Public Document Pack Shropshire Council

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: Friday, 30 May 2014
My Ref:
Your Ref:

Committee:
Health and Wellbeing Board

Date: **Friday, 6 June 2014**
Time: **9.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Wellbeing Board

Karen Calder (Chairman)
Ann Hartley
Lee Chapman
Professor Rod Thomson
Stephen Chandler
Karen Bradshaw
Dr Caron Morton (Vice Chairman)
Dr Helen Herritty
Dr Bill Gowans
Paul Tulley
Jane Randall-Smith
Graham Urwin
Jackie Jeffrey

Your Committee Officer is:

Karen Nixon Committee Officer
Tel: 01743 252724
Email: karen.nixon@shropshire.gov.uk

AGENDA

1 Apologies for Absence

To receive apologies for absence and any substitutes that may be notified.

2 Minutes (Pages 1 - 4)

To confirm the minutes of the meeting of the Health and Wellbeing Board held on 25 April 2014 attached.

3 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

4 Disclosable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

5 Community Safety Strategy Refresh (Pages 5 - 32)

Report attached including Draft Strategy and supporting information.

Contact: Andrew Gough, Team Manager Safer Communities 01743 253963.

6 Better Care Fund Update

A report will be made.

Contact: Stephen Chandler, Director of Adult Services 01743 253704.

7 Future Fit Update

A report will be made.

Contact: Dr Caron Morton, Accountable Officer, Shropshire CCG 01743 277580.

8 CCG 5 Year Plan Update

A report will be made.

Contact: Paul Tulley, Shropshire CCG, 01743 277500.

9 Health and Wellbeing Delivery Group Update (Pages 33 - 36)

Report attached.

Contact Prof Rod Thomson, Director of Public Health 01743 253934.

10 Memorandum of Understanding - FOR DECISION (Pages 37 - 42)

Report attached.

Contact: Penny Bason, Health and Wellbeing Co-ordinator 01743 252767.

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Committee and Date

Health and Wellbeing Board

6 June 2014

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 25 APRIL 2014
9.30 - 10.35 AM

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 252724

Present
Councillor Karen Calder (Chairman)
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Karen Bradshaw, Dr Caron Morton (Vice Chairman), Dr Helen Herritty, Jane Randall-Smith, Jackie Jeffrey, Ros Francke (Substitute) (substitute for Graham Urwin) and Ruth Houghton (substitute for Stephen Chandler)

1 **Apologies for Absence and Substitutes**

1.1 Apologies for absence were received from Paul Tulley, Shropshire CCG; Dr Bill Gowans, Shropshire CCG; Graham Urwin, NHS England and Stephen Chandler, Director of Adult Services.

1.2 Substitutions were notified as follows:
Ruth Houghton for Stephen Chandler and Ros Francke for Graham Urwin.

2 **Minutes**

2.1 **RESOLVED:** That the minutes of the meetings held on 21 March and 28 March 2014 be approved and signed as a correct record by the Chairman.

3 **Public Question Time**

3.1 The Chairman welcomed Mr Peter Gillard, Ludlow resident to the meeting and thanked him and Ms Gill George, Ludlow resident (who was unable to attend that morning), for submitting their public questions to the Board (copy of each question and the relevant response is attached to the signed minutes).

3.2 Question1
By way of a supplementary question, Mr Gillard commented that in going forward into 2015/16 there was talk of a further £30b shortfall nationally. He asked if further reductions such as this could be dealt with in Shropshire without it affecting the quality of services.

In response, officers confirmed that they were already looking ahead to the next 5/6 years and that changes to service delivery in order to better manage budgets and predicted shortfalls would keep quality at the forefront. The shortfall was predicted on how we currently deliver services and the current design work in the health economy was currently being undertaken to ensure that we can manage delivery and budgets in the future. The Accountable Officer noted that the current prediction has risen from £20b to £30b, but was not a sum (it was not £20b + £30b = £50b).

Efforts were being made to make Shropshire health services financially stable for the future and it was confirmed that patient care should not be neglected in the pursuit of funding targets.

3.2 Question 2

By way of a supplementary question, Mr Gillard asked if Shropshire Council supported the retention of the single Accident and Emergency Unit in Shrewsbury, whilst citing the open support by Telford and Wrekin Council for this to be located in Telford.

The Chair commented that she would rather the consultation and decision around hospital reconfiguration be clinically rather than politically led. The Accountable Officer for Shropshire CCG reminded that it was important not just to retain a single A&E unit in Shropshire, but also it’s trauma status; there was still more work to be done.

3.3 Question 3

At the outset it was also clarified that the role of the Health and Wellbeing Board was not scrutiny; this function was dealt with by the ‘Health and Overview Scrutiny Committee’ which was quite separate from the H&WB and was chaired by Cllr Gerald Dakin.

By way of supplementary question, Mr Gillard asked the following on behalf of Ms Gill George who was unable to attend the meeting; complaints continue to be received about orthopaedics services and an assurance was sought that this was being looked at. The Accountable Officer for Shropshire CCG confirmed that this was currently being worked on. There were a lot of contributory factors, not always financial but linked in to workforce development and the retention of skilled staff. Timeliness of appointments was improving and it was hoped that everything would be on target by mid 2014.

4 Disclosable Pecuniary Interests

4.1 There were none.

5 JSNA - Health of the Population Update: EVIDENCE

5.1 Emma Sandbach, Public Health Specialist (Intelligence), gave a verbal presentation on Child Health Profiles for Shropshire for March 2014 and comparing outcomes to previous data in 2013 and also comparing this to the West Midlands and England averages.

5.2 Detailed data could be found via this link which was circulated to members after the meeting;
http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101632

5.3 There were some marginal successes and some decreases. Overall it looked as if Shropshire was doing better; though there was a word of warning not to become complacent about progress.

5.4 The data was generally welcomed as useful, whilst it was highlighted that this sat alongside other feedback from elsewhere such as schools and the youth service and also how it actually felt on the ground.

5.5 **RESOLVED:** That the information be welcomed, the approach be maintained and that our approach should not become complacent.

6 Better Care Fund and Final 256 Agreement: QUALITY & PERFORMANCE

6.1 A second performance update on the activity and monitoring of S.256 funding transferred from Shropshire CCG to Shropshire Council was given by Ruth Houghton, Head of Social Care, Efficiency and Improvement.

6.2 It was highlighted that Appendix A was data as far as we had; validation was still outstanding, but this was the best estimate at the time. With regard to carer's information at Appendix B, it was suggested that it would be good to triangulate this information with NHS England and Primary Care (contact Graham Whiting, Primary Care Lead, to help facilitate data transfer). This was welcomed.

6.3 **RESOLVED**

a) That the activity to date against each of the expenditure allocations be noted.
b) That the annual performance activity against the suite of Local Authority performance indicators (both national and local indicators) be reported to the board in the autumn of each year, once validated and published by the information centre.
c) That the Health and Wellbeing Board prioritises areas for in depth review as part of the forward plan to include preventive services and locality commissioning.
d) That carers data be triangulated between Shropshire Council, Primary Care and NHS England.

7 Future Fit Update: QUALITY & PERFORMANCE

7.1 A verbal update on Future Fit was given by Dr Caron Morton, from the Shropshire Clinical Commissioning Group. She briefly outlined that extensive engagement would be taking place over the next four months to a year. Work streams will link in to this and underpinning modelling was also being undertaken.

7.2 Significant work on communicating the outcome of this to the public was crucial and it was anticipated that Future Fit will present options to the public sometime in 2015.

8 Equalities Charter: FOR DECISION

8.1 An amended Equalities Charter was considered for approval by the Health and Wellbeing Board and attached at Appendix A.

8.2 **RESOLVED:** That the Health and Wellbeing Board adopts the Equalities Charter at Appendix A and endorses it for ratification across the Health Economy.

9 Physical Inactivity: FOR INFORMATION/DISCUSSION

9.1 A link to an all-party commission document on physical activity called 'Tackling Physical Inactivity – A Coordinated Approach', was generally discussed by the Health and Well Being Board.

9.2 The document highlighted 5 vital areas for action;

- A national plan of action
- Getting the message out
- Design physical Activity back into our everyday lives
- Making physical activity a lifelong habit
- Proving success

9.3 The Board welcomed the document and agreed that it provided a useful template for the development of a local strategy. As a county Shropshire was rich in green space, but needed more activity areas and to encourage people to be more active more often. Kevin Lewis stated that the most serious risk factor was physical inactivity – it had significant consequences on both our health and the economy.

9.4 It was agreed that next year (2015) it would be good for the Health and Wellbeing Board to focus on this issue, as they had done with Dementia this year.

9.5 It was also agreed that a strategic view needed to be taken first about what was actually happening in Shropshire now and then to work on plugging the gaps in the future. It was agreed that a report would be made to a future meeting in due course.

Signed …………………………………………………… (Chairman)

Date: ……………………….

Health and Wellbeing Board
6th June 2014

Community Safety Strategy Refresh

Responsible Officer
Email: Andrew.gough@shropshire.gov.uk Tel: 01743 253963

1. Summary

1.1 The attached documents are the refreshed Community Safety Strategy for 2014 – 17 and the supporting information including crime, drug and alcohol misuse and related statistics that underpin its development. The document is also underpinned by a Joint Strategic Assessment (link to the assessment below).

1.2 The Community Safety Strategy has a full refresh every three years, although is updated as needed annually.

1.3 The refresh ensures that the strategy considers the latest information on crime and community safety trends and concerns for Shropshire and has been widely consulted on over recent months.

2. Recommendations

2.1 That the Health and Wellbeing Board discuss the refreshed Community Safety Strategy and consider linkages and implications for the Health and Wellbeing Strategy and work plan.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The Health and Wellbeing Board and its partners including the Safer Stronger Communities Partnership works to reduce health inequalities across Shropshire.

4. Financial Implications

4.1 There are no financial considerations related to this report.

5. Background

n/a

6. Additional Information

6.1 previous Community Safety Strategies can be found here.

7. Conclusions

n/a

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices Crime Reduction Community Safety and Drug & Alcohol Strategy 2014 – 17 Supporting Documents and Data

Crime Reduction, Community Safety and Drug & Alcohol Strategy 2014 - 2017

DRAFT

Shropshire Safer Stronger Communities Partnership

Research and intelligence

Shropshire Council

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Foreword

Crime, disorder and substance and alcohol misuse have a direct impact on individuals and communities in Shropshire. The Safer Stronger Communities Partnership is responsible for the development and co-ordination of community safety and crime prevention programmes in Shropshire. Achieving successful results should mean that people feel safer which, in turn, should ensure that the Partnership makes a real difference to the quality of life for Shropshire residents during the next three years.

Shropshire Safer Stronger Communities Partnership

The Safer Stronger Communities Partnership is the Community Safety Partnership (CSP) in Shropshire. The Crime and Disorder Act 1998 placed a statutory duty on a wide range of agencies to work together to tackle crime and improve community safety. Each Local Authority area was required to establish a CSP to promote the practice of partnership working to reduce crime and disorder. Each CSP is expected to develop and implement a three year strategy to tackle problems in its area. In doing so, the agencies represented on the CSP are required to work in partnership with a range of other local public, private, community and voluntary groups, and with the community itself. This approach recognises that both the causes of crime and disorder and the interventions required to deliver safe and secure communities' lies with a range of organisations, groups and individuals working in partnership. Crime reduction is not solely the responsibility of the police. Partners include:

Shropshire Council
Shropshire Clinical Commissioning Group
Shropshire Fire and Rescue Service
West Mercia Police
West Mercia Youth Offending Service
Probation Service
Criminal Justice Forum

Introduction

Why develop a Strategy?

Every three years the Safer Stronger Communities Partnership is required to produce a strategy which is based on a strategic assessment which identifies 'vulnerable' localities and those crime types which have increased or decreased. The assessment forms the basis of the strategy which sets out the priorities that the Partnership will focus on. The Strategy does not identify those activities which will be undertaken to deal with local problems as these will be set out in individual action plans.

A performance management system will continue to operate, and trends, local issues and performance will also be assessed using data provided by partners. The partnership will also seek to learn from good practice established elsewhere by liaising closely with other Community Safety Partnerships. The partnership recognises that during the lifetime of this Strategy issues might change and different community concerns could surface. The partnership will use data, information and community based reports to ensure it maintains a good understanding of the issues which need to be addressed within Shropshire. The Strategy will be reviewed annually as part of the Strategic Assessment and priorities will be revised to ensure the strategy remains flexible and adapts to local need.

Executive Summary

National Overview

The Coalition Government has made it clear on a number of occasions that it believes that "effective partnerships play a crucial role in helping to tackle crime and reduce re-offending". Since 2011 the crime and disorder and community safety 'landscape' has undergone a number of changes that have had an impact on how partnership working to address crime reduction, community safety and substance misuse is delivered.

In November 2012 Police Authorities in England and Wales were abolished and replaced with elected Police and Crime Commissioners (PCC). The Primary Care Trusts ceased to exist in 2013 with the public health function moving over to the local authority and the creation of Clinical Commissioning Groups. The Coalition Governments spending cuts have led to a change in both individual organisational structures and partnership arrangements. With a shrinking public sector, the Government has advocated a greater role for third sector organisations and business in service delivery. There is also an increased expectation that residents could play a more active role in tackling the issues within their communities.

The Government feels that the focus of Community Safety Partnerships should be on "taking actions and achieving outcomes not process and bureaucracy", so there has been a push for priorities to be agreed and delivered at a local level. The drive for local priorities however does not mean that the Government has not set national priorities that influence how partnerships deliver responses to local issues. National priorities include: new powers around anti social behaviour; reducing knife, gun and gang crime; controlling the sale and supply of alcohol; reducing reoffending and improving rehabilitation; ending violence against women and girls; and reducing drugs misuse and dependence. These priorities will be reflected in regional plans (Police and Crime Commissioners West Mercia Police and Crime Plan – see appendix 2) and the Partnerships strategy.

Shropshire Overview

Shropshire is a large county in the West Midlands, with a population of around 293,400 of mainly white British ethnicity and a high proportion of people aged over 50 years old. Like many rural areas, Shropshire is expecting an increase in the future population of people aged 65 years and over. Overall the county is fairly affluent – however there are areas of deprivation. Shropshire has low earnings, although it benefits from a low unemployment rate with the majority of employment in the public sector. The geography of Shropshire is diverse. The southern and western parts of the county are generally more remote and self-contained and have been identified as a rural regeneration zone. The landscape provides the backdrop for the market towns as key focal points for communities, businesses, leisure and tourism. Shropshire is entirely inland and its borders also have importance for the people living at the edges of the county – as people may have historic, family or work connections with the bordering areas of Mid Wales, Cheshire, Staffordshire, Telford and Wrekin, the West Midlands conurbation, Worcestershire and Herefordshire.

In respect of total recorded crime Shropshire has seen a decrease between 1st October 2012 and 30th September 2013 of 12.1%. This is part of a continuing trend in reductions in crime going back to 2004. Between 1st October 2012 and 30th September 2013 there has been a reduction in recorded Domestic Burglary of 30%. Anti-social behaviour is also down in Shropshire. Anti Social Behaviour (ASB) is sometimes referred to as 'nuisance', 'neighbour disputes' or 'disorder'. It can take many forms from graffiti and dog fouling to the more serious behaviour that can blight the lives of individuals. There has been a fall of 753 to 11,003 from 11,756 incidents in the previous 12 months (Sept. 11 - Oct. 12).This is a fall of 7%.

The West Mercia Police Crime and Safety Survey is a telephone survey whereby people living in the West Mercia area are selected at random and called using either a landline or mobile phone number. In total there were 1,341 respondents in Shropshire. The results from the West Mercia Police Crime and Safety Survey for Shropshire for the period October 2012 - September 2013 highlighted the following concerns.

1. Speeding / parking (18.1%)
2. Youth nuisance / loitering groups (9.1%)
3. Theft / shoplifting / burglary (7.8%)
4. Drug problems (7.2%)
5. Rowdy behaviour / drunkenness (6.5%)

When asked how much of a problem various issues are in their local area, the issues respondents most frequently state are a 'very' or 'fairly big problem' are as follows:

1. Speeding traffic (40%)
2. Cars parked inconveniently / dangerously or illegally (27.7%)
3. People using or dealing drugs (17.6%)
4. Under-age drinking (15.8%)
5. Groups of people loitering / hanging around on the streets (14.3%)

- 13.4% state that crime and ASB is a fairly or very big problem in their local area. This compares to a figure of 16.8% for West Mercia as a whole. There is a general downward trend with this figure having fallen from 18.9% (Q1-4 2011/12).

- 2.4% state that crime / ASB has a 'big impact' on the quality of the day to day life in their neighbourhood. This compares to a figure of 3.3% for the force and is the lowest figure in West Mercia. There is a clear downward trend with the figure having fallen from 4.9% (Q1-4 2011/12);

When those answering 'big impact' are asked what crime and anti-social behaviour issues most affect them (open question), the most frequent comments were:

1. Youths - groups loitering / hanging around (12.5%)
2. Youth nuisance (11.8%)
3. Neighbour disputes / nuisance neighbours (5.9%)

Analysis, using West Mercia data to identify what the key drivers of the harm measures 'impact' (impact of crime and ASB on someone's quality of life) and perceptions of crime / ASB' are (i.e. what issues cause harm) highlighted the following:

- Perceptions of harassment (i.e. extent that this is a local problem - this frequently relates to verbal abuse from loitering groups)
- Being a victim of harassment
- Perceptions of hate crime
- Being a victim of hate crime
- Perceptions of being mugged or robbed
- Perceptions of being verbally abused

Strategic Priorities

Priority 1 - Reducing Serious Harm

Reducing Offending and Re-offending:
Reducing re-offending is a statutory priority placed on Community Safety Partnerships to reduce re-offending in their local authority area. Shropshire offers a service, which targets those who are most at risk of re-offending. This is done through close working with partners in co-located premises. This is referred to as ‘Integrated Offender Management’ (IOM) which provides an overarching framework that brings together a range of statutory, non-statutory and third sector agencies to prioritise interventions with offenders who cause crime in their locality. IOM builds on other offender-focused programmes, such as Prolific and other Priority Offender (PPO), Drug Interventions Programme (DIP) and Multi Agency Public Protection Arrangements (MAPPA). In targeting those offenders of most concern in every locality, regardless of whether they are under *statutory supervision or not*, IOM aims to manage them consistently to turn them away from crime. IOM brings together agencies involved in tackling the crimes of concern to local communities. It operates three key strands:

- Prevention – identifying those not subject to statutory supervision but at risk of re-offending and engaging with them.
- Promote compliance and reduce re-offending – identifying and targeting those offenders who cause the most harm within local communities; identifying those at highest risk of re-offending.
- Enforcement – where support fails to reduce an individual’s offending/re-offending enforcement action is swiftly taken to protect the public.

For further information on reducing re-offending please visit:
http://www.shropshire.gov.uk/media/852081/Shropshire-s-Reducing-Re-offending-Strategy-2014-15.pdf

Alcohol and Substance Misuse:

a) Substance Misuse:
The relationship between drug misuse and crime is complex. Problem drug users are responsible for at least half of acquisitive crimes, such as shop lifting and burglary. Engaging problem drug users in effective treatment has a number of benefits not only for the individual, but for their families and the wider community. It has been nationally estimated a typical drug user spends £1400 a month on drugs generally committing crime in order to fund their habit. According to national statistics any heroin or crack cocaine user not in treatment commits crime costing an average of £26,000 per year each. Drug misusing offenders in treatment use less illegal drugs, commit less crime, and generally improve their health and well-being. It has been projected nationally that engagement in drug treatment prevents 4.9m crimes a year saving an estimated £960m to individuals, business and public sector organisations.

In 2010 the coalition government launched its national drug strategy focused on reducing demand, restricting supply and building recovery. In the recent Police and Crime Plan 2013 -2017 for West Mercia one of the key objectives of the strategy is to reduce the harm caused by drugs with a focus on treatment targeting the most harm. To support delivery of the national and West Mercia wide strategies and to address local need the Drug and

Alcohol Action Team (DAAT) are working with partners to reduce demand, restrict supply and build a recovery orientated treatment system to support sustainable recovery for the future through a number of initiatives highlighted below.

Reduce Demand

I. To ensure drug using offenders receive the intensive treatment they need there is a systematic approach to identification and referral through the Drug Intervention Programme (DIP) either through voluntary or proactive engagement. Referral pathways include the custody suite and through the courts either by a community sentence with a treatment order attached or voluntary engagement through the court outreach service. In 2012 -2013 a total of 267 offenders were referred into DIP through the custody suite; of these 42% engaged in treatment, a 197 offenders were identified through the court service of which 56% were already known to treatment, 22% entered treatment and 10% received advice and information.

II. Supporting schools through PSHE programmes to provide good quality drug and alcohol education.

III. To identify children and young people affected by parental drug and alcohol use to ensure they get the support they need and to reduce the trans-generational cycle of misuse.

IV. To support identification within the criminal justice system, ‘Test on Arrest’ was introduced by West Mercia Police in July 2012. This involves drug testing offenders arrested for burglary, theft, robbery, begging or one of the trigger offences and if positive, applying the powers available to ensure engagement in structured treatment.

Restrict supply

I. Work with police colleagues and ensure treatment resources are available to support any proactive dismantling of local markets.

II. Develop a local drugs problem profile to support commissioning and co-ordination of services.

Building Recovery

Ensure commissioned services are recovery focused and that people within the criminal justice service have access to a range of services to include mutual aid and peer support to promote sustainable recovery.

b) Alcohol:

Alcohol plays a significant role in our society with many positive aspects including providing employment and community cohesion. The Beer & Pub Associations Regional Impact Study shows that in 2010/2011 Shropshire had 461pubs which employed 3,357 people (1,091 full time and 2,266 part time), as well as 15 breweries based in the county. However, it is also evident that the misuse of alcohol can have a detrimental impact, contributing to individual, social and economic harm. Alcohol is one of the biggest lifestyle risk factors for disease and death in the UK after smoking and obesity. It impacts on individuals, families and communities across Shropshire in a range of ways including economic performance, worklessness, health inequalities, poor outcomes for children and families, reduced quality of life, anti- social behaviour and crime and disorder. The problems related to alcohol misuse can be complex and may involve a range of

organisations from police and fire, to health and local authority services having to manage and provide interventions to tackle the issues associated with misuse.

The DAAT has produced an alcohol strategy for Shropshire which sets outs a series of actions to tackle alcohol misuse over the next 3 years and will contribute to the delivery of Objective 2 of the Police and Crime Plan to reduce the volume of violent crime with an emphasis on addressing the harm caused by alcohol.

For more information on Alcohol and Substance Misuse please go to:
http://shropshire.gov.uk/drugs-and-alcohol/shropshire-drug-and-alcohol-action-team/

Domestic Abuse:

Domestic abuse is a hidden issue. It is a problem that occurs within the home, often without witnesses. Yet it is a crime that has tremendous costs to family and community life and to national and local services. Research shows that children who have been exposed to domestic violence are more likely than their peers to experience a wide range of difficulties. This can include behavioural, social, and emotional problems such as aggression. Children exposed to domestic violence are more likely to experience difficulties in school. Research also indicates that males exposed to domestic violence as children are more likely to engage in domestic violence as adults; similarly, females are more likely to be victims. National statistics estimate that 1 in 4 women experience abuse or violence from a partner at some time within their adult lives. Shropshire has a County Domestic Abuse Forum that consists of a wide range of agencies and organisations that are in a position to influence decision making and/or have access to local resources. The Forum has a dedicated website which gives information and advice to those who may be victims of domestic abuse.

For more information on the approach to Domestic Abuse go to: Shropshire County Domestic Abuse Forum – Freedom Shropshire website:
http://www.freedomshropshire.org.uk

Arson:

Arson is the number one cause of fire in Shropshire. Deliberate fires can be started to conceal another crime, such as theft, murder etc. and those where the perpetrator stands to gain financially, such as cases of insurance fraud. In Shropshire there have been 112 deliberate primary fires in the period 1st October 2012 to 30th September 2013. In the same period there were 443 deliberate secondary fires. There were 37 injuries from accidental fires and 2 fatalities from accidental fires in dwellings. SFRS is working with partners in a proactive way in order to reduce the number of fire crimes committed and has worked with the Police and justice services in particular to ensure that those committing fire crimes are brought to justice. Partnership working is key in tackling the problem of fire crime in Shropshire and a number of highly successful schemes have resulted in dramatic reduction in the incidence of fires.

For more information on Shropshire Fire and Rescue Service and its service plan:
http://www.shropshirefire.gov.uk/managing-the-service/planning-and-performance/annual-service-plan

Priority 2 - Supporting Vulnerable People

Anti-Social Behaviour:

Safer Stronger Communities Partnership aims to reduce crime and disorder and substance misuse. It also aims to address anti social behaviour. The Partnership recognises that anti-social behaviour can blight the lives of communities and effect perceptions of safety and security within individual’s own homes as well as on the street. The image of any area can have a significant impact on crime. If an area is allowed to deteriorate community respect and care can be lost and result in an increase in crime and disorder. The term 'anti-social behaviour' acts as an umbrella description for a variety of disruptive and unacceptable behaviour that can have a detrimental impact on the quality of life within communities. Anti-social behaviour is sometimes referred to as 'nuisance', 'neighbour disputes' or 'disorder'. The Crime and Disorder Act 1998 definition is:

> *“Acting in a manner that caused or is likely to cause harassment, alarm or distress to one or more persons not of the same household as himself”*

In order to address anti-social behaviour and make the reporting of ASB easier, the Partnership has established a single reporting number. To support the reporting number a small, Co-located Team has been established which consists of officers from the Council and Police, that will co-ordinate multi agency responses to ASB, deal with perpetrators and support victims. The single ASB reporting number is: 0345 678 9020.

The Coalition Governments Anti-social Behaviour, Crime and Policing Act aims to introduce simpler, more effective powers to tackle anti-social behaviour that provide better protection for victims and communities. The Act will tackle irresponsible dog ownership and the use of illegal firearms by gangs and organised criminal groups, and strengthen the protection afforded to the victims of forced marriage and those at risk of sexual harm.

Hate Crime:

Hate crime is commonly associated with prejudice against particular individuals such as those from minority ethnic groups or hatred based on homophobia. A more accurate definition of hate crime is any crime where prejudice against an identifiable group is a factor in determining who is victimised. In the period Oct. 2011 – Sept. 2012 there were 170 incidents recorded as hate crime, in the same period for 2012 – 13 there were 153. As with both Anti- social Behaviour and Domestic Abuse the simplistic use of quantitative targets based on incident data does not give a true picture of the level of the problem or the work taking place to address it. The number of incidents reported and recorded might rise due to initiatives undertaken by partners or improved engagement with the public. In such cases an increase in incident numbers should not be used solely to indicate deterioration or improvement in performance.

Priority 3 - Public Reassurance and Community Engagement

Tackling Crime:

Domestic burglary, vehicle crime and robbery are crimes that can be disruptive and potentially very distressing and are often the result of opportunist criminal behaviour. Between October 2012 and September 2013 total crime in Shropshire was down by 12.1% compared with the same period in 2011 – 12. This is part of a continuing trend of reductions in crime going back to 2004. Domestic Burglary saw a reduction of 30% over the same period. However, there has been a small increase in theft from motor vehicles

which can be explained by people leaving valuable items such as Satellite Navigation Equipment. Despite numerous campaigns advising people to remove valuables from their vehicles, or to put them out of sight, theft from motor vehicles is still occurring.

Shoplifting has increased by 3.6% in the period October 2012 to September 2013. In the West Mercia Police and Crime Plan it states that across West Mercia during 2011/12 there were 5,682 recorded offences of shoplifting, and businesses also suffered from a range of other crimes including burglary and criminal damage. The Police and Crime Commissioner has developed a business crime strategy for West Mercia which includes tackling shoplifting.

For more information on the Business Crime Strategy: **http://www.westmercia-pcc.gov.uk/Document-Library/Publications/Business-Crime-Strategy-2014-16.pdf**

Increasing Public Confidence:

National research undertaken by Ipsos Mori lists a number of misconceptions held by the British public, one of which is that crime is not falling when the Crime Survey for England and Wales shows that incidents of crime were 19 per cent lower in 2012 than in 2006/07 and 53 per cent lower than in 1995. In the national and regional context, Shropshire is one of the safest places to live, work and visit. Crime has been falling in all areas of Shropshire since 2004.

A key challenge for the Partnership is to ensure that the reductions seen in crime and disorder are translated into feelings of safety and confidence in towns, villages and communities across the County. The Safer Stronger Communities Partnership recognises that there is a need to tell local communities what is being done and why. Local residents will develop views based on national news stories and the occasional local news story so they need to be given the full picture so that they understand what local partnerships are aiming to do, and that the actions put in place to reduce crime and disorder are part of a long-term solution to long-term complex problems.

Shropshire is a large rural county in West Mercia and many communities are isolated and remote. In order to address this West Mercia Police and Warwickshire Police are developing a strategy that covers a wide range of activities aimed at tackling the impact of Rural Crime on individuals and communities, reducing the harm caused by Rural Crime and making communities feel safer.

For more information on the Rural Crime Strategy:
http://www.westmercia-pcc.gov.uk/Document-Library/Publications/Rural-Crime-Strategy-2014-16.pdf

Appendix 1

Delivery Plan 2014 – 2017

	ACTION	OBJECTIVES/OUTCOMES	OWNERS	ANNUAL UPDATE	LINKS TO OTHER PLANS
Priority 1 : Reducing Serious Harm					
1A	Partnership working to tackle offending and reduce re-offending	A reduction in the rate of Adult re-offending (measured using NOMS and CRC Data)	Shropshire IOM Steering Group		Shropshire Reducing Offending Strategy / Police and Crime Plan
1B	Partners to deliver prevention, early intervention, enforcement and recovery approaches	To reduce the harm caused by drugs with a focus on treatment, and targeting those that cause the most harm	Shropshire Drug and Alcohol Action Team		Police and Crime Plan / National Drugs Strategy / West Mercia and Warwickshire Police Drug Strategy
1C	To reduce the harmful effects of alcohol experienced by individuals, families and local communities	Reduce the incidence of alcohol related crime and anti-social behaviour	Alcohol Strategy Steering Group		Shropshire Alcohol Strategy / Police and Crime Plan
1D	To work in partnership to protect the most vulnerable people in our society	Increase the reporting of domestic abuse incidents.	Shropshire County Domestic Abuse Forum		Shropshire Domestic Abuse Strategy / Police and Crime Plan / Shropshire Children, Young People, and Families Plan 2014 Refresh / West Mercia and Warwickshire Police Domestic Abuse Strategy

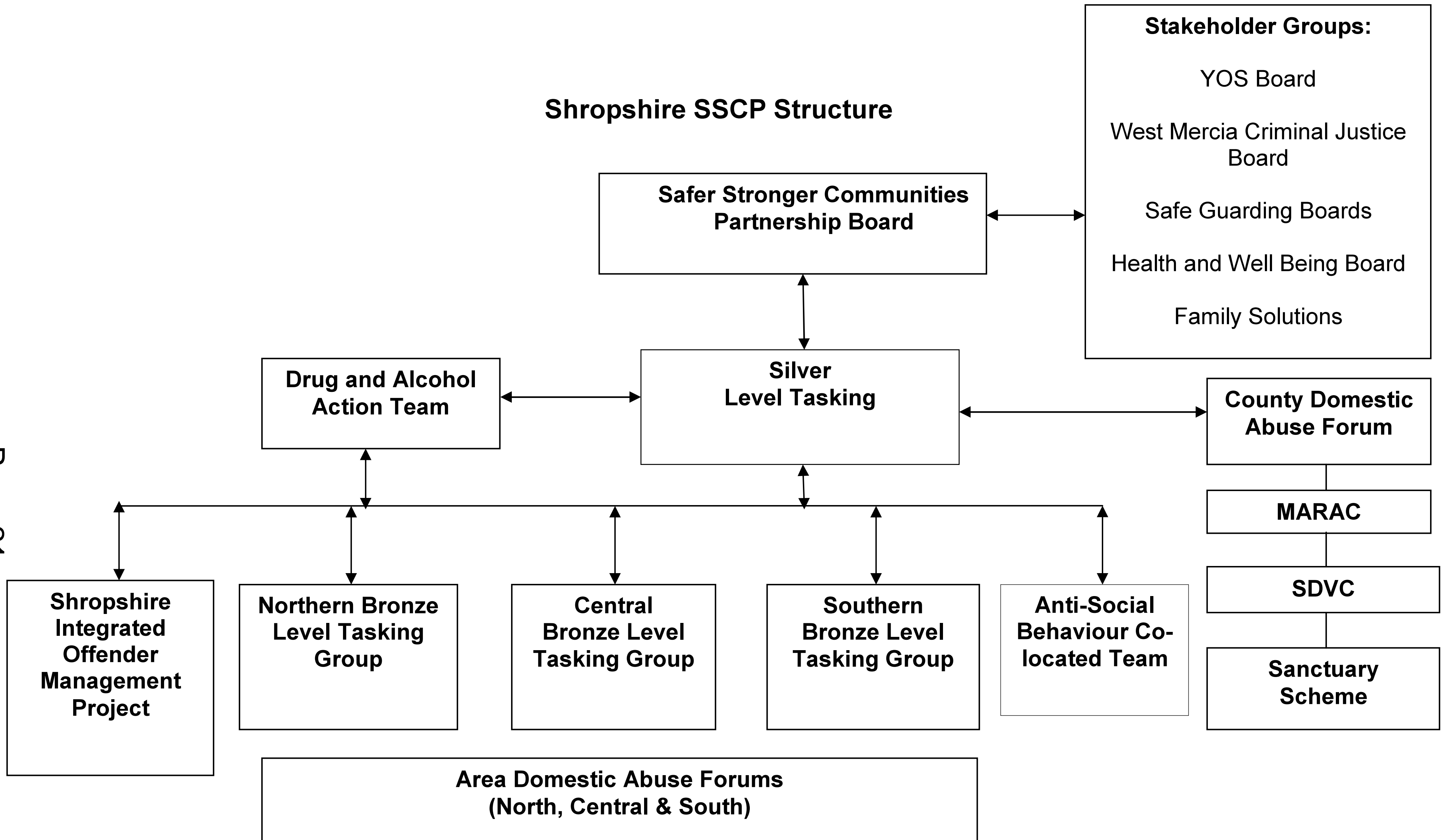
	ACTION	OBJECTIVES/OUTCOMES	OWNERS	ANNUAL UPDATE	LINKS TO OTHER PLANS
1E	To work in partnership to protect the most vulnerable people in our society	A reduction in the rate of proven re-offending”	West Mercia Youth Offending Service		Police and Crime Plan / Youth Justice Plan
1F	To work in partnership to tackle arson and reduce the number of people seriously injured or killed by fires.	A reduction in deliberate fires.	Shropshire Fire and Rescue Service		Police and Crime Plan
Priority 2: Supporting Vulnerable People					
2A	To reduce the volume of incidents of anti-social behaviour	A reduction in the number of reports made to the Police or Shropshire Council which sight ASB as a concern.	ASB Co-located Team / Shropshire Council / West Mercia Police		Police and Crime Plan
2B	To work in partnership to protect the most vulnerable people in our society	Increase in the number of reported hate crime	Hate Crime Steering Group		Police and Crime Plan / West Mercia and Warwickshire Police Hate Crime Strategy
Priority 3 : Public Reassurance and Community Engagement					
3A	Tackling Crime	Reduction in the overall crime rate	West Mercia Police		Police and Crime Plan

Page 19

The West Mercia Police and Crime Commissioner

The Police and Crime Commissioner for West Mercia is required to publish a Police and Crime Plan which sets out a range of activities which aim to tackle crime and improve community safety in an efficient and effective way. This includes 'protective services' areas such as organised crime, counter terrorism and managing dangerous offenders, as well as wider community safety issues such as crime prevention, road safety and the reduction of anti-social behaviour and drug and alcohol-related harm.

For more information on the West Mercia Police and Crime Plan: **http://www.westmercia-pcc.gov.uk/Document-Library/Publications/P&CPlanvariedFeb2014-FINAL.pdf**


Shropshire SSCP Structure
Stakeholder Groups:
YOS Board
West Mercia Criminal Justice Board
Safe Guarding Boards
Health and Well Being Board
Family Solutions
Safer Stronger Communities Partnership Board
Drug and Alcohol Action Team
Silver Level Tasking
County Domestic Abuse Forum
MARAC
SDVC
Sanctuary Scheme
Shropshire Integrated Offender Management Project
Northern Bronze Level Tasking Group
Central Bronze Level Tasking Group
Southern Bronze Level Tasking Group
Anti-Social Behaviour Co-located Team
Area Domestic Abuse Forums (North, Central & South)

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Crime Reduction, Community Safety Drug & Alcohol Strategy 2014 - 2017

Supporting Documents and Data

Shropshire Safer Stronger Communities Partnership

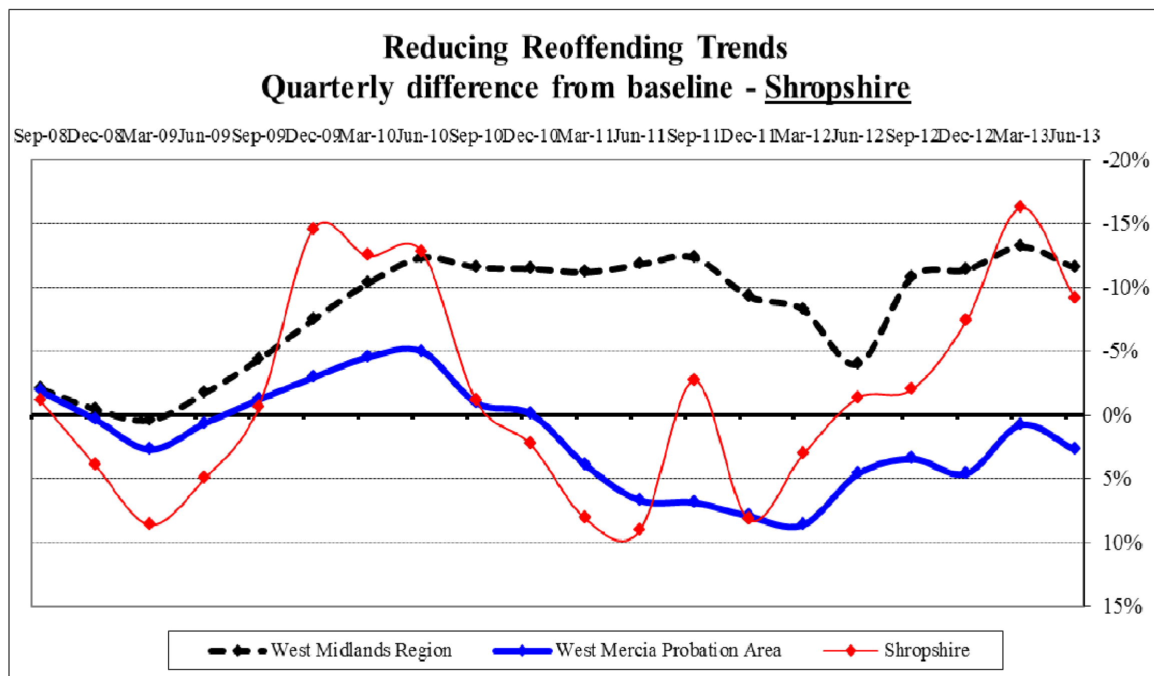
Shropshire Council

The information set out below supports the development of the Crime Reduction, Community Safety and Drug and Alcohol Strategy 2014 – 2017.

Priority 1 - Reducing Serious Harm

Reducing Offending and Re-offending:

Between June 2012 and June 2013 the number of offenders in Shropshire was 1681, of these 135 were re-offenders. This gave Shropshire a re-offending rate of 8.03%. The majority of offenders were male and aged 18 to 35 years (1032). Most offenders were aged 21-25 years. The majority of re-offenders had more than 10 previous offences (98) with re-offenders committing theft.



Safer Stronger Communities Partnership Objectives:

- Work with offenders, identified as a local priority in terms of their re-offending or the harm they cause in local communities;
- Provide a multi-agency Integrated Offender Management project from a co-located premise;
- Work with Prolific and other Priority Offenders (PPO) and those subject to Drug Rehabilitation Requirements (DRR), as a mandatory cohort, to support them in reducing their re-offending;
- Extend the wrap around service provision for PPOs to those subject to DRR;
- Expand the support available to a wider cohort of offenders, including non-statutory supervised offenders;
- Work with criminal justice agencies and services under the seven pathways known to reduce re-offending to develop and enhance joint working arrangements and a multi-agency problem-solving approach.

Alcohol and Substance Misuse:

Alcohol

Alcohol plays a significant role in our society with many positive aspects including providing employment and community cohesion. The Beer & Pub Associations Regional Impact Study shows that in 2010/2011 Shropshire had 461pubs which employed 3357 people (1091 full time and 2266 part time), as well as 15 breweries based in the county.

However, it is also evident that the misuse of alcohol can have a detrimental impact, contributing to individual, social and economic harm. Alcohol is one of the biggest lifestyle risk factors for disease and death in the UK after smoking and obesity. It impacts on individuals, families and communities across Shropshire in a range of ways including economic performance, worklessness, health inequalities, poor outcomes for children and families, reduced quality of life, anti- social behaviour and crime and disorder.

It is estimated that alcohol misuse costs the economy in England up to £25 billion per year. The problems related to alcohol misuse can be complex and may involve a range of organisations from police and fire, to health and local authority services having to manage and provide interventions to tackle the issues associated with misuse.

For further information:

Shropshire Alcohol Strategy 2013 – 16 http://shropshire.gov.uk/drugs-and-alcohol/the-shropshire-alcohol-strategy-2013-2016

Substance Misuse

The graph below compares referrals into DIP by each Local Authority within the West Mercia Police area and the proportion of those who are 'treatment naïve' (not previously known to treatment). In 2012/2013 around 58% of referrals into Shropshire DIP were already in contact with structured treatment services.

Shropshire DIP Successful Completions and Representations

	Qtr1 2012/2013	Qtr2 2012/2013	Qtr3 2012/2013	Qtr4 2012/2013
*Opiate Successful Completion	2 (3%)	6 (8%)	8 (10%)	9 (10%)
*Non-opiate successful completion	4 (24%)	5 (28%)	8 (38%)	8 (38%)
**Clients Representing Opiate	1 (0%)	0	4 (50%)	7 (29%)

**Clients Representing Non-opiate	0	3 (33%)	2 (50%)	3 (0%)

Source NDTMS Partnership and Police Force Area Q1 –Q4 2012/2013

Analysis of national data has identified a number of factors that can influence a positive treatment outcome. We now know those classed as treatment naïve are more likely to achieve successful outcome than those who have experienced multiple treatment journeys, if they receive the right level of treatment on entry. Data from the Partnership and Police Force Area also provides information on outcomes across a twelve month rolling period for both those leaving treatment in a planned way as a proportion of all those within the DIP caseload and those who represent to treatment within the first six months as a proportion of those who had successfully completed.

Drug Rehabilitation Requirement (DRR)

The Criminal Justice Act 2003 provided flexibility in community sentencing to enable courts to order a range of requirements to reduce re-offending. Under the DRR the offender is required, as part of their community sentence, to receive drug treatment tailored to meet their individual needs through a structured programme of treatment.

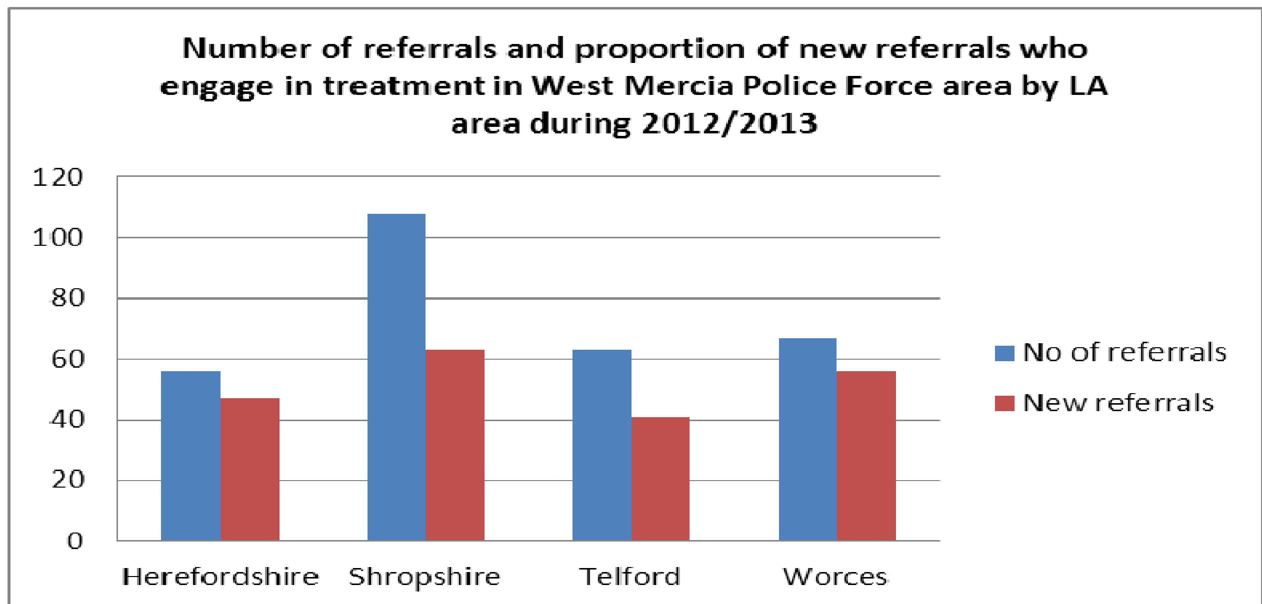
Drug Rehabilitation Requirements 2012/2013

	Target	Achieved
Commencements	46	50
Completions	18	21

Shropshire Test on Arrest Activity

Date	TOA Issued	Initial Appointment attended	Already Open to the team	Clients taken into treatment
1.7.12 – 31.3.13	108	85	33	7
1.4.13 – 30.6.13	40	28	22	0

Source: DIP Local figures Nov 2013



Objective: To improve treatment outcomes for drug misusing offenders.

Domestic Abuse:

There is, and continues to be, a depressing list of statistics that can be referred to when domestic abuse is discussed. Statistics such as:

- 1 in 4 women will experience intimate partner violence in their lifetime;
- 2 women a week are killed in the UK by their partner or ex-partner;
- Every year, 1 million women experience at least one incident of domestic abuse – nearly 20,000 women a week;
- 40% of young people have experienced domestic abuse in their relationships;
- 1 in 5 teenage girls has been raped by a teenage boyfriend;
- Nearly one million children witness domestic abuse in their homes every year in the UK.

(Source: Home Office website October 2009 and Crime in England and Wales 2006/07 report)

In Shropshire it is likely that approximately 30,475 women will experience domestic abuse during their lifetime. National research estimates that domestic abuse places a cost per capita ‘tax’ of some £143.00 per head of population. In Shropshire this equates to £41.6 million total population cost.

In Shropshire, figures indicate a reduction in the number of cases reviewed by the Multi-Agency Risk Assessment Conference (MARAC) with a decrease of 27 from 164 in 2011 to 137 in 2013. In the same period there has been an increase in the number of repeat cases from 18 to 30.
For further information:

Shropshire County Domestic Abuse Forum – Freedom Shropshire website:
http://www.freedomshropshire.org.uk/

Safer Stronger Communities Partnership Objectives:

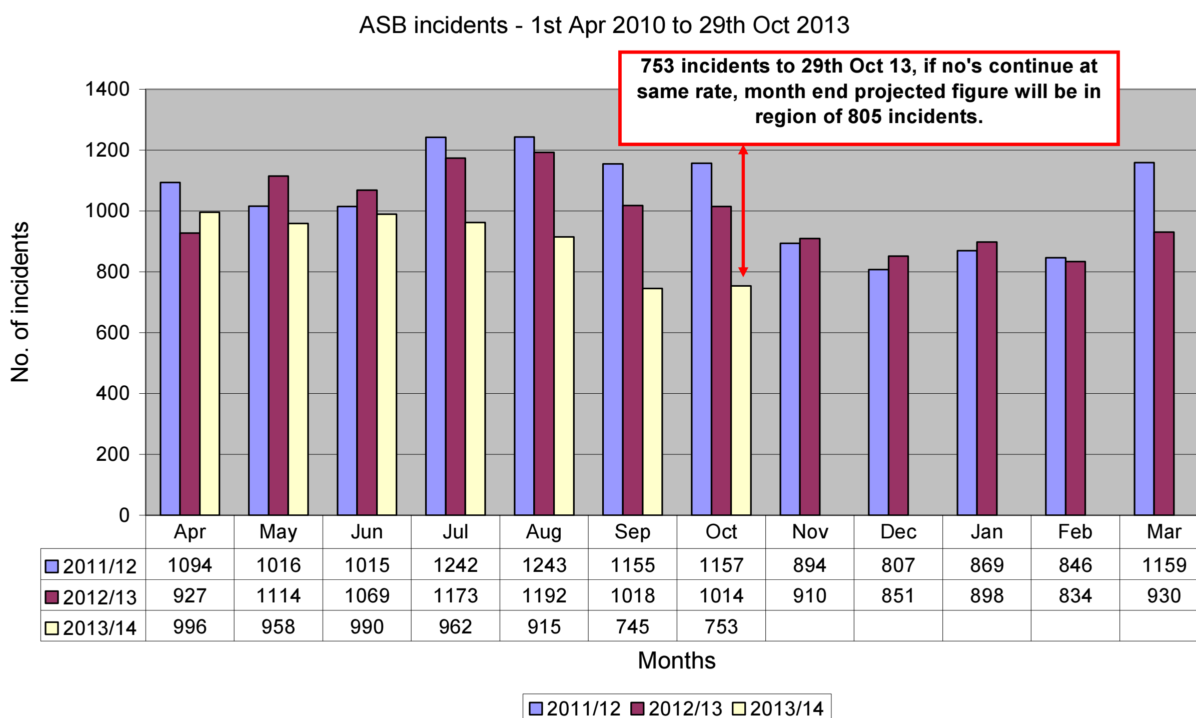
- To build on the existing inter-agency response to dealing with domestic abuse;
- To develop multi-agency training and awareness of domestic violence and abuse;
- To respond swiftly and effectively to those at greatest risk from domestic violence.

Arson:

Fatalities from accidental fires in dwellings	Injuries from Accidental Fires	Deliberate Primary Fires	Deliberate Secondary Fires
2	37	112	443

Priority 2 - Supporting Vulnerable People

Anti Social Behaviour:



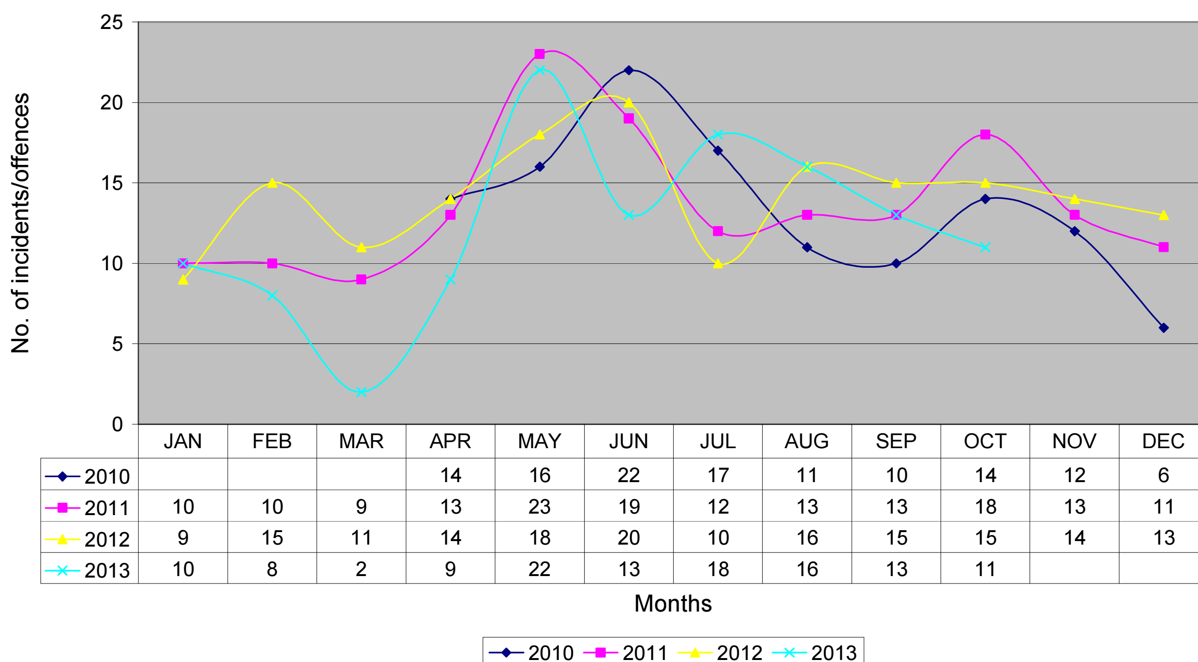
Overall trend in ASB is down There has been a fall of 753 to 11,003, from 11,756 incidents in the previous 12 months. This is a fall of 7%. Of these incidents 3951 had an alcohol or youth flag (36%).

Safer Stronger Communities Partnership Objectives:

- Work together with partners, sharing information to enable joint working and identification of risk and interventions for victims, witnesses and perpetrators of ASB;
- Signpost and refer victims, witnesses and perpetrators to appropriate services, when appropriate/necessary;
- Provide multi-agency support from a co-located premise.

Hate Crime:

Shropshire Partnership has a multi – agency protocol to tackle hate crime. This includes a recording system for reports of hate crime that was established in 2006. Much of the response to hate crime has been based on raising awareness not only of where people can report incidents but also what it is. The clear message from the partnership is that hate crime covers racist, disability, homophobic and transphobic abuse. Partners are continually encouraged to spread the word on the importance of Hate Crime incidents being reported. Partners have delivered awareness raising sessions in schools and colleges in an effort to make young people understand what hate crime is. However, the Partnership is aware that many people were afraid of reporting incidents, and more measures need to be in place to highlight organisations that can offer support.



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2010				14	16	22	17	11	10	14	12	6
2011	10	10	9	13	23	19	12	13	13	18	13	11
2012	9	15	11	14	18	20	10	16	15	15	14	13
2013	10	8	2	9	22	13	18	16	13	11		

Safer Stronger Communities Partnership Objectives:

- Increased reporting of Hate Crime;
- Increased support for victims of Hate Crime;
- Greater awareness of what hate crime is.

Priority 3 - Public Reassurance and Community Engagement

Increasing Public Confidence:

1st Oct 2012 to 30 Sept 2013

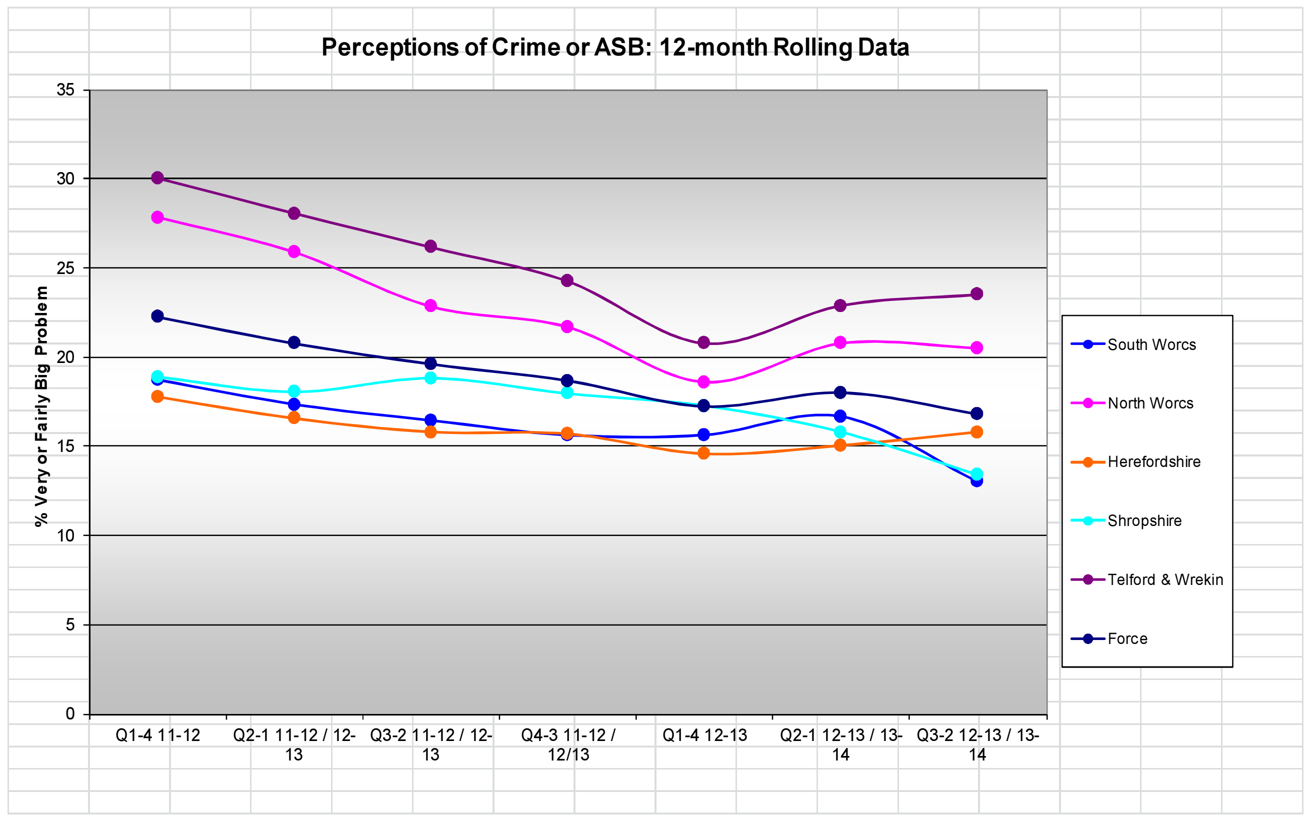
Crime Type Shropshire	2012	2013	% Change	% share
Domestic Burglary	722	502	30.5	4.5
Violence against the person with injury	1475	1148	22.2	10.3
Serious Sexual Offences	170	168	1.2	1.5
Robbery	70	60	14.3	0.5
Shop Lifting	1053	1091	3.6	9.8
Theft from a vehicle	77	87	13.0	0.8
Theft of a vehicle	193	174	9.8	1.6
Burglary other	1218	1191	2.2	10.7
Criminal Damage	2066	1715	17.0	15.4
Drug Offences	554	485	12.5	4.3
Serious Acquisitive Crime	1879	1608	14.4	14.4
Theft and Handling Stolen Goods	3436	3152	8.3	28.3
Violent Crime	3018	2516	16.6	22.6
Total Crime	12688	11150	12.1	100.0

Shop lifting and theft from a vehicle saw rises in levels last 12 months. Theft from a vehicle had a rise of 13% but this equates to only 10 All other crime types saw a decline, Domestic Burglary saw the largest decline of 30%

Source Iquanta

Safer Stronger Communities Partnership Objectives

- To promote and publicise campaigns and relevant crime prevention advice year;
- To ensure that Shropshire residents and tenants are aware of how to report anti-social behaviour, hate crime and domestic abuse;
- People feeling safer in their communities and neighbourhoods.
- Maximise Bronze Level Tasking meetings in order to address any increases in acquisitive crime at a local level;
- Reinforce the message of removing items from vehicles parked in public places in order to reduce theft from vehicles;
- Use data and information to identify victims, offenders and hotspot locations;
- To utilise all the resources available to the Partnership



Other Information:

Joint Strategic Needs Assessment (JSNA)

The JSNA has been a mandatory requirement for PCT's and Local Authorities since 2007. It seeks to identify health needs in the local population and inform the commissioning of services based on these needs. The Health and Social Care Bill 2011 has given a renewed focus on the JSNA by giving it a central role in bringing partners together in deciding priorities. These priorities will form the structure of the Health and Well Being Strategy, which will be key to commissioning health and social care services in the local area.

Shropshire Joint Strategic Needs Assessment:
http://shropshire.gov.uk/media/73886/Shropshire-JSNA-Summary-Document-2012.pdf

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Health and Wellbeing Board
6th June 2014

Health and Wellbeing Delivery Group Report to the Health and Wellbeing Board

Responsible Officer **Rod Thomson**
Email: Rod.Thomson@shropshirepct.nhs.uk Tel: 01743 253934

1. Summary

1.1 Where appropriate the Health and Wellbeing Delivery Group implements decisions, actions and the HWB Strategy and the Better Care Fund as required by the Health and Wellbeing Board. This report aims to highlight issues raised at the Delivery either for information, endorsement or decision.

1.2 For Information:

1.2.1 **HWB Prevention Group** – As discussed at the Health and Wellbeing Development Session in April the HWBB would like to ensure that prevention is captured appropriately across HWB work streams and across our partner organisations.

1.2.2 A Prevention Group has formed that will report to the HWBB through Service Transformation Group of the Better Care Fund.

1.2.3 The membership of this group and draft terms of reference will be discussed and agreed at a meeting on 2nd June. It is proposed that members will include Shropshire CCG, Shropshire Council, provider organisations, voluntary and community sector, Healthwatch and community member(s).

1.2.4 **Purpose** (from the ToR) - As one of the four key themes of the Better Care Fund (BCF), the purpose of the Health & Wellbeing Board Prevention Group is to lead on creating a collective understanding of prevention in Shropshire and how prevention will work to improve health and reduce inequalities. This group will ensure that prevention ethos and activity is embedded within the Better Care Fund and all of the Health and Wellbeing Board's work programmes; and will ensure the delivery of the prevention strand of the BCF. It will also provide the framework and opportunity for prevention to be supported and embedded within the work programmes of all our partners (including statutory, non-statutory, and voluntary and community sector organisations), ensuring that we are making clear progress in improving health and driving down health inequalities.

1.3 For Information:

1.3.1 **Mental Health Section 136 –** The Delivery Group received an update on work being undertaken locally to address issues around Section 136 of the Mental Health Act (the

police can use section 136 of the Mental Health Act to take people to a place of safety when they are in a public place; the Police can do this if they think someone has a mental illness and are in need of care), from Linda Izquierdo (Shropshire CCG).

1.3.2 Concerns regarding communication between the Police and Health colleagues and the use of Section 136 has prompted a working group to establish issues and resolutions in Shropshire. Issues with cross boundary working (across Staffordshire, Shropshire and Wales) as well as issues with available places of safety and staff availability are being considered.

1.3.3 Mental Health Awareness sessions are being delivered to relevant partners.

1.4 For Information:

1.4.1 **Deprivation of Liberty (DoL)** - The Delivery Group discussed the recent rise in applications of Deprivation of Liberty Safeguards in Shropshire following a Supreme Court ruling. The ruling as described below has required Adult Social Care to consider and plan for this rise in applications.

1.4.2 An excerpt from an article in Community Care by Mithran Samuel on March 19, 2014 in Adults, Deprivation of liberty, Legal, Mental Capacity Act:

> 'All people who lack the capacity to make decisions about their care and residence and, under the responsibility of the state, are subject to continuous supervision and control and lack the option to leave their care setting are deprived of their liberty, ruled the court.
>
> The ruling – in the cases of P v Cheshire West and Chester Council and P&Q v Surrey County Council - threw out previous judgements that had defined deprivation of liberty more restrictively.
>
> The person's compliance or lack of objection to their placement, the purpose of it or the extent to which it enables them to live a relatively normal life for someone with their level of disability were all irrelevant to whether they were deprived of their liberty, ruled the court.
>
> This means that many people are likely to have been deprived of their liberty unlawfully and without safeguards in settings including care homes and supported living placements. This suggests that proper application of today's judgement would see a significant hike in Dols case numbers regarding care home placements, and also applications to the Court of Protection to authorise deprivations of liberty in supported living.'

1.5 For Information

1.5.1 **Help 2 Change** – Shropshire Council Cabinet have agreed the development of Help 2 Change within IP&E (please see Additional Information below for more information about Help2Change). The business plan that will include details of how this will work and how Help 2 Change will take shape are currently under development and will come to the Health and Wellbeing Board for endorsement. In line with Shropshire Council policy the plans will be open for consultation.

1.6 For Information

1.6.1 **Pharmaceutical Needs Assessment** (PNA) – The responsibility for the development of the Shropshire Pharmaceutical Needs Assessment now rests with Shropshire Council. Public Health are working with the Local Pharmaceutical Committee to develop an appropriate questionnaire to gather information from Pharmacies. There will also be consultation with patient groups and other stakeholders. If you would like a copy of the draft questionnaire for pharmacies please contact Penny Bason (penny.bason@shropshire.gov.uk).

2. Recommendations

2.1 That the Board accept and provide any comment on sections **1.2 through 1.6**

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The work of the Health and Wellbeing Board impacts on Health Inequalities; and all work being undertaken by the Board's work streams considers impact on health inequalities.

4. Financial Implications

4.1 There are no immediate financial implications associated with this report.

5. Background

5.1 The Health and Wellbeing Delivery Group (formerly the Health and Wellbeing Executive) meets monthly – 6 weekly and is responsible for the delivery of the Health and Wellbeing Strategy and the Better Care Fund.

6. Additional Information

News article Help2Change
Cabinet papers

7. Conclusions

n/a

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Karen Calder
Local Member
Appendices

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Health and Wellbeing Board
6th June 2014

Memorandum of Understanding – Overview and Scrutiny, Healthwatch, Health and Wellbeing Board

Responsible Officer
Email: penny.bason@shropshire.gov.uk Tel: 01743 252767

1. Summary

1.1 During 2013 Healthwatch, Overview and Scrutiny and the Shropshire Health and Wellbeing Board have made significant effort to understand each other's roles post implementation of the Health and Social Care Act 2012. Two stakeholder events have given rise to an action plan (link below), which was approved by the Health and Wellbeing Board and a Memorandum of Understanding between the HWBB, OSC and Healthwatch Shropshire (please see **Appendix A for the DRAFT MoU).**

1.2 Additionally a paper by the LGA – Roles, relationships and adding value, sets out how the three groups can work together, avoid duplication and support our local health economy in the way that its services are planned and delivered to improve the health and wellbeing of our population (see below in **Additional Information** for a link to this paper).

1.3 The Memorandum of Understanding has been reviewed by Health Overview and Scrutiny Committee and comments have been incorporated into the MoU below.

1.4 The Memorandum of Understanding is awaiting comments and consideration from the Shropshire Healthwatch Board.

2. Recommendations

2.1 That the Health and Wellbeing Board consider and discuss the MoU making any relevant recommendations to change or update the MoU.

2.2 That the Health and Wellbeing Board approve the MoU pending any updates.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The Shropshire Health and Wellbeing Board considers inequalities and health inequalities in all of its decision making.

4. Financial Implications

4.1 There are no financial considerations directly related to this report.

5. Background

See below.

6. Additional Information

6.1 Please use the following link for the agenda, papers and minutes for the March Health and Adult Social Care Scrutiny Committee where the MoU was discussed:
HOSC

6.2 Please see the following link for the Centre for Public Scrutiny publication regarding Local Healthwatch, health and wellbeing boards and health scrutiny:
http://cfps.org.uk/publications?item=7195

6.3 Please see the following link for the Shropshire Health and Wellbeing Board report including the Healthwatch/ HWBB Action Plan:
Action Plan

7. Conclusions

n/a

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr Karen Calder
Local Member
Appendices Appendix A: Draft MoU

APPENDIX A

2014 DRAFT Memorandum of Understanding between:

- **Shropshire Health and Wellbeing Board,**
- **HealthWatch Shropshire,**
- **Shropshire's Overview and Scrutiny Committees (in particular Health & Adult Social Care Scrutiny Committee and Young Peoples Scrutiny Committee)**

1. Introduction

1.1 The aim of the Memorandum of Understanding [MoU] is to set out a simple framework for the constructive working relationship between Shropshire Health and Wellbeing Board [HWBB], Healthwatch Shropshire [HWS], and Shropshire's Overview and Scrutiny Committees [OSC], in particular Health & Adult Social Care Scrutiny Committee [HASCSC] and Young Peoples Scrutiny Committee [YPSC].

1.2 All organisations recognise that there are distinct and unique relationships and each has a distinctive role to play in improving health, social care and wellbeing for communities within Shropshire. Accordingly, the framework takes account of these relationships and specifies the ways in which all bodies will work together in delivering their respective statutory function (see Annex 1).

1.3 The MoU cannot override the statutory duties and powers of any of the organisations, and is not enforceable by law. However, all organisations agree to adhere to the principles set out in the MoU and will show regard for each other's activities.

1.4 The MoU sets out the collective responsibilities as agreed together and principles that the organisations will follow in the course of day-to-day working relationships. The MoU may need to be supported by protocols and other documents not included in this framework which set out in more detail operational considerations of how the organisations will work together.

2. Collective Responsibilities

2.1. The HWBB, OSC's and HWS recognise collective responsibility in improving the health and wellbeing of people in Shropshire. As such the groups will work together to both support each other and to provide appropriate challenge to ensure that the potential to improve the health and wellbeing of the population is maximised.

2.2 The HWBB, OSCs and HWS understand the importance of engaging with our population, and the requirement to incorporate patient/public feedback and/or engagement in all our planning and commissioning cycles. While understanding patient experience and acting as 'consumer champion' is a key function of Healthwatch Shropshire, there is a collective responsibility to ensure that all mechanisms for consultation and engagement are effective and efficient.

2.3 Decisions taken by the HWBB, OSC's and HWS must work to promote the sustainability and efficiency of services and work to promote the implementation of the prevention agenda and to reduce inequalities in Shropshire.

2.4 HWBB, OSC and HWS must ensure the smooth transition of appropriate information across organisations. This may require the development or enhancement of information sharing agreements.

2.5 The need to help create an environment where commissioners and services can make large scale changes. In this process we will need to take and manage risks appropriately and continue to work together to promote health and wellbeing of the Shropshire population

3. Principles of Cooperation

3.1 HWBB, HWS and OSC agree that their working relationship will be guided by the following principles:

- To promote the safety health and wellbeing of the Shropshire population;
- To hold each other to account for decisions and delivery;
- To respect each other and each organisation's independence;
- To maintain public confidence by engaging and communicating with the communities we serve;
- To consistently promote openness and transparency;
- To use resources efficiently and effectively.

4. Relationships

4.1 Shropshire Health & Wellbeing Board and Healthwatch Shropshire

4.1.1 As per legislation (Health and Social Care Act 2012), a representative of HWS will sit on the HWBB and have a full voting power.

4.1.2 HWBB and HWS will maintain dialogue with each other, as relevant, about the issues, risks and challenges involving health and wellbeing of the local population.

4.1.3 HWS will produce regular reports and advise the HWBB on the issues and needs of the local population in order to better inform the Board's decisions and support their engagement with the population of Shropshire.

4.1.4 The HWBB will ensure that HWS is able to input into the development of evidence for decision making at the Board and the development of the HWBB Annual Report.

4.1.5 The HWBB will endorse the annual work plan of HWS.

4.2 Shropshire Health & Wellbeing Board and Shropshire Overview and Scrutiny Committees

4.2.1 HWBB and OSC will maintain dialogue with each other, as relevant, about the issues, risks and challenges involving health and wellbeing of the local population. Particular focus will be given to issues relating to:

- Children and young people in Shropshire
- Local health and social care services

4.2.2 OSC will share with the HWBB relevant recommendations and/or information following scrutiny of services impacting on the health and wellbeing of Shropshire residents, which the HWBB will use to support partners and to inform future priorities.

4.2.3 OSC will share/ recommend/ report items to the HWBB that are identified as risks to the Health and Social Care economy.

4.2.4 The HWBB will routinely update OSC on matters of concern regarding health and wellbeing for the Board and for the population.

4.2.5 The HWBB will share its annual report with OSC who may wish to comment on it and provide constructive feedback on the Board's priorities and performance.

4.2.6 HASCSC will receive an annual report on the performance of HWBB and will act as a critical friend to the Board's activity and hold the Board to account on the delivery of its statutory obligations.

4.2.7 HWBB will consult OSC on both the Joint Strategic needs Assessment and the Health and Wellbeing Strategy, before these are finalised.

4.3 Healthwatch Shropshire and OSC

4.3.1 HWS and OSC will regularly communicate and contribute to each other's work programmes.

4.3.2 OSC chairs will be invited to participate on HWS working groups, as appropriate.

4.3.3 OSC may commission HWS to undertake specific investigations or research.

4.3.4 Shropshire Council Commissioner of HWS will take into consideration the needs of OSC and the HWBB when developing performance monitoring of HWS.

5 Other Areas of Cooperation

5.1. The working relationship between all organisations will also include:

i. Cross-referral of concerns
ii. Information sharing, including relevant contacts
iii. Seeking local resolutions to common issues

6 Resolution of Disagreement

6.1 Any disagreement between the HWBB, HWS and OSC will, wherever possible, be resolved at working level. If this is not possible, it will be brought to the attention of the MoU Managers and/or signatories who will then be jointly responsible for ensuring a mutually satisfactory resolution.

SIGNATORIES

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Carole Hall
Chair of Healthwatch Shropshire

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Karen Calder
Chair of Health & Wellbeing Board Shropshire

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Gerald Dakin
Chair of Shropshire Chair of Shropshire
Performance Management Scrutiny Health & Adult Social Care Scrutiny

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Joyce Barrow
Chair of Shropshire
Young Peoples Scrutiny

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