

Health and Wellbeing Board 10th October 2014

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

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1. Summary

1.1 Where appropriate the Health and Wellbeing Delivery Group implements decisions, actions and the HWB Strategy and the Better Care Fund as required by the Health and Wellbeing Board. This report aims to highlight issues raised at the Delivery Group either for information, endorsement or decision that have not been addressed as their own item at the Board.

1.2 For Information:

1.2.1 **Peer Challenge** – A peer challenge is a voluntary and flexible process commissioned by a council to aid their improvement and learning. It involves a team of between four to six peers from local government, health or the voluntary sector who spend time onsite at a council to reflect back and challenge its practice, in order to help it to reflect on and improve the way it works. The purpose of the health and wellbeing peer challenge is to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities, by way of a systematic challenge through sector peers.

1.2.2 The Shropshire Peer Challenge will take place from January 19th to 22nd. A scene setting meeting has been diarised on the 19th and a HWB Board meeting has been scheduled for the 20th to ensure that the Peers are able to understand the Shropshire context and processes.

1.2.3 The Health and Wellbeing Board will need to establish a position statement and key areas of focus in advance of the Challenge.

1.3 For Decision:

1.3.1 **Health and Wellbeing Strategy Refresh** – The HWB Delivery Group is seeking agreement from the Board on the process of refreshing the HWB Strategy.

1.3.2 The Board has already agreed that it would like to take some time this autumn update the JSNA, refresh of the Health and Wellbeing Strategy, and update the Terms of Reference of the Health and Wellbeing Board (including Governance). This work could also involve the development of a Health and Wellbeing Communication and Engagement Strategy (working with all our partners in Health & Social Care to develop). Board members have already been interviewed by Charlotte Cadwallader regarding the tools that we use to engage with stakeholders through Shropshire Together – the results of this work are attached (**Appendix 1**) in the form of a SWOT analysis, followed by recommendations. This work will inform a Communication and Engagement Strategy.

1.3.3 The JSNA update is underway and new data, information and evidence, including stakeholder, service user and public (Healthwatch) qualitative information will provide a more complete picture to support the development of services in Shropshire. The JSNA will also incorporate information from the Place Plans (completed through Shropshire Council Planning), Research on Best Practice, and Community Assets (Assets including community groups, buildings, people and places). Although this new data, information and evidence will support planning and service design the high level outcomes will likely remain similar to the current JSNA (for example – ageing population, mental health, access to services).

1.3.4 Through the Stakeholder Alliance and stakeholder meetings and workshops, we have had repeated feedback from stakeholders that they don't understand where their organisation fits within the HWB strategy. It is likely that all special interest groups would like emphasis within the Strategy on their area of interest, and of course this is not possible. However the HWBB needs to consider how it ensures that stakeholders including Acute Services, Primary Care, the Independent Sector, Special Interest Groups and the public understand how the Health and Wellbeing Strategy supports the improvement of Health and Wellbeing in Shropshire for all stakeholders and how organisations and individuals can be involved in shaping services. The Health and Wellbeing Board is asked to agree the following work plan:

1. Working with the Health and Wellbeing Delivery Group, using evidence from the JSNA, Healthwatch and other previous health and wellbeing engagement results to develop the outline of the HWB Strategy Refresh for approval at the next HWBB meeting in November;
2. Engaging with stakeholders including health and wellbeing partners, special interest groups, the public and all other stakeholders on the refreshed HWB Strategy – Update for the January HWB Board;
3. Working with the Better Care Fund Task and Finish Group to Update the HWBB Terms of Reference – including governance structure – November 2014 HWB Board;
4. Working with partners to develop the JSNA and presenting the draft JSNA – March 2015 HWB Board;
5. Development of Final Refreshed HWB Strategy – March 2015 HWB Board;
6. Working with a Communication and Engagement Task and Finish Group (to include Healthwatch) to develop a Health and Wellbeing Communication and Engagement Strategy – January 2015 HWB Board.
7. Developing a HWB Delivery Plan based on HWB Strategy Outcomes – March 2015 HWB Board

1.4 For Decision:

1.4.1 **Working with the Community Safety Partnership** – Following the Community Safety Partnership report to the Health and Wellbeing Board in June 2014, there has been some discussion regarding taking closer working between the two Boards forward. One possibility would be to invite the Community Safety Partnership to a future meeting to discuss key areas of joint interest such as Mental Health and Substance Misuse. An agenda for this discussion might be:

1. Evidence (JSNA and the Community Safety Strategy)
2. Alcohol, drugs, and tobacco - impact on health, services and commissioning
3. Mental Health – impact on anti-social behaviour & parenting; available services; and section 136

1.5 For Information:

1.5.1 **Organ Donation** – As discussed at the Health and Wellbeing Board in August, the recommendation from the HWBB to Shropshire Council will be taken to the next full council

meeting. Letters have also been drafted to Health and Wellbeing Boards (**Appendix 2**) in our region and to the Shropshire MPs.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

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

4. Financial Implications

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

5. Background

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

6. Additional Information

n/a

7. Conclusions

n/a

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Cllr. Karen Calder
Local Member
Appendices Appendix 1 – Shropshire Together SWOT analysis Appendix 2 – Organ Donation Letter

APPENDIX 1

Shropshire Together and the Health and Wellbeing Board

By Charlotte Cadwallader

Introduction

Over the summer, various members of the Health and Wellbeing Board were asked for their comments around the topics of Shropshire Together, the Stakeholder Alliance, Health and Wellbeing Board communications and the JSNA. Comments have been compiled into a SWOT analysis with main themes identified. Recommendations for development are supplied.

ST = Shropshire Together, SA = Stakeholder Alliance, HWBB = Health and Wellbeing Board

HWBB members consulted:

Karen Calder, Ann Hartley, Jane Randall-Smith, Karen Bradshaw, Paul Tully, Rod Thomson, Bill Gowans, Helen Herritty, Lee Chapman, Stephen Chandler, George Candler, Caron Morton, Jackie Jeffreys, Mark Donovan.

Shropshire Together

Strengths	Weaknesses
<ul style="list-style-type: none">• ST has a role in making information understandable.• ST has a role in providing the public with a general message that we are working together and info about our flagship pieces of work.• ST was good at telling people what the HWBB is/does.• The idea of the 'hot seat' was good and well-received.	<ul style="list-style-type: none">• ST's objectives were not clear. Views were collected and shared without clarification for what they would be used.• Might be better to put resource into promoting the HWBB.• The same people/organisations involved in ST are already involved in other groups; better to use existing forums.• Difficult to distinguish difference between ST and SA.
Opportunities	Threats
<ul style="list-style-type: none">• Role in promoting the work of the HWBB and making people feel they can approach the Board.• Provide a place where all info is pulled together with ST then promoted.• Explain to people how Shropshire works.• Co-ordinating updates from other agencies and supporting organisations without skills to transmit their messages.• More proactive about telling Shropshire what we do.	<ul style="list-style-type: none">• Need to improve communications and consult each other before beginning projects to ensure there is no duplication.• Need to ensure we are connecting at a 'real' level as well as at an high, strategic level.• Once the HWBB has its own branding, ST will 'fall away'.• Recreating what is already there; brings little value.

Board members had differing views on the previous and potential effectiveness of Shropshire Together in its current form. In large, the majority felt that Shropshire Together brought benefit; it provided continued engagement, facilitated partnership working and helped to share information across organisations during a time of upheaval and organisational change. However, there was a feeling that the health and wellbeing landscape has now developed and that there are other organisations now fulfilling certain aspects of Shropshire Together's previous role.

It was felt that there is still a need to ensure that duplication of work across agencies is minimised. There is potential for something similar to Shropshire Together to take a role in co-ordinating that which is already in place amongst organisations and for providing support to organisations that do not have suitable networks for information sharing and engagement. It was suggested that Shropshire Together could do this as a virtual agency. This topic is further discussed under 'Website'.

Stakeholder Alliance

Strengths	Weaknesses
<ul style="list-style-type: none"> • Sharing platform is important. • Opportunities for people to see what is going on/how to give feedback. • Online presence is good – we’re required to have info available online by the Care Bill. • Useful method of finding out what people think/a place where people can ask questions. • When we share info with the public they are more satisfied. 	<ul style="list-style-type: none"> • Not maximised to its full potential – collaborative space for work. • Not open (log-in). • Terminology ‘stakeholder’. • Existing, established forums for stakeholders. All organisations have public-facing elements. • Felt like a HWBB space, not for taking other things. • SA Communications have become less professionally relevant over time. • Needs to be strategy at the heart of SA. • One size fits all. • Behaviour needs to be managed so that individuals get involved without prompt.
Opportunities	Threats
<ul style="list-style-type: none"> • Needs to be live and functional – invite response but also to respond back to people. • Harness power of social media. • Closed area for board members. • Need to make involvement obvious, ‘have your say’. • Online concerns need to be given same weight as comments made in person. • Real-time feedback is important. 	<ul style="list-style-type: none"> • Shropshire’s digital exclusion – we need both. • Need to ensure not duplicating work of Healthwatch. • Would need to be bottom-up, do people want it? Needs-based assessment. • Unintended consequence; 300 different voices • Need to be sure what for what the feedback is being used. • The HWBB has a stakeholder alliance. • Do the people on the list want to be involved?

In general, board members felt that an online sharing and collaborative space was useful, but that the Stakeholder Alliance had been underutilised and not used as was intended. They felt that it was important to keep the facility, but that any engagement and feedback should only be requested if there is a clear purpose for doing so, and that information received should be treated with the same substance as comments made in person. However, it was emphasised that any engagement should consider how it can connect with Future Fit.

Some made comments asserting that there needs to be a clear request from stakeholders to have the Stakeholder Alliance, however, all saw the benefit of sharing information. It was clear that there needs to be other methods for those without internet to participate.

Website

Strengths	Weaknesses
<ul style="list-style-type: none"> • Things work best when people self-select or find the info for themselves. Important to give people the opportunity to browse. 	<ul style="list-style-type: none"> • Cannot be the only medium. • Not meeting expectation.
Opportunities	Threats
<ul style="list-style-type: none"> • Create a Shropshire Link/Gateway/‘What is it like to live in Shropshire?’/Welcome to Shropshire. • Could highlight different themes each month: road safety etc. Topical. • Provide engagement and two-way dialogue. • Option to sign up to alerts but also make info clear and accessible. 	<ul style="list-style-type: none"> • Other organisations have their newsletters, what does this add? • What is the difference between the SA and ST website?

Few members mentioned the current Shropshire Together website directly, but those who did felt that it was more a space for the HWBB. Several individuals made suggestions for how the website could be better used by broadening the types of information or messages that it covers

and including a wider range of partners. It was felt that the website needs to be kept more up-to-date and to include topical messages or discussion, for example theming the information around events such as fire safety around Bonfire Night etc.

Three board members mentioned how the website could be revamped to act as a 'Welcome to Shropshire' type gateway, telling residents how they can access the services they need and broadening the health and wellbeing aspects of the website.

Health and Wellbeing Board Communications

Strengths	Weaknesses
<ul style="list-style-type: none"> • Comms have improved because of the BCF. • A few individuals felt that the comms was appropriate, partly because of the CCG and its PPGs. • Communicate message that we are working together, across agencies (ST did this well). 	<ul style="list-style-type: none"> • Awareness of HWBB is low. • HWBB needs to be more 'user-friendly'. • Residents need to understand how Shropshire works. • Info needs to be able to be understood by professionals and public. • Need clarification of the HWBB's role. • Any info needs to be simple and clear – current info is too wordy. Current info is neither light enough nor formal enough. Provide summary reports of documents. • Need to be proactive in telling people what we do, not waiting to be asked.
Opportunities	Threats
<ul style="list-style-type: none"> • Raise HWBB's profile. • Can learn from other areas such as S. Yorkshire. • Healthwatch could act as the mechanism for everyone to feed into the HWBB. • HWBB could come under the banner of ST? • Public should be able to find out what are the health concerns for Shropshire. • People will want to get involved at particular times, over particular issues. • Difference between what we communicate regularly/on particular occasions. • An onus upon HWBB to share info and ensure it filters through organisations. • Ask organisations how they want to receive information. • Designing needs individuals getting together. Finishing/finesse can be done remotely. • Promote the fact that the HWBB gives the public access to a representative from NHS England. • Need a dedicated, shared resource for comms for all members of the HWBB. • Could test the comms with a PPG. 	<ul style="list-style-type: none"> • Need to ask members of the SA what they are getting out of their membership/the information? • People are not aware of the wider context of how the HWBB affects the public. People do not know what it does. • HWBB is not given the same status as other Council committees. • Many people are happy to let bodies 'get on with things'. • Cannot just communicate plans they are already being developed, but equally can't give a blank sheet. • Need to communicate when something is finished (how to use etc.) not just asking for comment on a finished product. • Any info needs to be of interest and needs to provoke discussion. • Need to think – who are we engaging? Why? What are we going to do with the information? • Public might not need to understand the HWBB's processes and functions – others might want to know.

There was debate over whether or not the HWBB has its own brand. While some board members considered the HWBB to have a strong brand (and should be working to become an entity in its own right), others felt that the HWBB was not sure of its own role, and that as a result it does not have a brand, nor can it be promoted. Some board members felt that the HWBB could have a more statutory function if ST was completing the communications/information sharing, allowing it to develop its role.

Most respondents agreed that there is a distinction between the type of information, as well as the degree of communication, that the public and professionals require. Any information needs to be clear and simple. There should be the general type of information that we communicate on a semi-regular basis and then the more in-depth information, indicating how the public can get involved, with the other issues.

There was a strong feeling that before any engagement that encourages response or consultation is published, there needs to be a clear and precise reasoning for the discussion and a well-defined plan for what the HWBB will do with information that is gathered. Healthwatch was seen as a key partner for sharing information with the public.

JSNA

Strengths	Weaknesses
<ul style="list-style-type: none"> • Very good at drilling down to simple messages (but sometimes we need to see the detail) • Should be online. • Does not need to be updated annually (our demographics don't change). • Executive summary with direction for further information. • Everything should reference the JSNA as evidence (but not use it as a strategy). • The data is made to feel 'live' which helps to show its value. 	<ul style="list-style-type: none"> • Under-utilised across the Council and by partners. • Sometimes more detail is needed. • Hoped it would be a 'live' online space where info is regularly updated by PH and other agencies. • Not obvious how and when it is being updated. • Needs to be more user-friendly. • Raw data sets are not useful for people who do not have the understanding. • Difficult to know how you influence it. Want more qualitative, lived experiences (subjective and objective).
Opportunities	Threats
<ul style="list-style-type: none"> • More people need to know what it is and why it is there – it should inform what we do. • Want to be told about changes to the JSNA. • Two formats: high level figures with enough insight for most and a more detailed version for those who need more info. • Include strategic needs as well as assets. • Join the JSNA with our local commissioning needs. • Make available on Share Point. • Needs to be something that the public can shape – everyone to feed into it (esp. VCSA). • Consultation on a draft. 	<ul style="list-style-type: none"> • Some staff would go directly to the Health Intelligence team rather than using the JSNA.

The majority of board members felt that the JSNA was under-used across the Council and by other partners. They felt that it had a lot to offer but that it needed more promotion, as a result it was not embedded in decision making.

Suggestions were made to have the JSNA in two forms; one being fairly high-level which would include enough information for most needs, and a second that included more in-depth, supporting information including more complex data for those who are able to utilise this information. The executive summary was highlighted as useful, particularly as it is suitable for use by non-professionals.

There was also a feeling that partners and the public should be more involved in its creation. Individuals wanted to know when it was going to be updated, and how they could have an influence on its content.

Several board members mentioned by-passing using the JSNA to go directly to the Health Intelligence team to get the data that they need. This may be creating unnecessary work for the Health Intelligence team if this data is already available via the JSNA.

Consultation Portal

Strengths	Weaknesses
<ul style="list-style-type: none"> • Saves the public having to look across organisations. • Potential effective use of resources. 	<ul style="list-style-type: none"> • 40% of CAB's clients do not have internet access
Opportunities	Threats
<ul style="list-style-type: none"> • Would want to show who is behind the 	<ul style="list-style-type: none"> • Not clear who is running the consultation.

consultation. <ul style="list-style-type: none"> Information would need to back to the consultation host (i.e. SaTH, CCG etc.). 	
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Most respondents felt that Shropshire Council’s consultation portal could be used successfully and effectively by other organisations, with the premise that it would be clearly indicated to which organisation the consultation belonged and that the data should be returned directly to the organisation.

Health and Wellbeing Board Other

Strengths	Weaknesses
<ul style="list-style-type: none"> Strong Chair with comprehensive knowledge/understanding and good leadership. 	<ul style="list-style-type: none"> HWBB needs powers mandated to it.
Opportunities	Threats
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Needs a whole-system plan. Issue of continuity with members.

Recommendations

Communications and engagement:

- To develop a health and wellbeing communication and engagement plan that encompasses all areas of health and wellbeing and incorporates all health and social care partners. We recommend that a working group could resolve the detail of how this would work in practice and return to the Board with a proposal for action.

This plan would be able to use the current tools such as the website, Stakeholder Alliance, the Health and Wellbeing newsletter and include appropriate links to the JSNA and Shropshire Council consultation portal.

- Keep the branding of ‘Shropshire Together’ as a strap line for the Health and Wellbeing Board and work with a Health and Wellbeing comms and engagement task and finish group to consider using the available tools (the engagement, website, Stakeholder Alliance) under the title of ‘Health and Wellbeing’.

APENDIX 2

Shropshire Council
Shirehall
Abbey Foregate
Shrewsbury
Shropshire SY2 6ND

Date: 1st October 2014

For the attention of the Regional Chairs of the Health and Wellbeing Boards

Dear Chair,

During the summer of 2014, Shropshire Council's Public Health Department undertook a research project to gather the views of Shropshire residents in regard to organ and tissue donation. The research project came as a result of a Full Council debate about organ and tissue donation during late 2013. During this debate, the merits of the current England 'opt-in' policy and Welsh 'opt-out' policy (to commence from December 2015) were discussed.

The survey was completed online through the consultation pages of Shropshire Council's website and also made available as a paper copy. The survey was open for six weeks between the period 1st June and 14th July 2014. The consultation period coincided with the NHS Blood and Transplant's (NHSBT) 'National Transplant Week' campaign. Significant publicity was undertaken via social media in addition to promotion through partner agencies.

The results of the survey were presented to Shropshire's Health and Wellbeing Board on 29th August 2014. Please find a copy of the full report attached.

Main results:

- We received 1,179 responses to the survey.
- 76% of respondents were in favour of an 'opt-out' policy or an 'opt-out policy if certain measures were in place'.
- Qualitative responses indicate what is important to Shropshire in regard to organ donation: the topic of family members having/not having 'the final say', ethical considerations and robust arrangements, and the ability to specify the organs for donation.
- Respondents felt there was a need to increase awareness around organ donation in the wider public, particularly within schools.

After discussion, the Shropshire's Health and Wellbeing Board agreed on a number of areas for further action:

- Monitor the implementation of the change in policy in Wales.

- For the report to be sent to local MPs and Jeremy Hunt, in order to encourage a national debate on organ donation policy.
- Disseminate the report through the Health and Wellbeing Board regional networks in order to encourage conversations at a regional level.

We ask for the regional Health and Wellbeing Boards to consider the findings of Shropshire's survey and report and to consider the implications of the respondents' preference for an 'opt-out' system for organ donation.

We would be interested to hear your thoughts on the findings and suggestions as to how this can be brought to attention on a national scale, or if you would consider completing similar research within your local authority area.

Yours sincerely,

Karen Calder
Cabinet Portfolio Holder for Health and Wellbeing