with the need to change and challenge.

The Chief Officer Adult Social Care provided positive examples of the Better Care Fund, including the Fire Service responding more quickly to falls, which produced better, more expedient and cost effective outcomes which benefit both the Council and the Dudley Clinical Commissioning Group. He also referred to the reduction of waiting times in relation to obtaining Disabled Facilities Grants from 13 to 5 months.

The continuing work with both the Dudley Clinical Commissioning Group and the Dudley Group of Hospitals in order to reduce delayed transfers of care, including working on schemes and areas in order to achieve the targets set, was referred to. It was noted that scheme by scheme level data would be reported on in relation to delayed transfers of care.

The Chief Officer Adult Social Care reported on a high profile case that had recently resulted in prosecution regarding a vulnerable adult who had been financially exploited within the Dudley Borough and the continuing work in relation to the protection of vulnerable adults from such exploitation in the future, which would include raising the profile of this risk over the preceding 12 months.

It was also noted that the Transforming Care agenda will rightly seek to reduce the number of people with a learning disability in assessment and treatment units. It will also acknowledge that resources must be transferred from NHS England and Specialist Commissioning to enable the CCG and Local Authority to safely transfer people to the community. Clarity about funding flows has been sought from NHS England.

The continuing work involving a team of Social Care Assessors, smarter use of technology and utilising integrated stock in relation to preventing patients being admitted to hospital in the first instance was referred to.

The Chief Officer Adult Social Care confirmed that a report on cost, performance, benefit and outcomes on Integration and the Better Care Fund would be presented to a future meeting of the Board

Resolved

(1) That the Year End Performance for the Better Care Plan 2016/17, be noted.

(2) That the development of the Dudley Integration and Better Care Fund Plan for 2017-19, be noted.

(3) That the Planning assumptions developed by the Integrated Commissioning Executive as the agreed basis for plan development, be confirmed.

(4) That the arrangements for Plan development, sign-off and assurance, be noted.

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12 **Pharmaceutical Needs Assessment (PNA) – Supplementary Statement – June 2017**

A report of the Pharmaceutical Advisor – Community Pharmacy and Public Health on the changes to pharmaceutical service access and provision (community pharmacy locations) since the publication of the Dudley Pharmaceutical Needs Assessment 2015.

The Chair referred to the much needed introduction of the minor ailments service and specialist palliative care drugs supply service and thanked the Pharmaceutical Advisor on the update provided.

Resolved

(1) That the Pharmaceutical Advisor be requested to provide Members with further details of the Supplementary Statement to the Pharmaceutical Needs Assessment.

(2) That upon receipt of the further information outlined above, Members be requested to email any questions upon the document to Democratic Services for responses to be collated.

The meeting ended at 5.25 pm

CHAIR

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

DATE	**28th September 2017**
TITLE OF REPORT	**Integration & Better Care Fund Plan 2017-19**
Organisation and Author	**Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG**
Purpose of the report	• **To seek formal retrospective approval for the Integration & Better Care Fund Plan 2017-19 submitted under delegated authority on 11th September 2017**
Key points to note	The plan appended to this report meets the national requirement for a two-year Integration & Better Care Fund Plan describing how the integration of health and social care provision will progress through pooled budget arrangements and integrated commissioning. The plan reflects the local system's new model of care and the emergence of a new Multispecialty Community Provider, has been developed through dialogue with local system partners and includes joint initiatives for improving system performance. The plan meets all relevant policy and planning requirements including the national conditions agreed between the NHS and Local Government. System performance around Delayed Transfers of Care is considered to be the most significant risk and requires a significant improvement effort from all parts of the system. The improved Better Care Fund Grant to the council has been applied to help mitigate this risk.
Recommendations for the Board	o Approve the Dudley Integration & Better Care Fund Plan 2017-19 o Note the timescale for final assurance and approval of the BCF Plan
Item type	Approval
H&WB strategy priority area	Integration

DUDLEY HEALTH AND WELLBEING BOARD

DATE **28th September 2017**

REPORT OF: **Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG**

TITLE OF REPORT Integration & Better Care Fund Plan 2017-19

HEALTH AND WELLBEING STRATEGY PRIORITY

1. Integration of health and social care.

PURPOSE OF REPORT

2. To seek formal retrospective approval for the Integration & Better Care Fund Plan 2017-19 (submitted under delegated authority on 11th September 2017).

BACKGROUND

3. The Better Care Fund provides a financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities in every health and wellbeing area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund (BCF) allocation.

4. Government policy requires a two-year plan from every health & wellbeing area to have been submitted on 11th September 2017. Lengthy delays in the publication of planning requirements have meant that the final plan could not be presented to Dudley Health & Wellbeing Board for approval in advance of the submission deadline. The plan was therefore submitted to NHS England under delegated authority. This report is to ensure that members of the Health & Wellbeing Board have full sight of the plan and agree to its content.

THE MAIN ITEM/S OF THE REPORT

Plan Summary

5. The plan describes the local and STP context and the activities required to address local integration challenges. Dudley's plan highlights the development of a new model of care and the emergence of a Multispecialty Community Provider (MCP) within the period covered by the plan. The integration effort will support this transition and is fully aligned to the mobilisation of the MCP from 2018 onwards.

6. The plan builds on previous Better Care Fund plans but aligns much more closely to the MCP model. Services are organised according to their impact across four 'care elements' that are consistent with the MCP model:-

   - **Whole Population – Prevention & Population Health Management** - this element focuses on prevention, self-care and patient activation – empowering people and communities by adopting asset-based approaches and helping people to live independently with support from their local community.
   - **Urgent Care Needs – Integrated Access & Rapid Response** – reflecting a proactive and community-based approach to urgent care. We will enhance 24/7/365 crisis response capabilities to mitigate acute exacerbations and, subject to evaluation, will extend our pilot of the Care Home Telemedicine service to reduce avoidable admissions to hospital.
   - **Ongoing Care Needs – Enhanced Primary & Community Care** - the coordination of community health and care provision for people with long-term conditions, through the mutual network of care that underpins integrated multidisciplinary team (MDT) working in Dudley. We will support integrated personal commissioning through personalised care and support planning including the option of personal health budgets (PHB) or integrated personal budgets where applicable.
   - **Highest Care Needs – coordinated community-based and inpatient care** - the services and initiatives that are at the interface between community based and acute care, including the management of transfers of care. As such our investment in the High Impact Interventions model is incorporated within this element.

7. Improvement initiatives have been identified and will be a focal point for delivery oversight and improvement effort. Schemes will:
   - Improve self care and support for carers;
   - Enhance community-based provision for frail and end of life patients;

- Develop High Impact Changes aimed at improving the management of transfers of care.

Performance Outcomes

8. Performance oversight is maintained by the Integrated Commissioning Executive, through monthly delivery and performance reports. A new performance dashboard, in development for 2017/18, will track benefits in respect of activity changes, performance impacts and savings delivered whilst also reporting on inputs (costs) incurred in delivering each scheme.

9. Plans are expected to deliver improvements in performance as measured by national and local performance indicators. Expectations reflect increased demand pressures within the system, mitigated by additional investment, activity and efficiency gains.
   - Non-elective admissions to hospital – the performance baseline is in the process of being adjusted following the identification of coding errors over the last 2 years. The plan targets activity to increase diversionary activity pre-admission and to reduce admissions from care homes and amongst people at end of life.
   - Admissions to residential and nursing care homes – A short-term consequence of the increased effort needed to reduce the number of people delayed in hospital is expected to be a short-term (>12 month) increase in residential and nursing home placements. The plan accommodates this increase whilst supporting the development of long-term community-based alternatives.
   - Effectiveness of reablement – we plan to maintain existing levels of effectiveness so that as many people as possible are still at home 3 months after discharge from hospital.
   - Delayed transfers of care – the plan invests additional funding to enable a sustainable reduction in delays. Effort is needed across the local system so that delays attributed to both the NHS and Adult Social care can reduce, whilst Dudley Group FT will also need to benefit from improvements in performance by out of borough areas if it is to meet its delays target.

Finances

10. Additional grant funding for adult social care over the period 2017 to 2020 (the Improved Better Care Fund Grant) is required to be included within the pooled commissioning budget, with expenditure to be agreed with system partners. Local priorities have been agreed and the plan reflects a significant additional investment (£11.6m over the term of the plan) for the purposes of reducing pressures on the

NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

11. In total the Council and the CCG will pool £72.5m in 2017/18 rising to £75.9m in 2018/19.

Source of Funds	2017/18	2018/19
Minimum NHS ring-fenced from CCG allocation	21,405,676	21,812,384
Additional CCG Allocation	18,965,113	18,379,112
Disabled Facilities Grant	4,818,360	5,263,333
Additional funding paid to local authorities for adult social care (IBCF)	8,463,460	11,641,252
Additional local authority allocation	18,809,265	18,809,265
Total Integration & Better Care Fund	**72,461,874**	**75,905,346**

12. Whilst our planned investment will impact across the model of care, spending is most heavily weighted towards support for residents with ongoing and high care needs. This recognises the need to reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

Application of Funds	2017/18	2018/19
Whole Population – Prevention & Population Health Management	9,027,260	9,523,341
Urgent Care Needs – Integrated Access & Rapid Response	5,986,345	5,357,998
Ongoing Care Needs – Enhanced Primary & Community Care	33,366,548	32,561,508
Highest Care Needs – coordinated community-based and inpatient care	24,081,721	28,462,499
Total Integration & Better Care Fund	**72,461,874**	**75,905,346**

13. The council will manage £45.6m IBCF expenditure on ASC services in 2017/18 with the CCG managing a BCF spend of £26.9m on primary and community health services in the first year of the plan.

14. Benefits arising from plan delivery are expected to offset future growth and cost pressures and changes in central funding flows. Underperformance is borne by the

service commissioner in proportion to its expenditure – in other words, if for example a council service overspends, the risk remains with the council, whilst for services that are jointly funded the risk is borne in proportion to the contributions made by each commissioner.

National Conditions

15. The Integration & Better Care Fund Policy Framework 2017-19 requires that all IBCF plans meet four National Conditions. Our assessment is that the Dudley plan meets these conditions:
    - Plans are jointly agreed – the IBCF Plan is a commissioning plan that has been jointly developed by the Council and CCG. Where elements of the plan require wider system actions – such as with the Managing Transfers of Care Plan and the plan for housing adaptations using the Disabled Facilities Grant – relevant partners have been involved in developing the actions described. Health & Wellbeing Board support is being sought retrospectively only because of the late production of planning guidance and the short submission deadline.
    - Maintain provision of social care services – the plan once again safeguards social care provision through an inflationary uplift in funding to the council from the CCG Minimum BCF Contribution (former NHS Transfer).
    - Invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care – expenditure on out of hospital commissioned services from the CCG minimum is also increased in line with inflation.
    - Plan to manage transfers of care in line with a nationally recommended High Impact Change model – as described above, the plan reflects inputs from a range of partners aimed at improving patient flow and reducing delays.

Risks

16. Delivery risks have been recorded and are being managed under the direction of the Integrated Commissioning Executive. At this stage the risk of underperformance, notably in respect of Delayed Transfers of Care, presents the greatest risk:

    Risk 4: Underperformance results in unfunded financial pressure – failure to hit either efficiency or activity targets carries a significant financial risk. Whilst performance is currently on track, external factors could influence ongoing results. Instability of DToC performance is a particular concern and the HWB will wish to assure itself that (a) performance is being accurately recorded and (b) that all steps possible / affordable are being taken to maintain low levels of delay. Nationally we understand that a ministerial review of the effectiveness of IBCF Grant funding,

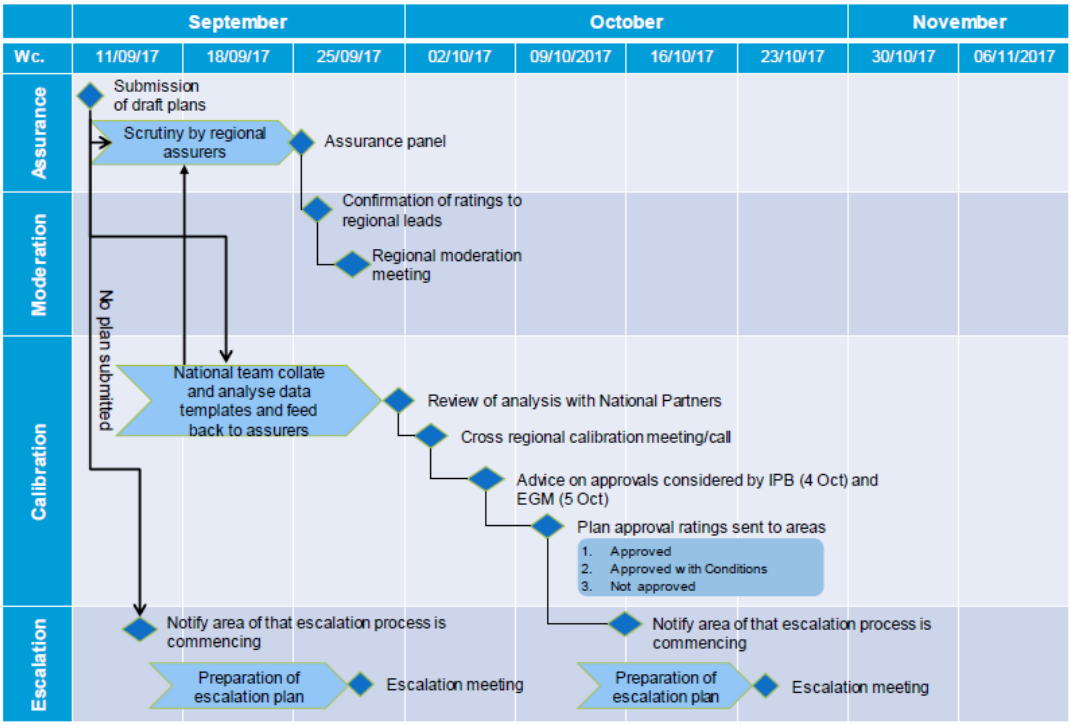
linked to DToC performance, is planned for November 2017 and there is a risk that this much-needed grant will be reduced if a positive position cannot be reported in November. Action is being taken with the A&E Delivery Board to mitigate this risk, which at this stage is unquantified.

17. A related risk that failings in neighbouring HWB economies put additional pressure on the Dudley system is also being monitored by Integrated Commissioning Executive, with A&E Delivery Board seeking to increase its influence over neighbouring systems by 'calling in' representatives to describe their local improvement plans relative to Russell's Hall patients.

18. Overall we consider that risks and mitigations are adequately planned and the overall risk status is moderate.

Plan Assurance

19. The timeline established for the integration & Better Care Fund is as follows:



20. Plan approval ratings are expected on 6th October. If additional action is needed to secure full approval the 'escalation planning' process will commence immediately, with escalation plans coming back to HWB for sign-off. Our assessment currently is

that there is a low risk of this although the assurance process is somewhat subjective and the outcome cannot therefore be guaranteed.

Law

21. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

22. BCF Plan approval is subject to the funding being used in accordance with the final approved plan, which has demonstrated compliance with the conditions set out in the Integration & BCF policy framework for 2017-19 and the BCF planning guidance, including the funding being transferred into pooled funds under a section 75 agreement. These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG in a Health and Wellbeing Board area as to the use of the funding.

23. The use of the Improved Better Care Fund Grant to local government requires that local agreement over expenditure plans is reached and that the money is used only for permitted purposes. The council provided confirmation to DCLG in July that these conditions were met and this has enabled the release of the IBCF Grant for investment as planned.

Equality Impact

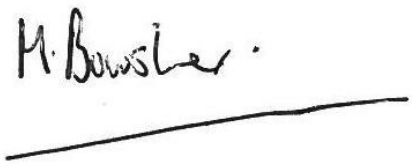
24. The Integration & Better Care Fund plan for 2017-19 has been developed in response to a well-established evidence base and shares the aspirations of the STP, HWB Strategy and MCP Development plan for better communication, access, continuity and coordination for all patients, reducing health inequalities (as per section 4 of the Health & Social Care Act) and reducing inequalities for people with protected characteristics under the Equality Act 2010. There are no new equality impacts to be considered.

RECOMMENDATIONS

25. The Board is asked to:

- Approve the Dudley Integration & Better Care Fund Plan 2017-19
- Note the timescale for final assurance and approval of the BCF Plan.

Signature of author/s



Matt Bowsher
Chief Officer, Adult Social Care
Dudley MBC

Neill Bucktin
Director of Commissioning
Dudley CCG

Contact officer details

Paul Johnston

Dudley NCM Programme Manager

Partnership Office

Dudley CCG

List of Background Papers

Integration & Better Care Fund Policy Framework 2017-19

Integration & Better Care Plan 2017-19 Planning Guidance

BCF 17-19 – Guide to assuring BCF Plans

Dudley Integration & Better Care Fund Plan 2017-19

- Narrative Plan
- Planning Template
- Supporting documentation available on request

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

DATE	21st September 2017
TITLE OF REPORT	**Update: Health and Wellbeing Strategy and Governance Arrangements**
Organisation and Author	Karen Jackson: Head of Healthy Communities and Place Julia Simmonds: Service Manager, Strategic Partnerships
Purpose of the report	To update the Board on a. progress on finalising the governance arrangements for the health and wellbeing system b. progress on refreshing the health and wellbeing strategy
Key points to note	a) Amendments to the Governance Structure b) Amendments to the draft Health and Wellbeing Strategy – particularly page 3
Recommendations for the Board	a) That the Board notes the Terms of Reference and Operating Principles for the HWB Executive Group. b) That the Board agree the changes to the Governance Structure. c) That the Board agrees the amendments to the health and Wellbeing Strategy.
Item type	
H&WB strategy priority area	

DUDLEY HEALTH AND WELLBEING BOARD

DATE: **21st September 2017**

REPORT OF: **Tony Oakman Director of People**

TITLE: **Update: Health and Wellbeing Strategy and Governance Arrangements**

PURPOSE OF REPORT

1. To update the Board on the progress to:
   - finalise governance arrangements for the health and wellbeing system
   - refresh the Health and Wellbeing Strategy

BACKGROUND

Governance System

2. At the Board workshop in March 2017, the Board identified the need to improve the effectiveness of the health and wellbeing system, specifically in terms of

   a. holding the system to account for implementing the Joint Health and Wellbeing Strategy
   b. working in a collegiate and coordinated way across the system
   c. embedding consistent processes across the system – such as terms of reference, reporting and performance mechanisms, and strategy development.

3. In order to finalise the governance arrangements, a planning session was held in July 2017 which has resulted in the establishment of the Health and Wellbeing Executive Group to drive the system change required.

4. This group has 2 specific roles which are detailed in the attached terms of reference
   a. To enable the health and wellbeing system to work effectively
   b. To support the health and wellbeing board in its role as system leader

5. Key features to note are that the group:

   a. incorporates the role of the collective commissioning group being responsible for publishing collective commissioning intensions in advance

b. incorporates the role of the Joint Strategic Assessment (JSA) leadership group, being responsible for ensuring the production of a JSA that reflects the borough needs and community assets, and its use to inform commissioning across the system.
c. provides a safe space and process to enable the system to manage and agree a process for difficult decisions that have a system-wide impact
d. Acts as a clearing house for new items of work such as strategies, plans, and other demands on the system
e. will forward plan for the system as a whole and manage the agenda of the health and wellbeing board
f. will ensure the implementation of the health and wellbeing strategy through standardised reporting and performance mechanisms.

6. A set of operating principles and a value and behaviours framework has been established to guide how members of alliances and partnership groups across the whole system will work together. (see attached)

7. The governance structure has been updated (see attached)

8. This group has a workplan that will put in place the processes required for the system to work effectively. It is currently:

a. developing a reporting and performance framework
b. mapping current strategy and programmes to establish what is already in the system, duplication and gaps.
c. Developing joint planning processes across the system

Health and Wellbeing Strategy

9. Over the last 6 months the Board has undertaken the review of the previous Health and Wellbeing Strategy (2013-2016) and has developed the Health and Wellbeing Strategy 2017- 2022. The first draft of the latest strategy was discussed at the last meeting.

10. The discussion about the Strategy raised concerns about the wording relating to the Health Gap and the use of the terms ‘less deprived’ and ‘more deprived’. In response to this a meeting of the People’s Network was arranged by Healthwatch to provide the opportunity to review the terminology used in the strategy and also to invite the groups to explore the 3 goals and what our next steps might be. In addition to this Councillor Millward provided feedback from discussions with some of her constituents.

11. As a result of the feedback about the terminology the section on page 3 has been completely rewritten to reflect the suggestions made. The latest draft of the strategy is attached.

12. The establishment of **Dudley 2025** to create a Place Vision and brand across the system will enable partners to engage in further discussion around the new relationship with communities and new ways of working that are highlighted in the Strategy.

FINANCE

13. There are no direct financial implications arising from the contents of this report

LAW

14. No legal issues identified by this report.

EQUALITY IMPACT

15. This report has no direct implications for the Council's commitment to equality and diversity

16. RECOMMENDATIONS

a) That the Board notes the Terms of Reference and Operating Principles for the HWB Executive Group.
b) That the Board agrees the new Governance Structure
c) That the Board agrees the changes to the draft Strategy.

Appendix 1: Health and Wellbeing Executive Group Terms of Reference
Appendix 2: Health and Wellbeing System governance structure
Appendix 3: Final Draft of the Health and Wellbeing Strategy 2017-2022

Contact officer details:
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Julia Simmonds, Service Manager, Strategic Partnerships 01384 818294

Dudley Health & Wellbeing

Longer, safer, healthier lives for all

The Health and Wellbeing Executive Group

Terms of Reference

Purpose:

- To enable the health and wellbeing system to work effectively
- To support the health and wellbeing board in its role as system leader

This involves providing:

- Clarity and co-ordination for the direction of travel
- The development of a common narrative
- Influence and navigate the impact of wider agendas in Dudley
- Provide safe space to discuss difficult or contentious issues
- The capacity to hold the system to account

Role:

System Leadership

- Provide oversight and ensure effective co-ordination and communication across the health and wellbeing system

- Provide a safe space and process to enable the system to manage and agree a process for difficult decisions that have a system-wide impact

- Proactively identify, respond to and act as a clearing house for new items of work such as strategies, plans, demands on the system, JSA outputs, joint working/investment opportunities, government directives. This will include identifying lead alliance and lead officers for areas of development and determining how these pieces of work will be performance managed

- Ensure that there is a co-ordinated Communications approach across the system

- Promote integration of health, wellbeing and care services across partners to best meet the needs and build on the assets of Dudley's population

- Publish collective commissioning intentions a year in advance

- Maintain an overview of strategies, plans and programmes in the system and their the line of accountability and delivery

- Ensure the production of a regular Joint Strategic Assessment (JSA) that blends both the joint strategic needs of the borough and an understanding of the community assets.

- Ensure that the evidence based approach of the JSA i8s fully embedded through commissioning across all partners responsible for health and wellbeing.

Manage the Board

- Ensure that the HWBB Governance structure is fit for purpose and avoids duplication
- Set the Health and Wellbeing Board agenda using a Forward Planning system
- Co-ordinate and manage the Board and Alliance agendas and work programmes
- Sequence all relevant Board meetings within the Health and Wellbeing Governance structure
- Ensure a streamlined, consistent approach to planning, reporting, engagement and performance monitoring across all alliances via the operating principles
- Ensure the implementation of the HWB Strategy through standardised reporting mechanisms, performance management of delivery plans and single health and wellbeing outcomes framework
- Ensure communication of the operating principles to everyone in the system

Membership

Chair of Safeguarding Boards
Chair of Safe and Sound Partnership Board
Chair of Children and Young People's Alliance **Co Chair**
Chair of Adult's Alliance
CCG Commissioning/Partnership Lead **Co Chair**
Director of Public Health
Local Authority Commissioning Lead
Chief Executive of Dudley Council for Voluntary Service
Chief Officer, Healthwatch Dudley
Area Commander, West Midlands Fire Service
Chief Officer, Children's Services
Support Officers

Meetings : Initially on a monthly basis

Operating Principles (for all Alliances/Boards in the partnership (see Appendix 2 for governance structure))

The Health and Wellbeing Board has identified 4 principles that will inform the way we work together, develop actions and report on progress across the system:

- A new relationship with communities
- A shift to prevention

- A stronger focus on joining up health and care services
- A stronger focus on what the strategy has achieved

These principles will be underpinned by the following working practices which all partnerships and members within the system will agree to follow. Alliances will:

- Engage and involve communities using an agreed approach:
  - What organisations can do
  - What organizations and communities can do together
  - What communities can do themselves

- Ensure that delivery plans evidence a shift to prevention

- Ensure that delivery plans evidence a strong focus on integration and joining up of health and care services

- Lead on one Health and Wellbeing Strategy goal, but delivery plans must include actions that will deliver all of the 3 goals

- Demonstrate the values and behaviours framework (see appendix1)
  - Understand each other perspectives, these are our challenges and how we see the world
  - Every member is an equal and active partner and will work collegiately to achieve the strategy's goals.

- Work to a common Health and Wellbeing Outcomes Framework

- Exception reporting to the Health and Wellbeing Board using the standard risk based reporting process

- Plan jointly across the system

- Produce strategies in the common format adopted by the system

- Ensure they have a mandate from the system for new pieces of work e.g strategy, plan, programme

- Bring difficult issues to the Executive at an early stage to enable timely application of the difficult decisions process

- Use HWB Communications protocol and agree key system wide messages

- Horizon scan for changes to the system that are likely to have a significant impact on the system

- Fully engage with the development and implementation of a voluntary sector compact

Dudley Health & Wellbeing

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VALUES AND BEHAVIOURS FRAMEWORK

Accountability

for everything we do and being transparent and open about why we do it

Take responsibility for our actions	**Tackle inappropriate behaviour and reinforce good behaviour**	**Be open, honest and transparent about what we are doing and why**

Determination

to get it right for our residents

Take informed risks to make things happen	**Lead by example**	**Have the drive to get results**

Empowerment and respect

by listening to and empowering residents and staff and by acting with respect in everything we do

Listen and ask questions – understand the issues and why they matter	**Allow and enable partners and citizens to take the initiative**	**Start with people's strengths and what's good in the community rather than problems**

Excellence

by striving for excellence in everything we do

Regularly review and look to improve	**Take pride in the achievements of the place called Dudley**	**Look outwards at other examples of best practice and redesign**

Simplicity

by communicating clearly and reducing bureaucracy

Communicate things clearly and simply, and appropriate to the audience	**Keep focussed on the bigger picture**	**Simple processes and simple systems – making a difference**

Working together

by collaborating as One Council and One Borough

Spot when others are overloaded and offer to help out	**Break down silos**	**Build relationships and trust**

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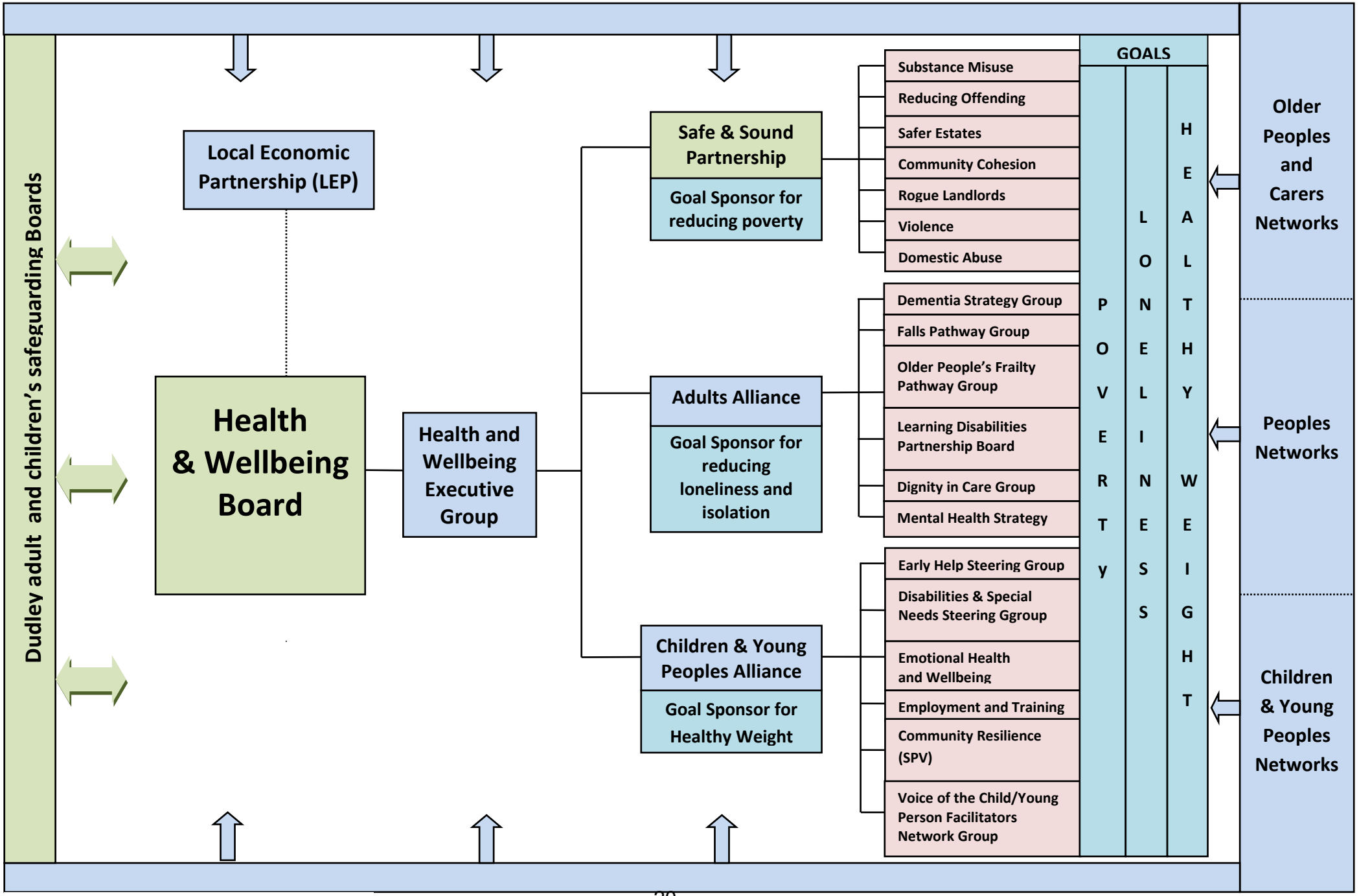
Governance structure


Dudley adult and children's safeguarding Boards
Local Economic Partnership (LEP)
Health & Wellbeing Board
Health and Wellbeing Executive Group
Safe & Sound Partnership
Goal Sponsor for reducing poverty
Adults Alliance
Goal Sponsor for reducing loneliness and isolation
Children & Young Peoples Alliance
Goal Sponsor for Healthy Weight
Substance Misuse
Reducing Offending
Safer Estates
Community Cohesion
Rogue Landlords
Violence
Domestic Abuse
Dementia Strategy Group
Falls Pathway Group
Older People's Frailty Pathway Group
Learning Disabilities Partnership Board
Dignity in Care Group
Mental Health Strategy
Early Help Steering Group
Disabilities & Special Needs Steering Ggroup
Emotional Health and Wellbeing
Employment and Training
Community Resilience (SPV)
Voice of the Child/Young Person Facilitators Network Group
GOALS
POVERTY
LONELINESS
HEALTHY WEIGHT
Older Peoples and Carers Networks
Peoples Networks
Children & Young Peoples Networks
Statutory partnership group

Dudley Health & Wellbeing

Longer, safer, healthier lives for all

Strategy 2017-22

Dudley Health & Wellbeing Board

Children and young people's alliance

safe & sound
Dudley's Community Safety Partnership

Adults alliance

FOREWARD

A commitment from Dudley's Health and Wellbeing Board

Our health and wellbeing strategy is about how we (individuals, families, communities, organisations and local politicians) can make Dudley a place where people live:

'longer, safer, healthier lives'

Improving people's wellbeing is a really important part of achieving this vision and is about:

- **Us as individuals and our connections with families, friends and community**
- **The way we look after ourselves and others**
- **How we will make Dudley a great place to live**

As a borough we face a number of challenges:

- **Only the wealthiest in the borough can expect to get to 70 years old in good health. Some people in the borough can only expect to reach 55 years before having health problems**
- **People's expectation and demand for services is growing, but the money we have to spend is reducing - so we need to do more with less money**

We know that if we all work together to improve people's health and wellbeing and the quality of the services we offer, there will be more money to go round and we will be able to achieve more.

So...

we need to do things differently

We have identified 4 principles that will inform the way we all work together, what we do and how we report our progress on improving health and wellbeing:

- **A new relationship with communities**
  We believe the relationship between organisations and communities needs to change. As organisations we need to focus our limited staff time and money on the things that only we can offer, and support our communities to use their valuable skills and time to do more for themselves and each other. We need to work together to create stronger communities that can cope with and recover from problems well.

- **A shift to prevention** - this offers everyone an opportunity to take an active role in looking after themselves. As organisations we need to make sure it is easier for people to make healthy choices

- **A stronger focus on joining up health and care services** - moving more services from hospitals to community settings, only having to tell your story once, and making it easy to find out what support is there to help you and how to access it

- **A stronger focus on what the strategy has achieved** - are we doing the right things, how people's lives have changed for the better.

There are now 3 Alliances in place to make sure that everyone adopts this new way of working:

- The Children & Young People's Alliance
- The Adult's Alliance
- The Safe and Sound Partnership

Information about people's lives in Dudley tells us that focusing our resources and energy on 3 goals will have the biggest impact on people's health and wellbeing:

1. **Promoting healthy weight**
2. **Reducing the impact of poverty**
3. **Reducing loneliness and isolation**

We all have a role to play in helping to achieve these goals – individuals, families, communities, organisations and local politicians. We are inviting everyone to play an active part in making Dudley borough a place where everyone can live longer, safer and healthier lives This plan sets out:

- what we will do as organisations
- what individuals and communities can do for themselves and each other and
- what we can do together

Councillor Peter Miller
Chair of Health and Wellbeing Board

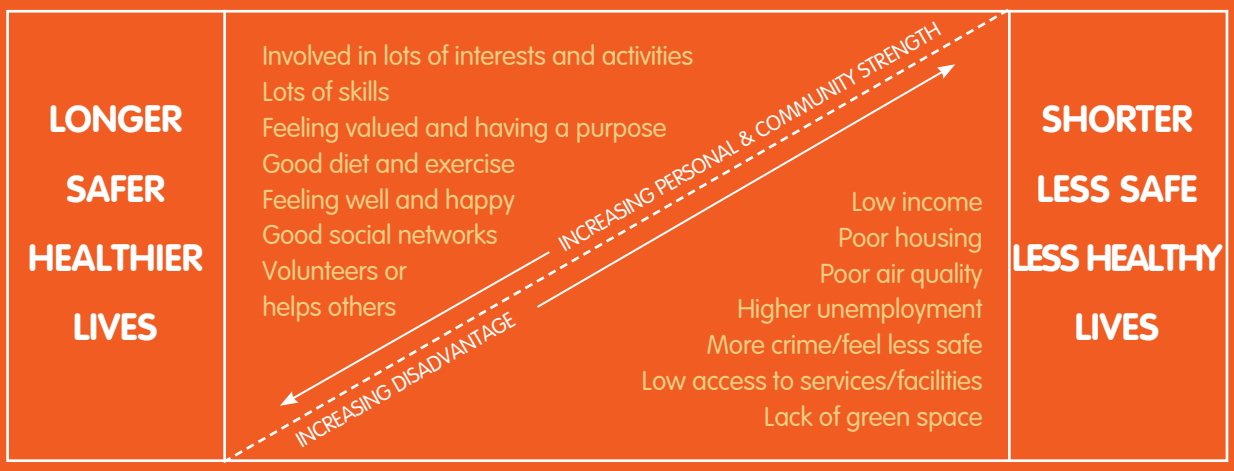
The challenges

Our vision is for everyone in Dudley to live longer safer and healthier lives.

However in some parts of the borough, people are living shorter lives and more of their lives in poor health. One reason for this is that they live in more disadvantaged circumstances which has a harmful impact on their health. For example they are likely to have less access to good quality housing, a good education, a well paid job and local facilities and live in neighbourhoods with busier roads, that feel less safe, have higher crime levels and have poorer air quality.

People living in these areas can expect to live to 55 in good health, while in other parts of the borough people can expect to live to 71 in good health. This gap is bigger for men than women.

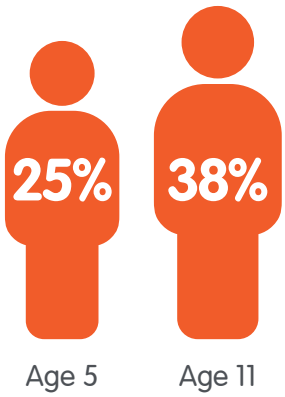
How strong people, families and communities are has a positive impact on health. This is because it can offset the harmful effects of disadvantage. This is known as resilience:



We think we can have the biggest impact on reducing the effects of disadvantage and increasing the strength of our communities by focusing our energies on our 3 goals:

1. Promoting healthy eating 2. Reducing the impact of poverty 3. Reducing loneliness and isolation

These pictures show the reasons why we have chosen our 3 goals:



From ages 5 and 11, **overweight** and **obesity** increases in Dudley. More adults are overweight and obese in Dudley relative to England, and levels are higher in our more disadvantaged areas.

We know that if we establish healthy habits early in life our children and young people are more likely to be a healthy weight as adults. (2016)

of older people in Dudley say they feel **lonely** often or some of the time **compared to 34% in England overall.** (2013)

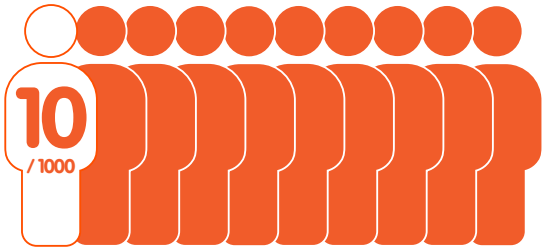
Feeling lonely and isolated is one of the main reasons people access health and social care services. We need to tackle this to improve people's wellbeing and reduce demand on services.

23%

of young people aged under 20 live in **poverty** in Dudley **compared to 20% in England.** (2013)

We know that living in poverty is a key driver of poor health and wellbeing and impacts on the healthy life gap between areas in the borough.

Dudley has **higher unemployment** than England and people stay unemployed for longer. Dudley is also less economically productive.



people in Dudley (16-64) claim long term job seekers allowance **compared to 4/1000 in England overall.**

We know that rewarding work is good for people's health and wellbeing, keeps them connected with others and out of poverty. It underpins our 3 goals. (2016)

1 in 10

children aged 9 - 11 and

4 in 10

young people at college never or rarely feel good about themselves.

We know that emotional wellbeing underpins people's chances of doing well at school, getting a rewarding job, making healthy choices and making friends. It impacts on our 3 goals.

of pupils eligible for free school meals get 5 or more A*-C GCSE **compared to 54% of pupils not eligible for free school meals.** This gap in educational attainment is seen from age 5 through to GCSE.

We know that if people do well at school they're more likely to get a rewarding job, be healthy, have enough money and feel connected. It underpins all 3 of our goals. (2013)

Great things about Dudley

Despite these challenges, Dudley has many strengths. Here are some things that people in Dudley tell us they love about where they live, together with some facts about developments in Dudley. These are the building blocks for our work together.

Dudley has many out-door places where people can be active outside and connect with other people - parks, nature reserves, the canals, the woods, allotments, outdoor gyms and hills. They are great for walking the dog, cycling, spending time with family, and watching wildlife!

Fabulous friendly people, everyone knows each other, people are friendly which helps people to socialise and make friends and also to feel safe, neighbours are helpful, kind and caring, people care about each other and where they live.

Compared to England, Dudley has much lower rates of violent crime and police statistics show that Dudley is the safest borough in the West Midlands.

Activities / clubs for children and young people – e.g. Brownies, children's centres, activities/ play equipment in the parks, holiday activities, dance schools, provide fun times and memories.

Strong and enduring partnerships. Organisations and communities are working together to set up a new way of providing health, wellbeing and care services called an MCP - multi specialty community provider.

Dudley has a thriving voluntary and community sector, with many volunteers and community groups

The government is passing powers to the west midlands area which could support us to build new homes, create more jobs and improve public transport with a metro.

The area – quiet, near to the city and the countryside, all of the amenities you will wish for, good schools, good transport links and reasonable house prices.

Everyone has a role to play

WHAT WE WILL DO AS ORGANISATIONS	WHAT WE CAN DO TOGETHER	WHAT YOU CAN DO
HEALTHY WEIGHT • Inspire education settings to develop projects that make healthy choices easier for children and young people • Work with communities to encourage people to make healthy choices • Change the environment to make it easier for people to eat healthier and be active • Sponsor a high profile community led campaign to encourage healthy lifestyle choices	**HEALTHY WEIGHT** • Create and share local opportunities to get involved • Connect people together to build confidence • Develop community projects around growing, cooking, being active	**HEALTHY WEIGHT** • Develop and lead your own projects around growing food, cooking, being active • Set up community gardens to grow fruit and vegetables • Get together to share your knowledge, skills and ideas around cooking and eating • Get involved as a health champion or volunteer • Walk to school and walk more often
REDUCING LONELINESS & ISOLATION • Expand the role of volunteering • Develop and implement tools to identify lonely people and refer to support in the community • Create opportunities for people to connect	**REDUCING LONELINESS & ISOLATION** • Make loneliness and isolation everyone's business • People of all ages doing things together • Support each other to build confidence and resilience to participate • Inspire people to get involved	**REDUCING LONELINESS & ISOLATION** • Volunteer • Keep in touch and offer support to family, friends, neighbours and your community • Share knowledge, information, skills, resources and time to chat
REDUCING THE IMPACT OF POVERTY • Stimulate the economy, create good quality jobs and employ local people • Prepare young people to be work ready • Ensure that people have access to affordable quality housing • Provide credit advice services for all ages and eradicate financial abuse	**REDUCING THE IMPACT OF POVERTY** • Business / social enterprises support by "Pay it Forward" initiatives • Find out more about managing money • Promote and support food kitchens and donation points • Take action against loan sharks and rogue traders	**REDUCING THE IMPACT OF POVERTY** • Take opportunities to develop your skills • Avoid loan sharks • Organise community meals and food growing • Swap and share projects • Communities working together to make money go further eg. Bulk buying, cooking together

Outcomes

Over time we hope that people's health and wellbeing will improve as a result of us working differently. To check this we will measure a range of factors some of which are listed below.

Promoting healthy weight

- fewer people overweight and obese
- more people more active more often
- more mothers choosing to breast feed their babies
- access to affordable healthy food outside the home

Reducing loneliness and isolation

- fewer people feeling lonely or socially isolated
- more volunteers and health champions supported to work within their communities
- communities where everyone has someone to talk to
- more free spaces where people can meet

Reducing the impact of poverty

- fewer children living in low income households
- more people in rewarding jobs
- more people affording to heat their home
- more quality housing available

These are some of the ways you could help us do this

- Join in with the people's network, or attend your local community forum to share your views or have a say
- Tell us your stories – what's it like for you living in Dudley
- Twitter #LWYL
- If you're a young person in Dudley you can have your say through izone - http://izone.org.uk
- Find details of these all on the health and wellbeing board website: www.dudleyhealthandwellbeing.org.uk

Dudley Health & Wellbeing

Longer, safer, healthier lives

Agenda Item No.

Update for Health and Wellbeing Boards on the WMCA Wellbeing Board Meeting

Considerations for Health and Wellbeing Boards:

1. The chairs of the seven WMCA Local Authority Health and Wellbeing Boards as members of the WMCA Wellbeing Board asked that a report on the actions of the Wellbeing Board come to Health and Wellbeing Boards. These actions are to agree the priorities for work at the WMCA level and the health devolution discussions that will be used to support this work.

2. The Health and Wellbeing Boards are asked to consider how they would like to engage with the WMCA programme of work and how they ensure that these programmes add maximum value to the work that is happening within local authority areas.

1.0 Background

1.1 The Wellbeing Board on the 28 July 2017 considered proposals for wellbeing priorities for the West Midlands Combined Authority. This report summarises the priorities agreed at the meeting and the next steps in developing these priorities further. In addition it covers how we intend to use devolution discussions with central government to deliver added support for this agenda across the WMCA.

1.2 The Wellbeing Board in agreeing these priorities has reviewed the case for the priority and how developing this priority into a WMCA level programme would add value to local priorities/actions, provide opportunities to build on or scale up local initiatives, and potentially support the WMCA devolution agenda. In addition the potential for driving system change involving organisations across the public, private and voluntary sector was considered.

1.3 The Wellbeing Board considered six potential wellbeing priorities for the West Midlands Combined Authority. These were:

- Long term conditions – cardiovascular disease, diabetes and cancer
- Prevention at a WMCA level – with options for a broad prevention programme linked to a long term condition or work focussed on a specific lifestyle issue such as obesity, smoking, alcohol, physical activity
- Children and Young People – mental wellbeing, resilience and good child development that supports effective transition into adulthood (i.e. getting into work)

- Transport – Active and other health impacts of
- Housing and the built environment
- The potential for delivering population and individual behaviour change across the WMCA

1.4 The Board were presented with brief summaries of the opportunities for added value by taking forward these priorities at the WMCA level. This included the evidence on the level of need, the potential for improved outcomes and the impact on inequalities. The links to other programmes such as STPs that cover wider geographical areas than a single local authority were reviewed as were the views of key stakeholders who would be involved in any substantive programme. Finally the potential to include these priorities in devolution discussions meant that the priorities were considered against their potential to contribute to the WMCA objectives of reducing demand on services, improving productivity and reducing vulnerability.

2.0 Priorities agreed by the Wellbeing Board

2.1 Long Term Conditions and Prevention

2.1.1 The evidence presented to the board identified that any effective programme to prevent long term conditions (LTCs) or reduce the severity and complexity of care for individuals with these conditions needed to take a whole pathway approach that includes prevention as a key component. Therefore the board agreed that prevention would be seen as a key part of any WMCA Wellbeing programme on LTCs. The board then considered two LTCs.

2.2 *Cardiovascular Disease (CVD) and Diabetes*

2.2.1 As the majority of health problems that arise from diabetes are forms of cardiovascular disease (CVD) CVD and diabetes were considered together. Summarising all the evidence and stakeholder views the conclusion of the Wellbeing Board was to support further work to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme.

2.2.2 The Board agreed that the areas to be developed should link to the suggested areas for devolution discussions. These areas are:

a) ***Improving levels of physical activity in adults and children.*** This will build on the WMCA physical activity strategy; - *West Midlands on the Move* - that sets out how improving physical activity will support achieving the key strategic priorities for the WMCA. As part of the devolution discussions we will be seeking devolution of the WMCA share of the unallocated part of the sugar tax to support targeted interventions for primary school children that improve physical and mental health and reduce inequalities. In addition we would seek to have the ability for the WMCA to ensure that major infrastructure projects such as HS2 support active travel and for the WMCA to use capital and revenue transport funds to support active transport options e.g. cycling

b) ***A WMCA/STP prevention programme.*** The Wellbeing Board agreed that the WMCA Wellbeing board priority around cardiovascular disease be developed into a shared programme between the three STPs and the WMCA and that we should seek to get devolved use of national transformation funds to develop the programme and to evaluate the pilots developed within the.

c) ***Strengthening local authorities' ability to take health and wellbeing into account in planning and licensing decisions.*** This is not about drawing local authorities planning and licensing powers up to the WMCA instead the aim is to get the central government policy framework around planning and licensing devolved to the WMCA. This would allow us to develop a West Midlands specific framework that supports local authorities in taking into account the impact on health and wellbeing in planning and licensing decisions. This WMCA policy framework would support local authorities on issues such as air quality, the location and quality of fast food businesses (especially in relation to schools and deprived communities), creating safe outside spaces for physical activity and developing the night time economy.

2.3 Cancer

2.3.1 The Board recognised that Cancer is an important issue across the WMCA. However, it was also felt that we already have a vehicle for taking action at a WMCA level through the West Midlands Cancer Alliance, especially now the Alliance will have a greater focus on prevention. However, the Board agreed we should be seeking greater join up between the WMCA and this programme.

2.4 Children and Young People

2.4.1 The Board agreed that the biggest opportunities to improve the wellbeing of the people of the WMCA come from improving outcomes for children and young people (CYP). They also agreed that if we are to improve outcomes for CYP any WMCA programme needs also to consider their families and communities. This will also increase the opportunity to reduce some of the intergenerational cycle of inequalities that so affect individuals and communities' opportunities.

2.4.2 The Board also agreed that a CYP programme would have maximum added value at a WMCA level if it is complementary and joined up with the strategic agenda of the WM Association of Directors of Children's Services, the WMCA Education Network, Youth Criminal Justice and the Skills and Productivity Commission. They therefore endorsed the proposal that had come from discussions between WMADCS, WMADPH, PHE, and NHSE that these groups co-sponsor some further scoping work over the summer that will focus on: the current position in the West Midlands (available data and evidence), current initiatives and evidence of best practice (survey work) and stakeholder involvement (an iterative exercise to create consensus on the areas where a WMCA CYP would add most value).

2.4.3 The board also agreed that we should continue to develop CYP wellbeing devolution proposals to take to central government as this is an area where the WMCA has the opportunity lead nationally on using devolution initiatives to improve the life chances of our CYP. The board supported the focus of the initial devolution proposals on CYP mental and emotional wellbeing as this allows us to build on the work on adult mental health (Thrive West Midlands) and current government policy commitments to improve CYP's mental health.

2.5 Transport

2.5.1 The importance of health and reducing health inequalities in making transport decisions has already been recognised in the Strategic Transport Plan. The Wellbeing Board recognised the potential for transport to be both health promoting (active travel and accessibility to transport) and detrimental to health (air quality and noise pollution). They recognised that the work on a transport and health strategy, physical health and air quality that has already been agreed by the board provided a good foundation and that no further action is required.

2.6 Housing and the built environment.

2.6.1 Poor quality and insecure housing have been shown to have an impact on health and wellbeing. Work on the design of cities and the built environment have also shown there are a range of opportunities to create built environments that are health promoting and improve the wellbeing of individuals and communities. However, the WMCA Wellbeing Board also recognised that there was already work underway at the WMCA level.

2.6.2 The Mayor has recently set up a Homelessness Taskforce and this provides a good opportunity for the health and wellbeing issues associated with homelessness to be considered. Housing is also a major element of the Thrive report and current work on Housing First schemes for vulnerable people is being undertaken through this programme. Work on the WMCA Land Commission is still underway and potentially this could be an important vehicle for delivering health promoting housing and environments. The board therefore agreed that we should not develop any new work on housing but should use the work of the Homelessness Taskforce and Thrive to identify opportunities to strengthen the consideration of health in housing initiatives.

2.7 Individual and population behaviour change

2.7.1 Enabling people to change their behaviours is an important part of reducing lifestyle risks, managing health conditions and changing use of services. This means that it has a potentially important role in delivering change in all the priority areas identified above.

2.7.2 Behaviour change has already been identified as an important element by the Mental Health Commission, Skills and Productivity Commission, Transport Strategy West Midlands on the Move and Public Sector Reform work. There is also work within the STPs to develop effective behaviour change approaches to support prevention, service use and public engagement with health services.

2.7.3 The Board therefore agreed that this should not be a priority on its own but should be a key element of the priorities on cardiovascular disease and diabetes, CYP, Thrive, and physical activity that the Board has agreed. The board also endorsed a proposal that we support the recently formed WM Behaviour Change network to provide expertise and support across the WMCA strategic priorities.

3.0 **Summary of the Board conclusions**

3.1 The WMCA Board agreed the following actions:

a. Prevention/ lifestyle risks should be considered as part of a pathway approach to reducing long term conditions
b. Further work should be undertaken to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme and that this should be linked to the areas identified in initial devolution proposals.

c. The West Midlands Cancer Alliance Programme should be the programme driving improvements in Cancer outcomes. However, there should be greater join up between the WMCA and this programme.
d. More detailed scoping work on Children and Young People (CYP) with stakeholders should be undertaken to develop a set of options for work on this priority for the Wellbeing Board to consider.
e. Current work on transport and health; physical activity and air quality should be used as the basis for developing the transport priority
f. The work of the Homelessness Taskforce and Thrive is used to identify opportunities to strengthen the consideration of health in housing initiatives
g. Work on behaviour change to improve wellbeing should be developed as a part of the other wellbeing priorities.
h. The West Midlands Behaviour Change Network should be supported to provide expertise and support across all the WMCA strategic priorities

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