



Health Scrutiny Committee

Health and Wellbeing Board Review

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1. Summary

- 1.1 Alongside a number of other functions developed through the Health and Social Care Act 2012, such as the development of Clinical Commissioning Groups and local Healthwatch, the Health and Wellbeing Board began its statutory function on 1st of April 2013 (after 18 months operation in shadow form). During 2013 a number of new members joined the Board including the Portfolio Holder for Health (following election), Karen Calder, Portfolio Holder for Adult Services, Lee Chapman, the Chief Officer of Healthwatch Shropshire, Jane Randall-Smith, and the Chair of the Voluntary and Community Sector Assembly, Jackie Jeffery.
- 1.2 In 2013/14 the Health and Wellbeing Board planned decision making around the five outcomes of the Health and Wellbeing Strategy and each Board meeting focussed on one of the outcomes or priorities. This process was undertaken to ensure that the Board had a good understanding of the issues relating to the five outcomes (the JSNA and engagement results) and to ensure that the Board had effective mechanisms for delivery against these outcomes. The Board always ensured that there was flexibility with each agenda to add emergent or statutory items for decision.
- 1.3 During the year 2013/14 there has been extensive consultation and engagement with the stakeholders discussing a wide range of issues pertaining to the local health economy. Some of these include HWBB focus group sessions, the Call to Action, the Rural Health Survey, the School Nurse Review, the Members of Youth Parliament and a continual dialogue with the Health and Wellbeing Stakeholder Alliance.
- 1.4 During the year 2013/14 some new and key statutory responsibilities have been placed on the Health and Wellbeing Board; the primary new duty is the Better Care Fund (discussed in the body of the report). The Health and Wellbeing Board also must endorse the CCG's 3-5 Year Business Plan, and as the local health and social care economy embark on large programmes of transformation, the Board must understand these developments and aid transition. Combined these pieces of work will form a large portion of the focus of the Health and Wellbeing Board over 2014/15.
- 1.5 Also during the year, Overview and Scrutiny, Healthwatch Shropshire, and the Health and Wellbeing Board have made efforts to understand each other's roles post implementation of the Health and Social Care 2012. Two stakeholder events have given rise to an action plan and a Memorandum of Understanding between the HWBB, OSC and Healthwatch Shropshire (please see Appendix A for the DRAFT MoU).
- 1.6 The Health and Wellbeing Board has used 2013 to further develop positive partnership relationships and cooperation across Health and Social Care, and good progress has been made to deliver on its statutory functions. During 2014/15 the HWBB will move to create a robust governance and performance monitoring structure across Board functions to ensure the delivery of the HWB Strategy.

2. Recommendations

2.1 In recognition that the HWB Board will continue to develop its role as a systems leader in Shropshire through 2014/15, Scrutiny is asked to note and endorse the following development points:

- As the HWBB is made up of elected members from both Shropshire Council and the CCG and therefore membership will change from time to time, the development of an induction pack for new members of the Health and Wellbeing Board is required;
- Further develop the collective understanding of the HWBB role in Quality and Performance of Health and Social Care in Shropshire and its role in supporting the Communication and Engagement around key transformation programmes;
- Support the HWBB as it moves forward in developing the strategic direction of Health and Social Care, including the Better Care Fund, the Future Fit and all large scale service transformation and associated governance, performance monitoring and risk monitoring and reporting;
- Consider the DRAFT Memorandum of Understanding between Healthwatch Shropshire, Scrutiny Communities (Health and Children's) and the Health and Wellbeing Board (Appendix A) and provide comment and/ or agreement;
- That the HWBB is working to ensure that all stakeholders are engaged in our decision making processes and welcomes input from the Overview and Scrutiny Committees.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

As part of the ongoing development of the Board it will create an appropriate Risk Matrix linked

4. Financial Implications

There are no financial implications associated with this report.

5. Background

5.1 Health and Wellbeing Board Decisions

5.1.1 During 2013/14 a number of key decisions have been made by the Health and Wellbeing Board. These include:

- Approved the Shropshire Adult Autism Strategy
- Required that the work streams reporting to the Health and Wellbeing Board (Steering Groups) incorporate actions that will mitigate against isolation and loneliness;
 - To develop a local measure for isolation and loneliness;
 - To require isolation and loneliness to be considered as part of all relevant commissioning and contracting processes within Shropshire Council and the CCG
- Resolved to established a task and finish group around isolation and loneliness;
 - To identify where existing community networks exist,
 - To explore how to make these more accessible and well communicated to individuals,
 - To identify gaps,
 - This group should address the stigma of loneliness by raising awareness of the issue; consider how to address the needs of carers in a meaningful way
 - To consider addressing Isolation and Loneliness through all the priorities of the Health and Wellbeing Strategy
- Established a Task and Finish Group be set up to oversee the development of the joint plan for the introduction of the Integration Transformation Fund (ITF), now **BETTER CARE FUND**.

Subsequent decisions:

- § Approval of the first draft of the Better Care Fund (discussed in section 5.3)
- § Final Draft to be approved and submitted by 4th April 2014

- Nominated Prof Rod Thomson as Champion of the Access to Services T & F group who will ensure appropriate linkages with the 'map of maps' and Building Healthy Partnerships project
- Agreed the section 256 agreement and monitoring arrangements
- Agreed and endorsed 2014 as the Year of Dementia Training and Awareness Raising for Shropshire.
 - Endorsed the development of a Dementia Stakeholder Reference Group
- Determined that the HWBB will decide and communicate its role with regard to Organ Donation in 2014/15
- Endorsed the development of a Medical Health Scholarship Scheme in Shropshire
- Endorsed the development of an Assistive Technology Memorandum of Understanding to be adopted by Health and Social Care Partners
- Responded to the Local Enterprise Partnership's draft European Structural & Investment Fund Strategy
- Determined the Board's involvement in the Deprivation of Liberty (DoL) and determined to receive quarterly performance updates from the DoLs team
- On Health Inequalities the Board resolved that:
 - The Health and Wellbeing Board continue to support the increase of investment in prevention programmes across organisations and partnerships in order to reduce health inequalities and that progress on this be reported back to the Health and Wellbeing Board
 - The Health and Wellbeing Board enhance joint working with the Business Board, the Local Enterprise Partnership and the Local Nature Partnership to address Inequalities and that the Director of Public Health formally links in to the Business Board.
 - The Health and Wellbeing Board provide a collective response to the Marches LEP European Structural and Investment Funds Strategy.
 - The Health and Wellbeing Board support the voluntary and community sector by endorsing the Compact and encourage relevant statutory partners and provider organisations to sign up to the Compact;
 - The Health and Wellbeing Board discuss endorse and sign the Equalities Charter
 - The Health and Wellbeing Board note and support the development of a Social Value Framework for Shropshire

5.2 Health and Wellbeing Board Consultation and Engagement

5.2.1 A key function of the Health and Wellbeing Boards is to ensure that we work with our communities to design health and wellbeing services in Shropshire. More than this, working with the public will enable everyone to understand their roles and responsibilities in keeping our population healthy; it will encourage the public to better understand how they can take charge of their own health and how they can support each other in their own homes and communities.

5.2.2 Patient and public engagement: a practical guide for health and wellbeing boards (2012), developed by the National Learning Set, highlighted three key points for Health and Wellbeing Boards:

- Patient and public engagement (PPE) should take place from the start of the life of health and wellbeing boards and be woven into the DNA of boards throughout their work.
- There will be different types and levels of appropriate engagement depending on the situation, from involvement of individual members of the public in shared decision-making about their own health and care, to local community engagement in co-production of services.
- PPE is the business of every board member. All members must be assured that appropriate PPE, shown to make a difference, is taking place in relation to the work of the board.

5.2.3 Shropshire's Health and Wellbeing Strategy is based on the Joint Strategic Needs Assessment and on a series of consultation events with patients and the public during 2011 and 2012.

5.2.4 Following the official launch of the Health and Wellbeing Board in April 2013 it was felt that it would be useful to test the HWB Strategy by asking the public to get together in focus groups to discuss the key health and wellbeing issues for them and their communities. The groups were asked to discuss priorities for improved health & wellbeing in their community. Many of the priorities discussed during the focus group sessions fit within the Health and Wellbeing Strategy five outcomes as highlighted below:

Health Inequalities

- Clear pathways for diagnosis for everyone
- Person centred services
- Training to support young people and to support carers
- Respite care – short breaks for carers
- Autism diagnosis and pathway
- Child poverty/ serious disadvantage in some communities
- Better help and preparation for children with disabilities to transition to adulthood

Healthy Lifestyles

- Education around diet, exercise, obesity, smoking
- Inclusive activity, not just sport
- Creating opportunities for GPs to link people into healthy lifestyles, activities, sport

Mental Health

- Better links with GPs/ more access to counselling services through GPs
- Access to activities and education about how physical exercise and activities promote better mental health
- Access to information about mental health services
- Promotion of community and social interaction to support mental health
- Focus on mental wellness for all, not just the old and the young

Independent for Longer

- Make better links around how isolation impacts on mental health
- Support community based social activities and places to meet
- Promoting physical activity for older people and all age groups
- Education about how assistive technology can support not isolate

Access to Services

- More access to counselling via GP surgeries
- Access to screening services (prostate in particular)
- Access to information about mental health services
- Access to services for 16-18 year olds in a way that would improve access to preventative health services
- Sharing of patient records so that patients don't have to tell their story over and over
- Joint planning of services with the patients/ public
- Person centred service provision
- Local access to diagnostic services
- Longer opening hours for mental health services and groups
- Better use of community hospitals
- Better communication of where/ how to access services
- Community beds and staff

5.2.5 Some gaps that were emphasised by stakeholder may fit within one of the HWB outcomes above, but there may not necessarily be a clear action or pathway for addressing the gap. These include:

- Children's Autism strategy
- Better help and preparation for children with disabilities to transition to adulthood
- Carer support – although there is carer support in the county there may be some groups that don't know it exists or the type of support does not meet their needs. This could be explored further.

5.2.6 Other consultation and engagement through the year included:

- CCG - the Call to Action (Autumn 2013)
- Stakeholder Alliance (on going)
- MYP engagement (2013)
- Dementia Workshop (October 2013)
- Assistive Technology Workshop (September 2013)
- School Nurse Review (Summer 2013)
- Rural Health Survey (Summer 2013)
- Building Health Partnerships (2013)
- Making it Real (on going)
- Children's Trust Area Forums (September 2013)
- Healthwatch Planning Event (November 2013)

5.2.7 The engagement has delivered some clear and consistent messages. Access to a wide range of services and access to services through GPs is consistently communicated as a priority. As well mental health and how good mental health underpins all health concerns remains a key message. The wider determinants of health including finance, housing, and rural isolation are all key concerns. Community capacity building and the willingness and interest of communities to be part of developing healthy communities are also important messages that have been communicated consistently. Summaries of all consultations can be found on the Shropshire Together website, click [here](#).

5.3 Better Care Fund

5.3.1 The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

5.3.2 In Shropshire the BCF development supports the key priorities as set out in the JSNA and the Health and Wellbeing Strategy. The BCF development also recognises the current health and social care context in Shropshire relating to a review and transformation of services and the Future Fit Programme.

5.3.3 The draft submission of the BCF was approved in February, and the final submission is due on the 4th of April. The Health and Wellbeing Board have agreed the following key themes for the BCF in Shropshire:

Prevention:

- Carers Support and Liaison
- Think Local Act Personal and citizen engagement
- Access to employment and leisure activities for people with Learning Disabilities
- Locality Commissioning
- Improved care service monitoring (safeguarding)
- Falls prevention

Living Independently for Longer:

- Maximising Independence – Hospital discharge/ admission avoidance
- Handyman Scheme
- Telecare
- Support for Adults with learning Disabilities
- Supported Living for people with learning Disabilities/ Mental Health
- PATH House supported living
- Jointly funded staff to support learning disabilities services
- Community and Care Co-ordinators
- Continuing Care respite
- Crossroads care attendants scheme
- Children and families – short breaks/ Summer play schemes/ Hope House
- Mental Health Carers Network and Carers Support
- End of Life Care – Hospice at Home service
- Carers Link Workers
- Primary Care carers support worker

- Substance Misuse carers support
- Age UK
- Compassionate Communities

Long term Conditions (including Dementia):

- Enhancing preventions services (LTC)
- Services for people with Dementia
- Supported Housing (The Willows, Oak Paddock, 64 Abbey Foregate)

Managing Patients in Crisis:

- Crisis Resolution
- Integrated health and social care pathway
- Mental health and Learning Disabilities Respite
- Escalation beds
- Independent Living Partnership
- PATH House

Supporting People After Crisis:

- Increased social work capacity
- Rehabilitation beds
- START (Short Term Assessment and Reablement Team)
- Home from Hospital
- Stroke Association
- Social work input to support early discharge
- Step down START beds
- Headway (Acquired Brain Injury Support)
- Integrated Care Service

5.4 The Future Fit

5.4.1 During the autumn the CCG ran a major discussion with the public and clinicians as part of the Call to Action led by NHS England.

5.4.2 There were some clear messages that had strong agreement between public and clinicians. For example:

- An acceptance that some changes are needed to improve health outcomes, experience and safety for patients
- A clear expectation that any changes should be led by clinicians with full involvement of patients and communities

5.4.3 Whilst these messages came about as part of a bigger debate across the NHS in England, there was also clear recognition that it must include Welsh communities who rely on Shropshire's hospitals for their acute care.

5.4.4 So, there is now a compelling case to review the way hospital services are provided for future generations to benefit. Patients are calling for more accessible and connected care which is closer to home and responds to the needs of the local population. Clinicians are calling for safe care that brings together specialist expertise in the best way to offer patients the best outcomes and a great experience.

5.4.5 This is why the Shropshire and Telford and Wrekin CCGs are launching the NHS Future Fit programme. This will bring together patients, NHS leaders and local authority partners to analyse in detail how services are currently used and compare that with the best clinical practice across the UK and beyond. By using the outcomes from this we will develop options for how services can be improved in order to deliver excellence for the future.

5.5.6 The NHS Future Fit programme will focus on the hospital services provided by Shrewsbury & Telford Hospital NHS Trust and Shropshire Community Health NHS Trust. There are other providers of services to the Clinical Commissioning Groups who will be involved in the review and design of services, bringing their expertise and allowing us to collectively shape hospital based acute and community care. However the full services of these organisations' will not be part of the review for the Future Fit programme.

5.5 Health and Wellbeing Forward Planning

- 5.5.1 Terms of Reference of the Health and Wellbeing Board require the Board to refresh its terms of reference, strategy and action planning annually and as such the Board is currently going through a mini-review process. In light of the new statutory requirements of the Board (the Better Care Fund) and the large scale planned transformation programmes, the Health and Wellbeing Board must not lose sight of the priorities of our population highlighted in the JSNA and through consultation and engagement. The Board must make certain that these priorities are captured in the framework of our health and social care plans and transformation.
- 5.5.2 The Board must work to support the delivery of integration and quality and must do a better job holding one another to account for delivery of an integrated health and social care service in Shropshire. It can do this by further developing and better communication of the governance structure of the Board and its performance monitoring. The Board also has work to do to understand how it can support the communication processes across health and social care and how it can embed the people's voices in decision making.
- 5.5.3 The Board will be required to hear the evidence of the JSNA that incorporates engagement and consultation results, it will also routinely monitor quality and performance and it will ensure that it is discharging its statutory duty to oversee health and social care developments and integration.

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 All
Appendices Draft Memorandum of Understanding

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

4.2.5 HASCS 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.

4.2.6 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 (Annex II)
- 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