

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

Date: 15 October 2015.

**Committee:
Health and Wellbeing Board**

Date: Friday, 23 October 2015
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)	Dr Caron Morton (Vice Chairman)
Ann Hartley	Dr Helen Herritty
Lee Chapman	Dr Bill Gowans
Professor Rod Thomson	Paul Tulley
Stephen Chandler	Jane Randall-Smith
Karen Bradshaw	Rachel Wintle

Your Committee Officer is:

Karen Nixon Committee Officer
Tel: 01743 257720
Email: karen.nixon@shropshire.gov.uk

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies have been received from Dr B Gowans and Dr C Morton. Brigid Stacey will substitute for Dr C Morton and Carole Hall will substitute for Jane Randall-Smith.

2 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.

3 MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the previous meeting held on 11 September 2015, which are attached.

Contact Karen Nixon Tel 01743 257720.

4 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.

5 BETTER CARE FUND - UPDATE AND PERFORMANCE

A verbal update will be made.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704 or Sam Tilley, Head of Partnership and Planning, Shropshire CCG on 01743 277545.

6 PREVENTION, WINTER PRESSURES & JOINT PLANNING

- Housing and Adult Social Care, including Heatsavers (Andy Begley - paper)
- Immunisation update (Irfan Ghani - presentation)

7 COMMUNICATION AND ENGAGEMENT GROUP UPDATE

A joint report will follow.

Contact Cllr Lee Chapman and Penny Bason, Health and Wellbeing Co-ordinator Tel 01743 253978.

8 FUTURE FIT & COMMUNITY FIT

A report will follow.

Contact Paul Tulley, Chief Operating Officer, Shropshire CCG, Tel 01743 277500.

9 HEALTH AND WELLBEING BOARD GOVERNANCE UPDATE & TERMS OF REFERENCE UPDATE (Pages 7 - 24)

A report is attached.

Contact Penny Bason, Health and Wellbeing Co-ordinator Tel 01743 253978.

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Committee and Date

Health and Wellbeing Board

23 October 2015

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 11 SEPTEMBER 2015 9.30 - 11.15 AM

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

Present

Councillor Karen Calder (Chairman)
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler,
Karen Bradshaw, Dr Helen Herritty, Jane Randall-Smith and Dr Julie Davies (substitute for
Paul Tulley).

Also in attendance:

Penny Bason, Charlotte Cadwallader, Irfan Ghani, Jane Gormley, Mike Ridley, George
Rook, David Sandbach, Tracy Savage, Madge Shinetin, Dr Alan Sweeney, Sam Tilley,
Dave Tremellen and Clive Wright.

34 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Dr Caron Morton, Dr Bill Gowans, Paul
Tulley and Rachel Wintle.

*Heather Osborne substituted for Rachel Wintle and *Dr Julie Davies substituted for
Paul Tulley

35 DISCLOSABLE PECUNIARY INTERESTS

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

36 MINUTES

RESOLVED: That the minutes of the meeting held on 31 July 2015, be approved
as a correct record and signed by the Chairman.

Arising thereon;

To update the meeting, the Chairman referred to the recent Public Question about
public toilet provision and suggested the Board look towards other partners

such as the Chamber of Commerce to see if they wished to become involved in this piece of work. She also wished to re-assure that work was currently being undertaken to plot exactly where existing provision was as a starting point.

At Minute 31, Looked After Children, the Chairman sought an assurance that this work was also being done in conjunction with the Children's Trust, which the Director of Children's Services duly confirmed.

At Minute 32, the Chairman asked about future funding for the Young Health Champions and was told that this was definitely in place for the next 12 months, which was welcomed and noted.

Finally the Chairman expressed her thanks to everyone for their support during recent difficult times, saying everyone's support was much appreciated.

37 PUBLIC QUESTION TIME

Three public questions were received; one from Mr D Sandbach and two from Mr G Rook. A full copy of each question and the formal responses were circulated at the meeting (copies attached to the signed minutes).

Question 1 – by way of a supplementary question Mr Sandbach highlighted the excellent work of Shropshire Young Health Champions in producing videos promoting health and asked the Board to continue promoting them as a valuable resource in the future, which was agreed. A meeting of the Operational Group was scheduled in the near future and it was agreed that this matter would be highlighted there also.

Question 2 – Mr Rook commented that he was heartened by the response to his question. He urged everyone to co-ordinate their approach. It had to be long lasting, resilient and sustainable.

Question 3 – Julie Davies confirmed that officers from Shropshire CCG would also be attending the conference on Dementia in December, along with Cllr Lee Chapman and Rachel Wintle (VCSA).

38 BETTER CARE FUND UPDATE SEPTEMBER 2015

The Director of Adult Services introduced a report (copy attached to the signed minutes) on recent developments in the implementation of the Better Care Fund Plan focussing on updates from the Service Transformation Group and the Finance, Contract and Performance Group.

It was pleasing to note that the Better Care Fund (BCF) was on target.

In response to a question about the national perspective of Delayed Transfer of Care (DTC) figures, compared to Shropshire's performance, the Director of Adult Services stated that in some parts performance was good but that in other areas the system was struggling. Historically, Shropshire had struggled with DTC and

there was still more work to be done within the system to improve the figures and the situation for patients. The Director of Adult Services reported that currently to respond to pressure within the acute system more dtoc's were being recorded at an earlier stage than before, therefore he envisaged that the figure may go up further before it actually reduced.

On a technical note, the CCG reminded that BCF targets were slightly different to NHS England targets for DTOC generally and that this should be noted to avoid confusion.

It was confirmed that plans were in place to reconvene the Better Care Fund/Health & Wellbeing Board Lay Reference Group which was welcomed by the Community Health Trust. It was also noted that the BCF Reference Group (for provider groups) would also be re-starting in October, which again was welcomed.

RESOLVED: That the report be noted.

39 COMMUNITY & CARE CO-ORDINATORS PROJECT

A progress report on the Community and Care Co-ordinators Project was introduced and amplified by the Director of Adult Services (copy attached to signed minutes) whilst Tracy Savage, Head of Medicines Management and Primary Care Support, Shropshire CCG, was present to answer any detailed questions.

The Chairman requested sight of the evaluation detail for this project, which Dr Julie Davies undertook to provide after the meeting.

The Board thanked Tracy Savage for her excellent work in driving this forward.

RESOLVED:

- a) That the evaluation detail for this project be provided to the Chairman and the Board after the conclusion of the meeting by Shropshire CCG.
- b) That the Health and Wellbeing Board note the progress and positive impact of the Community and Care Co-ordinators Project to date
- c) That the view of the Better Care Fund Performance, Finance and Contracts Group, that the project should move to a position of recurrent funding be endorsed by the Health and Wellbeing Board, once governance had been established.
- d) That the delegation responsibilities regarding finance be looked at and then reported back to the Health and Wellbeing Board at a future meeting for ratification.

40 UPDATE ON INTEGRATED COMMUNITY SERVICES

The Integrated Community Service (ICS) programme supports discharge from hospital or prevents an avoidable hospital admission by ensuring that people get the right level of support at the right time in order to maintain their independence. ICS is the flagship service in the Better Care Fund Plan and one of the first models of Integrated Health and Social Care delivery within Shropshire.

The Director of Adult Services introduced a report (copy attached to the signed minutes), which provided an overview of the programme and its key components, an overview of Admission Avoidance pathway to be launched in North and South Shropshire and relaunched in Shrewsbury in October 2015, and an update of the Strategic Review undertaken in May 2015 and the subsequent delivery action plan which would inform the priorities of the ICS programme as it entered its final stage of development.

The Board was pleased to note that Shropshire was delivering at 72% activity compared to Best Practice target of 65%.

The problems of recruiting nursing staff to capacity were discussed and it was noted that the recruitment of non EU nurses was currently taking place because visas had been approved. It was hoped that this should alleviate the recruitment problem.

It was noted that a development plan would be worked up, including timescales, which was welcomed by the Board.

RESOLVED: That the report and progress to date be received and noted.

41 URGENT CARE RECOVERY AND DELIVERY OF WINTER ACCESS

Dr Julie Davies, Shropshire CCG, introduced and amplified a PowerPoint presentation on urgent care recovery and the delivery of winter access (copy attached to the signed minutes). This covered an overview of the different approach taken to develop the recovery plan; potential risks to delivery; the Shropshire & Telford Hospitals Trust Action Plan; Shropshire Community Trust & Local Authority Action Plan; Shropshire CCG Action Plan and Telford & Wrekin CCG & Local Authority Action Plan.

In respect of governance and monitoring it was noted that a different approach had been agreed;

- Weekly monitoring at each system level by Chief Officers
- Monthly programme overview at the System Resilience Group (SRG) – next update would be made on 18th September 2015.

A discussion ensued about the difficulties of recruiting overseas nursing staff and the stringent visa pressures that made this difficult, coupled with the need to recruit extra nursing staff required to cope with the looming winter pressures.

The take up of the flu vaccine amongst staff was also discussed. It was noted that locally providers had done well and that in respect of staff, including nurses and doctors take up was over 80%. It was agreed that the Public Health Consultant would provide an update on the success of the immunisation campaign in Shropshire to the next Health and Wellbeing Board.

RESOLVED:

- a. That the presentation be welcomed and noted.
- b. That the Public Health Consultant provide an update on the success of the immunisation campaign in Shropshire to the next Health and Wellbeing Board.

42 HEALTH AND WELLBEING STRATEGY - PROGRESS UPDATE

A progress report on the Health and Wellbeing Strategy was introduced and amplified by the Health and Wellbeing Co-ordinator (copy attached to the signed minutes).

Clive Wright, Chief Executive, Shropshire Council said that 'The Big Conversation' was about to be started across Shropshire and he very much hoped to include this work in there and thereby develop future governance built upon the Health & Wellbeing Strategy. Due to anticipated budget cuts following the announcement of the Autumn Statement he said that Shropshire's services would inevitably have to change and regrettably some may even be stopped altogether. He believed more integration of services was key to working more smartly in the future, with services such as the police and ambulance service. He very much wanted the public to be involved and to comment on what services were important to them and why. He welcomed the input of key partners and anyone else who wanted to engage with the Council.

It was agreed that the 3 exemplars chosen (largely through the Joint Strategic Needs Assessment) and through conversations with providers) should be worked on for an initial 2 year period, to be reviewed annually.

It was highlighted that no outcomes were mentioned in the exemplar areas and that this should be included to ensure there was clarity. The challenge will be to look back in five years to see what differences had been made from then to now.

A discussion ensued about the built environment and planning and how it impacted on people's health. It was stressed that often rules were set nationally in respect of national planning guidance and they could not be changed. The Board was keen to see some development and work in this area.

The Chairman asked the Board if they felt a short update visit by the Peer Challenge team might be useful in the early part of 2016. This was generally welcomed and it was agreed that this be arranged (exact date to be discussed and agreed upon after the meeting).

RESOLVED:

- a) That the Board agreed the final draft strategy;
- b) That the Board agreed that as part of the consultation of the strategy all stakeholders be asked for their input on the following areas for development;
 - Weight and Diabetes Care
 - Mental Health
 - Carers
- c) That the Board noted the further areas of development including the action plans and governance structures to deliver the strategy and exemplar projects.
- d) That a Peer Review be agreed in principle for early 2016 (exact date to be discussed and agreed upon after the meeting).

<TRAILER_SECTION>

Signed (Chairman)

Date:



Health and Wellbeing Board 23rd October 2015

HEALTH AND WELLBEING BOARD GOVERNANCE UPDATE AND TERMS OF REFERENCE UPDATE FOR THE HWBB AND THE HWB DELIVERY GROUP

Responsible Officer

Email: penny.bason@shropshire.gov.uk

Tel: 01743 253978

1. Summary

- 1.1 Following the Peer Challenge in January 2015, the HWBB are keen to take forward a number of key recommendations to improve the effectiveness of the Board in the delivery its vision, priorities and outcomes. Through HWB development sessions and through the HWB Delivery Group, both the terms of reference of the HWBB, and the terms of reference of the Delivery Group have been updated to ensure progress, delivery and accountability.
- 1.2. As well, as we come towards the end of year 1 of the Better Care Fund, planning for 2016/17 has presented the opportunity to refine our Better Care Fund governance arrangements as our processes for "joined up" working become more established.
- 1.3 Appendix A outlines the updated terms of reference for the HWBB; key updates (highlighted in red) include role of the board, governance structure and subgroups, membership, and accountability.
- 1.4 The role of the board has been updated to reflect the role as set out in the HWB Strategy; as systems leader the board will both influence partners and decision makers across the county, and it will drive programmes of integration to improve the health of the population and to improve access to services. The proposed membership of the board reflects the significant role of our provider partners as system leaders not only to provide excellent services, but also in their role in keeping people well.
- 1.5 The proposed terms of references and governance structure draws together the delivery of the HWB Strategy and the delivery of the Better Care Fund programme into a cohesive delivery structure. True benefits can be gained by taking this approach as the Better Care Fund programme provides the framework for integration and delivery of health programmes and the HWB strategy requires a much broader whole system approach to delivery.
- 1.6 Appendix B outlines the updated terms of reference for the HWB Delivery Group. Key updates to this include combining the current roles of the Better Care Fund Service Transformation Group and the Finance and Performance Monitoring Group to be delivered through the Health and Wellbeing Delivery Group. The implications of this include a greater emphasis on the Delivery Group for delivery and implementation of the Better Care Fund and more specific roles for the subgroups of the Delivery Group, to deliver the key programmes of the HWB Strategy and the Better Care Fund.

- 1.7 In light of this, further work needs to be completed to reconfirm the projects of the Better Care Fund for 16/17, to update the Partnership Agreement, inclusive of a detailed agreement regarding devolved decision making. These detailed proposals will be presented to the Health and Wellbeing Board at a future meeting.
 - 1.8 For reference Appendix C, entitled Annex A – a summary table of the duties and powers introduced by the Health and Care Act, outlines for reference the duties and powers as of the HWBB. However, please note, since the publications of this document in 2013, a number of additional requirements have been placed on HWBB including those related to the Special Educational Needs and Disability (SEND) reforms and the Care Act.
 - 1.9 As well for reference, Appendix D demonstrates the HWBB plan on a page. The detail of the delivery projects of the Better Care Fund will be added in when agreed by the Delivery Group and by the Board.
- 2. Recommendations**
- 2.1 That the HWBB approve (or approve subject to amendments, as required) the updated terms of reference for the HWBB.
 - 2.2 That the HWBB approve (or approve subject to amendments, as required) the updated terms of reference for the HWB Delivery Group.
 - 2.3 The HWBB agree to receive a further report for approval of more detailed arrangements for devolved decision making in relation to the Better Care Fund

REPORT

3. Purpose of Report

- 3.1 To ask the HWBB to approve the updated terms of reference for the HWBB and for the HWB Delivery Group.

4. Background

- 4.1 The recommendations from the 2015 HWBB Peer Challenge are:
 1. Redefine the role and purpose and meeting structure of the HWB with partners so that you can focus on system leadership
 2. Continue to work on your relationships and understand and appreciate each other's culture
 3. Ensure that strategic providers are engaged in discussions at the HWB and in its wider delivery structure
 4. Review role, purpose and membership of the Delivery Group
 5. Ensure that through a comprehensive review the JHWS becomes the overarching and long-term strategy for the health, wellbeing and care system in Shropshire
 6. Ensure there is a robust performance management framework for the JHWS
 7. The whole HWB needs to own the Future Fit strategy

8. Align Future Fit and BCF plans and the prevention agenda
9. Create opportunities to integrate approaches to the commissioning of the Third Sector
10. Establish a strategic forum for mental health

4.2 Following the Peer Challenge the HWBB engaged in a number of development sessions that have resulted in its draft HWB Strategy. The Board will now work with partners to use information gathered through the strategy consultation process to develop the action plan. The appropriate governance structures are needed to deliver the strategy and action plan.

4.3 Currently the Better Care Fund provides the platform for integrating services and it provides strategic themes in line with the HWB Strategy. Now nearing the end of its first year and having tried and tested the newly formed structures and processes to deliver the Better Care Fund plan, it is clear that refinements can be made to support further streamlining of our processes to aid joint working and reduce duplication across the CCG and LA

4.4 The HWBB Terms of Reference and the HWB Delivery Group Terms of Reference have been updated to reflect the new strategy and governance. They can be found in Appendices A and B of this document. Appendix C demonstrates the duties and powers of the HWBB for reference. Appendix D is the **DRAFT** HWBB Plan on a page for consideration.

5. **Engagement**

5.1 The HWBB has a duty to engage with the public and to work with the public in order to understand the needs and assets within communities. The public is currently being consulted on the draft HWB Strategy.

6. **Risk Assessment and Opportunities Appraisal (including Equalities, Finance, Rural Issues)**

6.1 The HWBB works to reduce inequalities in health across our urban and rural communities. Working together to improve the health and wellbeing of the population is vital to improving equalities.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

[Peer Challenge Report and Recommendations](#)

[DRAFT HWB Strategy](#)

Cabinet Member (Portfolio Holder)

Cllr. Karen Calder

Local Member

n/a

Appendices

Appendix A – HWBB Terms of Reference – updated October 2015

Appendix B – HWB Delivery Group Terms of Reference – updated October 2015

Appendix C – Annex A – a summary table of the duties and powers introduced by the Health and Care Act

Appendix D – HWB Strategy Plan on a Page

DRAFT HEALTH & WELLBEING BOARD TERMS OF REFERENCE – October 2015

1. Purpose

The purpose of the Health and Wellbeing Board (HWBB) is to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health. HWBB members work together to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire.

2. Health and Wellbeing Board Vision

To help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.

The HWBB believes we need a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives, across all communities and across all the systems that we work and live in. We need to:

Start Well – parents make good choices for their bumps and babes; early years and schools support good mental and physical health and wellbeing; services are available when and if they are needed;

Live Well – we make good choices for ourselves as we become adults to keep well and healthy, both physically and mentally; accessing support from services when and if they are needed;

Age Well – making good choices as an adult means that as Shropshire people age they are as fit and well as they can be; people continuing to make good lifestyle choices throughout their lives can prevent many long term conditions such as dementia and heart disease.

3. Role

The HWBB will develop and implement a five year Health & Wellbeing Strategy (HWBS); it will also develop, implement and annually refresh the HWB Action Plan. It will carry out this role through:

- Taking a system leadership approach and working with partners across the health and wellbeing system to implement the vision and priorities as set out in the HWBS;
- Working with and influencing partners across Shropshire, and along Shropshire's boundaries, who make decisions that impact the wider determinants of health and wellbeing; these include but are not limited to planning, housing, transport, business and other partnership groups. The Board will do this in order to implement and deliver the vision and priorities as set out in the HWBS;
- Working with the people of Shropshire to support and promote healthy lifestyles at all stages, to improve the health and wellbeing of all people, but especially with those who need it most;
- Working with the people of Shropshire and service users to design and develop sustainable services;
- The Health and Wellbeing Delivery Group and its subgroups, which is tasked with delivering key elements of the strategy; this may involve convening any necessary task and finish groups;

The HWBB is responsible to deliver the Better Care Fund programme in accordance with national guidelines and will hold accountability for delivery of the Better Care Fund Plan, its associated metrics and budget in accordance with the local Partnership Agreement

The HWBB will deliver integration and the joint commissioning of health and social care services for children, families and adults in Shropshire, through the Better Care Fund pooled budget arrangements.

The HWBB will be innovative in its approach to deliver integration and the joint commissioning of health and social care services for children, families and adults in Shropshire.

The HWBB will keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

The HWBB will deliver its statutory obligations including oversight of the Care Act, Children and Adults Safeguarding Boards, joint commissioning arrangements of the SEND reforms; input into the CCG planning processes and its 5 Year Plan; and the Pharmaceutical Needs Assessment.

The Board will respond to any further legislative requirements as described through national policy and legislative changes.

The HWBB will develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment (JSNA); the JSNA will analyse local need through locally collected quantitative and qualitative information.

The HWBB will work with Healthwatch Shropshire and through the Board's Communication and Engagement Group to ensure that appropriate communication, engagement and involvement takes place and contributes to the JSNA and decision making processes.

The Health and Wellbeing Board will regularly work with Shropshire Council statutory boards including the Children's Trust, the Safer Stronger Communities Board, the Safeguarding Adults Board, and the Safeguarding Children's Board.

The Health & Wellbeing Board will act as a key forum for local democratic and public accountability of health, care and wellbeing promotion and services within Shropshire.

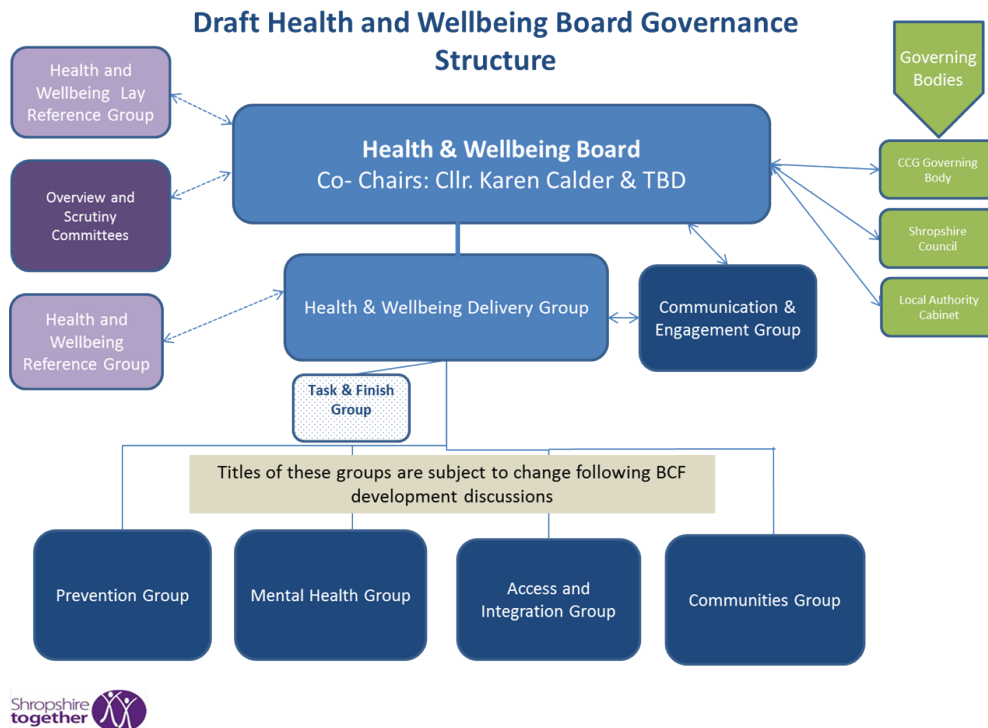
4. Principles

To drive a genuinely collaborative approach to the commissioning and delivery of services which improve the health and wellbeing of local people, the board will abide by the following principals:-

- The Health & Wellbeing Board will work primarily to improve the health and wellbeing of the citizens of Shropshire;
- The Health & Wellbeing Board will work collaboratively and consensually;
- The Health & Wellbeing Board will add value over and above our current arrangements to really tackle key priorities and delivery outcomes for our communities;
- Members of the Health & Wellbeing Board will have genuine levels of trust and an open and honest willingness to work collaboratively;
- Will develop creative and constructive challenge to ensure that the Board is always working to maximise its potential as partners;
- Will be pro-active by developing collaborative working to deliver the HWB strategy, whilst maintaining appropriate flexibility to respond to issues as they arise;

- Responsibility and accountability – to our members, our staff and our public;
- The role and functioning of the Health & Wellbeing Board is evolving and will be subject to regular review.

5. Governance



6. Membership

Voting Members

- Cabinet Member – Portfolio Holder Health
- Cabinet Member – Portfolio Holder Adult Social Care
- Cabinet Member – Portfolio Holder Children’s Services
- Clinical Commissioning Group – Lay Chair
- Clinical Commissioning Group – Accountable Officer
- Clinical Commissioning Group – Chief Operating Officer
- Director of Children’s Services
- Director of Adult Services
- Director of Public Health
- Representative from Healthwatch
- Voluntary and Community Sector Assembly – Chair
- NHS England

System Leaders/ Non-Voting Members

- Shrewsbury and Telford Hospital NHS Trust – Chief Executive
- Shropshire Community Health NHS Trust – Chief Executive

- South Staffordshire & Shropshire Foundation NHS Trust – Chief Executive
- Shropshire Partners in Care – Chief Officer
- GP Federation – Chair
- Business Board – Chair

7. Meeting Arrangements

Co-Chair – the Board will operate a co-chair arrangement selected and agreed by the Board; one Portfolio Holder HWBB Member and one CCG HWBB member.

Notice of Meetings – meetings of the Board will be arranged 5 full working days in advance by Shropshire Council, who will also provide the clerking and recording of the meeting.

Quorum – Quorum for all meetings of the Health and Wellbeing Board is 50% of voting members with at least two representatives from Shropshire Council, at least two from the CCG, and at least one other.

Substitutes – Nominating groups may appoint a substitute member for each position; notification of the named substitute member must be made prior to the meeting start. Substitute members will have full voting rights.

Meeting Frequency – The Board will meet at least quarterly.

Status – Meetings of the Board will be open to the press and public and the agenda reports and minutes will be available on the Council’s website at least five working days in advance of each meeting. There will be an opportunity for members of the public to ask questions, however this must be done in writing at least 2 full working days in advance. A response to the question will be tabled and a brief opportunity will be provided to the member of the public to ask a follow-up question. Guidance for this process is available on the Shropshire Council website.

Confidential Items – Members of the public and press may only be excluded either in accordance with the Access to Information Rules as set out in Part 4 of Shropshire Council’s Constitution or Rule 26 (Disturbance by the Public).

8. Election, Roles and Responsibilities of the Co-Chairs

Election – The Co-Chairs of the HWBB are elected from the group of Portfolio Holder HWBB Members and the HWBB Members annually.

Responsibilities – Represent views of the Board as required; allow views to be heard fairly and cultivate an atmosphere of true collaboration.

Decision making – it is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of members present and voting. If there are equal members for or against, the Chair will have a casting vote

9. Member Responsibilities

Represent views of the Board as required; adhere to the principles of the Board and behave in a manner conducive to partnership working and collaboration

10. Reporting Mechanisms/Accountability

The Health and Wellbeing Board, as a Committee of the Council, will report to Full Council as required.

The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

The Terms of Reference will be reviewed annually to ensure that the Board is fit for purpose and able to respond to the changes in the way we work.

Appendix B

Draft HEALTH & WELLBEING Delivery Group TERMS OF REFERENCE – October 2015

1. Purpose

The purpose of the Shropshire Health & Wellbeing Delivery (as a sub-group of the Health and Wellbeing Board), is develop and deliver the actions of the Health and Wellbeing Strategy, inclusive of the Better Care Fund programme.

2. Health and Wellbeing Board Vision

To help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.

The Health and Wellbeing Board (HWBB) believes we need a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives, across all communities and across all the systems that we work and live in. We need to:

Start Well – parents make good choices for their bumps and babes; early years and schools support good mental and physical health and wellbeing; services are available when and if they are needed;

Live Well – we make good choices for ourselves as we become adults to keep well and healthy, both physically and mentally; accessing support from services when and if they are needed;

Age Well – making good choices as an adult means that as Shropshire people age they are as fit and well as they can be; people continuing to make good lifestyle choices throughout their lives can prevent many long term conditions such as dementia and heart disease.

3. Role of the Delivery Group

- 3.1. To lead on the development and delivery of the Health and Wellbeing Strategy and Action Plan;
- 3.2. To lead on the delivery and implementation of the Better Care Fund Programme, ensuring financial and performance monitoring and reporting to the HWBB;
- 3.3. To Manage the Better Care Fund Assurance Framework, ensuring that any areas of concern are reported to the Health and Wellbeing Board and mitigating actions are agreed and implemented;
- 3.4. To develop a genuinely collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people;
- 3.5. To monitor the work plans (actions plans) and performance of all Health and Wellbeing Strategy outcomes and priorities, including HWB Board subgroups to ensure work is moving forward;
- 3.6. To ensure that appropriate stakeholders, including commissioners, provider organisations, patient and participation groups, and the VCSA, are involved with the development and delivery of Health and Wellbeing work/action plans;
- 3.7. To ensure that stakeholders have appropriate methods for engagement including providing ideas, concerns, and feedback on action plans and Health and Wellbeing developments;
- 3.8. To discuss Health and Social Care issues affecting service delivery in Shropshire items and their relevance to the Health and Wellbeing Board;

- 3.9. To work with the HWBB co-chairs to ensure that the HWBB forward plan and agenda are appropriate and include necessary and relevant updates and decisions.

4. Principles

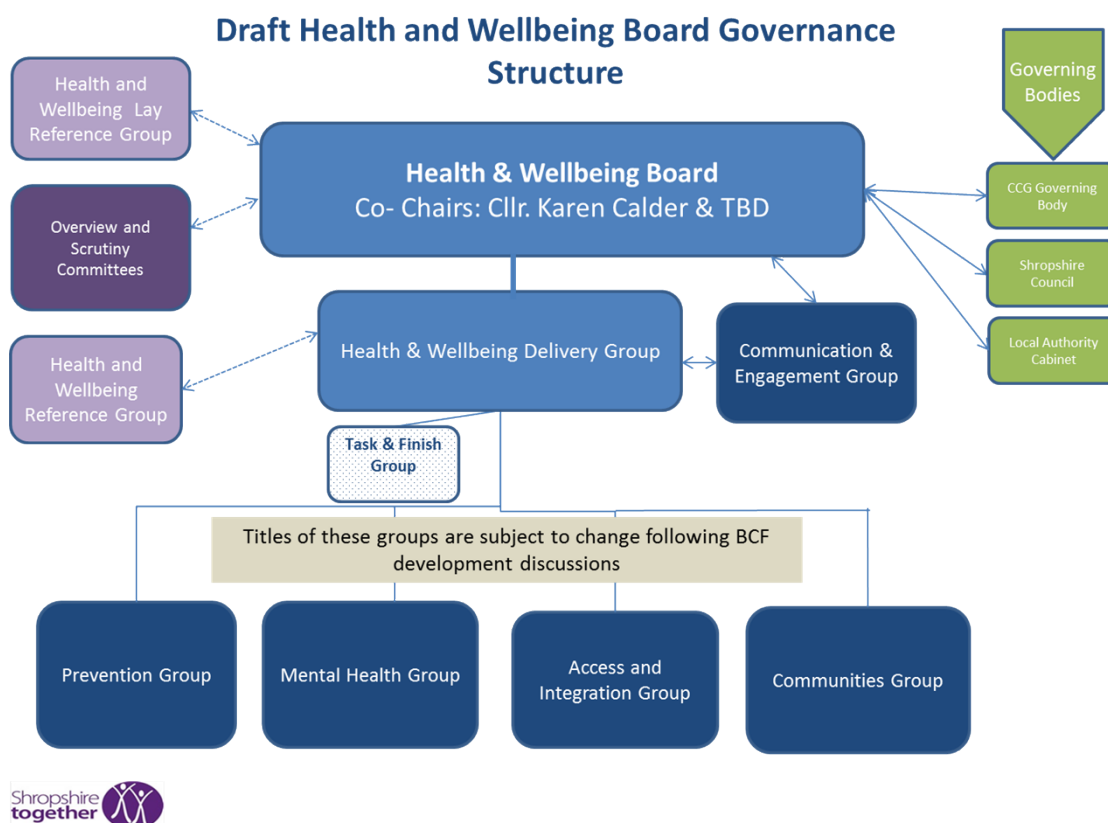
The Health and Wellbeing Executive will follow the principles of the Health and Wellbeing Board which include:

- The Health & Wellbeing Board will work primarily to improve the health and wellbeing of the citizens of Shropshire.
- The Health & Wellbeing Board will work collaboratively and consensually.
- The Health & Wellbeing Board will add value over and above our current arrangements to really tackle key priorities and delivery outcomes for our communities.
- Members of the Health & Wellbeing Board will have genuine levels of trust and an open and honest willingness to work collaboratively.
- The Health & Wellbeing Board will communicate, listen and engage with the communities they serve, actively seeking ways to enable stakeholders to influence the work of the Health & Wellbeing Board.
- Decisions will be based on evidence (both qualitative and quantitative) and data sharing will be the norm.
- Will develop creative and constructive challenge to ensure that the Board is always working to maximise its potential as partners
- Will be pro-active by developing collaborative working to deliver the HWB strategy, whilst maintaining appropriate flexibility to respond to issues as they arise.
- Responsibility and accountability - to our members, our staff and our public.
- The role and functioning of the Health & Wellbeing Board is evolving and will be subject to regular review.

5. Membership – to send deputies when not available

- Director of Public Health – Shropshire Council
- Director of Children’s Services – Shropshire Council
- Director of Adult Services – Shropshire Council
- Director of Commissioning – Shropshire Council
- Director of Strategy and Service Design – CCG
- Chief Operating Officer – CCG
- Head of Partnership and Planning – CCG
- Senior Finance Business Partner – Shropshire Council
- Director of Finance – CCG
- Clinical Director, Better Care Fund - CCG
- Representative from Housing
- Shropshire PCC
- Healthwatch
- Better Care Fund Manager
- Health and Wellbeing Coordinator

6. Governance



7. Meeting Arrangements

Co-Chair – Meetings will be operated by a co-chair arrangement, one from the Council and one from the CCG; to be elected annually.

Notice of Meetings – Shropshire Together will provide administration of the HWB Delivery Group.

Meeting Frequency – The Health and Wellbeing Delivery Group will meet 6 weekly, two weeks following the HWBB

Agenda and Papers – Partners are encouraged to provide agenda items and papers for the HWB Delivery Group will be provided to the group at least 2 days in advance.

8. HWB Delivery Group Member Responsibilities

Adhere to the principles of the Health and Wellbeing Board and behave in a manner conducive to partnership working and collaboration

9. Reporting Mechanisms/Accountability

The Health and Wellbeing Delivery Group is accountable to the Health and Wellbeing Board.

The actions of the Health and Wellbeing Board (and through governance its subgroups) are subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

The Terms of Reference will be review annually to ensure that the Board is fit for purpose and able to respond to the changes in the way we work.

ANNEX A - A summary table of the duties and powers introduced by the Health and Social Care Bill.

LOCAL DEMOCRATIC LEGITIMACY – POWERS AND DUTIES	CCGs	Local Authority	NHS Commissioning Board	Local HealthWatch	Health and Wellbeing Board
Establishment and membership of health and wellbeing board					
Duty to send representative to Health and Wellbeing Board	X (including those with overlapping boundaries)	X	X (not permanent, but when requested by HWB)	X	
Power to appoint additional members to the board as deemed appropriate		X (in initial establishment of HWB only)			X
Power for two or more HWBs to exercise their functions jointly					X
Functions of health and wellbeing board					
Duty to cooperate with the HWB in the exercise of its functions	X				
Power for HWB to request information for the purposes of enabling or assisting its functions from: <ul style="list-style-type: none"> • the local authority • any of its members or their representatives 	X (duty to provide)	X (duty to provide)	X (duty to provide)	X (duty to provide)	X
Duty to prepare JSNA in relation to LA area with regard to guidance from Secretary of State. To consider need or likely need capable or being met or affected by LA or CCG functions	X*	X*	X (to participate)		X

Duty to prepare JHWS based on JSNA in relation to LA area with regard to guidance from Secretary of State	X*	X*	X (to participate)		X
Duty to involve third parties in preparation of the JSNA and JHWS: <ul style="list-style-type: none"> Local HealthWatch people living or working in the area for County Councils – each relevant DC 					X
Power to consult any other persons it thinks appropriate on preparation of the JSNA					X
Duty to have regard to the NHS Commissioning Board mandate and statutory guidance in developing the JSNA and JHWS					X
Duty to consider health act flexibilities when developing JHWS					X
Duty to publish the JSNA		X			
Duty to publish the JHWS		X			
Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services**, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care					X
Impact of duties on other associated functions					
Duty to have regard to JSNA and JHWS in the exercise of relevant commissioning functions	X	X	X		
Duty to promote integrated working: <ul style="list-style-type: none"> between commissioners of health and social 					X

care services					
<ul style="list-style-type: none"> using health act flexibilities 					
Power to encourage integrated working across wider determinants of health:					X
<ul style="list-style-type: none"> between itself and commissioners of health-related services between commissioners of health and social care services and of health-related services 					
Power to delegate any local authority function (except scrutiny) to the HWB		X			
Ensuring alignment of commissioning plans					
Duty to involve HWB in preparing or revising the commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS	X				X
Duty to provide opinion on whether the commissioning plan has taken proper account of the JHWS					X
Power to also write to NHSCB with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG)					X
Duty to include a statement of the final opinion of the relevant HWB in the published commissioning plan	X				
Power to provide NHSCB with opinion on whether a published commissioning plan has taken proper account of the JHWS (copy must also be supplied to the relevant CCG)					X
Duty to review how well the commissioning plan has contributed to the delivery of the JHWS and to seek opinion of HWB on this	X				X

Duty to get view of HWB on how well CCG has contributed to delivery of JHWS when conducting its annual performance assessment of the CCG				X	X
Other duties, which can be contributed to through the JSNA and JHWS					
Duty to exercise functions with a view to securing continuous improvement in quality of services	X				
Duty to act with a view to secure continuous improvement in outcomes achieved	X				
Duty to exercise functions with regard to need to reduce inequalities between patients in outcomes and access to services	X				
Duty to promote the involvement of patients, their carers and representatives in decisions about the provision of health services	X				
Duty to promote innovation in the provision of health services	X				
Duty to exercise functions with a view to securing integration in the provision of health services, and the provision of health and social care services to improve the quality of the services or reduce inequalities between patients in outcomes and access to services	X				

X*- duty discharged via HWB

** - "health services", "health-related services" and "social care services" are defined in s.192:

- "health services" – means services that are provided as part of the NHS
- "social care services" – means services that are provided in fulfilment of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970).
- "health-related services" – means services that may have an effect on the health of individuals but are not health or social care services

Draft Health and Wellbeing Board Strategy – on a page

Health and Wellbeing Vision

To help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life

Shropshire Health and Wellbeing Board Aim: Taking a whole system approach to achieve our vision and outcomes

**Outcome 1
Health inequalities are reduced**

**Outcome 2
Increase healthy life expectancy**

Health and Wellbeing Strategy Priority Areas

Health promotion and resilience

Health promotion and resilience are about encouraging people to make good choices at every stage of life. It is also about making sure that the right support is available when it is needed and that services are there not only to help us to feel better, but to help stop illness or physical and mental difficulty from happening again.

Promoting easy to access and joined up care

Promoting easy to access and joined up care will mean that people are able to experience care that can best meet their individual needs. Care will not feel disjointed and to help people to access care, they will have the right information about where to go and what to expect.

Promoting independence at home

Promoting independence at home will involve planning support so that people are able to stay in a place that is familiar to them as well as having the assistance of their community in keeping well and living their daily life.

HWB Strategy Delivery

Prevention Group

Prevention

❖ Schemes to be updated for 16/17

Mental Health Group

Early Intervention

❖ Schemes to be updated for 16/17

Access and Integration Group

Supporting People in Crisis

❖ Schemes to be updated for 16/17

Communities Group

Supporting People to Live Independently for Longer

❖ Schemes to be updated for 16/17

Cross Cutting Themes

Information Technology

Quality & Safety

Communication & Engagement

Workforce

Communities

Housing, Education, Employment, Business

Better Care Fund Key Programmes

❖ Strategy whole system approach exemplars
❖ weight management & diabetes care, Carers, Mental Health

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