

SHROPSHIRE COUNCIL AUDIT SERVICES

DRAFT INTERNAL AUDIT REPORT

HEALTH PARTNERSHIP GOVERNANCE 2015/16

Assurance Level	Limited
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Customer	Rod Thomson – Director of Public Health
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Distribution	Rod Thomson – Director of Public Health Penny Bason – Health and Wellbeing Coordinator
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Auditor	Mark Seddon
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Fieldwork dates	March and April 2016
Debrief meeting	2nd June 2016
Draft report issued	24th May 2016
Responses received	
Final report issued	

Introduction and Background

1. As part of the approved internal audit plan for 2015/16 Audit Services have undertaken a review of Health partnership Governance.
2. This audit has been conducted in accordance with the Public Sector Internal Audit Standards.
3. Audit Services would like to express their thanks to the officers who assisted during the course of the audit.

Scope of the Audit

4. The scope, incorporating the objectives of the audit, was agreed with key contacts at the commencement of the audit.

To review the processes and procedures in respect of Health Partnership Governance in particular the role of the Health and Wellbeing Board and associated sub committees.

5. Audit work was undertaken to give assurance on the extent to which the following management control objectives are being achieved:
 - In accordance with the Health and Social Care Act 2012 there is a Health and Wellbeing Board with appropriate governance arrangements.
 - The Health and Wellbeing Board have an approved strategy which details the key local health and care issues.
 - The Health and Wellbeing strategy includes an explanation of the outcomes and how the Board will deliver the strategy.
 - The governance structure includes various sub-committees or working groups including partnership groups which support the implementation and monitoring of the strategy and core functions.
 - The development and implementation of the strategy has been effectively managed and monitored.
 - There is appropriate management of the financial costs associated with the Health and Wellbeing Board, the strategy and the sub groups.
6. The audit was delivered on time and within budget.

Audit Opinion

7. An opinion is given on the effectiveness of the control environment. This indicates the level of assurance that can be given based upon testing and evaluation of the system. This opinion will be reported to the Audit Committee and will inform the Annual Governance Statement which is included in the Annual Statement of Accounts. There are four levels of assurance; Good, Reasonable, Limited and Unsatisfactory.

As a result of the evaluation and testing of the controls that are in place in the areas examined, from work undertaken Audit Services are able to give the following assurance

opinion:

Limited	Whilst there is basically a sound system of control in place, the system contains weaknesses which leave some risks unaddressed and there is evidence of non-compliance with some key controls.
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8. Responsibility for the maintenance of a sound system of internal control rests with management. The audit process is designed to provide a reasonable chance of discovery of material weaknesses in internal control by means of sample testing. It cannot however guarantee absolute assurance against all material weaknesses, the overriding of management controls, collusion, or instances of fraud or irregularity.
9. Audit recommendations are rated Fundamental, Significant, Requires Attention or Best Practice according to their level of priority. Details are included in the Exception Report attached at **Appendix 1** and the Action Plan attached at **Appendix 2**. Implementation of these recommendations will serve to address the risks identified and enhance the procedures that are currently in place. The following table summarises the number of recommendations made in each category:

Total	Fundamental	Significant	Requires Attention	Best Practice
15	0	5	10	0

10. The review identified the following areas where appropriate management controls were in place and operating satisfactorily and, upon which, positive assurance can be given:

✓	The Health and Wellbeing Board have an approved strategy which details the key local health and care issues.
✓	The Health and Wellbeing strategy includes an explanation of the outcomes and how the Board will deliver the strategy.
✓	The governance structure includes various sub-committees or working groups including partnership groups which support the implementation and monitoring of the strategy and core functions.

11. The audit work identified a number of significant issues leading to the following recommendations:

- The sub-committee structure should continue to be developed to ensure that is appropriate and effective to support the implementation of the Health and Wellbeing Board Strategy. It should be ensured that there are Terms of Reference and meetings are held in accordance with these and that minutes are produced for all meetings, to evidence the effectiveness of the committees and compliance with the Terms of Reference.
- The Joint Strategic Needs Assessment (JSNA) document should be up dated and should clearly identify the key health priority areas so that there is a readily identifiable link to the priorities recorded in the Health and Well Being Board Strategy.

- The Co-Chair arrangement detailed in the Board Terms of Reference should be introduced to the Health and Wellbeing Board meetings and this should be clearly evidenced in the minutes of the meetings. The Co-Chairs should be elected on an annual basis in accordance with the Terms of Reference and there should be evidence in the minutes that this election has been carried out.
- It should be ensured that improvements are identified as a result of the failure to develop action plans and a performance framework in respect of the previous Shropshire Health and Wellbeing Strategy effective from 2012 to 2014. Actions should be identified from the improvements to ensure that the failures are not repeated in respect of the implementation of the current Shropshire Health and Wellbeing Strategy.
- A review should be carried out of funding arrangements, in particular to establish if amounts have been received or are due to be received, towards meeting the expenditure of the Health and Wellbeing Board as detailed in the 'Financial arrangements for the Board' section of the Health and Social Care Act 2012.

Audit Approach

12. The approach adopted for this audit included:
 - Review and documentation of the system.
 - Identification of key controls.
 - Tests of controls to confirm their existence and effectiveness.
 - Evaluation of the controls and identification of weaknesses and potential risks arising from them.
13. Internal Audit report by exception; the attached report at **Appendix 1** identifies only those areas where control evaluation and audit testing revealed control weaknesses and/or errors. Recommendations to improve controls or enhance existing practice are detailed against each exception and the associated risk, and are also included in the Action Plan at **Appendix 2**. A more detailed report covering all of the work undertaken can be provided on request. This will be, available in a working paper format.
14. In accordance with the Public Sector Internal Audit Standards, recommendations will be followed up to evaluate the adequacy of management action that has been taken to address identified control weaknesses.

Ceri Pilawski
Audit Services Manager

INTERNAL AUDIT EXCEPTION REPORT FOR HEALTH PARTNERSHIP GOVERNANCE 2015/16

Fundamental	Significant	Requires Attention	Best Practice
Immediate action required to address a major control weakness which, if not addressed, could lead to material loss.	A recommendation to address a significant control weakness where the system may be working but errors may go undetected.	A recommendation aimed at improving the existing control environment.	Suggested action which aims to improve best value, quality or efficiency.

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
Management Control Objective: In accordance with the Health and Social Care Act 2012 there is a Health and Wellbeing Board with appropriate governance arrangements.					
1.1	<p>The Terms of Reference state that the Health and Wellbeing Board (HWBB) will operate a Co-chair arrangement and there would be, selected and agreed by the Board; one Portfolio Holder HWBB Member and one Clinical Commissioning Group (CCG) HWBB member. Although the Terms of Reference were approved by the Board in October 2015 and by the Council in February 2016, there is no evidence in the minutes of meetings since the Terms of Reference were approved that a Co-Chair arrangement has been introduced.</p> <p>The HWBB Terms of Reference also state that the Co-Chairs of the HWBB</p>	A failure to operate and clearly evidence the Co-Chair arrangement will lead to a lack of compliance with the agreed Terms of Reference and may result in the Health and Wellbeing Board being unable to function as effectively as required.	1	Significant	The Co-Chair arrangement detailed in the Board Terms of Reference should be introduced to the Health and Wellbeing Board meetings and this should be clearly evidenced in the minutes of the meetings. The Co-Chairs should be elected on an annual basis in accordance with the Terms of Reference and there should be evidence in the minutes that this election has been carried out.

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
	<p>should be elected from the group of Portfolio Holder HWBB Members and the HWBB Members annually. There has been no election of the Co-Chairs as required by the Terms of Reference.</p>				
1.2	<p>A review of Health and Wellbeing Board meetings minutes identified that they follow an acceptable order of business. An update from the Communication and Engagement group was discussed at the October Board meeting but there is no evidence of discussions of sub-committees in the January, December and September Board meeting minutes.</p> <p>It is acknowledged that the committees are in development but it should be ensured that as the structure develops, that there is evidence that reports of the various sub-committees have been reviewed and considered by the Board. It is acknowledged that the minutes of the sub-committees can contain commercially sensitive information and may not be appropriate for public</p>	<p>A failure to evidence that the Health and Wellbeing Board have considered and reviewed the minutes and reports from sub-committee meetings could lead to the Board not being made aware of key issues which have arisen in sub-committee meetings.</p>	2	Requires Attention	<p>It should be ensured that as the committee structure develops, the Health and Wellbeing Board receive appropriate sub-committee reports on a timely basis and that there is evidence in the Board meeting minutes that they have been considered and reviewed.</p>

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
	circulation.				
1.3	<p>The Health and Social Care Act 2012, Section 194 (2) states that the Health and Wellbeing Board is to consist of representatives from various organisations in a variety of roles.</p> <p>The Board Terms of Reference state that the quorum of the Board is to be: 50% of voting members with at least two representatives from Shropshire Council, at least two from the Clinical Commissioning Group, and at least one other.</p> <p>A review of the Board minutes identified that they do not highlight which organisation or in which role those Members and Officers present are representing, and as a consequence it is not clear that the membership and quorum requirements of the Health and Social Care Act 2012 and the Terms of Reference have been complied with satisfactorily.</p>	<p>A lack of a record of who those present at the Health and Wellbeing Board meetings are representing will lead to a lack of evidence that the attendance requirements stated in the Health and Social Care Act 2012 and the Board Terms of Reference have been complied with satisfactorily.</p>	3	Requires Attention	<p>The Health and Wellbeing Board minutes should identify which organisation and in what capacity each Member and Officer present is attending in order to provide evidence that the membership and attendance requirements of the Health and Social Care Act 2012 and the Terms of Reference have been complied with satisfactorily.</p>
1.4	The Joint Strategic Needs Assessment (JSNA) was last	A failure to clearly state the key health priority areas in the Joint	4	Significant	The Joint Strategic Needs Assessment (JSNA)

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
	<p>produced in 2012 and the document is now overdue for update. The four key health priority areas according to the Health and Wellbeing Board (HWBB) Strategy are mental health including dementia, rising obesity, child poverty and ageing population. The JSNA identifies a range of health priority areas but the four key priority areas which are highlighted in the HWBB strategy are not clearly identified in the JSNA as the main priority areas on which the strategy is to be based.</p>	<p>Strategic Needs Assessment will lead to a lack of a clear link between the Joint Strategic Needs Assessment and the Health and Wellbeing Board Strategy which could result in confusion and a challenge to the strategy and needs assessment.</p>			<p>document should be updated and should clearly identify the key health priority areas so that there is a readily identifiable link to the priorities recorded in the Health and Well Being Board Strategy.</p>
1.5	<p>A Memorandum of Understanding sets out the working relationship between the Health and Wellbeing Board, Healthwatch Shropshire and the Overview and Scrutiny Committees of Shropshire Council. The Memorandum of Understanding requires that the three parties maintain dialogue and communication with each other. There is evidence that there are regular triangulation meetings but minutes of meetings have not been produced since January 2015. The January 2015 minutes do not detail who the</p>	<p>A lack of suitable minutes of the triangulation meetings could lead to their being a lack of evidence of the meetings being held or that dialogue and communication has been maintained; resulting in a lack of evidence of compliance with the Memorandum of Understanding.</p>	5	Requires Attention	<p>It should be ensured that minutes are produced of the triangulation meetings between the Health and Wellbeing Board, Healthwatch Shropshire and the Overview and Scrutiny Committees. This will evidence that the three parties have effective dialogue and communication with each other in accordance with the requirements of the Memorandum of</p>

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	attendees are representing to provide evidence of representation from all bodies.				Understanding. The minutes should clearly show what body the attendees are representing so that it is clear that the meeting is a triangulation meeting with all bodies represented.
1.6	The final Memorandum of Understanding which has been signed by representatives of the Health and Wellbeing Board, Healthwatch Shropshire and Shropshire Council's Overview and Scrutiny Committees continues to state that it is a draft document.	Continuing to include references in the Memorandum of Understanding to it being a draft document could lead to confusion as to whether the contents of the document have been finally agreed.	6	Requires Attention	The Memorandum of Understanding which has been signed by representatives of the Health and Wellbeing Board, Healthwatch Shropshire and Shropshire Council's Overview and Scrutiny Committees should be updated so that references to it being a draft document are removed.
1.7	The Memorandum of Understanding between the Health and Wellbeing Board, Healthwatch Shropshire and Shropshire Council's Overview and Scrutiny Committees states that Healthwatch Shropshire will produce regular reports and advise the Board on the issues and needs of the local population. It was decided that	A lack of regular reports from Healthwatch Shropshire to the Board in accordance with the Memorandum of Understanding and as agreed in the triangulation meeting could lead to the Board not being fully aware of the issues and needs of the local population.	7	Requires Attention	The failure of Healthwatch Shropshire to provide quarterly reports to the Health and Wellbeing Board, as agreed in the triangulation meeting in January 2015, should be raised with Healthwatch Shropshire and it should be ensured that

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
	Healthwatch Shropshire would report quarterly to the Board as confirmed in the January 2015 triangulation meeting minutes. Although the last report was provided in July 2015. It has subsequently be decided that Healthwatch Shropshire will produce a report to the Board twice a year.				reports are produced as agreed to confirm compliance with the Memorandum of Understanding between the Health and Wellbeing Board, Healthwatch Shropshire and Shropshire Council's Overview and Scrutiny Committees. Any changes to the frequency of production and presentation of these reports should be agreed and evidenced by all relevant parties.
1.8	The Memorandum of Understanding between the Health and Wellbeing Board (HWBB), Healthwatch Shropshire (HWS) and Shropshire Council's Overview and Scrutiny Committees states that the HWBB will ensure that HWS is able to input into the development of the HWBB Annual Report and that the Health and Adult Social Care Scrutiny Committee will receive an annual report on the performance of the HWBB. There has been no HWBB annual report and the Health and Wellbeing Coordinator explained that	A lack of a Health and Wellbeing Board annual report will lead to a failure to comply with the Memorandum of Understanding and could result in a failure to effectively monitor the performance of the Board.	8	Requires Attention	In accordance with the Memorandum of Understanding between the Health and Wellbeing Board (HWBB), Healthwatch Shropshire (HWS) and Shropshire Council's Overview and Scrutiny Committees it should be ensured that an annual report is produced by the HWBB which includes performance reporting. The HWBB should ensure that HWS is able to input into the

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
	it is not a statutory requirement.				development of the Annual Report and that the Health and Adult Social Care Scrutiny Committee receive a copy of the report.
Management Control Objective: The Health and Wellbeing strategy includes an explanation of the outcomes and how the Board will deliver the strategy.					
3.1	There are currently three action plans in development for each of the exemplars identified in the Health and Wellbeing Board Strategy. The action plans will include Shropshire specific outcome measures which can be monitored by the Health and Wellbeing Board. The Healthy Weight and Diabetes Prevention and Carers action plans include a plan for tracking the project from the involvement of various stakeholders to the development of methods of evaluating the outcomes. The Mental Health action plan is in a different format and does not set out the action plan in stages. The Mental Health action plan is an interim action plan and should be in the same format as the others to ensure that the actions are taken and can be monitored by the Board.	A failure to produce appropriate action plans may lead to unsuitable or no targets being produced which may result in a failure to deliver against the Health and Wellbeing Board Strategy.	9	Requires Attention	It should be ensured that the action plans which are in development are progressed to completion to meet the exemplars identified in the Health and Wellbeing Board Strategy. The action plans should be in a consistent format and include target dates to ensure that tasks and measurable outcomes are produced to monitor the implementation of the objectives set out in the strategy.

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
Management Control Objective: The governance structure includes various sub-committees or working groups including partnership groups which support the implementation and monitoring of the strategy and core functions.					
4.1	<p>It is acknowledged that the sub-committee structure is in development and a review of the sub-committees identified that there are:</p> <ul style="list-style-type: none"> • No Terms of Reference and no meetings have been held in respect of the Admission Avoidance Group, • No Terms of Reference and only one meeting has been held in respect of both the Health and Wellbeing Lay reference group and Communities Group, • No minutes for the Health and Wellbeing Lay reference group meeting. 	<p>A lack of Terms of Reference and meetings which are recorded in minutes could lead to ineffective sub-committees which may result in a failure to support the implementation of the Health and Wellbeing Board Strategy.</p>	10	Significant	<p>The sub-committee structure should continue to be developed to ensure that is appropriate and effective to support the implementation of the Health and Wellbeing Board Strategy. It should be ensured that there are Terms of Reference and meetings are held in accordance with these and that minutes are produced for all meetings, to evidence the effectiveness of the committees and compliance with the Terms of Reference.</p>
4.2	<p>There are five sub committees or groups of which only one, the Carers Partnership Board, has a strategy. The Prevention Group has a Terms of Reference which have been accepted as an alternative to a strategy. The Terms of Reference for the Mental Health Group are being updated and there are no Terms of Reference for the Admission Avoidance Group and the Communities Group.</p>	<p>Failure to undertake a review to determine if a strategy is required for the Mental Health Group, Admission Avoidance Group and Communities Group could lead to a lack of a strategic direction and may result in reduced effectiveness of the groups.</p>	11	Requires Attention	<p>When the outstanding Terms of Reference for the Mental Health Group, Admission Avoidance Group and Communities Group have been completed a review should be carried out to determine if a strategy is also required for each group.</p>

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
Management Control Objective: The development and implementation of the strategy has been effectively managed and monitored.					
5.1	<p>The previous Shropshire Health and Wellbeing Strategy effective from 2012 to 2014 set out a timetable to ensure the implementation of the strategy. The timetable included the formal approval of the strategy, the production of action plans and a performance framework. Quarterly progress reporting was also required to the Health and Wellbeing Board.</p> <p>It was identified that action plans and the performance framework had not been developed and although there was some reporting to the Board, there was no detailed monitoring of performance or delivery of the strategy. An improvement plan was not produced as a result of these failures.</p>	A failure to identify improvements and carry out actions to ensure that failures are not repeated may result in a complete or partial failure to implement the current Health and Wellbeing Strategy.	12	Significant	It should be ensured that improvements are identified as a result of the failure to develop action plans and a performance framework in respect of the previous Shropshire Health and Wellbeing Strategy effective from 2012 to 2014. Actions should be identified from the improvements to ensure that the failures are not repeated in respect of the implementation of the current Shropshire Health and Wellbeing Strategy.
5.2	The previous Shropshire Health and Wellbeing Strategy, which was the first strategy, was published in December 2012 and covered the period to March 2014. The current strategy was approved in February 2016 and it was confirmed that in the	A failure to develop an outline project plan to ensure that a new strategy is in plan when the current strategy expires could lead to an expired strategy being used for a period of time which may result in a lack of focus for the Board and a	13	Requires Attention	An outline project plan should be developed which should include general timings and target dates to ensure that a new Shropshire Health and Wellbeing Strategy is

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	interim period work continued on the old strategy. The current strategy is intended to be in place for a five year period.	failure to comply with the Health and Social Care Act.			developed and approved before the current strategy expires. The knowledge acquired regarding the length of time to develop and approve the current strategy should be used to inform the timings of the development of the future strategy.
5.3	The current strategy was agreed in February 2016 and the development to produce action plans is on-going. The strategy identifies three exemplars and the Board intends to establish development projects in the three areas focusing on reworking the whole system along the principles and objectives set out in the strategy. The exemplars will form the Health and Wellbeing Board Action Plans which will include performance measures to ensure that the priorities set out in the strategy are being progressed. The action plans include some deadlines for the completion of specific tasks but there is no overall deadline for the completion of the action plans.	A failure to establish a timetable and effective monitoring of outcomes could lead to ineffective monitoring of the outcomes highlighted in the Health and Wellbeing Strategy and could result in a failure to implement the strategy.	14	Requires Attention	A timetable should be established to ensure that the development projects action plans are progressed and completed on a timely basis. The work should include the development of outcomes and performance measures which should be monitored by the Health and Wellbeing Board to ensure the successful implementation of the strategy.

Audit Ref	Finding/ Observation	Implications/Risks	Rec No.	Rec Rating	Recommendation
Management Control Objective: There is appropriate management of the financial costs associated with the Health and Wellbeing Board, the strategy and the sub groups.					
6.1	<p>The Health and Social Care Act 2012 states in the 'Financial arrangements for the Board' that:</p> <ul style="list-style-type: none"> • The Secretary of State must pay to the Board in respect of each financial year sums not exceeding the amount allotted for that year by the Secretary of State towards meeting the expenditure of the Board which is attributable to the performance by it of its functions in that year. • An amount is allotted to the Board for a financial year under this section when the Board is notified in writing by the Secretary of State that the amount is allotted to it for that year. <p>It could not be confirmed if notification had been received from the Secretary of State or if any amounts had been received by the Council.</p>	Not carrying out a review of the funding arrangements could lead to the Council not receiving amounts which are due towards meeting the expenditure of the Health and Wellbeing Board.	15	Significant	A review should be carried out of funding arrangements, in particular to establish if amounts have been received or are due to be received, towards meeting the expenditure of the Health and Wellbeing Board as detailed in the 'Financial arrangements for the Board' section of the Health and Social Care Act 2012.

ACTION PLAN FOR HEALTH PARTNERSHIP GOVERNANCE 2015/16

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/Partially	Management Response	Lead Officer	Date to be Actioned
1.1	1	The Co-Chair arrangement detailed in the Board Terms of Reference should be introduced to the Health and Wellbeing Board meetings and this should be clearly evidenced in the minutes of the meetings. The Co-Chairs should be elected on an annual basis in accordance with the Terms of Reference and there should be evidence in the minutes that this election has been carried out.	Significant	Y	For 2016 the Chairs will be elected at the July HWBB. The new ToR was only approved in February. There has also been significant flux in the Health system in 2015/16, an interim Accountable Officer (AO) for the CCG was in place from September – April 2016, and the new AO appointed in April. As well the CCG Board Structure changed at this time. Stability has only recently been re-established and we are now in a position to vote the co-chairs.	Rod Thomson	28 th July 2016
1.2	2	It should be ensured that as the committee structure develops, the Health and Wellbeing Board receive appropriate sub-committee reports on a timely basis and that there is evidence in the Board meeting	Requires Attention	No	Sub-committee reports are received at every meeting from the Delivery Group – this takes the form of a BCF agenda item, or a HWB	Rod Thomson	Already in place

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/Partially	Management Response	Lead Officer	Date to be Actioned
		minutes that they have been considered and reviewed.			Delivery Group item or both.		
1.3	3	The Health and Wellbeing Board minutes should identify which organisation and in what capacity each Member and Officer present is attending in order to provide evidence that the membership and attendance requirements of the Health and Social Care Act 2012 and the Terms of Reference have been complied with satisfactorily.	Requires Attention	Yes	As per the recommendation, this was enacted from the April HWBB.	Penny Bason	Complete
1.4	4	The Joint Strategic Needs Assessment (JSNA) document should be up dated and should clearly identify the key health priority areas so that there is a readily identifiable link to the priorities recorded in the Health and Well Being Board Strategy.	Significant	Yes	The JSNA is currently being updated and migrated to a new website. This process will ensure that all relevant assessment information is up-to-date and maintained on an ongoing basis. An updated summary document is overdue and this will be developed by November 2016.	Emma Sandbach/ Penny Bason	Ongoing and summary document by November 2016
1.5	5	It should be ensured that minutes are	Requires	Yes	The production of	Penny	Ongoing

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/ Partially	Management Response	Lead Officer	Date to be Actioned
		produced of the triangulation meetings between the Health and Wellbeing Board, Healthwatch Shropshire and the Overview and Scrutiny Committees. This will evidence that the three parties have effective dialogue and communication with each other in accordance with the requirements of the Memorandum of Understanding. The minutes should clearly show what body the attendees are representing so that it is clear that the meeting is a triangulation meeting with all bodies represented.	Attention		appropriate minutes for this meeting has been on and off due to staff illness (committee services). The importance of these minutes will be noted and the situation rectified.	Bason	
1.6	6	The Memorandum of Understanding which has been signed by representatives of the Health and Wellbeing Board, Healthwatch Shropshire and Shropshire Council's Overview and Scrutiny Committees should be updated so that references to it being a draft document are removed.	Requires Attention	Yes	The wording of Draft has been removed from the electronic document.	Penny Bason	Complete
1.7	7	The failure of Healthwatch Shropshire to provide quarterly reports to the Health and Wellbeing Board, as	Requires Attention	Yes	The HWBB has requested biannual regular updates from	Penny Bason	Autumn 2016

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/ Partially	Management Response	Lead Officer	Date to be Actioned
		agreed in the triangulation meeting in January 2015, should be raised with Healthwatch Shropshire and it should be ensured that reports are produced as agreed to confirm compliance with the Memorandum of Understanding between the Health and Wellbeing Board, Healthwatch Shropshire and Shropshire Council's Overview and Scrutiny Committees. Any changes to the frequency of production and presentation of these reports should be agreed and evidenced by all relevant parties.			HW as well as interim updates, when required. This MoU needs to be reviewed and updated, and this discussion will take place during this process to align HWBB thinking with the MoU.		
1.8	8	In accordance with the Memorandum of Understanding between the Health and Wellbeing Board (HWBB), Healthwatch Shropshire (HWS) and Shropshire Council's Overview and Scrutiny Committees it should be ensured that an annual report is produced by the HWBB which includes performance reporting. The HWBB should ensure that HWS is able to input into the development of the Annual Report and that the Health and Adult Social Care Scrutiny Committee receive a copy of the report.	Requires Attention	Yes	This will be worked through the communications and engagement subgroup of the HWBB to determine the information to be included in an annual report and the best format for the report.	Penny Bason	March 2016

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/Partially	Management Response	Lead Officer	Date to be Actioned
3.1	9	It should be ensured that the action plans which are in development are progressed to completion to meet the exemplars identified in the Health and Wellbeing Board Strategy. The action plans should be in a consistent format and include target dates to ensure that tasks and measurable outcomes are produced to monitor the implementation of the objectives set out in the strategy.	Requires Attention	Yes	Action plans have been developed are updated for the HWB Delivery Group meetings, and reported to the HWBB as needed. There is an interim mental health action plan which is not in the same format, but the same format will be used for the Exemplar development.	Rod Thomson/ Penny Bason	Ongoing
4.1	10	The sub-committee structure should continue to be developed to ensure that is appropriate and effective to support the implementation of the Health and Wellbeing Board Strategy. It should be ensured that there are Terms of Reference and meetings are held in accordance with these and that minutes are produced for all meetings, to evidence the effectiveness of the committees and compliance with the Terms of Reference.	Significant	Partially	This is important, but has been ongoing since the inception of the HWBB and all subgroups either have ToRs, or if they are new groups, the ToRs are in development.	Penny Bason	Ongoing
4.2	11	When the outstanding Terms of	Requires	Partially	There will be no	Penny	

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/Partially	Management Response	Lead Officer	Date to be Actioned
		Reference for the Mental Health Group, Admission Avoidance Group and Communities Group have been completed a review should be carried out to determine if a strategy is also required for each group.	Attention		Admission Avoidance Group. The governance diagram has been updated to reflect this. The Mental Health ToR is set to be agreed in July. The Communities First (renamed) group ToR has just been agreed in June.	Bason/ Sam Tilley	
5.1	12	It should be ensured that improvements are identified as a result of the failure to develop action plans and a performance framework in respect of the previous Shropshire Health and Wellbeing Strategy effective from 2012 to 2014. Actions should be identified from the improvements to ensure that the failures are not repeated in respect of the implementation of the current Shropshire Health and Wellbeing Strategy.	Significant	Yes	Noted	Directors Shropshire Council Directors Shropshire CCG	Ongoing
5.2	13	An outline project plan should be developed which should include general timings and target dates to ensure that a new Shropshire Health	Requires Attention	Yes	The current strategy is to run until 2021. The action plans are reviewed regularly, and	HWB Coordinator	2020

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/Partially	Management Response	Lead Officer	Date to be Actioned
		and Wellbeing Strategy is developed and approved before the current strategy expires. The knowledge acquired regarding the length of time to develop and approve the current strategy should be used to inform the timings of the development of the future strategy.			the development of the work agreed at intervals by the HWBB. Planning for the new strategy will commence in 19/20 for delivery in 2021.		
5.3	14	A timetable should be established to ensure that the development projects action plans are progressed and completed on a timely basis. The work should include the development of outcomes and performance measures which should be monitored by the Health and Wellbeing Board to ensure the successful implementation of the strategy.	Requires Attention	Yes	Outcome measures and metrics are important for this work. The development of metrics and measures is underway during 2016/17 as part of the project development process.	Rod Thomson	2016/17
6.1	15	A review should be carried out of funding arrangements, in particular to establish if amounts have been received or are due to be received, towards meeting the expenditure of the Health and Wellbeing Board as detailed in the 'Financial arrangements for the Board' section of the Health and Social Care Act	Significant	Yes	This is an important point to explore.	Penny Bason	Summer 2016

Rec Ref.	Rec No.	Recommendation	Rec Rating	Accepted Yes/No/ Partially	Management Response	Lead Officer	Date to be Actioned
		2012.					