

Dudley Health and Wellbeing Board

Wednesday, 2nd December, 2015 at 1.30pm
At Dudley CVS, Stafford Street, Dudley, DY1 1RS

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

Time
13.30

Councillor Rachel Harris

1. Apologies for absence.
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 Strategic Director Resources and Transformation, Philip Tart, prior to the meeting.

4. To confirm and sign the minutes of the meeting held on 9th September, 2015 as a correct record

HEALTH AND WELLBEING BOARD PRIORITIES

- 13.35 5. Children and Young People Alliance Board (Pages 1 - 10) – Tony Oakman / Julia Simmonds
- 14.00 6. The Black Country Alliance (Pages 11 - 16) – Paula Clark

INFORMATION ITEMS

- 14.20 7. Integrated Referral System (Pages 17 - 25) – Neil Griffiths / Laura Evans

BUSINESS ITEMS

- 14.40 8. Joint Strategic Needs Assessment (JSNA) – The Next Steps (Pages 26 - 46) – Neil Griffiths / Deborah Harkins
- 15.00 9. Board Development Meeting – Governance: Outcomes and Next Steps (Pages 47 - 53) – Karen Jackson

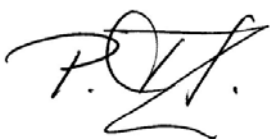
10. **Exclusion of the Public**

That the public and press be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information relating to any individual(s) as defined under Part I of Schedule 12A to the Local Government Act 1972, as amended.

- 15.10 11. Better Care Fund and Vanguard – Progress Report (Pages 54 - 57) – Paul Johnston

TO CONSIDER ANY QUESTIONS FROM MEMBERS TO THE CHAIR WHERE TWO CLEAR DAYS NOTICE HAS BEEN GIVEN TO THE STRATEGIC DIRECTOR RESOURCES AND TRANSFORMATION (COUNCIL PROCEDURE RULE 11.8)

- 15.30 12. Board Review and Close – Councillor Rachel Harris



Strategic Director Resources and Transformation

Dated: 25th November, 2015

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 D Branwood, I Cooper, R Harris and N Neale

Tony Oakman – Strategic Director People

Alan Lunt – Strategic Director Place

Matt Bowsher – Chief Officer Adult Social Care

Deborah Harkins – Chief Officer Health and Wellbeing

Merlin Joseph – Interim Chief Officer Children’s Services

Mark Rodgers – Chief Officer Housing

Roger Clayton – Chair of Safeguarding Boards

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 Johnson – West Midlands Police

Neil Griffiths – West Midlands Fire and Rescue Service

Officer Support

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

Mr B Clifford, Chief Social Worker (DMBC)

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

Minutes of the Dudley Health and Well-Being Board

Wednesday 9th September, 2015 at 2.30 pm
At the Age Concern Sedgley, Ettymore Road, Sedgley

Present:

Councillor R Harris

T Oakman (Strategic Director - People); M Bowsher (Chief Officer – Adult Social Care), M Rodgers (Chief Officer – Housing), R Clayton (Chair of Safeguarding Board) and P Maubach (Chief Executive Officer - Dudley Clinical Commissioning Group).

In attendance:

D McNulty, Consultant in Public Health (Office of Public Health), N Bucktin (Head of Partnership Commissioning) and K Taylor, (Resources and Transformation Directorate).

Also in attendance:

J Emery (Healthwatch); J Simmonds (Service Manager – Health and Wellbeing); A Moss (Senior Public Health Intelligence Specialist); S Haroon (Public Health Speciality Registrar); L Prescott (Dudley CVS) and K Finney (Senior Account Manager – Communications and Public Affairs).

and four members of the public

15

Apologies for Absence

Apologies for absence from the meeting were submitted on behalf of Councillors D Branwood, I Cooper and N Neale. D Harkins, M Joseph, Dr D Hegarty, Dr S Cartwright, A Gray, P Bradbury, Chief Superintendent Johnson, N Griffiths, K Jackson and L Broster.

16

Declarations of Interest

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

17

Minutes

Resolved

That the minutes of the meeting of the Board held on 3rd June, 2015, be approved as a correct record and signed.

Children and Young People's Alliance

A report of the Strategic Director – People was submitted on the recent developments relating to the Children and Young People's Alliance.

In presenting the report and appendix to the report submitted, the Strategic Director – People referred to the priorities identified for the future including the need for the voice of children and young people to be embedded in strategic and service planning, and consideration given as to how the Board engage with children and young people on a planned and ongoing basis in order for feedback to be reported on whether a difference had been made.

It was noted that the membership of the Alliance had been extended to include representatives from Schools, Dudley Group of Hospitals, Local Authority Housing and Independent Sector Housing.

It was further noted that by the end of October, 2015, the Alliance would have agreed a vision, delivery plan and a governance framework together with an agreed set of milestones and outcome metrics.

In relation to mental health, it was reported that there were representatives on the Board in respect of commissioning and providers.

Arising from the presentation of the report submitted, Members expressed their support for the work undertaken by the Alliance.

Resolved

That the information contained in the report submitted on the recent developments relating to the Children and Young People's Alliance be noted, and that the revised arrangements and priorities for the Children and Young People's Alliance be agreed.

Integrated Referral System – Sandwell Hub

Resolved

That the presentation on the Integrated Referral System – Sandwell Hub, be deferred to a future meeting of the Board.

Dudley Multispecialty Community Provider (MCP) Programme

A report of the Dudley MCP Partnership Board was submitted on the Dudley MCP Programme and developments of the Partnership Board.

The Chief Executive Officer, Dudley Clinical Commissioning Group, reported that the programme had been set up to deliver a new model of care for health and care services in Dudley, that had been designed around the Health and Wellbeing Board's strategic priorities and once implemented it was expected to have a positive impact across all priority areas.

It was noted that an additional funding bid of £10.2m over two years to cover transition costs had been submitted to NHS England, and although the 2015/16 funding was likely to be approved, the future years funding was unlikely to be addressed by NHS England until later in the financial year.

The key issues were outlined including looking at access to services against continuity of care, and that public engagement was critical in order for the programme to be successful.

The Chief Executive Officer reported that feedback from frontline staff was positive, as they considered that they were able to work more effectively, and that teams were implementing a more holistic approach to patients that had a number of complaints.

The importance of identifying the shared benefits and evaluating what was more important to individuals was outlined, and it was noted that agencies and providers were engaged in the programme.

Arising from the report submitted, Members asked questions and made comments and Officers responded as follows:-

- The Chief Executive Officer reported that the need to provide more care at a lower cost was due to financial pressures and increase in demand, in particular that workforce was identified to be the main cost, therefore the need to work smarter was required. The possibility of working with mobile technology and inputting more resources into providing care at homes was discussed.
- In responding to a question in relation to the inclusion of mental health within the model it was reported that a mental health worker had been assigned to the teams, and feedback received identified that new patients with mental health were being referred by District Nurses. It was also noted that the amalgamation of commissioning of services were being looked at.

Resolved

That the information contained in the report submitted on the Dudley MCP Programme and developments of the Partnership Board be noted, and that its role in dealing with matters escalated from the Partnership Board from time to time be agreed.

Better Care Fund

A report of the Head of Commissioning was submitted on the current issues in relation to the management of the Better Care Fund.

In presenting the report submitted, the Head of Partnership Commissioning referred to the performance related element of the Better Care Fund to be released to Dudley MBC, and that it was dependent on reducing emergency admissions to secondary care. It was noted that the current performance was not at the level necessary to release the £1.6m of the performance fund.

It was noted that the Community Rapid Response Team, in liaison with West Midlands Ambulance, was now operational in order to intercept and respond to a designated set of emergency calls to reduce admissions. The Chief Officer – Adult Social Care reported that people visiting hospitals were still high and that an understanding of the role of hospitals was needed.

The significant investments of providing support at home and the pressures faced within the next four years were discussed.

Following comments made in relation to the performance targets, it was reported that although the model of care was correct and heading in the right direction, the issue of whether the model should be accelerated was being addressed.

The Chair recommended that consideration should be given to the decreased supply of Advanced Nurse Practitioners at a future Board meeting.

Resolved

That the information contained in the report submitted on the current issues in relation to the management of the Better Care Fund, be noted, and that future consideration be given to the decreased supply of Advanced Nurse Practitioners.

Developing Collective Commissioning for Health and Wellbeing

A report of the Chief Officer - Health and Wellbeing was submitted on the initial proposals for the development of a collective commissioning system for the health and wellbeing board, supported by an Integrated Commissioning, Performance and Partnership team within the Council.

Arising from the presentation by the Strategic Director – People, it was noted that the proposals for partnership arrangements that could provide governance for collective commissioning would be explored further at the Health and Wellbeing Board development session on 29th September, 2015.

Resolved

That the information contained in the report submitted on the development of a collective commissioning system, be noted, and that the next steps, as outlined in the report submitted, be approved.

23 **Better Opportunities Fund Project and Future Funding Streams.**

Resolved

That the discussion on the Better Opportunities Fund Project and Future Funding Streams be deferred to a future meeting of the Board.

24 **Healthwatch Dudley Annual Report 2014/15**

An update was given by the Chief Officer – Healthwatch Dudley on the Healthwatch Dudley activities and achievements during the 2014/15 financial year. A copy of the Healthwatch Dudley Annual Report 2014/15 was circulated at the meeting.

The Chief Officer – Healthwatch Dudley referred to the wide and varied range of activities and opportunities for local people, and reported that the contract for Healthwatch Dudley would expire in March, 2016.

Arising from the presentation of the report submitted, Members expressed their support for the excellent work undertaken by Healthwatch including involvement with the Safeguarding Board and networking with a variety of groups. The Board agreed that the future of Healthwatch should be resolved, as it was considered to be a much needed service.

Resolved

That the update given on the Healthwatch Dudley activities and achievements during the financial year, be noted.

25 **Review of the Joint Strategic Needs Assessment**

A report of the Chief Officer - Health and Wellbeing was submitted on the overview of the Joint Strategic Needs Assessment (JSNA) review and recommendations.

The Senior Public Health Intelligence Specialist reported that in January, 2015, Neil Griffiths, West Midlands Fire Service, had been appointed Chair of the JSNA Group, and a review of the effectiveness of the JSNA in informing intelligence based priorities and decision making was undertaken.

The outcomes of the review were discussed including areas identified for improvement, which were outlined in Appendix 1 of the report submitted.

Arising from the report submitted, Members asked questions and made comments and Officers responded as follows:-

- That consideration be given as to whether there was value for money in relation to the current spending and investment into specific health and wellbeing areas.
- In relation to the reviewed Joint Strategic Assessment, the Board requested that further consideration be given to the structure of the revised Assessment in December, 2015.

Resolved

- (1) That the information contained in the report submitted on the Joint Strategic Needs Assessment review, be noted.
- (2) That the direction of travel of a reviewed Joint Strategic Assessment, that includes intelligence about needs and assets, be approved.
- (3) That an implementation plan be developed that includes the development of a partnership agreement and the design of a consistent Joint Strategic Assessment process, and that a report on progress be reported at the Board meeting in December.
- (4) That consideration of the establishment of a revised Joint Strategic Needs Assessment group be given at the Board Development session on Governance on 29th September, 2015.

2015 Health and Wellbeing Board Conference Report

A report of the Chief Officer - Health and Wellbeing was submitted on the evaluation of the 2015 Health and Wellbeing Board Conference.

Arising from the presentation by the Consultant in Public Health, it was noted that overall the feedback received was positive, and a number of comments were submitted including how to be involved with some of the Board's priorities; the venue and associated costs and the possibility of using social media to communicate more effectively.

The Board considered whether the conference, in its current format, was beneficial to attendees, and requested that further consideration be given in January, 2016.

Resolved

That the information contained in the report submitted, on the evaluation of the 2015 Health and Wellbeing Board Conference, be noted, and that further consideration be given to the content and delivery of the conference at a future meeting of the Board.

The meeting ended at 4.15 p.m.

CHAIR

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

AGENDA ITEM NO. 5

DATE	19 th November, 2015
TITLE OF REPORT	Children and Young People's Alliance Board
Organisation and Author	Tony Oakman, Strategic Director, People Directorate Julia Simmonds Service Manager, Strategic Partnerships, People Directorate
Purpose of the report	To update the Health and Wellbeing Board on recent developments within the Alliance
Key points to note	JSNA priorities and key transformational activities
Recommendations for the Board	To note content and ratify the proposed direction of travel
Item type	Strategic
H&WB strategy priority area	To be an advocate for children and young people (CYP)

DUDLEY HEALTH AND WELLBEING BOARD

DATE 2nd December, 2015

REPORT OF: Tony Oakman, Strategic Director, People Directorate

TITLE OF REPORT

Children and Young People's Alliance Board

HEALTH AND WELLBEING STRATEGY PRIORITY

To be an advocate for children and young people

PURPOSE OF REPORT

To update the Health and Wellbeing Board on recent developments within the Alliance

BACKGROUND

The Children and Young People's Alliance has now completed a series of four development sessions designed to:

- Review its role and responsibilities to meet current challenges
- Explore a different way of working together to ensure the best possible opportunities are available for children and young people in the borough.

It is committed to a new way of working in which:

- All organisations contribute collectively to tasks focussed on children and young people, rather than being driven by their individual organisational agendas.
- The voice of the child/young person is embedded in strategic and service planning.

THE MAIN ITEM/S OF THE REPORT

As a result of these development sessions the Board has completed a number of tasks:

1. Developed a vision for the Alliance:

'Dudley is a place where Children and Young People Thrive'

This vision was considered by the Dudley Youth Council to see what it meant to them. The results were captured in a word cloud on the first page of Appendix 2, which indicated that the vision was relevant to the Youth Council members

2. Developed the 'Dudley Deal' to reflect the new way of working together with children, young people and their families to achieve this vision. The initial version (Appendix 1) developed by the Board has been discussed by the Youth Council, who have added their ideas which are shown in Appendix 2.
3. Identified the governance framework
4. Through the JSNA have identified the key health and wellbeing themes for children and young people;
 - a. Poverty
 - b. Emotional health and wellbeing
 - c. Keeping safe
 - d. Educational attainment and improvement
 - e. Obesity

These will be delivered by a number of transformational activities that the Alliance will monitor and review on a regular basis:

- Early Help Offer – helping Children and Young People (CYP) to get the help they need in a timely and co-ordinated way
- Multi Agency Safeguarding Hub (MASH) – helping CYP to stay safe
- CYP element of the CCG Multi-specialist Community Providers – helping CYP to stay physically and emotionally healthy
- Emotional Health and CAMHS Transformation Plan - keeping CYP emotionally and mentally well
- School improvement and progress – helping CYP to raise their aspirations and creating opportunities for them to achieve
- Community resilience – helping CYP, their families and communities to develop the skills and resources to deal with the challenges in their lives
- Improving employment opportunities – creating a range of training and employment opportunities for CYP

Future Developments

Following the completion of the development sessions the Board is beginning the task of translating its commitments into actions by:

- Developing an engagement plan with children and young people to ensure their continued involvement in all aspects of the delivery of the Dudley Deal
- Writing the Delivery Plan
- Developing an outcomes framework that enables the board to monitor the transformational activities against the Dudley Deal and the priorities identified from the JSNA

FINANCE

There are no financial implications

LAW

There are no law implications

EQUALITY IMPACT

There are no equality impact implications

RECOMMENDATIONS

The Health and Wellbeing Board is asked to ratify the priorities and direction of travel identified by the Children and Young People's Alliance Board.

Signature of author/s

Contact officer details

Julia Simmonds
Service Manager, Strategic Partnerships
DMBC People Directorate
Julia.simmonds@dudley.gov.uk

The Dudley Deal

for children and young people

Our part

Raise your aspirations and create opportunities for you to achieve

- Work closely with schools to make sure education in the borough is the best
- Extend our apprenticeship programme to support more young people on their career path
- Develop our Youth Employment initiative

Enable you to have a voice

- Continue to create opportunities for you to have your say
- Involve you in making sure that Dudley is a great place to live
- Involve you in designing services that you need, where you want them
- Act on what you tell us wherever possible, and give you a reason if we can't

Work with you to keep children and young people safe and healthy

- Staff and volunteers are committed, skilled and will not give up on you.
- We will always take you seriously if you are concerned about something

When you need extra help we will work with you to ensure you get the help you need

- Offer help as soon as possible
- Look at what your whole family needs
- Listen to you and act on what you tell us

a place where
children and young
people thrive

Your part

Believe in yourself

- Find out what is important for you and how you might make it happen
 - Set yourself achievable goals
- Value your education and get the best from it – it's your ticket to success!

Get involved and have your say

- Get involved in issues that are important to you and give feedback on the services you receive
 - Where you need extra help, work with us to get the support you need
- Volunteer with a charity to support something you really believe in

Keep yourself and others safe

- Look out for your friends and others
- Offer support to vulnerable neighbours and make sure they're ok
 - If you see or hear something about someone's safety that concerns you, tell someone you can trust

Be healthy and active

- Eat healthy food when you can
 - Exercise regularly – maybe join a sports club or team
- Spend time with friends, join a local community group or youth club
 - Avoid risky behaviours such as alcohol and smoking

The Dudley Deal

for children and young people



Healthwatch Dudley asked 25 young people from Dudley Youth Council what the statement “a place where children and young people thrive” meant to them.

Working in groups they discussed the statement the word cloud opposite shows their combined thoughts.



The group were asked what the following **'Our Part'** statements from The Dudley Deal meant to them. This is what they said they thought partners should do:

Raise your aspirations and create opportunities for you to achieve...

- Inspire us earlier us by exposing us to lots of different trades and careers
- Invite a wide range of people into schools to help us to understand our future employment options
- Get us work ready with a much wider range of work experience opportunities to help us to plan our future hopes and dreams.
- Be clear about all of our options after school and tell us earlier - university is one of many routes and not all of us can afford to go - but where help is available (sponsored degrees & nursing) tell us
- Be clear about options for life
- Teachers should reduce discrimination in the classroom
- Stop gender stigmatisation around future careers - women can be engineers and men can be nurses
- Teachers should have zero negativity even if a student is wrong

Enable you to have a voice...

- Listen to us
- Involve us in decisions that are made
- Give us opportunities to take part
- Fund Dudley Youth Council - it helps us to understand why it is important to be involved in decision making and prepares us work with you
- Go to where young people are - don't expect them to come to you and don't be scared to ask questions
- More votes for young people about things that concern us
- Work with us to find local solutions
- Fund youth services - they are a lifeline to vulnerable young people
- Continue to involve Healthwatch Dudley so we can be heard
- Invest in us
- Don't treat us like a photo opportunity / publicity stunt if you are not then going to listen to us - we are not a tick box exercise!

Work with you to keep children and young people safe and healthy...

- Listen to what worries us
- Make buses and bus stations feel safer at night
- If people are not allowed to smoke on the bus then shisha pens and e-cigarettes should not be allowed
- Make the streets feel safer - walking past pubs in town centres at night can be frightening
- Educate us about night life, how to keep safe with drugs, friendships, relationships and our sexual health
- Improve online reporting - make it simple and help us to understand how to do it and where the information goes
- Involve us at a local level - different people in different areas will have better knowledge and ideas about how to keep where they live safe
- Help us to understand about healthy food choices and make them available and appealing where we study
- Healthy cooking classes are really important for everyone not just a few of us
- Invest in mental health services - young people are 25% of the population now and 100% of the future
- Tell us about healthy activities that are creative and fun (not necessarily sports based) through people who we trust such as PCSOs
- Allow us time to take part in healthy activities outside of our studies and create space for us to feel safe

When you need extra help we will work with you to ensure you get the help you need....

- Listen when we say we need help
- Invest in clinics and centres for sexual health, LGBT support & mental health
- Support should be free, helpful and encouraging
- Services should have friendly, supportive, non judgmental atmospheres
- Invest in important services like The What Centre
- Councillors, pastoral care in school and Dudley Youth Council are all really important to us
- Help us to know where to find local services online, invest in search technology so we can find the information we need and make sure the information you share about services is easy to understand

The group were asked what the following **'Your Part'** statements about what they could do themselves or encourage other young people to do:

Believe in yourself...

- Give each other compliments and support friends who have self confidence issues
- Take part in and lead body image campaigns to change perceptions
- Listen to uplifting music and keep positive
- Face our own and help fears and help other young people to overcome challenges
- Try to understand different opinions and points of view
- Support teachers to reduce discrimination in the classroom
- Talk to someone if we are not confident in ourselves
- Understand that we can succeed no matter what options we choose, it's about working hard not what type of school we go to

Get involved and have your say...

Members of Dudley Youth Council:

- Gathered the opinions of over 16,000 young people in Dudley and found out that these issues are most important:
 - A living wage for everyone over the age of 16
 - A curriculum that prepares us for life including finance, sex, relationships and politics
 - Accessible and affordable transport
 - Improved mental health services and compulsory mental health education
 - Tackling racism and religious discrimination
- Take part in surveys and attend conferences
- Elect members to sit on relevant boards
- Get involved with health research with Healthwatch Dudley
- Promote our work through social media and where we study or take part in activities to get more young people involved
- Work on issues that are really important to other young people in Dudley

Keep yourself and others safe

- Be aware of our surroundings
- Keep ourselves and others informed about timetables so we can get home safely
- Make sure someone knows where we are
- Personal safety is important - make ourselves visible and educate ourselves
- Find someone to talk to who we can trust about things that worry us (friends, family or teachers)
- Learn about safe sexual health, support our friends to have positive relationships - and wear condoms
- Keep private information safe
- Don't add strangers on the internet (beware of catfish)
- Try to have safe relationships with people who we don't know (in real life and on the internet)

Be healthy and active

- Look out for information about activities that we can take part in
- Use facilities, green spaces and green gyms and encourage our friends to do the same
- Encourage people who we know to be healthy
- Think of different and fun ways to keep fit
- Go to the gym
- Take part in fun days
- Try to eat healthier food with less sugar
- Take part in fun and active workshops
- Take part in sport and volunteer to help others
- Take part in healthy cooking classes
- Dedicated time to for outdoor activities
- Make the most of leisure centres
- Walk our dogs :-)

A report prepared for the Health & Wellbeing Board meeting 2nd December 2015

1 Background

- 1.1 During the second half of 2014 and the early part of 2015 a number of discussions took place at Private Boards and between Chief Executives and Chairs about the possibility of creating a vehicle under the working title of Black Country Alliance to collaborate across three NHS Acute Trusts aiming to become large integrated care organisations; Dudley Group NHS Foundation Trust (DG), Sandwell and West Birmingham Hospitals NHS Trust (SWBH) and Walsall Healthcare NHS Trust (WH) – The Partner Trusts.
- 1.2 The Five Year Forward View has clearly signalled the need for new models of care, and the Dalton Review has begun to define organisational form options for the NHS. We face divergent pressures for sustainability: A desire for a GP practice locus for both community and outpatient care, and a Keogh appetite for super-scale for more complex work. This leaves a gap in the middle - one challenged for profitability by the removal of less complex care, and for medical workforce sustainability by the lure of scale and reputation. Put differently – what is a District General Hospital in 2025 in our NHS?
- 1.3 Working in voluntary partnership serving over a million people and with a collective turnover of over £1billion will allow the Partner Trusts to
 - Operate at scale to repatriate some services and retain other services locally by providing sub-specialist range across the Trusts
 - Develop new services that to achieve viability do not need to waste time tendering
 - Create shared back office functions where it makes sense to do so
 - Establish common approaches to employment benefits and compensation to tackle the viability challenge coherently
- 1.4 Each of the three Partner Trusts has a clear strategy set out in respective 5-Year Plans and annual operating plans. Black Country Alliance forms a part of each of those plans, but sits alongside all of the other collaborations and partnerships that exist and will continue to exist. The Black Country Alliance development does not cease any of these commitments. In developing new initiatives and ideas each Partner Trust would look to operate with the most relevant geography and scale for patient need. However, for new projects, the first assumption should be to ask Black Country Alliance partners whether this project would be of mutual and/or greater

benefit together. The Black Country Alliance is not intended to be an exclusive partnership – all three trusts are part of clinical networks with other providers in the West Midlands and all three are also working with partners in our boroughs to develop integrated models of community care. The Alliance is designed to complement rather than replace these other partnerships.

- 1.5 We appointed Terry Whalley as Programme Director, Black Country Alliance at the beginning of May 2015. Terry is a graduate of the recent NHS Leadership Academy Executive Fast Track Programme, a DoH sponsored initiative to develop a cohort of senior leaders within the NHS who can support delivery of the five year forward view. Terry came to the NHS specifically to join this programme on the back of many years leading transformational change in the private sector. Terry therefore brings a wealth of transformational change leadership, a recent experience of different aspects of the NHS and global healthcare systems, and an objectivity that will help the 3 partner Trusts form a plan for the Black Country Alliance.

2 What is the Black Country Alliance?

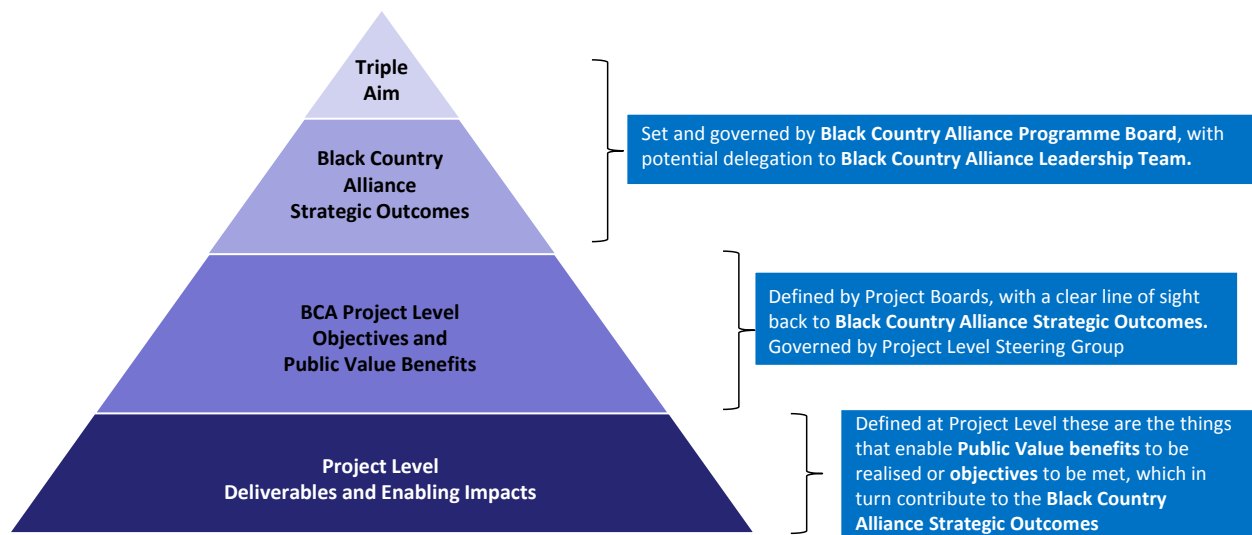
- 2.1 The Black Country Alliance is a new model of Acute Care Collaboration, initially in the form of a public, formal partnership based on a 'Programme of Work' structure but with an intention to create a 'sticky' relationship that benefits all. This formally launched on Black Country Day, 14th July.
- 2.2 The Black Country Alliance will have strength in its leanness, in its focus on a small number of pieces of work, in its ability to consider innovative solutions and propose different answers to different questions rather than a pre-determined one size fits all approach. Its flexibility and agility will enable rapid progress to be made on those things that all 3 Trusts agree as being the things we'll focus on. The Black Country Alliance will in year 1 undertake a handful of initiatives determined by all three Partner Trusts, and will establish a mechanism by which year 2 and beyond priorities can be considered and prioritised to keep the pipeline fresh.
- 2.3 The Black Country Alliance is not and will not be a mutually exclusive arrangement. Each of the three Partner Trusts, as part of their on-going respective strategies, are working on a number of collaborations including closer working and integration with community healthcare provision, with Primary Care including as part of MCP national vanguard initiatives, with other providers through clinical networks and tertiary referral pathways. Black Country Alliance will compliment these pieces of work, will be another component of the strategy to assure clinical and financial sustainability and will focus on those areas where the three Partner Trusts see potential to realise mutual benefit the compliments or improves other areas.
- 2.4 Only initiatives determined by all 3 Partner Trusts as being important to them will be included in the Black Country Alliance scope of work. Most things will continue to be done by the three Trusts outside the Black Country Alliance and each Trust will continue to work with other organisations outside the Black Country Alliance to progress its own Strategy and execute its annual plan.

- 2.5 All 3 Partner Trusts are joint and equal partners and have the right individually to veto proposals emerging as the work progresses within the Black Country Alliance if they so choose. A governing board has been formed, **Black Country Alliance Programme Board**, made up initially of Chairs and Chief Executives of the Partner Trusts. This Black Country Alliance Programme Board will be chaired independently, but until an independent Chair is appointed, on a rotating basis by the three Trust Chairs. The Programme Board will agree and publish a short list of joint initiatives that it will oversee, and will refresh this periodically as the scope for years 2 and beyond is worked up. It will meet normally monthly to set the strategy, agree the scope, oversee delivery and evaluate value achieved.
- 2.6 A **Clinical Reference Group** has been established to provide clinical leadership to the work of the Black Country Alliance. Formed by the Directors of Nursing and the Medical Directors, this CRG will ensure robust clinical leadership. Additionally, a **Black Country Alliance Programme Planning Group**, chaired by the Black Country Alliance Programme Director and comprising six executive directors from across the three Trusts, two from each Trust. This programme planning group will help to develop the Black Country Alliance partnership's capability to operate together, promote its ideas and shape future pipeline of potential work and the work required to deliver on some of the agreed joint projects.
- 2.7 A number of **Project Steering Groups** have been formed; one for each of the more significant pieces of work in Year 1 scope of work. Each Project Steering Group is chaired by an **Executive Sponsor**, and is made up of key Medical, Operational and other required stakeholders from across the three Trusts. Each Steering Group will lead, on behalf of the Black Country Alliance Programme Board, the work required to deliver on the specific project, including Benefits realisation through **Trust Sponsors** as well as delivery of required changes through an appointed **Project Manager**.
- 2.8 Over a million patients are served by the three Partner Trusts. The combined budget of the three is in excess £1billion and collectively the three Trusts serve a population of over a million people. The basic attraction of working together through Black Country Alliance is scale. Scale to
- Set an agenda for new models of acute care collaboration.
 - Create synergies.
 - Tackle sub-specialisation in care and make this available locally in a sustainable way.
 - Attract talent into what are currently hard to fill posts by offering the support of a larger 'virtual' team, access to more patients and perhaps shared clinical governance and support.
 - Remove unwarranted or unexplained variations in practice, and share & learn what good looks like together.
 - Offer services locally that might not be achievable otherwise, and undertake research together that will lead to centres of excellence developing across and within the Black Country,

Though big is not necessarily best, and agility has a place, big enough is material in healthcare both in tackling risk impact and in creating services able to meet increasingly input driven specifications. Big enough is also significant in creating commercial partnerships.

2.9 The Black Country Alliance will exist to enable the three Trusts to work together on some carefully selected things that will enhance the clinical and financial sustainability of all three Trusts. To do this, and to provide a public narrative that our colleagues and the general public can get behind, the Black Country Alliance will at its heart have a ‘triple aim’ underpinning the in scope work;

1. Improve Health Outcomes for the million or so people in the Black Country served by the three Partner Trusts – Clinical Sustainability
2. Improve the experience of Healthcare, not just for the people we serve but for our colleagues who deliver the healthcare – Clinical and Financial Sustainability
3. Better use of resources for health and care – Financial Sustainability



2.10 Aligned to this triple aim will be a set of strategic outcomes, consistent with and aligned to Partner Trusts’ current strategic objectives, that will further inform the narrative for why and what we’re doing for each of the areas in scope of the Black Country Alliance;

1. Enhancing the distinct visions of the three organizations to deliver integrated local care and wider public health in their natural geographies
2. Work together, collaborating and supporting high quality research and its translation into practice
3. Supporting local employment and make the Black Country a highly desirable place to work, with learning and career development so that potential can be fulfilled for local staff
4. Make the Black Country a safe place to be treated
5. Ensure clinical sustainability for Trust partners, creating sub-specialist expertise aligned to generalist capability
6. Ensure financial sustainability for Trust partners, attracting investment into

Trusts, which can only be delivered through scale; and sustaining outstanding support services at a time of austerity, which can only be achieved through alliance

7. Celebrate and support diversity and guarantee inclusivity, working with stakeholders to achieve the best outcomes we can in an equal and equitable way
8. Encourage, recognize & reward the behaviors & outcomes necessary to achieve the above objectives

2.11 The Black Country Alliance Programme Board has identified a small number of initiatives, which are of mutual benefit and interest to the three Partner Trusts. Those initiatives have been selected to span 'back-office' collaboration, which will enable efficiencies in more transactional services as well as clinical projects where cooperation will be of benefit.

2.12 The Year 1 initiatives are identified below with some further rationale for initial selection in **attachment E**;

- Interventional Radiology
- Histopathology
- Urology
- Rheumatology
- Payroll
- Some additional 'quick wins' or 'faster' pieces of work will also be considered from transactional services such as procurement, estates, IT and other HR services, along with any other mutually beneficial opportunities that arise.
- A further 'long list' of other areas that we may wish to consider will be maintained, with work to progress the thinking on these areas for potential inclusion in year 2 scope taking place during the Autumn / Winter.

2.13 The organising logic for the function of the Black Country Alliance and its initial priorities is;

- To provide a scale to permit each of the Partner Trusts to maintain and then develop further core sub-specialist access locally for patients, without each needing to replicate or duplicate appointments and infrastructure.
- To tackle areas where teams already yearn to collaborate with a small number where some direction to do so is needed in order to realise an opportunity or solve a problem.
- To make it clear that the Black Country Alliance exists to promote working together, collaboration and sharing of good practice but in a structured and formalised way to focus on achieving specified outcomes which in turn lead to improved population health outcomes, improved experience of healthcare and better use of resources.
- To be clear that the Black Country Alliance is not vehicle to undertake a merger of the three Partner Trusts, nor is it a vehicle to undertake reconfiguration of key services such as Maternity or Accident & Emergency.

3 BCA Members

3.1 Membership of the Black Country Alliance;

- Dudley Group NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust

3.2 The Black Country Alliance is forming at a time of flux not just in health organisations, but the wider landscape of local government and public policy. The planned devolution of healthcare in Manchester is giving rise to opportunities elsewhere, and active discussions around wider authorities are ongoing. These stretch from Worcester to Coventry. At the same time, the creation of Accountable Care Organisations invites smaller more local scale development. Some parts of the patch are exploring collaborations, including but not limited to place based reorganisations, integrated care models, prime provider models, and sub-contracting of key services.

3.3 The three Partner Trust's Chief Executives believe that this landscape strengthens the case for a clear core acute provider partnership across a shared geography. Working together we can bring provider led innovation to bear, whilst offering disparate commissioners a large, partnership orientated health collaboration with which to consider investing.

3.4 It would be wrong to infer that the exclusion of primary care or mental health signals a focus on physical ailments or hospital based care. All three organisations deliver significant volumes of home care and community based care. The three mental health organisations working locally have their own transitions and transformations under way, and seeking to resolve those dynamics and challenges within this partnership at this time risks making modest impact, where the health status and need locally demands fast results.

3.5 The exclusion of Birmingham from our title, and the non-inclusion of the Wolverhampton Trust from the founding partnership, requires specific comment. As previously described, SWBH continues to be committed to providing services to a large population in Birmingham. The Black Country Alliance is primarily focussed on partnership across the shared geography that is the Black Country. The Partner Trusts recognise strong, valued clinical ties to tertiary and other services at UHB, RWH, the Children's Hospital and indeed other providers across the Midlands. These remain, and can develop and grow. Royal Wolverhampton has decided not to take part in the alliance at this stage.

3.6 In time, once we have established the Black Country Alliance and made a real difference through delivering successes, we may consider broadening the membership to include other organisations that are like-minded and desire to be a part of a successful partnership.

Sandwell Hub

Laura Evans
Community Risk Reduction Officer



What is the hub?

- An online referral network of partners that creates a consistent and timely referral environment.
- It is not a fire service / police /local authority product.

***‘Connecting People –
Changing lives’***

Why use Sandwell Hub?

- Online Referral Network Service
- Refer to multiple agencies in one place
- Record your incoming and outgoing referrals
- Track the progress of referrals made (open/closed/actioned)
- Easy communication between partners
- Find services in Sandwell for vulnerable people

'Definition of Vulnerable Person'

'A resident requiring a community service by reason of age, illness, disability or personal circumstance to protect him or herself against harm and/or improve physical and mental wellbeing'.



20

Our Partners – 35 partners providing a range of services

Adult Community Services
Agewell
Aquarius
Be Well
Black County Housing Group
Buds
Cares
Connexions
Damp Advisory Service
Equipment and Adaptations
Happy
Icares
Iris
Kaleidoscope
Lifestyle Choices
Mytime Active
National Centre for Domestic
Violence

Penderels Trust
Private Sector Housing
Riverside
Sandwell and West Birmingham CCG
Sandwell Community Alarms
Sandwell council Assist
Sandwell Metropolitan Borough Council
Sandwell Wellbeing Hub
Stay Telecare
Swanswell
Trading Standards
Warm Zone
Welfare Rights and Anti Poverty Unit
West Midlands Fire Service
West Midlands Police
YMCA

Sandwell Hub Partner Services

Safety

- Police Reassurance visit
- Home Fire Safety Check
- Falls safety check
- Community alarms
- Domestic abuse

Housing Services

- Handy Persons Scheme
- Private sector housing advice
- Minor / Major Adaptations
- Damp and Mould – private rented
- Trading Standards

Wellbeing Services

- Health and Social care assessment
- Befriending scheme
- Relaxation Therapy
- Weight management
- NHS Health Check
- Employability and Training
- Stop Smoking Service
- Alcohol misuse
- Drug misuse

Additional Help

- Free benefits check
- Financial efficiency / heating advice
- Careers energy card scheme
- Warden service / community alarms
- Lifestyle choices



Home



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[The Community Offer: West Bromwich Central, Lyng a](#)

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This service has been developed by organisations from within the public and voluntary sectors. This will provide an integrated and inclusive service, to identified potentially "at risk" households combining risk assessment, advice and immediate intervention by providing information or through the referral process to an appropriate organisation for further action.

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Here you can find the key documents and policies for the use of the Sandwell Hub



[Aide Memoir \(Pocket Guide\)](#)

[Aide Memoir \(Pocket Guide\).pdf](#)

Pocket guide to the key services available via the Sandwell Hub

Connecting People Changing Lives

Copyright Sandwell Hub 2015, developed by P Singh (Hosted by West Midlands Fire Service)



Prevention Protection Response

Making West Midlands Safer

WEST MIDLANDS FIRE SERVICE

www.wmfs.net

Any Questions

25

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

AGENDA ITEM NO. 8

DATE	<u>2nd December 2015</u>
TITLE OF REPORT	Joint Strategic Needs Assessment (JSNA)- The Next Steps
Organisation and Author	<u>Neil Griffiths, Deborah Harkins, Angela Moss, Karen Jackson, Neill Bucktin, Shobha Asar- Paul -JSNA Group</u>
Purpose of the report	To provide the Health and Well-being board (H&WBB) with an update on the refresh of the JSNA process
Key points to note	<p>Current and future health and wellbeing priorities for the population of Dudley are identified through the Joint Strategic Needs Assessment process that was introduced in 2007. Responsibility for the JSNA passed to the Health and Wellbeing Board in April 2013. A sub group of the Board was established to take on this responsibility.</p> <p>Following a presentation of the outcomes of a review of the JSNA process, it was agreed at the September 2015 Board meeting that the following items be developed and presented to the December Board meeting:</p> <ul style="list-style-type: none"> • terms of reference for a revised JSA sub-group • an implementation plan for the JSA group • a draft of the design of a consistent JSA process • examples of proposed JSA products
Recommendations for the Board	<p>The Health and Wellbeing Board is asked:</p> <ol style="list-style-type: none"> 1. To approve the terms of reference for a revised JSA sub-group and implementation plan 2. To comment on the proposed JSA process 3. To note and agree the examples of JSA products
Item type	<i>Business Item</i>
H&WB strategy priority area	<i>All- underpins production of the H&WB strategy</i>

DUDLEY HEALTH AND WELLBEING BOARD

2nd December 2015

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) – THE NEXT STEPS

BACKGROUND

1. The framework for identifying current and future health and wellbeing priorities for the population of Dudley, through the Joint Strategic Needs Assessment was introduced in 2007. Responsibility for the JSNA passed to the Health and Wellbeing Board in April 2013. A JSNA sub-group was established, chaired by the Director of Public Health. The core aim of the JSNA is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities.
2. In January 2015, the H&WBB nominated a new chairperson of the JSNA group from West Midlands Fire Service. This provided an opportunity to review the effectiveness of the JSNA in informing intelligence based priorities and decision making. The outcomes of this review were presented to the last Health and Wellbeing Board meeting on the 9th September 2015.

KEY RECOMMENDATIONS FROM THE REVIEW

3. A number of recommendations were made from the review to enhance the JSNA process for Dudley which were agreed at the September Board meeting:
 - To widen the scope of the JSNA to capture assets as well as needs, therefore developing JSNA into a Joint Strategic Assessment of needs and assets (JSA)
 - To continue to present intelligence using the life course approach and widen the intelligence included to include indicators of population's quality of life, the wider determinants of health and current spending and investment in specific areas that can be compared to information about the level of need or assets
 - To include intelligence about community experience of, and priorities for, health and wellbeing in the JSA to complement, and provide insight into the issues arising from analysis of 'objective' hard data
 - To establish 'All About Dudley Borough' as the repository for the JSA data collection including the output of intelligence gathering with local people undertaken by HWBB partners.
 - To ensure success of the JSA in informing priorities and commissioning decisions by embedding an 'intelligence led' culture across partner organisations
 - To develop a responsive and flexible JSA that can provide strategic intelligence when needed by decision makers, whilst still being future focused and provide horizon scanning on health and wellbeing issues.

- To widen the range of JSA products to be defined to make the JSA accessible to all and accessible to a wider target audience -all those who can contribute intelligence and all those who need intelligence to help make decisions.
 - To establish a partnership agreement to establish shared commitment and resource for the JSA process across all partner organisations.
 - To re-invigorate the JSNA sub-group to comprise of 'users' of intelligence as well as 'producers' of intelligence and to take on the delegated responsibility for the update of the Health and Wellbeing Strategy.
4. It was agreed at the September Board meeting that the following items be developed and presented to the December Board meeting, which are attached in the following Appendix:
- terms of reference for a revised JSA sub-group
 - an implementation plan for the JSA group
 - a draft of the design of a consistent JSA process
 - examples of proposed JSA products

FINANCE

5. Any financial implications arising from the future development of the JSA group would be met from within existing budgets between the agencies.

LAW

6. There are no legal implications

EQUALITY IMPACT

7. The JSNA process and delivery considers information and evidence for different demographic groups. Future strategy development would include equality impact assessments.

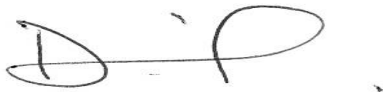
RECOMMENDATIONS

8. The Health and Wellbeing Board is asked:
- To approve the terms of reference for a revised JSA sub-group and implementation plan
 - To comment on the proposed JSA process
 - To note and agree the examples of JSA products

Signature of author/sponsor



Neil Griffiths
Group Manager, Black Country South, West Midlands Fire Service



Deborah Harkins
Chief Officer for Health and Wellbeing (Director of Public Health)

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Dr Angela Moss
Public Health
Dudley Council

Karen Jackson
Public Health
Dudley Council

Neill Bucktin
Clinical Commissioning Group

Shoba Asar-Paul
Commissioning Hub
Dudley Council

Appendix 1

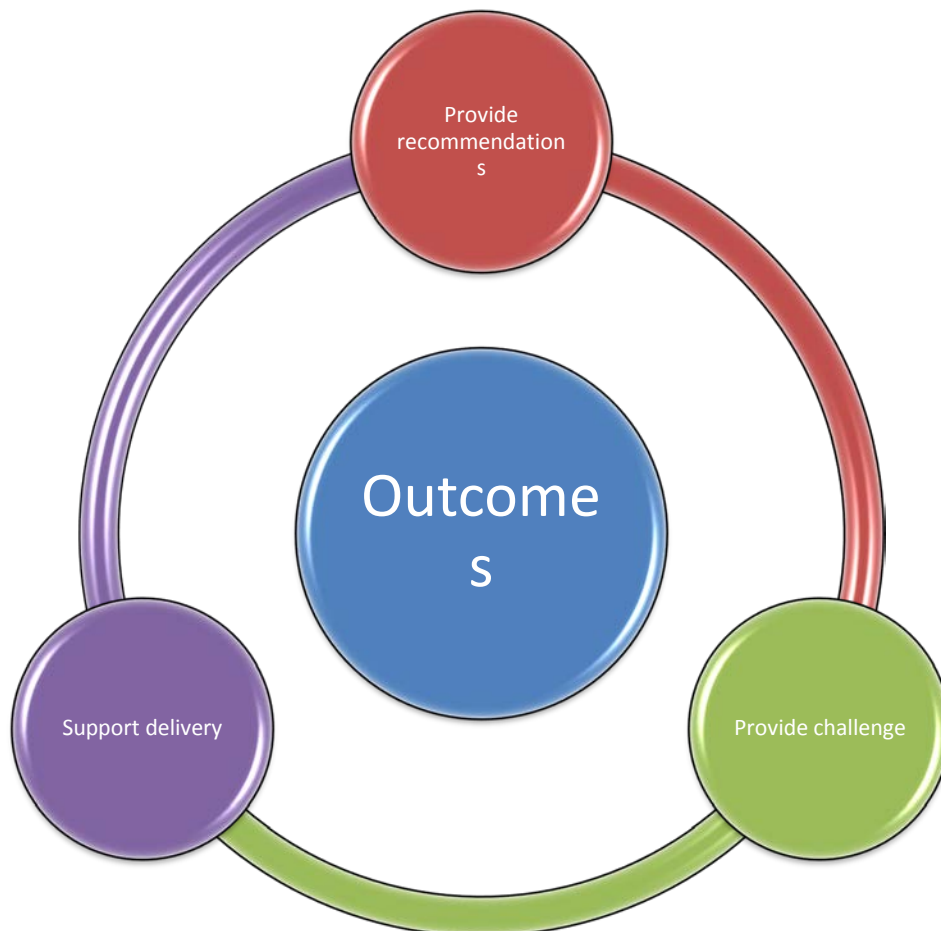
Dudley Borough Health and Wellbeing Board Joint Strategic Assessment Leadership Group Terms of Reference

Purpose:

The Joint Strategic Assessment (JSA) Leadership group is responsible for combining the community needs assessment while understanding the community assets. This will provide assurance to the Health and Wellbeing Board that the strategy is being implemented and delivering improvements in the health and wellbeing of the population, utilising an approach underpinned through evidence.

The JSA Leadership group is accountable for the delivery of the JSA process, ensuring that any planned activities meet the needs of the Health and Wellbeing Board outcomes.

The JSA group will operate around the following principles



Key responsibilities:

1. A Joint Strategic Needs Assessment should be produced under the Local Government and Public Involvement in Health Act 2007.
2. The Joint Strategic Assessment (JSA) will blend both the joint strategic needs assessment (JSNA) and an understanding of the community assets.
3. The JSA will inform the development of the joint H&WB strategy using evidence to inform decision making.
4. The JSA leadership group will develop a joint health and wellbeing strategy and performance monitoring processes to ensure it is implemented
5. The JSA will measure progress against key outcomes of the H&WB strategy through operational delivery led by identified theme sub groups and their action plans.
6. To ensure that the evidence based approach of the JSA is fully embedded through commissioning across all partners responsible for the health and wellbeing of Dudley.
7. To source and present evidence to the H&WB Board in a consistent, coordinated and comprehensive manner that demonstrates a partnership approach to delivering outcomes.
8. The JSA Leadership group will comprise key users of JSA intelligence as well as analysts from the partner organisations on the Board.
9. The chair for the JSA leadership group will be reviewed annually and should be a member of the H&WB board.
10. Membership will include designated leads from Board partner organisations which are identified below but are not exhaustive:
Dudley Council (Corporate, People and Place directorates and the Public Health team)
Dudley Clinical Commissioning Group
Dudley Council for Voluntary Services
Healthwatch Dudley
Police Service
Fire Service
11. Terms of reference for the JSA leadership group will be reviewed annually.

A JSA joint working group will be established comprising analysts from across the H&W Board partners. The role of the joint working group will be:

1. To maintain the All About Dudley Website
2. To produce topic pages and quarterly commentaries which summarise the intelligence contained on All About Dudley
3. To develop guidelines for intelligence products to be uploaded onto All About Dudley
4. To develop and disseminate intelligence toolkits to support high quality and consistent intelligence products be delivered across the JSA partnership
5. To agree key indicators of health, wellbeing, quality of life and the determinants of health to be subjected to routine surveillance through the JSA and to agree leads for each indicator
6. To provide analysis capacity to strategic assessments undertaken to provide intelligence to inform the delivery of key Health and Wellbeing Board priorities

Appendix 2: Joint Strategic Assessment - Implementation Plan

Recommendation from the JSNA review	Action	Milestone	Responsible
1. To widen the scope of the JSNA to capture assets as well as needs, therefore developing JSNA into a Joint Strategic Assessment of needs and assets (JSA)	<p>Undertake community research into what keeps people in St James ward well</p> <p>Use the intelligence from the St James ward work to inform the development of intelligence about community assets in Dudley</p> <p>Identify community assets in Dudley through a Lets find out what's great about Dudley campaign</p> <p>Develop ways to summarise and present intelligence about community assets to be available on the All About Dudley website</p>	<p>June to October 2015</p> <p>November 2015- march 2016</p> <p>March to August 2016</p> <p>March to September 2016</p>	<p>Public health team</p> <p>JSA Leadership Group</p> <p>Community Asset Assessment Steering Group Community Asset Assessment Steering Group</p>
2. To continue to present intelligence using the life course approach and widen the intelligence included to include indicators of population's quality of life, the wider determinants of health and current spending and investment in specific areas that can be compared to information about the level of need or assets.	<p>Identify key indicators of quality of life and the determinants of health and agree themes by which intelligence can be organised and presented</p> <p>Work with partners to identify the source of intelligence about quality of life and the determinants of health and the frequency of reporting</p> <p>Work with partners to identify sources and categories of data on spending and investment in key health and wellbeing areas</p> <p>Produce thematic web pages summarising intelligence about quality of life and the determinants of health</p>	<p>January 2016</p> <p>January – March 2016</p> <p>January – March 2016</p> <p>On-going</p>	<p>JSA Leadership Group</p> <p>JSA Joint working group</p> <p>JSA Joint working group</p> <p>JSA Joint working group</p>

Recommendation from the JSNA review	Action	Milestone	Responsible
<p>3. To include intelligence about community experience of, and priorities for, health and wellbeing in the JSA to complement, and provide insight into the issues arising from analysis of 'objective' hard data</p>	<p>Identify and engage with partners who undertake engagement with communities on health, wellbeing and the determinants of health</p>	<p>January – March 2016</p>	<p>JSA Leadership Group</p>
	<p>Agree a process by which community voice intelligence will be included on All About Dudley</p>	<p>March 2016</p>	<p>JSA Leadership Group</p>
	<p>Produce a regular summary of the key themes emerging from community voice intelligence</p>	<p>On-going</p>	<p>JSA Joint working group</p>
<p>4. To establish 'All About Dudley Borough' as the repository for the JSA data collection including the output of intelligence gathering with local people undertaken by HWBB partners.</p>	<p>Establish a JSA joint working group comprising analysts from across H&W Board partners to share capacity and expertise in order to maintain the All About Dudley Website</p>	<p>January 2016</p>	<p>JSA Leadership Group</p>
	<p>Develop a joint working agreement to share capacity and expertise from across the partnership</p>	<p>March 2016</p>	<p>JSA Joint working group</p>
	<p>Develop guidelines for intelligence products to be uploaded onto All About Dudley to ensure appropriate quality assurance</p>	<p>March 2016</p>	<p>JSA Joint working group</p>
	<p>Produce topic pages and quarterly commentaries which summarise the intelligence contained on All About Dudley</p>	<p>On-going</p>	<p>JSA Joint working group</p>

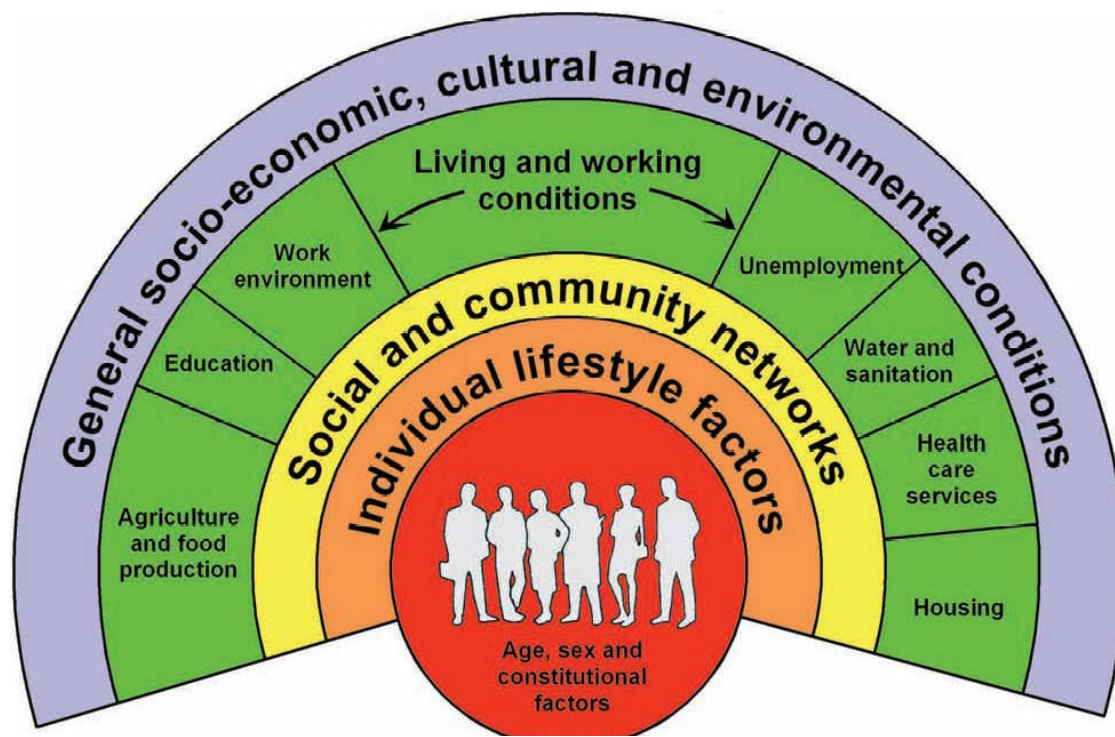
Recommendation from the JSNA review	Action	Milestone	Responsible
<p>5. To ensure success of the JSA in informing priorities and commissioning decisions by embedding an ‘intelligence led’ culture across partner organisations</p>	<p>Establish a JSA Leadership group comprising key commissioners and decision makers from across H&W Board partners</p>	<p>January 2016</p>	<p>Health and Wellbeing Board</p>
	<p>Implement the JSA strategy the primary aim of which is to develop an intelligence led culture across the partnership</p>	<p>March 2017</p>	<p>JSA Leadership Group</p>
	<p>Provide regular updates on the development of the JSA to the Health and Wellbeing Board and seek feedback on the development of an intelligence led culture</p>	<p>On-going</p>	<p>Neill Griffiths</p>
<p>6. To develop a responsive and flexible JSA that can provide strategic intelligence when needed by decision makers, whilst still being future focused and provide horizon scanning on health and wellbeing issues.</p>	<p>Agree key indicators of health, wellbeing, quality of life and the determinants of health to be subjected to routine surveillance through the JSA and agree leads for each indicator</p>	<p>January 2016</p>	<p>JSA Leadership group</p>
	<p>Produce quarterly commentaries summarising key messages about surveillance and community voice</p>	<p>On-going</p>	<p>JSA Joint working group</p>
	<p>Highlight key surveillance issues to the JSA Leadership Group who will identify whether further intelligence is required</p>	<p>On-going</p>	<p>JSA Joint working group</p>
	<p>To recommend key intelligence based priorities to the H&W Board to inform the H&W Strategy and the focus for strategic assessments to provide intelligence to address priorities</p>	<p>March 2016</p>	<p>JSA Leadership Group</p>
	<p>Undertake a programme of strategic assessments to provide intelligence to inform the delivery of key Health and Wellbeing Board priorities. Each joint strategic assessment will be led by a senior ‘user’ of intelligence and will include stakeholders relevant to the priority</p>	<p>April 2016 – March 2017</p>	<p>JSA Leadership group</p>

Recommendation from the JSNA review	Action	Milestone	Responsible
7. To widen the range of JSA products to be defined to make the JSA accessible to all and accessible to a wider target audience - all those who can contribute intelligence and all those who need intelligence to help make decisions.	<p>Continue to present intelligence using the life course approach and widen the intelligence included to include indicators of population's quality of life, the wider determinants of health and current spending and investment in specific areas that can be compared to information about the level of need or assets</p> <p>Include intelligence about community experience of, and priorities for, health and wellbeing in the JSA to complement, and provide insight into the issues arising from analysis of 'objective' hard data (see objective 3 above)</p> <p>Develop All About Dudley as the repository for the JSA data collection see (objective 4 above)</p>	<p>See objective 2 above</p> <p>See objective 3 above</p> <p>See objective 4 above</p>	<p>See objective 2 above</p> <p>See objective 3 above</p> <p>See objective 4 above</p>
8. To establish a partnership agreement to establish shared commitment and resource for the JSA process across all partner organisations.	<p>Establish a JSA joint working group comprising analysts from across H&W Board partners to share capacity and expertise in order to maintain the All About Dudley Website</p> <p>Develop a joint working agreement to share capacity and expertise from across the partnership</p>	<p>January 2016</p> <p>March 2016</p>	<p>JSA Leadership Group</p> <p>JSA Joint Working group</p>
9. To re-invigorate the JSNA sub-group to comprise of 'users' of intelligence as well as 'producers' of intelligence and to take on the delegated responsibility for the update of the Health and Wellbeing Strategy.	<p>Establish a JSA Leadership group comprising key commissioners and decision makers from across H&W Board partners</p>	<p>January 2016</p>	<p>Health and Wellbeing Board</p>

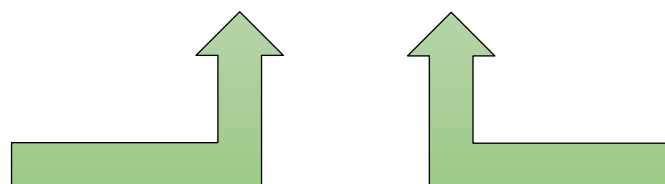
Recommendation from the JSNA review	Action	Milestone	Responsible
10. To develop a Joint Health and Wellbeing Strategy which sets out a small number of intelligence based priorities informed by the JSA	Review the intelligence in the JSA to establish a list of possible priorities	March 2016	JSA Leadership Group
	Engage with partners and community groups to identify their views of key priorities for the Health and Wellbeing Strategy	March – May 2016	JSA Leadership Group
	Undertake a workshop with the Health and Wellbeing Board to agree priorities for the Health and Wellbeing Strategy	June 2016	JSA Leadership Group
	Publish the Joint Health and Wellbeing Strategy	September 2016	JSA Leadership Group

Appendix 3

Dudley Joint Strategic Assessment Framework



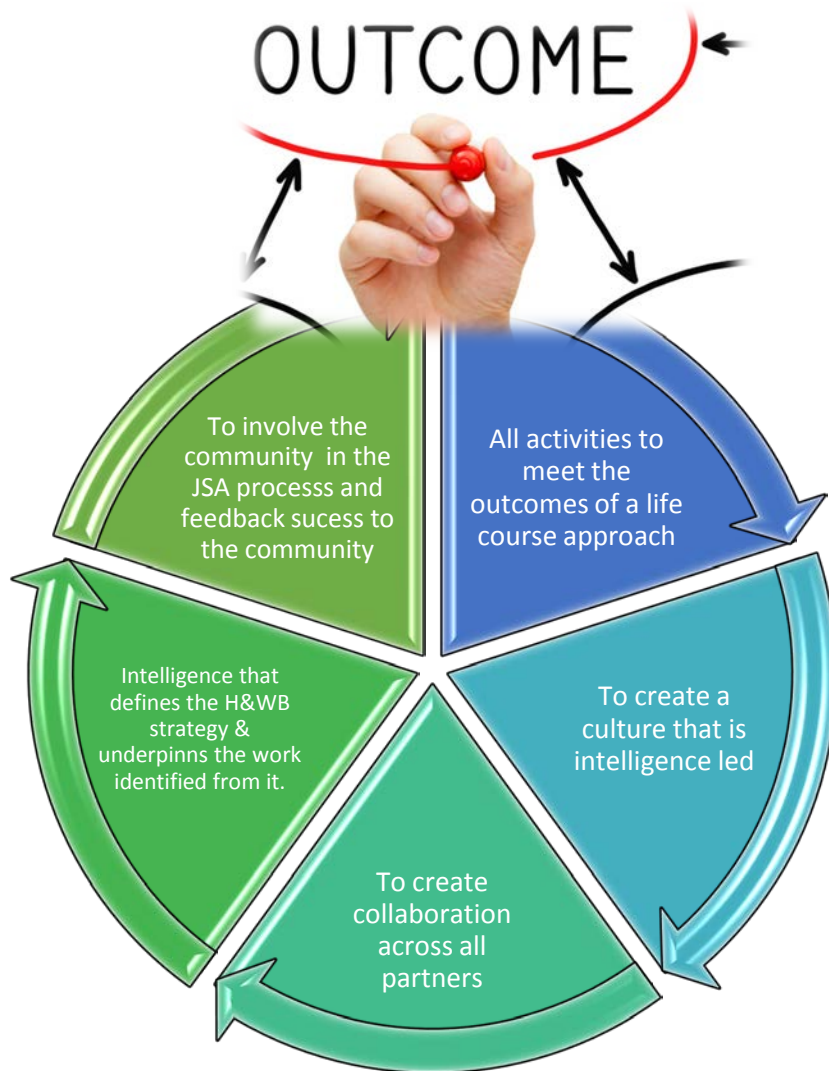
JOINT STRATEGIC ASSESSMENT (JSA) FRAMEWORK



JOINT STRATEGIC
NEEDS ASSESSMENT

JOINT STRATEGIC
ASSETS ASSESSMENT

This framework blends both the needs assessment and community assets together to provide a partnership led, evidence based H&WB Strategy that delivers community outcomes.

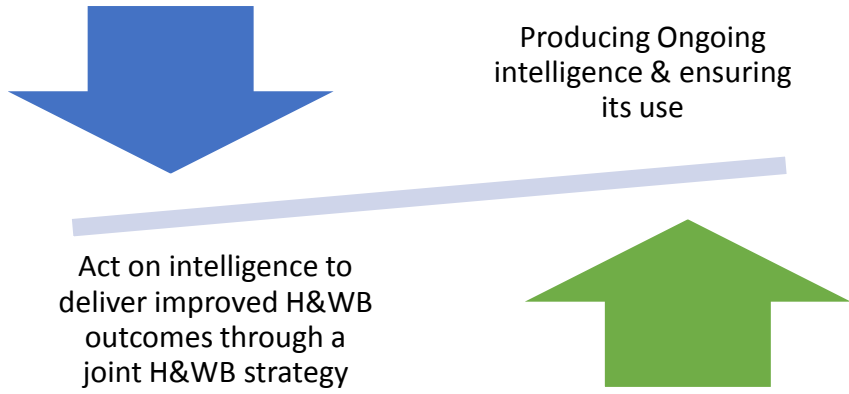


How it will work.....

The JSA Leadership group will need to be made up from a wide range of partners who are both users and analysts of intelligence and who will need to be able to:

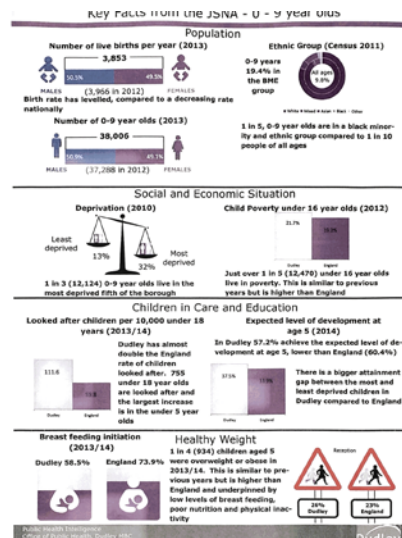
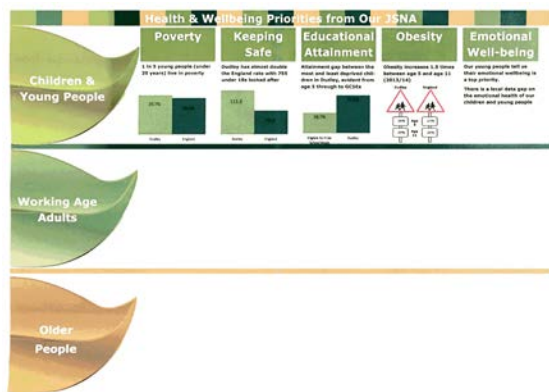
- Contribute to providing intelligence from their sector
- Commit to providing resources that will deliver action plans and outcomes.

The JSA will be broken down into 2 segments



Ongoing surveillance of the health, quality of life and determinants of health in Dudley

This will be evidence and data about people’s lives which can be collated and visually produced using all about Dudley web site and other innovative approaches.

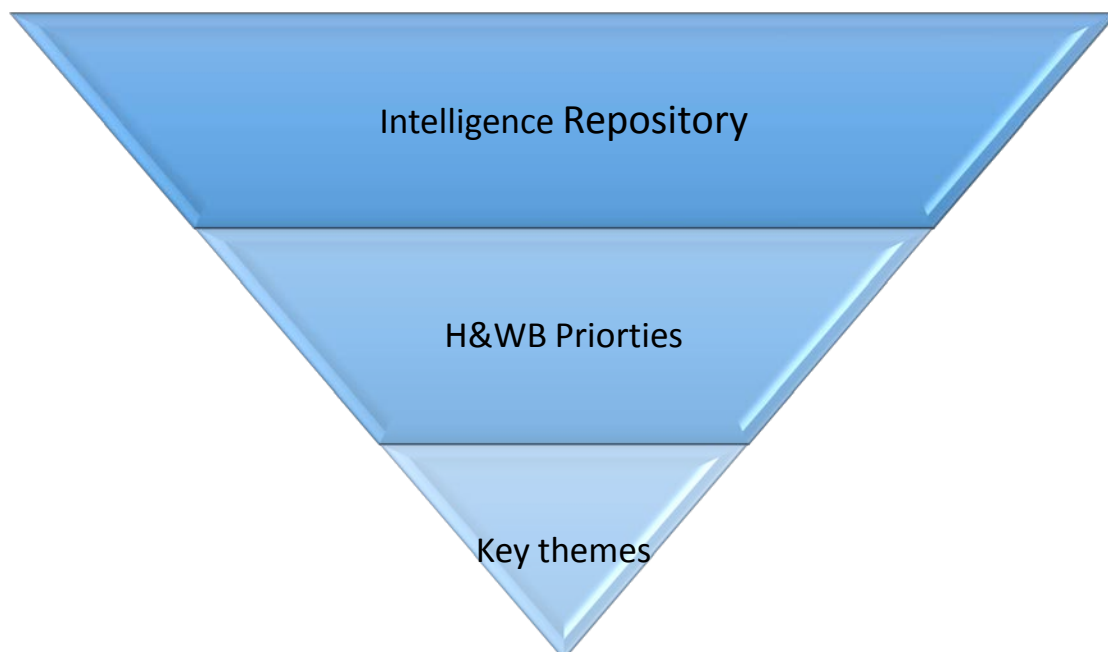


This ongoing intelligence could also include:

- Service data, surveys, community engagement, asset mapping, financial information and data available for manipulation and analysis,
- Various synthesis of the data to give an overview of the key issues as a spotlight series report- e.g. on a life stage or a theme.
- Infographics featuring the headline issues for each stage of the life stage or a theme.

This approach should identify where the gaps are and why. Then the ongoing intelligence will be synthesised to identify the key health and wellbeing priorities for the Borough and also gaps in intelligence.

The JSA leadership group will then put in place a framework to fill these intelligence gaps.

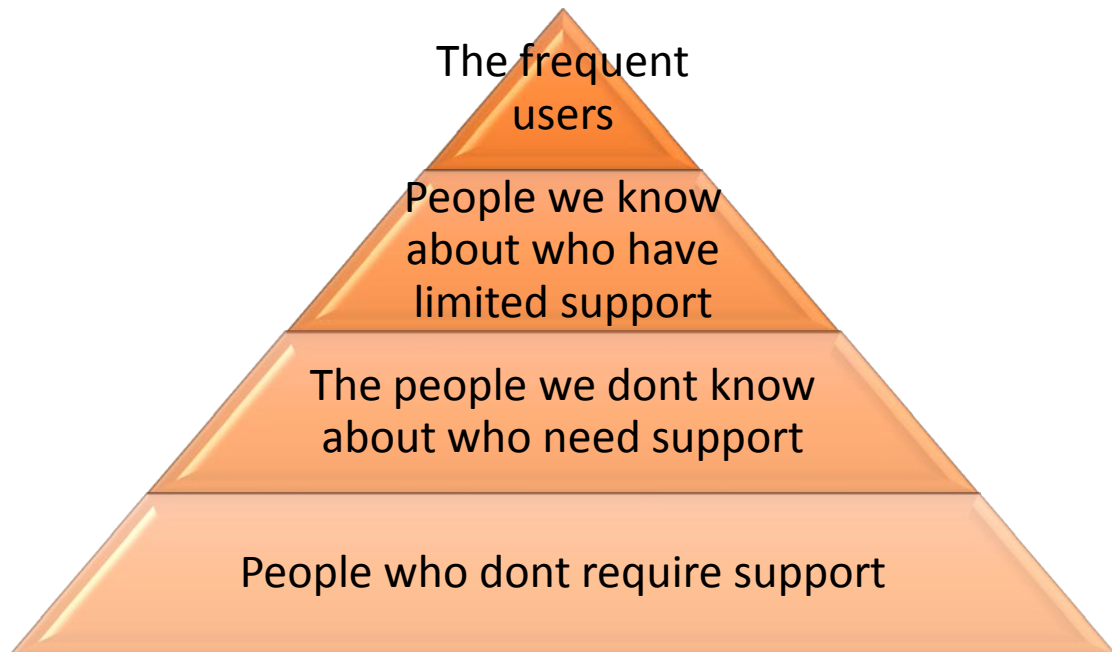


This intelligence will then formulate priorities that can be implemented to the delivery part of the JSA through the health and wellbeing strategy.

Delivery of strategic assessments of Health and Wellbeing Priorities

Once the priorities have been agreed, the H&WB strategy will be produced and will be implemented by nominated contributors from relevant partners who will work together to plan, implement and then evaluate a specific priority. This may include the need for additional more focused intelligence to establish the strategy to achieve the H&W strategy priority. This will be led from the JSA group.

Step 1 of this process will be to undertake further analysis around the key theme that was identified. This will be done by looking across the wider needs and assets of the population as shown below.

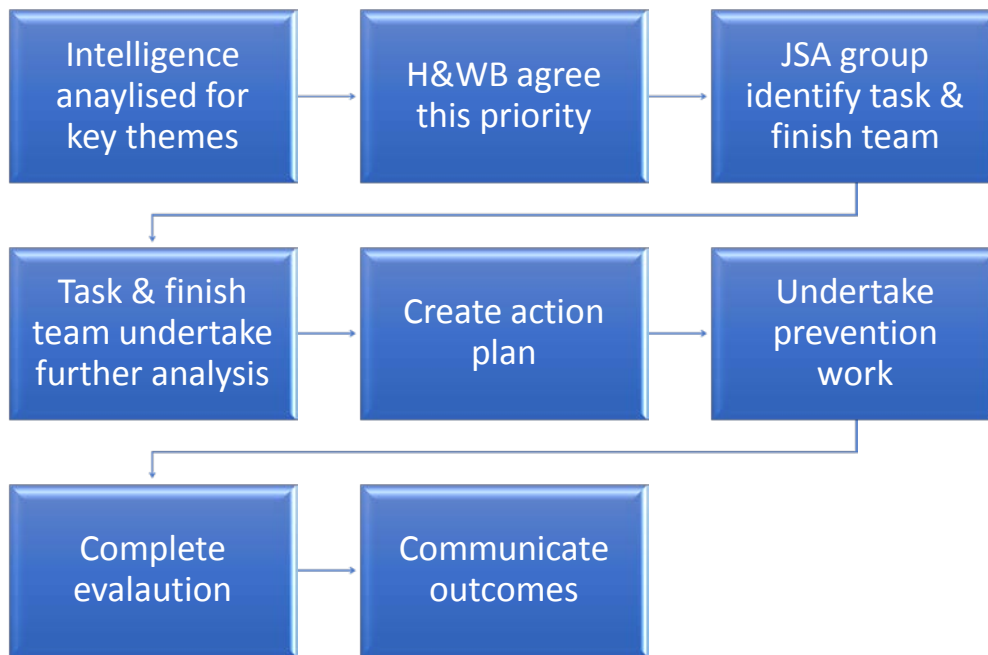


This analysis will then provide the evidence to create a targeted action plan that would be focus around the following criteria.



Each key theme will have a task and finish group who will be accountable for the delivery of the plan to produce any intelligence required y report progress back through the JSA Leadership group.

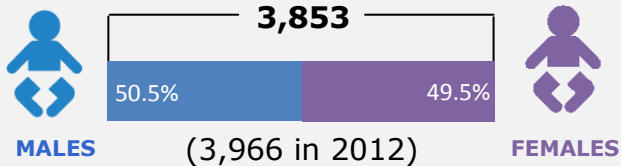
In summary



Key Facts from the JSNA - 0 - 9 year olds

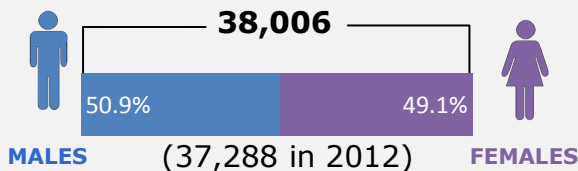
Population

Number of live births per year (2013)



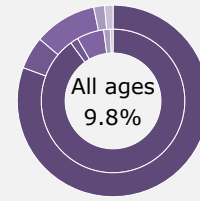
Birth rate has levelled, compared to a decreasing rate nationally

Number of 0-9 year olds (2013)



Ethnic Group (Census 2011)

0-9 years
19.4% in
the BME
group



White Mixed Asian Black Other

1 in 5, 0-9 year olds are in a black minority and ethnic group compared to 1 in 10 people of all ages

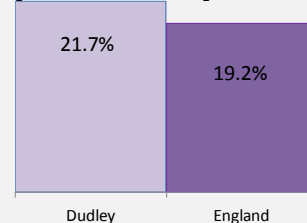
Social and Economic Situation

Deprivation (2010)



1 in 3 (12,124) 0-9 year olds live in the most deprived fifth of the borough

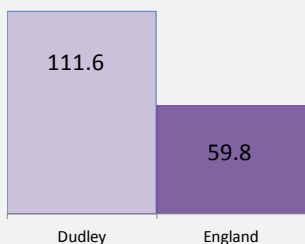
Child Poverty under 16 year olds (2012)



Just over 1 in 5 (12,470) under 16 year olds live in poverty. This is similar to previous years but is higher than England

Children in Care and Education

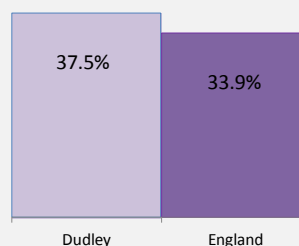
Looked after children per 10,000 under 18 years (2013/14)



Dudley has almost double the England rate of children looked after. 755 under 18 year olds are looked after and the largest increase is in the under 5 year olds

Expected level of development at age 5 (2014)

In Dudley 57.2% achieve the expected level of development at age 5, lower than England (60.4%)



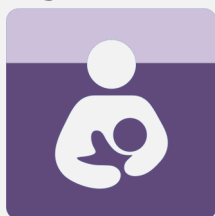
There is a bigger attainment gap between the most and least deprived children in Dudley compared to England

Breast feeding initiation (2013/14)

Dudley 58.5%

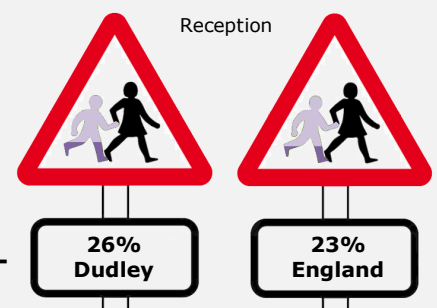


England 73.9%



Healthy Weight

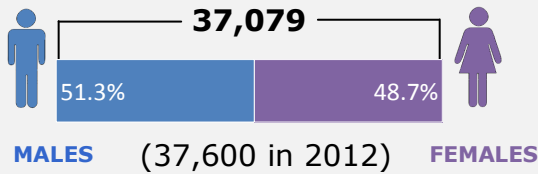
1 in 4 (934) children aged 5 were overweight or obese in 2013/14. This is similar to previous years but is higher than England and underpinned by low levels of breast feeding, poor nutrition and physical inactivity



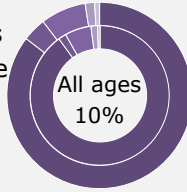
Key Facts from the JSNA - 10 - 19 year olds

Population

Number of 10-19 year olds (2013) Ethnic Group (Census 2011)



10-19 years
14.5% in the
BME group



White Mixed Asian Black Other

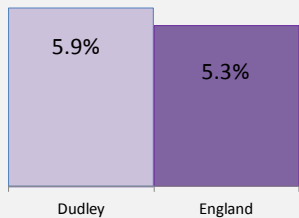
Deprivation (2010)



1 in 6, 10-19 year olds is in a BME group compared to 1 in 10 people of all ages **Just over 1 in 4 (9,826) 10-19 year olds live in the most deprived fifth of the borough**

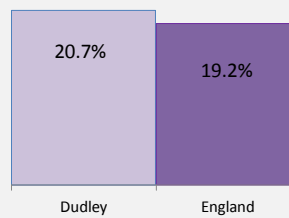
Social and Economic Situation

16-18 year olds not in education, employment or training (2013)



1 in 20, 16-18 year olds in Dudley are NEET. This is similar to previous years but is higher than England

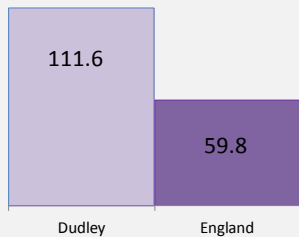
Child Poverty - under 20 year olds (2012)



1 in 5 young people live in poverty. This has fallen since 2009, but is higher than England

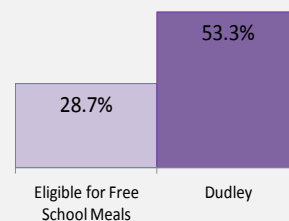
Children in Care and Education

Looked after children per 10,000 under 18 years (2013/14)



Dudley has almost double the England rate. 755 under 18 year olds are looked after. The number in the 10-17 age band has increased

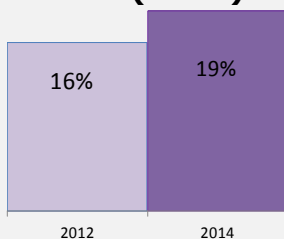
GCSE achieved (5A*-C inc. English and Maths) (2013/14)



Just over half of pupils in Dudley attained 5 or more GCSEs, lower than England. There is an attainment gap of 24.6% points and a gap between non-white and white British pupils (6.2% points)

Wellbeing

Children reporting having been bullied (2014)



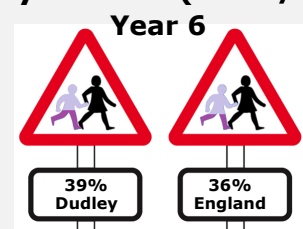
1 in 5, 13-15 year olds tell us they have been bullied and this has increased since 2012. Overall self esteem has improved but young people tell us that emotional well-being is a top priority for them.

Drinking Alcohol (2014)



1 in 10, 13-15 year olds said they had an alcoholic drink in the last 7 days, lower than previous years. There is a genuine decline in risky behaviour nationally.

Overweight and obesity in 10-11 year olds (2013/14)

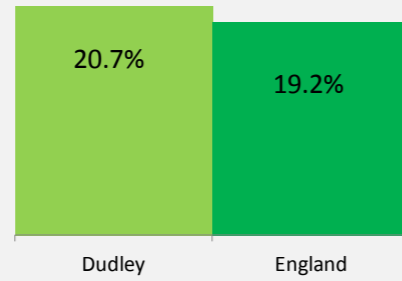


2 in 5, 10-11 year olds were overweight or obese in 2013/14. This is similar to previous years but is higher than the England average and is underpinned by low levels of physical activity.

Children & Young People

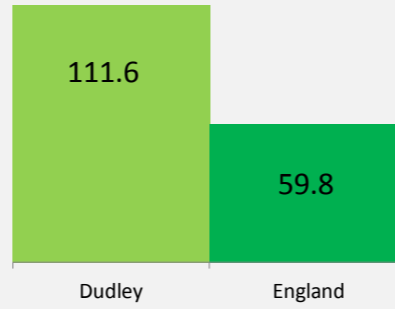
Poverty

1 in 5 young people (under 20 years) live in poverty



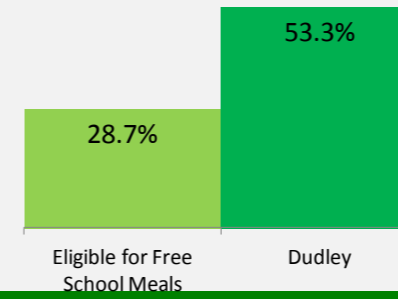
Keeping Safe

Dudley has almost double the England rate with 755 under 18s looked after



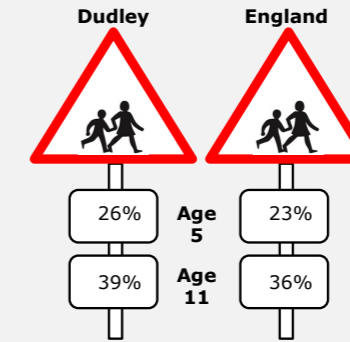
Educational Attainment

Attainment gap between the most and least deprived children in Dudley, evident from age 5 through to GCSEs



Obesity

Obesity increases 1.5 times between age 5 and age 11 (2013/14)



Emotional Well-being

Our young people tell us their emotional wellbeing is a top priority.

There is a local data gap on the emotional health of our children and young people


Working Age Adults

Older People

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

AGENDA ITEM NO. 9

DATE	<u>2nd December 2015</u>
TITLE OF REPORT	<u>Board Development Meeting -Governance :Outcomes and Next Steps</u>
Organisation and Author	Karen Jackson, Deputy Director of Public Health, Dudley Council  _____
Purpose of the report	To provide the Health and Well-being board (H&WBB) with an update on the outcomes and proposed next steps from the Board development meeting held September 2015.
Key points to note	<ol style="list-style-type: none"> 1. The Health and Wellbeing Board underwent a peer review during September 2014, from which a number of recommendations were made in relation to governance and workings of the Board. 2. As a result, a Board development meeting was timetabled for 28th September 2015 to clarify the following: <ul style="list-style-type: none"> - Purpose – the collective difference the Board is seeking to make - Principles – that guide the way the Board works - Parameters – what’s in focus and what’s not - Processes – how the Board goes about its business - Programme – timetable and activities - People – responsibility, ownership and accountability 3. The outcome statements and a draft development plan from the meeting are detailed in appendix 1 and 2. 4. It is proposed to incorporate the commitment statements into the Board’s terms of reference and also update the terms of reference 5. It is proposed that a small group of strategic leads meet to finalise and operationalise the Board Development Plan.
Recommendations for the Board	The Health and Wellbeing Board is asked: <ul style="list-style-type: none"> • Agree the additions to the terms of reference (TOR) and that the TORs be updated. • Comment on the development plan and agree that it be finalised and its implementation be overseen by a strategic leads group on behalf of the Board
Item type	Business Item
H&WB strategy priority area	All- underpins effectiveness of the H&WB Board

Appendix 1: Proposed Additions to the Dudley Health and Wellbeing Board Terms of Reference

Dudley Health and Wellbeing Board Terms of Reference “Ready to do things different”

1. Ambition

The Health and Wellbeing Board brings together leaders from across the health and wellbeing system in Dudley with a shared ambition **to create a place where everyone can flourish**. We want Dudley to be a cohesive and tolerant place where people choose to stay and come to live because they are able to be safe, healthy, happy, respected and engaged.

We recognise that in order to realise our ambition, as a Board we need to be *ready to do things different*. We will add value by leveraging our unique role in bringing leaders together for collective action, strategic leadership and through a collegiate approach that will lead to significant impact in health and wellbeing for the people of Dudley.

2. How we will achieve our Ambition:

The Board's core purpose and role are set out below (pages 4-9). In addition to these core functions, Dudley Health and wellbeing Board has also agreed the following commitments relevant to realising the Ambition. They signal the Board's commitment to putting the voice of communities first and to a collegiate approach that encourages shared leadership and maximum contribution from Board members and other relevant partners.

- We will focus our efforts, through a collegiate approach, to make the biggest difference to health and wellbeing for local people and communities of Dudley, over and above what could be achieved by any one organisation on its own.
- We will build on the voices, experiences and strengths of our communities as our starting point
- We will start our Board meetings with contributions from local communities
- We will empower our resources and frontline staff to support people to take ownership and responsibility for their own health and wellbeing
- We will connect intelligence / data from across the system about what is happening in our communities
- We will create frameworks to bring resources together in communities

- We will collect, harness and facilitate the enormous talent, experience and expertise in Dudley to make the improvements that we need

- We will absorb and crystallise the excellence that our communities require and expect

- We will work together to enable everyone to contribute to making a difference

- We will empower everyone to be part of a better Dudley Borough

- We will support a sustainable health and wellbeing system by doing more with less

- We will agree some common values and behaviours, such as those being developed via the Children & Young People Alliance and other partnership groups, to guide how we work as a Board with each other, and role model in our relationships with others across the health and wellbeing system. This includes: permission to have the difficult conversations, challenge each other and then get on with business

- We will maintain a strategic focus and follow through to ensure we are making a difference. This means:
 - picking an issue and seeing it through;
 - holding each other to account for follow through;
 - regular communication and updates on progress at Board meetings.

- We will use the JSNA to decide the issues and priorities we will focus on and can have the biggest impact on through our collective effort

- We will arrange the format and structure of our meetings to ensure we are able to have clear, confident and informed strategic conversations. We will hold a 'private' 30-minutes session prior to the start of the public HWB meeting to enable Board members to:
 - Discuss shared priorities and the difference we want to make,
 - Explore, barriers and blockages with key priorities, and how these can be overcome,
 - Identify what we want to celebrate,
 - Rethink how we use available resources,
 - Have shared presence and mutual accountability, and
 - Bring their unique contribution to making change happen.

- We will adopt a Decision Making Checklist to support the Board in embedding a systematic approach to our Board discussions. This includes the development of criteria for proposing board items to public board meetings to ensure the HWB operates as a 'working board' not a 'receiving board'. Among the questions that the checklist will cover are:
 - Why is this issue coming to the Board? Is this an issue that we can have a significant impact on?
 - What is the evidence base for prioritising this issue? What does the JSNA say about this issue?
 - What does the analysis tell us about what is happening on this issue? What are communities' voices telling us about what is happening on this issue?
 - What is working well that we want to celebrate?
 - What are the blockages, barriers and challenges hindering progress on this issue?
 - What could we do differently? E.g. commissioning investment
 - What contribution can each partner make to move this issue forward (acknowledging each partner's unique contribution)?
 - How and when will we review progress on this issue?
- We will produce an annual Forward Plan / Work Programme so that we can communicate the Board's activities with our key stakeholders and keep our progress and performance under review.

3. Resources and Support

The Health and Wellbeing Board is currently supported through the lead officer in PH and a management group, across partners; but this needs to be reviewed as attendance and involvement varies, and the Board now needs to adopt a more collegiate approach to decision-making and action. The proposal is to set up a group of the strategic leads from across the partnership structure to meet quarterly prior to public Board meetings to oversee/align strategic direction and set agenda collegiately. A refreshed management group of support officers from across the partners could support this group operationally.

Appendix 2: BOARD DEVELOPMENT PLAN

Board members agreed the following actions to support the Board's ongoing development:

	Priority	Action Steps	Progress to date	Responsibility	Timescale
1.	Progress Collective Commissioning Board and Hub	<ul style="list-style-type: none"> Develop terms of reference, to include processes for how to align the work of the Hub, HWB and CCG Commissioners 		KJ/NB/SL/JS	Board to be up and running by January 2016
2.	Review and streamline family of partnerships <ul style="list-style-type: none"> Clarify the role of the substructures and the HWB Map where assurance for performance sits Relationship between the HWB and scrutiny 	<ul style="list-style-type: none"> Set of principles / criteria to be developed by which the chairs of the Partnerships can use to review their substructures. Draft principles to go to Strategic Leaders meeting 14th December 2015 	<ul style="list-style-type: none"> Draft Scrutiny protocol is in place to be followed up and finalised and agree what counts as a substantial change 	KJ/JS KJ/TO SM	December 2015
3.	Review the format and structure of Board	<ul style="list-style-type: none"> Strategic officers meeting discuss and agree way forward on 14th December 		KJ/TO	December 2015

	Priority	Action Steps	Progress to date	Responsibility	Timescale
	meetings to include a 'private' session prior to the public meeting				
4.	<p>Develop Board Decision Making Checklist / Tool</p> <ul style="list-style-type: none"> Develop a transparent agenda setting process linked to Board priorities- Develop criteria for proposing Board agenda items for public board meeting 	<ul style="list-style-type: none"> Draft checklist for discussion at strategic leads meeting on 14th December Set up regular strategic leads meeting to set Board agenda Draft criteria for discussion at strategic leads meeting on 14th December 		<p>KJ/JS</p> <p>TO</p> <p>KJ/JS</p>	Jan 2016
5.	<p>Develop Forward Plan / Work Plan and Performance Management Framework to:</p> <ul style="list-style-type: none"> Set out the issues / priorities that the Board will focus on going forward Keep progress under review Communicate to key stakeholders what the 	<ul style="list-style-type: none"> Following JSA and strategy refresh, JSA leadership group to put together draft 		JSA leadership group	Sept 2016

	Priority	Action Steps	Progress to date	Responsibility	Timescale
	<p>Board is doing and the difference it is making</p> <ul style="list-style-type: none"> Identify 'exception' reporting Identify what we want to celebrate 				
6.	Agree process for starting each HWB meeting with public voice	<ul style="list-style-type: none"> Explore process for feeding in the public voice via Healthwatch stories, links with the People's Network and building on the Dudley Deal approach 		AB/JS/JE	March 2016
7.	Support for the Chair and Vice Chair	<ul style="list-style-type: none"> Check that the Regional HWB Chairs meetings are still taking place and support the Chair and Vice Chair to attend LGA network and support 		RH	On-going
8	Review, revise and update the Board's Terms of Reference	<ul style="list-style-type: none"> Section 9 of the Terms of Reference authorises the Director of Resources, in consultation with the Leader and Cabinet Member for Health and Wellbeing to amend the ToR, in accordance with the wishes expressed by the Board. 		Management group	March 2016