

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 17 JULY**

**JOINT HEALTH AND WELLBEING STRATEGY: DEVELOPING OUR  
PARTNERSHIP AND OUTCOME FRAMEWORKS**

**REPORT OF HELEN ONIONS INTERIM ASSISTANT DIRECTOR: HEALTH  
& WELLBEING AND JON POWER, DELIVERY & PLANNING MANAGER**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This report sets out key steps to drive delivery of the Health & Wellbeing Board priorities:

- refreshed and refocused partnership arrangements to join-up strategic approaches to service design and commissioning;
- an emerging outcome framework against each of the Board's priorities.

**2. RECOMMENDATIONS**

That the Board consider and endorse the:

- proposed refocused partnership arrangements to take forward the priorities
- proposed partnership stakeholder event in Autumn
- emerging priority outcome framework

**3. IMPACT OF ACTION -**

- Drive delivery of the Health & Wellbeing Strategy priorities.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>All priorities</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Improve the health and wellbeing of our communities and address health inequalities</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>Population wide</i>
<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>Ongoing focus on driving improvement of health and wellbeing</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes/No	<i>The prioritisation of resources is driven by the JSNA. The budget strategy has been approved for 2013/14 and resources against these priorities already allocated. The budget will be monitored against allocation but there is a requirement to determine value for money and effectiveness of spending against the priorities identified. This framework will be established over the coming months to agree the effectiveness of the use of resources measured in unit costs and other relevant measures.</i>
<b>LEGAL ISSUES</b>	Yes	<i>The priority position statements set out at appendix one of this report relate directly to the responsibilities of the Health &amp; Wellbeing Board as defined in the terms of reference set out in the Council's constitution. The key legal issue here relates to the powers, duties and responsibilities of all of the organisations who will be involved in the framework. For each of the 'difference/added value' referred to in appendix 1 officers will need to establish the basis of any partnership working including legal powers and responsibilities, funding, and powers to undertake the work required. Contract/performance monitoring and review is also an essential part of the partnership</i>

		<i>working arrangements to ensure that the Health &amp; Wellbeing Board's objectives and responsibilities are met. Legal advice will be provided to address these issues.</i>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	<i>The priorities will impact on all communities- particularly to support vulnerable children and adults. It is critical that service provision meets the differing needs of all individuals whatever their background.</i>
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	<i>Borough-wide impact</i>
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	<i>Proposed stakeholder engagement event</i>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	<i>Opportunities to drive greater integration of health and social care commissioning.</i>

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

The Health & Wellbeing Strategy sets out 10 priorities which are a central focus of the Board. Each priority has a Board sponsor and a lead officer. Over the past 2 months there have been a number of changes to these roles. The priorities, sponsor and lead officer are:

Priority	Lead Officer	Board Sponsor
Reduce excess weight in adults and children	Clare Harland	Cllr Arnold England
Reduce teenage pregnancy	Stacey Norwood	David Evans
Improve emotional wellbeing	Sarah Evans/ Helen Swindlehurst	Cllr Liz Clare
Support people with autism	Richard Smith Helen Swindlehurst	Dylan Harrison
Reduce the number of people who smoke	Vicki Pike	TBC
Reduce the misuse of alcohol and drugs	Christine Harrison	Laura Johnston
Improve carer's health and wellbeing (all age)	Christine Harrison	Cllr Paul Watling
Improve life expectancy and reduce health inequalities	Louise Mills/Helen Onions	Cllr Richard Overton
Support people to live independently	Christine Harrison	Cllr Jacqui Seymour

Support people with dementia	Kim Grosvenor	Mike Innes
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Over the past 3 months, a position statement for each priority has been completed against each of the Health & Wellbeing Strategy underpinning principles of:

- Equity
- Accessibility
- Integration
- Quality
- Engagement
- Financial Sustainability
- Positive Experience of health and social care services
- Early intervention and prevention
- Safeguarding

Initial analysis of the position statements was presented at the May Health & Wellbeing Board. Further work has now been completed (see Appendix One). This has revealed:

- **The need to ensure that delivery plans are in place for each priority** – this analysis found that not all priorities have action plans in place or have plans in place that need refreshing. A robust delivery plan should clear set out set what is going to be delivered, by when, by who and why (evidence of best, effective practice and evidence of need through the JSNA).
- **A sharpened focused on integrated commissioning between services to avoid duplication and ensure an effective care and support pathway for service users** – our analysis has found that for some individual priorities a number of different services are commissioned by different organisations without effective joint planning.
- **A need for better, joined-up working to address priorities holistically** – for example challenges around the time of pregnancy – smoking in pregnancy and breast feeding rates. Challenges which require and present opportunities for joined-up service delivery – this might also be geographic.

In response to these and a number of other critical challenges, two new partnership groups are proposed:

- **‘Co-operative Commissioning Partnership’**  
The development of this model will commence in August and bring together commissioners from the Clinical Commission Group and the Council’s adult, children and public health commissioning functions.

The initial meeting will focus on agreeing Terms of Reference. It is proposed that a report on the development of this Group is presented to the Board in September.

- **‘Early Help Partnership’**

Through its annual review, the Children, Young People and Families Board have set out to develop an ‘Early Help Partnership’. The rationale behind this development is to ensure that a joined-up strategic approach is taken to ensure that support is provided to individuals and families to address challenges quickly and appropriately - importantly linking together services to address related priorities. Provision of the right, early help will improve both outcomes and be more cost efficient. This partnership will support the delivery of a number of health and wellbeing priorities:

- Excess weight in childhood /breast feeding
- Teenage pregnancy
- Improving emotional health & wellbeing

Over the summer, a series of workshop will be delivered to explore the development of the Partnership. For each one of the above priorities, an asset mapping workshop will take place and ensure that the appropriate delivery plans are developed.

It is proposed that a report on the progress in developing these two partnerships will be brought back to the Health & Wealth Board in September.

A diagram of the emerging partnership landscape is presented in Appendix Two.

## **Stakeholder Engagement**

As well as delivery/commissioning partnership working to deliver the Priorities, analysis of the priority position statement reveals a wide range of stakeholder and user groups which exist for the different priorities. In line with best practice, the Board (when in shadow format), undertook two stakeholder engagement events exploring the development and identification of the Board and its priorities, as well as communication around the ongoing changes to health and social care responsibilities. To build on these two events, it is proposed that a third stakeholder engagement event takes place in Autumn. This will provide the Board with an opportunity to update stakeholders on the Board’s development and progress and engage and listen to and understand any new and emerging challenges for the community.

## **Priority Outcome Framework**

Appendix Three sets out the first development of the high level outcome framework to assess progress delivering the priorities. Its focus is on outcomes rather than management information which will be managed through the delivery plans for each priority.

The data included in the Appendix is the latest available for each measure (primarily end of year 2012/13). Updates on the framework will be presented to the Board at 6, 9 and 12 months each financial year.

## **2. PREVIOUS MINUTES**

- 15/05/2013

Shadow Health and Wellbeing Board meetings:

- 22/02/2012
- 25/04/2012
- 13/06/2012
- 12/09/2012
- 14/11/2012

## **3. BACKGROUND PAPERS**

- Telford & Wrekin Health & Wellbeing Strategy

**Report prepared by Jon Power, Delivery & Planning Manager,  
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## Appendix One: Priority Position Statements

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
Reduce excess weight in adults and children	Obesity Partnership Group	Long-term strategy in place – to be reviewed Autumn 2013.	<ol style="list-style-type: none"> <li>1. Expand scope to include all those who are above a healthy weight (previous focus has been on obesity, overweight is now included)</li> <li>2. Embed the importance of preventing and managing excess weight throughout services delivered by the Council and partner agencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Raise the profile of overweight and obesity and reinforce the importance of healthy eating and physical activity across service delivery areas in the Council and with wider partners in the public, private and voluntary sector</li> <li>2. Support the development of a workforce programme across the Council focussing on excess weight which would: <ul style="list-style-type: none"> <li>- Result in a healthier workforce</li> <li>- Encourage staff to influence their friends and families to adopt healthier behaviours</li> <li>- Empower staff to encourage their clients and service users to adopt healthier lifestyles</li> <li>- Enable team to embed healthy eating and physical activity messages into their service delivery</li> </ul> </li> </ol>
Reduce teenage pregnancy	Multi agency Teenage Pregnancy Board –	Strategy currently being refreshed.	<ol style="list-style-type: none"> <li>1. Teenage Pregnancy Board to be relaunched to include Sexual Health Services</li> <li>2. Develop a multi-agency strategy and</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of a strategic framework</li> <li>2. Provide the governance arrangements for reporting outcomes, performance, risks and issues</li> <li>3. Ensure close working with other key partners, including Public Health England</li> </ol>

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			action plan based on needs analysis and building on Government's teenage pregnancy unit best practice	
Improve emotional health and wellbeing	No single multi-agency commissioning partnership in place. CCG lead on mental health services.		<ol style="list-style-type: none"> <li>1. Suicide prevention in men</li> <li>2. Improving the universal health and well-being (Tier 1) offer – key messages and information to support and encourage well-being</li> <li>3. Improving targeted information and approaches (tier 2) to young people who are vulnerable or at risk</li> </ol>	<ol style="list-style-type: none"> <li>1. Recognise that the issues related to EHWP can be addressed with all interested parties sitting around one table</li> <li>2. Encourage partnership working to develop effective Tier1 and Tier 2 (early interventions) for young people</li> <li>3. Consider the potential to pool resources to target more effectively</li> </ol>
Support people with autism	Services commissioned on an ad-hoc basis	New strategy in development		<ol style="list-style-type: none"> <li>1. Support the development of the autism strategy</li> <li>2. Divert resources when required</li> <li>3. Bring together interested parties</li> </ol>
Reduce the number of people who smoke	Telford & Wrekin Tobacco Control Network	Existing strategy to be refreshed commencing Sept.	<ol style="list-style-type: none"> <li>1. Continue to reduce smoking in adults and pregnant women</li> <li>2. Reconvene the multi-</li> </ol>	<ol style="list-style-type: none"> <li>1. Support the development of patient focus groups for population and pregnancy</li> <li>2. Support taking smoking everyone's</li> </ol>

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			agency tobacco control network 3. Develop a tobacco control strategy	business 3. Provide governance arrangements for reporting outcomes, performance, risks and issues 4. Develop an agreement for the benefits of smoking that include the wider socio-economic impacts, sickness, absence and littering 5. Support the asset mapping process for smoking in pregnancy 6. Support the commissioner to carry out the CLear self assessment for tobacco control 6. Identify a tobacco control champion in each Senior Management team of the Council, offering support, training and guidance on their role 7. Ensure a close working relationship with the CCG on shared priorities such as smoking at time of delivery
Reduce the misuse of alcohol and drugs	Drug and Alcohol Action Team	Drug and Alcohol Strategy	1. Simplify pathways 2. Substance misuse is payment by results - performance management needs to be maintained	1. Connect priorities across Health & Wellbeing work-streams for universal 'quick-wins' e.g. well-being 2. Simplify pathways and reduce duplication 3. To raise potential risks around

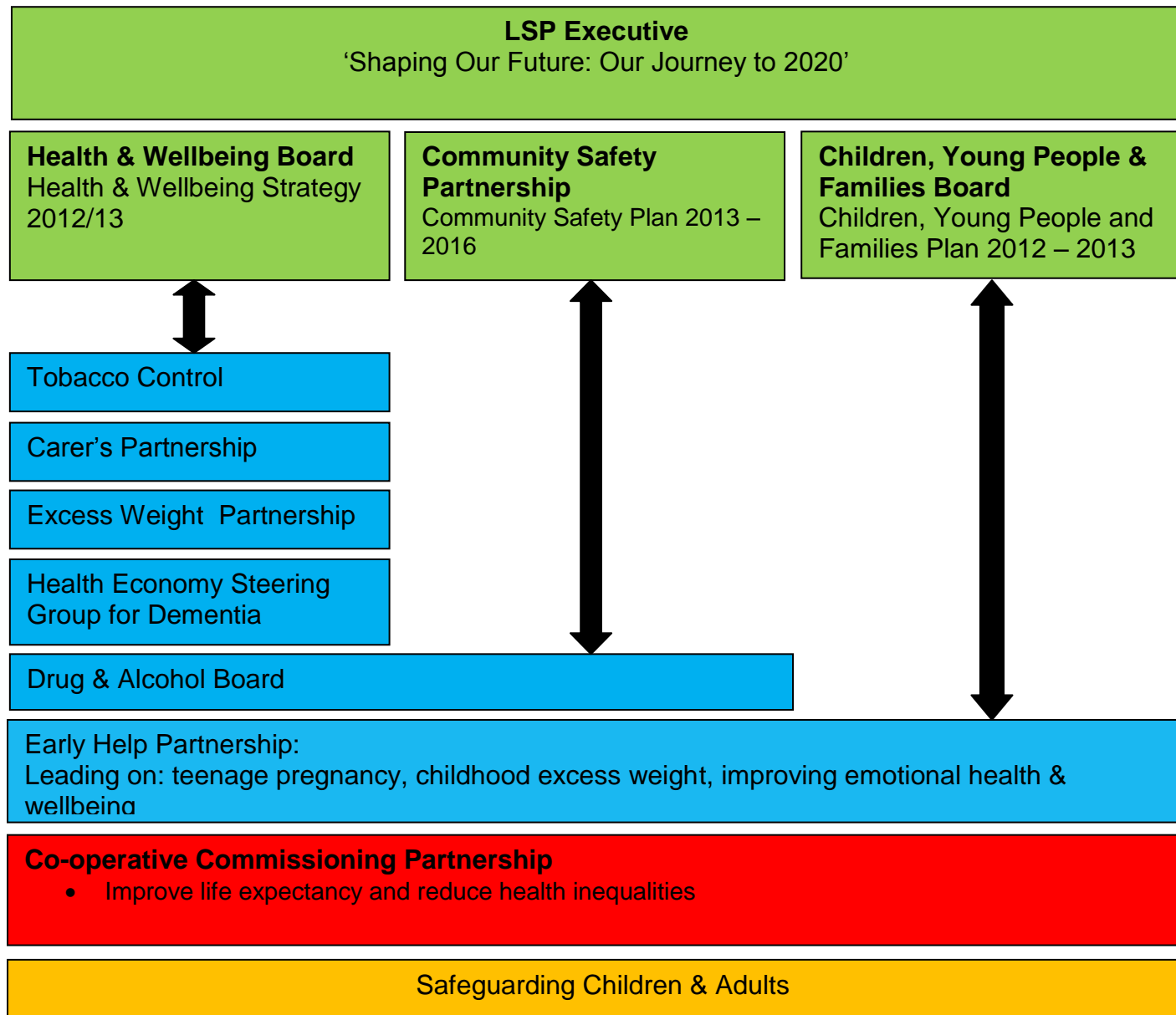
Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			3. Support service user's recovery group 4. Move away from 'maintenance' into 'recovery'	disaggregation of joint-commissioning in-light of expectations around delivery and to identify appropriate clinical and non-clinical colleagues to work collaboratively within identified priority areas.
Improve carer's health and wellbeing	Carers Partnership	New all age strategy completed 2013.	Deliver national and local objectives for carers of: - Recognised and supported as an expert care partner - Enjoying a life outside caring - Not financially disadvantaged - Mentally and physically well; treated with dignity - Children will be thriving, protected from inappropriate caring roles	1. Endorsement of the value carers bring to the local health and social care economy 2. Promote and support carers' priorities and ensure connection across a range of other priorities 3. Champion the needs and connect across partnership Boards - focusing more holistically on
Support people to live independently	Commissioning led by Telford & Wrekin Council	Rehabilitation and Re-ablement Strategy June 2011	1. Prevention - working with the voluntary, community and independent sectors to help people helping themselves. This will involve asset mapping	1. Promote the co-ordination and integration of health, social care and public health to support older peoples' prevention and enablement initiatives. 2. Inform and reflect priorities as captured by the developing JSNA. 3. More strongly connect Public Health,

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
			<p>with partners, combined with signposting of information and advice</p> <p>2. Fall prevention</p> <p>3. Support to the independent care sector in particular residential/nursing care homes to support timely discharge and hospital avoidance</p>	<p>Council and health prevention agendas</p> <p>4. Ensure priorities are resourced and supported.</p>
Improve life expectancy and reduce health inequalities	<p>No single multi-agency commissioning partnership in place, 3 commissioning streams identified:</p> <p>1. Local authority: Health Check Programme</p> <p>2. NHS England - primary care e.g. identification and management of long-term</p>		<p>1. Prevention/treatment of cardiovascular disease and cancer</p> <p>2. Development and agreement of Long Term Condition's Strategy</p> <p>3. Review of the local cancer services action plan</p> <p>4. Awareness raising plan for prevention - e.g. screening, immunisation etc</p> <p>5. Make Every Contact Count</p>	<p>1. Using wider partner organisations to raise partner organisations to raise the profile of CVD and its importance to reduced life expectancy and health inequalities</p> <p>2. Provide strategic oversight as HWB partners have direct commissioning responsibilities across pathways</p> <p>3. Ownership of the Health Inequalities National Support Team visits plan across the health and social care system</p>

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
	conditions in general practice 3. CCG - outpatient and inpatient acute care		6. Review of Health Inequalities National Support Team HINST recommendations for CVD	
Support people with dementia	Pan-Shropshire, Telford & Wrekin multiagency group 'Health Economy Steering Group for Dementia	Joint Telford & Wrekin Dementia Strategy (2009 - 2013)	<ul style="list-style-type: none"> <li>1. Public awareness of memory problems</li> <li>2. Information</li> <li>3. Early identification and diagnosis</li> <li>4. End of life</li> </ul>	<ul style="list-style-type: none"> <li>1. Connect priorities and Health &amp; Wellbeing Board work-streams for universal 'quick-wins' e.g. CVD and Dementia.</li> <li>2. Champion Dementia as a priority across organisational and professional boundaries</li> <li>3. Advocate for prioritisation of resources inline with expected prevalence rates</li> <li>4. Advocate for prioritisation of training for health, social care and voluntary sector workforce, in contact with people with dementia, to improve professional awareness of the condition and the giving of high-quality information care and support.</li> <li>5. Raise potential risks around disaggregation of joint-commissioning in-light of expectations around delivery and to identify appropriate clinical and non-</li> </ul>

Priority	Commissioning Partnership	Action/delivery plan in place	Key challenges/ specific focus for 2013/14	What difference/added value can the HWB make to this priority in 13/14 and how?
				clinical colleagues to work collaboratively within identified priority area. 6. To consider the development of a refreshed, multi-agency Dementia Strategy.

## Appendix Two: Emerging Partnership Landscape





Code	Indicator Title	2011/12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
<b>Reduce the number of people who smoke</b>									
CM026	Smoking in pregnancy (% of mothers smoking at delivery)	22.7 %	13.1%	22.4%	No change	-	-	▼	England figures not available, but usually around 13% so we are likely to continue to be significantly worse
CM096	Reduce the number of babies born with a low birth weight (live births at term (>=37 wks, <2500g)r	-	-	4.56	-	2.85	Significantly worse than National	▼	This is the PH Outcomes Framework indicator Data from 2010
CM066	Smoking cessation rate (rate of successful quitters, per 100,000 pop)	1,482	944	-	-	-	-	▲	local Q4 final outturn figures for 2012/13 will not be available until June 2012
CM025	Hospital admissions attributable to smoking (rate per 100,000 population aged 35+)	1,579	1,417	1,581	No change	1,420	Significantly worse than National	▼	Latest data 2010/11
<b>Reduce the misuse of alcohol or drugs</b>									
CM097	Reduce the number of people admitted to hospital due to alcohol-related diseases (Admissions for alcohol-attributable conditions DSR per 100,000 population)	1386	1742.78	1520	Getting worse	1895	Significantly better than National	▼	Latest figures relate to 2010/11 figures (published in 2012)
CM098	Reduce alcohol related violent crime (Crude rate per 1,000 persons)	4.74	5.46	4.67	No change	5.00	No significant difference to National	▼	Latest figures relate to 2010/11 figures (published in 2012)

Code	Indicator Title	2011/12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
CYP005	Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment	-	-	82.4	-	-	-	▲	
CM099	Reduce the number of people admitted to hospital with alcohol-related liver disease	-	-	-	-	-	-	-	To be separated into indicators for male/female.
CM100	Reduce the number of people who die from preventable liver disease	-	-	-	-	-	-	-	
Improve adult and children carers' health and wellbeing									
CM079	Carer-reported quality of life	-	-	8.0	-	-	-	▲	This is from the Carer Survey which has been carried out for the first time this year. It is a measure taken from 6 questions and gives a score that ranges from 0-12. National comparator data is not yet available.
CM080	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	-	-	72.8%	-	-	-	▲	This is from the Carer Survey which has been carried out for the first time this year. National comparator data is not

Code	Indicator Title	2011/ 12	National Comparator 2011/12	2012/13 Performance	Direction of travel compared to 2011/12	National Comparator 2012/13	Comparison to national position	Target	Commentary on 2012/13 performance data
									yet available
<b>Improve life expectancy and reduce health inequalities</b>									
CM013	Male life expectancy at birth (years)	77.5	78.6	-	-	-	-	▲	
CM101	Narrow the gap life expectancy (Slope of index - Males)	6.9	-	7.0	Getting worse	-	-	▼	Latest figures based on 2006-2010
CM011	Mortality from all circulatory diseases (CVD) ( rate per 100,000 population under 75, 3yr rolling average)	67.2	78.6	74.1	No change	62.0	Significantly worse than National	▼	Provisional data for 2009-11
CM012	Premature mortality from all cancers (rate per 100,000 population under 75 years) 3-year rolling average	122.6	110.0	122.8	No change	106.7	Significantly worse than National	▼	Provisional stats for 2009-11
<b>Support people to live independently</b>									
CM073	Proportion of people using social care who receive self-directed support	36.2 %	43.0%	58.9%	Getting better	-	-	▲	This outturn represents 98% of eligible clients.
CM074	Proportion of people using social care who receive direct payments	5.8%	13.7%	8.1%	Getting better	-	-	▲	This is a slight increase on 2011/12, which we hope to continue to build on during 2013/14
CM075	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services (Those offered Intermediate Care)	74.3 %	82.6%	53.7%	Getting worse	-	-	▲	-

