

Telford and Wrekin Health and Wellbeing Board (HWB)

25 April 2012 at 2.00pm

First Floor Meeting Room 1, Civic Offices, Telford

Key Decisions/Actions/Discussion:

Agenda Item	Discussion Points	Who
1.	<p>Attendees: Cllr Richard Overton (Chair and Deputy Leader TWC), Cllr Liz Clare (Cabinet Member: Adult & Social Care), Richard Partington (Managing Director TWC), Laura Johnston (Interim Director of Children & Family Services), Chris Weiner (Consultant in Public Health), Dr Mike Innes (Chair of T&W Clinical Commissioning Group), Dag Saunders (LINKS), Leigh Griffin (Deputy Chief Executive West Mercia PCT Cluster), Dylan Harrison (CCG Non-Executive Director), Clive Jones (TWC Assistant Director: Family and Cohesion Services), Clare Hall-Salter (TWC Partnership and Planning Manager), Paul Taylor (TWC Assistant Director: Social Care Specialist), Jon Power (Delivery and Planning Manager TWC), Helen Onions (Public Health Specialist), Paul Clifford (Corporate Director TWC) and Jayne Clarke (Democratic Services Support TWC)</p> <p>Apologies: Cllr Paul Watling (Cabinet Member: Children, Young People & Families), Karen Kalinowski (Assistant Director: Care and Support TWC), Dr Catherine Woodward (PCT Director of Public Health), David Evans (Chief Operating Officer T&W CCG)</p>	
2.	<p>Action notes 22.02.12:</p> <p>CHC update: Leigh Griffin gave an update on:</p> <ul style="list-style-type: none"> • Financial support; • Budget to be set at PCT national average for 2012/13; • Criteria to be monitored – an external perspective is needed • Formal agreement needed <p>SHWB Governance/TOR: Governance paper discussed at CCG Board, comments included:</p> <ul style="list-style-type: none"> • Need to avoid duplication of work and keep at a strategic level • Include health equalities consideration • Simple Quorum requirement needs refining to ensure adequate balance of representation <p>Cluster Model Update: Leigh Griffin gave an update on:</p> <ul style="list-style-type: none"> • Cluster Operating Model from April – one executive team serving 4 PCTs / 4 LAs / 4 HWBs • LG's role includes: Deputy Chief Executive of West Mercia NHS Cluster; Overseeing Public Health Transition across the cluster; National Commissioning Board transfer of services; Communication and Engagement across the 4 PCTs. There is no longer a Managing Director responsible for Shropshire and Telford and Wrekin. 	

	<p>Performance Queries: Leigh Griffin to come back to Board to resolve the queries.</p> <p>AOB Member Information Seminar to be held on 14th May 2012. All other actions have either been completed, were covered in the meeting or have been added to the forward plan and action notes were agreed.</p>	
3.	<p>Tobacco Control in Telford and Wrekin</p> <p>Dr Chris Weiner gave a brief overview of the key points on the health and economic impact of tobacco use, the national policy environment regarding tobacco control and the current Telford and Wrekin response to the delivery of improved tobacco control.</p> <p>There had been a huge improvement in the number of people smoking in our communities. During the last 10-15 years nicotine replacement had been key, but recently, over the last 2 years, more innovative work had been ongoing:</p> <ol style="list-style-type: none"> 1. The development of a Telford and Wrekin Tobacco Control Commissioning Partnership 2. The provision of high quality smoking cessation services <p>The Smoking Cessation Services had introduced a tariff based scheme in order to encourage people to quit. Despite the ongoing work there were still significant amounts of smokers within Telford and Wrekin area, around 30,000, with over 200 deaths per year. The estimated cost to Telford and Wrekin was around £50m per year. Smoking was a recognised priority and there was a lot of work to be undertaken over the next 10-15 years.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Use of Peer Education • Smoking in Pregnancy, particularly teenage smokers • Involvement of the Retail Sector in the TCC Partnership • Quitting and re-starting rates and the tariff based scheme • Health benefits • Expanding the Partnership Membership – ie link to maternity and children’s services • Joining up with the Council – LJ will discuss directly with ChW (children’s centres, education, cohesion services) • Overspend and the recognition that this was “invest to save” • Possible conflicts of interest with providers <p><u>AGREED</u> – That the Health and Wellbeing Board supports:</p> <ol style="list-style-type: none"> 1. As a priority for the Telford and Wrekin community the local delivery of high quality and effective tobacco control measures; 2. The proposed terms of reference and governance arrangements for the Telford and Wrekin Tobacco Control Commissioning 	LJ/CW

	<p style="text-align: center;">Partnership</p> <p>3. In principle the continuation of a tariff based scheme for smoking cessation services post March 2013, subject to future funding availability</p>	
4.	<p>Joint Health and Wellbeing Strategy Emerging Priorities: Consultation Document:</p> <p>Jon Power presented a report on the Health & Wellbeing Strategy Emerging Priorities and Strategy, which must be in place by April 2013. A Health & Wellbeing Workshop had been held on 21st March and had identified 10 priority outcomes from the long list of priorities identified by the Joint Strategic Needs Assessment (JSNA). A draft consultation document had been produced which set out the proposed priority outcomes for the strategy, a vision for the strategy and Board and cross cutting principles which would underpin the work of the Board together with it's partners. The next step was to consult with service users, health and social care commissioners and providers and the wider community. This consultation would run until 20th July 2012 and would involve the proposed priority outcomes; identify if there were any missing outcomes; asset mapping and collate views on how services could be improved and better meet the needs of the service users. A meeting had been arranged for the 26th April to develop the programme and an update would be brought to the Health & Wellbeing Board on 13th June. It was hoped to present the draft strategy to the Board at the meeting on 12th September.</p> <p>It was suggested that a 'sponsor' from the Board for each of the proposed priority outcomes was sought.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Signing off the Stakeholder Agreement • Dementia – not to be too rigid on an age specific approach • Low uptake on Cancer Screening • Aligning all coms and engagement <p>Cllr RO thanked the team for producing this so quickly.</p> <p>It was noted that Adult obesity and Substance Misuse / Risk Taking behaviour have not been included in the Short list Priorities for the JHWS – JP/HO to look into this further</p> <p><u>AGREED</u> – that the Board:</p> <ul style="list-style-type: none"> • endorse the proposed consultation document with particular reference to the <ul style="list-style-type: none"> - 'Vision' Statement - 'Priority Outcomes' - Cross cutting principles; • endorse the proposal for the Chair of the Board and the Director 	JP/HO

	<p>of Adult Social Services to agree the stakeholder engagement programme;</p> <ul style="list-style-type: none"> agree the following ‘sponsors’ for each of the proposed priority outcomes: <p>Reducing excess weight in children (LJ/CJ) Reducing Teenage Pregnancy (CJ/LJ) Improving emotional Health and Wellbeing (CCG) Supporting people with Autism (CJ/KK) Reducing the number of people who smoke (CW) Ensuring people have a positive experience of health and care services (CCG/KK) Improving carer’ health and wellbeing (KK/CJ) Supporting people to live independently (KK) Improving life expectancy and reduce health inequalities (CCG) Supporting people with dementia (KK)</p> <p>Further report to Health & Wellbeing Board on 13th June. Draft strategy to the Board on 12th September.</p>	<p>JP/HO JP/HO</p>
<p>5.</p>	<p>Clinical Commissioning Group (CCG) Authorisation: Approval of Further Documentation:</p> <p>Mike Innes gave a brief overview on the Organisational Development Plan together with the 5 draft development documents. These documents sought to demonstrate that the Clinical Commissioning Group in Telford and Wrekin had the organisational capacity and competence to deliver its role. Within the Organisational Development Plan the CCG is asked to rate itself on a regular basis using the RAG (red, amber, green) Rating and changes to the documentation would be ongoing. It would match the national NHS operational plan and would look to deliver both national and HWB directives. The operational plan would be produced annually.</p> <p>The Governance Plan followed the corporate governance structure</p> <p>Communications and Engagement Plan showed the broad range of people who needed to be engaged with as this was crucial to the CCG.</p> <p>Human Resources Plan followed the CCG structure although this needed to have Government approval.</p> <p>The financial plan showed that it had managed to stay within the running costs using the QIPP (Quality, Innovation, Productivity, Prevention) savings.</p> <p>The CCG Authorisation process involved submitting comprehensive documentary evidence which required a quick turn around. It was expected that the Board’s authorisation will be in ‘wave 2’ during November 2012 which would be on a par with other CCGs.</p>	

	<p>A discussion took place including:</p> <ul style="list-style-type: none"> • Engagement – the need to join up consultation exercises where possible • Job Descriptions • QIPP Plan • Freedom of Information requests / whistle-blowing <p><u>AGREED</u> - that the Clinical Commissioning Group Development Plans be noted.</p>	
6.	<p>Commissioning Arrangements:</p> <p>Paul Taylor, Mike Innes and Clive Jones gave a brief update on the Commissioning Arrangements from the last meeting. From the Local Authority’s perspective they were very pleased with the commissioning arrangements that had been proposed with the CCG and Karen Kalinowski and Clive Jones had started talks on the co-operative arrangements around most commissioning.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Developing structures for CCG / staffing • CCG Chief Operating Officer from 8th May – David Evans • Authorisation process of Commissioning support organisations will be very stringent – Potential risk • Public Health Commissioning and link to the PH Transition Project 	
7.	<p>Public Health Transition Project Update:</p> <p>Paul Taylor gave an update on the Public Health Transition Project and the local arrangements which were to take forward the transition from the NHS to the Local Authority. The document set out governance arrangements and established 5 work streams to take forward the specific areas of work:</p> <ul style="list-style-type: none"> • Workforce/HR & Accommodation • Public Communication & Engagement • Contracting • Finance & Resources and Governance • Information Systems & Assurance <p>The work streams were launched on 13th March and had been tasked with scoping in detail the main tasks in order to achieve a successful transfer by April 2013. A follow-up meeting was scheduled for 27th April. Discussions around public health commissioning and wider changes were to take place and specific task and finish groups – eg emergency planning, in order to reassure the Board that good governance arrangements were in place.</p>	

	<p>A Discussion took place including:</p> <ul style="list-style-type: none"> • Financial Situation • Realistic approach to be taken - ie resources/capacity/priorities • Risk analysis <p><u>AGREED</u> -</p> <ul style="list-style-type: none"> • That the progress with respect to the transition plan and approach being taken be noted; • A further report is prepared for the Shadow Health and Wellbeing Board's June 2012 meeting to update on progress and seek approval for the approach to the development of a local T&W Vision for Public Health <p>Vision Paper to be brought to 13 June 2012 meeting</p>	PT
8.	<p>Public Health Outcomes Framework:</p> <p>Helen Onions presented a report on the Public Health Outcomes Framework.</p> <p>The aim of the framework was to promote joint working across the NHS, local government, the voluntary sector and communities and included outcomes relating to the population's health in its broadest sense. The framework overlapped that of the NHS Outcomes Framework and shared outcome measures with the CCG</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Shadow Health & Wellbeing board to keep an overview • Screening Programmes • Terms of Reference • Placeholder • Need to tie in with H&W Strategy to avoid overlap or gaps and streamline monitoring <p>AGREED – that the Shadow Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • acknowledge that the public health outcomes framework covers population health and wellbeing in its broadest sense across the life course, and is not restricted to public health services; • recognise that the JSNA benchmarking process has compared the Telford and Wrekin position against the national average for many indicators in the public health outcomes indicators, where robust local authority level data are already available; • be assured that areas where local public health outcomes are already known to be poor have been included in the long list of priorities considered by the Board at the JHWS development workshop; • acknowledge that the public health outcomes framework will 	

	<p>strongly align to the performance outcomes framework for the JHWS, informing its development;</p> <ul style="list-style-type: none"> • note the performance summary for the existing public health targets which are monitored by West Mercia PCT Cluster Board and agree to receive further updates during the transition as relevant; • agree to receive further reports on the implications of the public health outcomes framework in Telford and Wrekin, once the full set of local authority data are public (expected Autumn 2012). 	
9.	<p>Proposed Future Agenda Items – noted:</p> <ul style="list-style-type: none"> • Approach to the development of the Public Health Vision • Shropshire Partners in Care – The Independent Sector’s role in delivering services • JSNA and Health and Wellbeing Strategy Development • Dementia Strategy update and progress • Carer’s Link Worker presentation • CAMHS review update • Efficiency Proposals – NHS Transformation • Approach to consultation and future engagement for stakeholders • Equity • Update on CCG Authorisation • PH Performance reports 	
10.	<p>Any other Business</p> <p>None</p> <p>This item would be removed from the Agenda for future meetings of the Board as they were now public meetings.</p>	
11.	<p>Dates of future meetings:</p> <p>HWB meeting 13th June 2012, 2pm – 4pm, VIP Suite, Civic Offices HWB meeting 12th September 2012, 2pm – 4pm, VIP Suite, Civic Offices HWB meeting 14th November 2012, 2pm – 4pm, VIP Suite, Civic Offices HWB meeting 23rd January 2013, 2pm – 4pm, venue TBC HWB meeting 13th March 2013, 2pm – 4pm, venue TBC</p>	

The meeting ended at 3.30pm

Signed

Dated

HEALTH AND WELLBEING BOARD

13TH JUNE 2012

Brief: Telford and Wrekin Health and Wellbeing Board (HWB) Communication and Engagement Framework - 2012/13

This document provides a strategic framework within which the HWB can coordinate and deliver high quality communication and engagement with stakeholders and local people; to drive, support and promote the work of the Board.

The framework has been developed in consultation with NHS Telford and Wrekin, Telford and Wrekin Clinical Commissioning Group, Telford & Wrekin Local Involvement Network (LINK) and Telford & Wrekin Council.

The framework sets out to:

- Establish a common understanding of what we mean by communication and engagement.
- State a clear commitment and specific standards of communication and community engagement that all members of the HWB are signed up to.
- Identify our target audience.

Through communication and engagement, local people should feel they know about how to access services and where to find assistance and information, how to stay healthy and independent and how to get involved in decision making.

The HWB Communication and Engagement Framework links to the following:

- HWB Communications and Engagement Plan 2012/13
- Communications and Engagement Plan 2012/13 for the Telford and Wrekin Clinical Commissioning Group
- Communications and Engagement Strategy 2012/13 – part of the Public Health Transition Plan for Telford and Wrekin.

We have identified that our audience is local people and stakeholders and that communication and engagement needs are different in different settings and we need to be creative and flexible. One size will not fit all and one method will not work for all. We hold a contact list of our target audience, which is a list which continues to be updated. For the purposes of the framework, we have identified categories of our target audience and offered a description (which is not exhaustive).

We ask that the HWB:

- Agree the shared definitions
- Agree the commitment and standards for communication and community engagement
- Note the HWB communication and engagement action plan
- Think about the process of how the HWB will identify its key communication messages for both stakeholders and local people

**Telford and Wrekin
Health and Wellbeing Board (HWB)**

**Communication and Engagement
Framework**

2012/13

Logo's to be confirmed

Introduction

This document provides a strategic framework within which the Health and Wellbeing Board (HWB) can coordinate and deliver high quality communication and engagement with stakeholders and local people; to drive, support and promote the work of the Board.

The framework has been developed in consultation with NHS Telford and Wrekin, Telford and Wrekin Clinical Commissioning Group, Telford & Wrekin Local Involvement Network (LINK) and Telford & Wrekin Council.

In early Spring 2013, this framework will be reviewed, before the Board takes on its full statutory role from April 2013.

What does the HWB need to achieve?

The HWB has a duty to encourage integrated working between local health, social care, health-related and other public services. The HWB, will principally, be guiding and overseeing:

- The ongoing development of the joint strategic needs assessment (JSNA)
- The development of a high-level joint health and wellbeing strategy (JHWBS), based upon the findings of the JSNA
- The establishment of sound joint commissioning arrangements
- The development of Healthwatch for public and patient engagement and involvement
- The transfer of local public health responsibilities and arrangements to the local authority

What can high quality communication and engagement achieve?

Local people should have access to high quality joined up health and wellbeing services. Through communication and engagement, local people should feel they know about how to access services and where to find assistance and information, how to stay healthy and independent and how to get involved in decision making.

The Board wants to make sure that local people are supported to get involved in the services they receive and that they have a greater influence over decisions. They will do this by:

- Supporting commissioners and providers in their duty to involve local people and stakeholders in more service planning and delivery.
- Keeping stakeholders informed on a regular basis about the work of the HWB.
- Identifying appropriate communication and engagement tools and channels.
- Ensuring all information is accurate and accessible using a range of media and formats.
- Engaging regularly with local people and stakeholders to understand their concerns and issues.
- Demonstrating how the HWB makes use of the information they receive through engagement.
- Ensuring 'seldom heard' communities are communicated with and actively involved.

Purpose of the Communication and Engagement Framework

- Establishes a common understanding of and commitment to high quality communication and engagement across all organisations, partnerships and sectors in the HWB.

- Sets out a clear commitment and specific standards of communication and community engagement that all members of the HWB are signed up to.

Links to strategies, frameworks and plans

For reference, the following action plans sit under the HWB Communication and Community Engagement Framework:

- HWB Communications and Engagement Plan 2012/13
- Communications and Engagement Plan 2012/13 for the Telford and Wrekin Clinical Commissioning Group
- Communications and Engagement Strategy 2012/13 – part of the Public Health Transition Plan for Telford and Wrekin.

Shared definitions

People engage with public services and their community in many different ways – for some people this may simply be seeking information about local services, others will want to be actively involved in decision-making. We need to offer opportunities and a range of ways for people to communicate with and engage with the HWB right across this very broad spectrum.

What do we mean by local people?

Local people covers patients, service users, carers, residents, those who work or study in the area and visitors.

What do we mean by stakeholders?

Stakeholder covers staff, commissioners, service providers, Councillors, Parish and Town Councillors, MP's, LINK/Healthwatch, primary care, medical practices and other medical contacts, performance and accountability bodies, public organisations, local third sector organisations and groups, businesses, private sector, faith organisations, partnership boards, wide range of networks and interest groups, consultation forums and groups.

What do we mean by 'communities'?

There are three types of community:

- Communities of place or geography e.g. people who live, work or undertake activities in a certain area.
- Communities of identity – people who belong to a certain group e.g. age group, ethnic group, faith group, similar profession or place of work or people with a shared social background.
- Communities of interest e.g. interest in arts or culture, the environment, a sport, or the use of a particular facility or service.

What do we mean by communication?

By communication we mean informing, talking and listening to local people and stakeholders in an open, transparent and honest way. Communication is essential for the HWB and is key to establishing trust and confidence and a two-way dialogue with stakeholders and local people. Information is an essential element of customer focus and community engagement.

High quality communication should:

Inform e.g. provide people with accessible information on services and health and wellbeing opportunities.

Promote e.g. raise awareness of the Board and its role.

Influence e.g. social marketing approaches that target communities and promote wellbeing.

Assure e.g. give people reassurance and confidence in their services through proactive communications.

What do we mean by engagement?

Engagement is used to describe a range of meaningful actions and activities which organisations take to inform, consult, involve, listen and respond to local people and stakeholders, through ongoing relationships and dialogue. There are different words used to describe engagement i.e. participation, involvement, consultation and research.

This framework defines engagement as incorporating the following range of activity – consulting, involving, collaborating and empowering. No single type of activity is more or less important than another.

Consultation - is the dynamic process of dialogue between individuals and groups, based upon a genuine exchange of views. Services seek advice, information and opinions about strategies, policies and services, to inform their decision making. Services make decisions influenced by the knowledge they have gathered through consultation. Examples include many familiar activities such as surveys, research projects, public meetings and local forums.

Involvement - provides local people with opportunities to have their say and get involved in activities over and above being informed and consulted. This relates to the most interactive forms of engagement, giving local people greater influence over decisions, service delivery and outcomes, on an ongoing basis. Examples include: Co-design of policies and services, assessment of services, providing feedback on decisions, services, policies and outcomes.

Collaboration – to partner with local people and stakeholders in each aspect of the decision, including the development of alternatives and the identification and delivery of the preferred solution e.g. Health Action Group which involves community groups, patients and public organisations working together to improve Carer's health and wellbeing.

Empowerment - is the outcome of engagement and other activities. The goal of empowerment is to provide opportunities and resources for groups and individual local people to be part of solutions by valuing local talent, knowledge and skills e.g. Local voluntary group providing opportunities for children with disabilities to meet, socialise and have fun.

Who is our audience?

We have identified that our audience is local people and stakeholders and that communication and engagement needs are different in different settings and we need to be creative and flexible. One size will not fit all and one method will not work for all.

We also acknowledge staff delivering a wide range of health, care and wellbeing services are crucial to delivering strategic change and improving user experience. We need to ensure staff are informed, updated with progress and importantly are part of making decisions about services and priorities. Staff are also key to engaging with groups and individuals; but they will need to have the interpersonal skills, the know-how, capacity and confidence to engage with local people.

Target audience

We hold a contact list of our target audience, which is a list which continues to be updated. For the purposes of the framework, we have identified categories of our target audience and offered a description (which is not exhaustive).

Category	Description
Local people	<p>Telford and Wrekin residents (approx 170,300)</p> <p>Patients and service users (including people from outside of Telford and Wrekin - right to choose)</p> <p>Carers</p> <p>People who work, study in and visit Telford and Wrekin</p> <p>People in greatest need (those people and communities who, either by lifestyle or social circumstance, experience poorer health and wellbeing)</p> <p>Those individuals and groupings who are under-represented and experience barriers to involvement, equality of access and communication i.e. Seldom heard communities</p>
Staff and commissioners	Staff who work both directly and indirectly in health and wellbeing services
Service providers	Wide range of health and wellbeing service providers including independent contractors and the third sector
Local democracy	Elected representatives
Strategy, policy, planning and scrutiny groups	Range of strategic partnerships and Strategic Partnership
Performance and accountability bodies	Governing bodies
Primary Care	Including hospitals, medical practices and other medical contacts
Advocacy organisations and groups	Organisations which advise people and/or support individuals/groups to put their views forward
User groups, partnership boards, and consultation forums	<p>People in direct receipt of services and those who care for them</p> <p>Partnership boards and consultation forums that have been set up to resolve health and wellbeing issues and those that represent community interests</p>
Third sector organisations	Wide range of community and voluntary sector organisations and groups
Services for the public	Including the business community, education, housing, faith organisations etc.

The HWB commitment and standards for communication and engagement

Organisations, partnerships and sectors within the HWB will commit to:

- ❖ ensuring all communication and engagement activity has **clarity of purpose**, and is **clear** about what **local people** are able to **influence**.
- ❖ integrity in all communication and engagement activities, ensuring a **consistent, open** and **honest** dialogue, and that information is accurate, timely and supports the HWB brand.
- ❖ ensuring communication and engagement is **accessible** and tailored to individuals and communities **needs**, and where appropriate **targets** specific communities.
- ❖ planning communication and engagement activity carefully, ensuring a **balance** in relation to what that activity seeks to achieve and the **resources** available and ensuring it supports the delivery of the HWB priorities.
- ❖ improving **co-ordination** between all organisations, partnerships and sectors, to ensure more **effective planning** and implementation of communication and engagement activities which takes into account local knowledge and intelligence and **avoids duplication**.
- ❖ treating participants with **respect** and ensuring the **safety** and **well being** of participants by taking account of existing **safeguarding frameworks, confidentiality** and **data protection** guidelines.
- ❖ providing individuals and communities with the information, advice and **support** they need to develop their **confidence, skills, knowledge** and ability to **participate** in engagement activities.
- ❖ working to ensure that **staff** responsible for communication and delivering engagement activities have the **skills** and **capacity** to deliver high quality activities, that are creative and build upon best practice.
- ❖ using the **results** of engagement activities and feedback from communications to **inform** our **policies, plans** and **services**.
- ❖ providing **feedback** to local people about the engagement activity and how the community's input contributed to the decision making process.

- ❖ **monitoring** and **reviewing** the effectiveness of communication and engagement activities and using this information to inform our future activity.

For more information about the HWB Communication and Community Engagement Framework 2012/13 please contact

Paul Taylor, Assistant Director Social Care Specialist, Telford & Wrekin Council, 01952 381200, paul.taylor@telford.gov.uk

Nigel Newman, Communication Manager, Telford & Wrekin Council, 01952 382403, nigel.newman@telford.gov.uk

Andy Challenor, Community Engagement and Equalities Manager, Telford & Wrekin Council, 01952 385103, andy.challenor@telford.gov.uk

Sian Huszak, Lead Commissioner Quality, Patient & Public Involvement (PALS & Self care management), NHS Telford and Wrekin, 01952 580472, sian.huszak@telfordpct.nhs.uk

DRAFT

Telford and Wrekin
Health and Wellbeing Board (HWB)

Communication and Community Engagement
Action Plan
2012/13

Logo's to be confirmed

Date	Action	Comments	Progress	Lead
June 2012	Develop a HWB webpage			Initial lead - Julie Gradwell – on going support to be agreed
	Ensure all communication and community engagement methods are appropriate for the target audience	Work within the following: <ul style="list-style-type: none"> • T&W Council's Community Engagement Good Practice Toolkit • T&W Council Communication Support Toolkit • Corporate communication protocols, house-styles and identity • Health and local authority research governance requirements as and when applicable 		Communication and Engagement Working Group (CEWG) – specific leads Andy Challenor and Nigel Newman
	Communicate early key messages	<ul style="list-style-type: none"> • Membership details, who the Board are and what it aims to do • Context in which the Board is working – whole system approach • What the Board is and what it is not • Accountability amongst the board, governance and links to other partnerships and decision making boards e.g. Local Strategic Partnership • Links to stakeholders 		Communication and Engagement Working Group (CEWG) - specific leads Andy Challenor and Nigel Newman
	Agree and communicate consistent key messages	For example: We want to improve the health and well-being of Telford and Wrekin residents and reduce inequalities in health		Communication and Engagement Working Group (CEWG)

Date	Action	Comments	Progress	Lead
		<p>The need (some of this is a mandatory requirement imposed by central govt) to change has given us an opportunity to reassess the way we deliver our health and care services to our most vulnerable</p> <p>We want to provide robust, high quality services that meet the health needs of our local communities</p> <p>We are working to ensure that health services are 'fit for the future' and are better tailored to local people's changing demands and preferences</p> <p>This is a new role which the council is embracing and we will meet our extended responsibilities through bold, innovative and co-operative ways of working</p> <p>We will ensure that we fully understand the budgetary allocation given to us to serve Telford and Wrekin and we will communicate clearly the impact that will have on our ability to deliver local public health services in the future</p> <p>Working with partners is crucial to</p>		

Date	Action	Comments	Progress	Lead
		<p>achieving our aims. We are committed to working together to deliver more joined-up and efficient services that achieve the best possible outcomes</p> <p>We are working closely with the Clinical Commissioning Group to ensure we retain our close links to NHS providers</p> <p>Need to say</p> <ul style="list-style-type: none"> • who the current stakeholders are • opportunities for others to get involved • refer to service users and carers being partners/active involvement sought – “No decision about me without me” 		
By 20 July	Communicate and consult with stakeholders the HWB priorities	Through Community Panel – linking with CCG engagement questions Through forums and partnership groups		Communication and Engagement Working Group (CEWG) - specific leads Andy Challenor and Nigel Newman
3 July	Stakeholder event	<p>Inform and ask for views on:</p> <ul style="list-style-type: none"> • Future governance/structure of HWB • Healthwatch for Telford and Wrekin • Priorities for the Health and Wellbeing Strategy • Development of the Public Health Vision for Telford and Wrekin 		Communication and Engagement Working Group (CEWG) - specific leads Paul Taylor, Clare Hall-Salter, Andy Challenor, Chris Harrison, Helen Onions

Date	Action	Comments	Progress	Lead
	Inform and consult on the Public Health Vision	See Communication and Engagement Strategy for Public Health transition		PH Transition Communication and Engagement work stream – Jenny Fullard, Nigel Newman, Andy Challenor, Sian Huszack
	Monthly staff newsletter begins. This is a combined bulletin within cluster newsletter to ensure consistency and avoid duplication. It will be branded as joint	Staff and stakeholder bulletin Telford & Wrekin Council intranet PCT intranet LINK website Facebook		Nigel Newman, Jenny Fullard
	Regular stakeholder bulletin	Stakeholder bulletin to be prepared, to keep partners informed (be clear about what) - when does information shift towards engagement/involvement/influence?		Nigel Newman, Jenny Fullard
	Review of joint commissioning and partnership groups	To help to identify representation on the HWB, future sub structure and appropriate future methods of engagement with stakeholders		Christine Harrison, Viv McKay, Helen Onions, Sian Huszack
	Understanding and promotion of what channels we use for communication and engagement	For clarity on how we communicate and engage with our stakeholders and local people – what is the pathway – what is the landscape Ensure a more coordinated approach		Communication and Engagement Working Group (CEWG) – Andy Challenor, Nigel Newman, Sian Huszack, Jenny Fullard
	Inform and consult on the draft HWB Strategy	<ul style="list-style-type: none"> • Is it easily understood/clear • Have we got this right 		Communication and Engagement Working Group

Date	Action	Comments	Progress	Lead
		<ul style="list-style-type: none"> • Is there anything missing from the strategy • Are all organisation and partners of the HWB clear on what they need to do to deliver the strategy 		(CEWG) – Andy Challenor
	Identify and scope key communication and engagement requirements/activities for each of the priority outcomes	<p>Priority outcomes sponsors and lead professionals to work with leads for communication and engagement to scope requirements</p> <p>On completion of asset mapping against the proposed priority outcomes (to understand how services and resources are currently focussed on them) we will then need to seek stakeholder views on how services can be improved, reshaped and refocused to improve the priority outcomes and better meet the needs of service users</p> <p>This process will need to be agreed in advance to ensure stakeholders can have real influence:</p> <ul style="list-style-type: none"> • What rights/powers do service users have? • What commitments can be made – resource issues and decision-making /gate-keepers • Competing – conflicting priorities are a reality • 		Priority sponsors and leads with Communication and Engagement Working Group (CEWG)

Date	Action	Comments	Progress	Lead
From 3 July 2012 to April 2013	Healthwatch development	<ul style="list-style-type: none"> • Support and drive a clear communications plan for the development of a local Healthwatch, including things like; its statutory duties, functions, social principles, relationship with Healthwatch England and the transition arrangements for LINK. • Develop and deliver a clear and transparent process for development proposals for an emerging local model through a robust 'Community Dialogue'. • Sustain and maintain mutual dialogue with Stakeholders, Public and Interested Parties through the process of commissioning a local model. • Support and drive communication and awareness-raising about the agreed local HW model, which will inevitably evolve and develop over time. 		Healthwatch Pathfinder Group
	Refresh the JSNA - awareness raising both internally and externally of the new JSNA			Jon Power
	Agree how communication and community engagement is measured/evaluated to evidence success and identify changes	Need to avoid just measuring inputs.... and outputs But is it within the gift of the HWB or LHW to make it happen/ensure		Communication and Engagement Working Group (CEWG) – Andy Challenor

Date	Action	Comments	Progress	Lead
		outcomes? Need to be honest and pragmatic - if it is the CCG and local providers who have the will/ power / resources make a difference then the HWB has to manage expectations accordingly		
	Develop a coordinated forward plan for communication and engagement requirements/activities for both the HWB and Public Health transition	<ul style="list-style-type: none"> • Assess communications and engagement capacity requirements – understand impact on workloads • Publish forward plan • Consider capacity building of staff involved as well as stakeholders (change management – culture/values and infrastructure, mind sets, knowledge and skills) 		Communication and Engagement Working Group (CEWG) – Andy Challenor, Nigel Newman
	Coordination of the range of communication and engagement frameworks and action plans. Do we need one or a number of action plans?	<p>Currently we have the following:</p> <ul style="list-style-type: none"> • HWB Communications and Community Engagement Plan 2012/13 • Communications and Engagement Plan 2012/13 for the Telford and Wrekin Clinical Commissioning Group • Communications and Engagement Strategy 2012/13 – part of the Public Health Transition Plan for Telford and Wrekin. 		Communication and Engagement Working Group (CEWG) – Andy Challenor and Nigel Newman

**HEALTH & WELLBEING TRANSFORMATION STAKEHOLDER ENGAGEMENT EVENT
REPORT OF THE PARTNERSHIP AND PLANNING MANAGER**

1. PURPOSE

1.1. To inform HWB Board members of the purpose and progress of the Health and Wellbeing Transformation stakeholder engagement event.

2. RECOMMENDATIONS

2.1. That the Board:

- **agree the proposed objectives of the event and proposed audience**
- **note the progress**

3. THE ENGAGEMENT EVENT

3.1. Core to the development of the Board, its strategy, Healthwatch, the Vision for Public Health in Telford and Wrekin and the wider development of health and care services is stakeholder engagement. The Board has made a commitment to ensure that its work includes engagement with a wide range of stakeholders including service users, advocacy groups and service providers.

3.2. The proposed objectives of this event are to:

- Provide information about the Health and Wellbeing Board, JSNA, Strategy, changes to health and social care services arising from the Health and Social Care Act and its implications for Telford and Wrekin
- Engage with a range of stakeholders to:
 - inform the future governance arrangements (sub structure) in relation to the Health and Wellbeing Board and partnership groups, and design mechanisms for future engagement with these groups
 - determine what a future Healthwatch will look like for Telford and Wrekin
 - agree the priorities for the Health and Wellbeing Strategy
 - inform the development of the Vision for Public Health in Telford and Wrekin

3.3. It is proposed that the event will be held on Tuesday 3rd July from 9am to 2pm, at The Place, Oakengates.

3.4. It is proposed that the audience for this engagement event will be representatives of:

- patient and service user groups
- service providers and advocacy groups from across public, private and voluntary sectors
- partners (e.g. LSP Executive)
- commissioners
- Parish and Town Councils

- Members

3.5. Invitations are being sent out week commencing 11th June.

3.6. The format for the event is currently being finalised by Officers from the Council, NHS T&W, CCG, and LINK, who are involved in organising the event. Cllr Richard Overton, Chair of the HWB, has agreed to introduce the event.

3.7. Core to the development of the Board and the wider development of health and care services is stakeholder engagement – service users, health and social care commissioners and providers and the wider community. Further engagement with these audiences will continue to be planned and delivered following the stakeholder event.

Report prepared by Clare Hall-Salter, Partnership and Planning Manager. Tel 01952 382016.

HEALTH & WELLBEING BOARD 13 JUNE 2012

HEALTH & WELLBEING STRATEGY DEVELOPMENT UPDATE

REPORT OF DELIVERY & PLANNING MANAGER AND PUBLIC HEALTH SPECIALIST

The Health & Wellbeing Board has a duty to develop a Health & Wellbeing Strategy by April 2013. The strategy will identify the priorities against which the Board will drive delivery.

In March, the Board met to identify a first working draft set of shared priorities (see Appendix One). These priorities have provided the basis for the development of two parallel workstreams which will undertake:

1. A programme of stakeholder consultation to engage with partners and the community to identify whether the proposed priorities are the 'right ones' and or whether there any priorities 'missing'.
2. 'Asset mapping' against the draft set of priorities – this activity will identify the resources and capacity currently commissioned to deliver the proposed priorities – and consider alternative delivery models. Many of the proposed priorities are already priorities for partners and significant progress has been made – for example in reducing the numbers of people who smoke. The purpose of the strategy is not to simply 'reinvent the wheel' rather to set out how the new partnership arrangements and new partners can work effectively together to complement current delivery models and/or add value where appropriate or necessary.

'Stakeholder Consultation'

- Significant work has been undertaken to develop a consultation and engagement framework to support the overall transformation of health and wellbeing in Telford and Wrekin. This is being led jointly by the communication and engagement leads from the Council and PCT/CCG. The framework includes a set of general principles and describes the scope and aims of the workstream.
- The framework is supported by a series of action plans, one of which is the plan to consult on the proposed JHWS priorities, this will inform the development of the priorities. Key activities including:
 - **Stakeholder engagement event 3 July**– this event will provide an opportunity to have an 'active dialogue' with a wide range of partners. **Where known stakeholders do not attend this event, we will write for their views on the proposed priorities.**

- **Community Panel survey** – the Council’s Community Panel is made up of some 1,200 members and is designed to enable the Council and its partners to take a snap shot of residents opinion on policy and service initiatives. A series of questions about the draft priorities has been designed and will be included in the latest Panel survey which will take place in June.
- **Council website questionnaire** – the questions developed for the Community Panel questionnaire will also be published on the Council’s website – this will link from a Health & Wellbeing Board page which we have developed.
- Feedback has already been received from the Council’s SMT and the LSP – primarily suggesting that ‘excess weight’ should be population wide and that ‘substance/alcohol misuse’ should be an additional priority.

‘Asset Mapping’

- A questionnaire/pro-forma to ensure consistency through this process has been designed.
- It is proposed to pilot the approach with Public Health colleagues against the proposed ‘excess weight’ priority
- Links have been developed with colleagues from Social Care and a timetable agreed to take forward asset mapping for the following priorities:
 - Supporting People with Autism
 - Supporting People to Live Independently
 - Supporting People with Dementia
- A meeting with CCG colleagues will take place 11 June to take forward planning for asset mapping of the CCG led priorities

Next Steps

The workstreams will be completed by the end of August, with the view to bringing a first working draft of the strategy to the Health & Wellbeing Board in September.

Throughout this process, we continue to monitor and respond appropriately to new national guidance and emerging ‘best practice’.

Report prepared by Jon Power & Helen Onions.

Appendix 1: Telford and Wrekin Priorities

Our Vision “All children and adults living safe, healthy and independent lives through access to timely, appropriate health and social care services”

		Priority	Outcome Measures
C H I L D R E N A D U L T S		Reduce excess weight in children	<ul style="list-style-type: none"> Excess weight in 4-5 year olds Breastfeeding initiation and prevalence
		Reduce teenage pregnancy	<ul style="list-style-type: none"> Under 18 conception rates Reduction in risk taking behaviour
		Improve emotional health and wellbeing	<ul style="list-style-type: none"> Hospital admission rates from self-harm Further measures to be developed and linked to the strategy
		Support people with autism	<ul style="list-style-type: none"> Measures to be developed and linked to the strategy
		Reduce the number of people who smoke	<ul style="list-style-type: none"> Smoking related deaths Smoking attributable hospital admissions Smoking in pregnancy
		Ensure people have a positive experience of health and care services	<ul style="list-style-type: none"> Overall patient experience measures People treated with Dignity and Respect Overall satisfaction with care and support Overall satisfaction of carers with social services
		Improve carers' health and wellbeing	<ul style="list-style-type: none"> Carer-reported quality of life Carers who feel they have been included in discussions about the person they care for Further measures to be developed and linked to the strategy
		Support people to live independently	<ul style="list-style-type: none"> Social care self-directed support Older people who were still at home 91 days after discharge from hospital into reablement services People receiving reablement services who need ongoing support Delayed transfers of care from hospital
		Improve life expectancy and reduce health inequalities	<ul style="list-style-type: none"> Male life expectancy Premature death from CVD Premature death from cancer National cancer screening programme uptake Management and treatment of long term conditions
		Support people with dementia	<ul style="list-style-type: none"> Increase the number of dementia services available
CROSS-CUTTING PRINCIPLES			
EQUITY – ACCESSIBILITY – INTEGRATION – QUALITY – ENGAGEMENT FINANCIAL SUSTAINABILITY – EARLY INTERVENTION and PREVENTION			

HEALTH AND WELLBEING BOARD

13TH JUNE 2012

Briefing note: Changes to Scrutiny from the Health & Social Care Act.

The purpose of this briefing note is to inform members of the Health & Wellbeing Board about changes to scrutiny from the Health & Social Care Act.

Broadly, the function and powers of health overview and scrutiny committees are set out in the Health & Social Care Act 2012 and the National Health Service Act 2006 as follows:

- To review and scrutinise health services in the local authority area and make reports and recommendations to NHS bodies
- To require a response from NHS bodies to a scrutiny report or recommendations within 28 days
- To require officers of a trust to attend meetings to provide information needed by the Committee to discharge its functions
- To require information, other than information exempt under legislation, to be provided to the Committee
- To refer matters to the Secretary of State where the Committee feels that consultation by an NHS body, or the reasons given for an exception to the consultation, are inadequate, or where they consider the proposals not to be in the interests of local health services.
- Where there is a substantial development or variation to health services, NHS bodies are required to consult with the relevant overview and scrutiny committee
- To establish a joint committee to scrutinise substantial variations affecting more than one local authority area.

Under the Council's Constitution, the scrutiny function is currently exercised by the authority's overview and scrutiny committees – the Health & Adult Care Scrutiny Committee, and the Shropshire and Telford & Wrekin Joint Health Scrutiny Committee.

The Health & Social Care Act made the following changes to the scrutiny function:

- A key change is that the Act confers the health overview and scrutiny function directly to the local authority itself, rather than to the health scrutiny committee. Authorities have the ability to discharge their health scrutiny powers in the way they deem most suitable, either by retaining a health scrutiny committee or by a suitable alternative arrangement.
- The Act extends local authority health scrutiny powers from "local NHS bodies" to "relevant NHS bodies or relevant health service providers" which has been interpreted as meaning all commissioners and providers of NHS services including voluntary and private sector providers which are commissioned and funded by the NHS. The powers will also include scrutiny of local public health services following the transfer of the public health function to local government.

- Scrutiny powers will also extend to the Health & Wellbeing Board as a committee of the local authority.

Regulations and guidance relating to scrutiny are due to be published for consultation in June.

Following the issue of the regulations there will need to be:

- A discussion within the Council about the arrangements for the discharge of the authority's health scrutiny duties. Anecdotally, other authorities are discussing the delegation of the function and powers to Health Scrutiny Committees.
- A report brought to Full Council about any proposed arrangements.
- Discussions with the Health & Wellbeing Board and Healthwatch to define the roles, responsibilities and interrelationships of each function.
- Further reports brought to the Health & Wellbeing Board once the scrutiny arrangements have been discussed and the regulations and guidance issued.

The scrutiny committee's 2012/13 work programme is currently being reviewed and members of the Board are welcome to put forward issues they feel would be useful for scrutiny to look at.

The items carried over from the previous work programme are set out below, and these should not duplicate work planned by the Health & Wellbeing Board.

Topic	Timing if known	Scrutiny Committee
Community Trust – FT application	July 2012	Health & Adult Care
Healthwatch specification		Health & Adult Care
Priorities for Health & Wellbeing Strategy		Health & Adult Care
Consultation on visioning for Public Health		Health & Adult Care
Vulnerable Adult Safeguarding Board report, plus report from SSSFT on safeguarding thematic review (adults & children).	Sept 2012	Health & Adult Care
Discharge of patients – findings of Senior Citizens' Forum/LINK survey		Health & Adult Care
Meals on Wheels – review of options for service change		Health & Adult Care
Alcohol Strategy		Health & Adult Care
Mental Health modernisation programme		Health & Adult Care
CCG authorisation/development		Health & Adult Care
SaTH Foundation Trust application	June 2012	Joint Health Overview & Scrutiny Committee (Joint HOSC)
Ophthalmology services	June 2012	Joint HOSC
Implementation of reconfiguration: – Travel & Transport Plan (WMAS) – Work force development plans	On-going July 2012 Summer	Joint HOSC

<ul style="list-style-type: none"> - Training and support for GPs and midwives - Risk register - Surgical moves 	<p>Summer On-going On-going</p>	
<p>West Midlands Ambulance Service</p> <ul style="list-style-type: none"> - Engagement with development of clinical pathways and Travel & Transport Plan - Update on implementation of 'Make Ready' - Workforce development needs - recruitment and training of paramedics, advanced paramedics, coverage and training of community first responders. 	<p>July 2012 and on-going</p>	<p>Joint HOSC</p>
<p>Hospital at Home</p>		<p>Joint HOSC</p>
<p>111 service</p>		<p>Joint HOSC</p>

Note prepared by Stephanie Jones, Scrutiny Group Specialist, 01952 383114.

CAMHS Review Progress update

13th June 2012

Michael Bennett

Scope of the Review

- Defining a comprehensive CAMHS
- Understand CAMHS role, function, service structures including tiers 2 and 3
- Consider context of wider council, NHS and independent/3rd sector
- Build on previous reviews of ROS, Jigsaw
- Determine future commissioning intentions

Independent Shropshire Review

- Commissioned by SCPCT and SCC
- Parallel and supporting review across economy
- External Reviewers
- Similar themes from both reviews providing triangulation of feedback
- Dove-tailed feedback to Provider

Conclusions

- Strengthen commissioning framework
- Lack of universal HWB interventions
- Tier 2 inconsistent and lack of behavioural and supportive interventions
- Stronger support to LAC/ CiC
- Tier 3 access too restrictive
- Need for improved workforce development

Quick Win actions

- Referrals acknowledged within 48 hours
- Outcomes of referrals notified within 48 hours of allocation meeting
- All non-attenders notified to original referrer
- CAMHS to develop literature and condition specific information

Market Assessment

- Potential alternative providers and stakeholders invited
- 2 workshops
 - Needs Assessments and Outcomes
 - Service Models
- Additional sources of information for needs assessment identified
- Key components of Tier 2 and Tier 3 were identified

Key themes from the Market Assessment

- A single point of access (Family Connect)
- A tool to triage referrals
- A pathway for transition between Tiers of Service and between child/ adult services
- Consideration of the name of the Services to reduce stigma
- Where appropriate, joint assessment should be the norm

Service Issues

- Price Activity Matrix
- Performance activity
- Service Improvement Plans
- Paediatric Psychology Review
- Youth Offending Service
- Accommodation and communication

Implementation Group

- Development of Tier 1/Universal offer – pathway – workshop being planned for July
- Future work to develop Tier 2/ targeted interventions approach across LA, schools, Community Trust

Additional Priority actions

- Robust performance management
- Service specification by end of June
- Agreed terminology
- Develop clear pathways
- Needs assessment undertaken
- Agreed protocols for DSH and OOHs

T&W HEALTH AND WELLBEING BOARD MEETING

TITLE OF REPORT:	The Development of Health and Well Being Boards Across West Mercia.
REPORT AUTHOR :	Dr Leigh Griffin, Deputy Chief Executive
PRESENTED BY:	Dr Leigh Griffin, Deputy Chief Executive.
PURPOSE OF REPORT:	This report summarises progress on development of Health and Well Being Boards and asks the Board to consider receiving minutes of each shadow Health and Well Being's Business Meetings and to receive regular updates from the Deputy Chief Executive.
KEY POINTS:	<ul style="list-style-type: none"> • Health and wellbeing boards fully functioning in shadow form across the cluster; • High levels of local 'ownership'; high level of consistency with some local variation in approach; • Key early challenge is the reduction of local health and wellbeing strategies.
RECOMMENDATION TO THE BOARD:	<p>The Board is asked to receive the report, and to consider the proposal that:</p> <ul style="list-style-type: none"> • Minutes of each shadow health and wellbeing board business meeting are shared with PCT cluster board members for information; • Regular reports are provided to the cluster board, providing a summary of the working of shadow health and wellbeing boards and a 'read-across' of their differing approaches; • The Deputy Chief Executive of the Cluster works with all four health and wellbeing boards in an enabling way, to identify and share best practice and variations in approach.

1. Introduction

- 1.1 One of the most important and fundamental changes affecting the NHS relates to the establishment of local health and wellbeing boards.
- 1.2 Established in shadow form following the White Paper *'Equity and Excellence: Liberating the NHS'* and subsequent consultation on 'Liberating the NHS: Local democratic legitimacy in health', health and wellbeing boards seek to encourage and provide a means for local authorities to take a more strategic approach to integrating health and local government services.
- 1.3 This follows on from the somewhat mixed track record of previous joint consultative committees and joint care planning teams and, more recently, local strategic partnerships. In essence, health and wellbeing boards seek to generate a step-change in local collaboration and integration.
- 1.4 As Deputy Chief Executive of the four West Mercian Primary Care Trusts, my responsibilities include transitional support to the development of health and wellbeing boards for each of the unitary local authority/PCT footprints. This links closely to responsibilities for strengthening relationships with Local Authorities, a key Midlands and East SHA ambition, oversight and support of Public Health delivery and transition, and public and patient engagement and experience.

2. Health and Well-Being Boards in West Mercia

- 2.1 All four health and wellbeing boards were established in shadow form at an early stage (late 2010/early 2011) across West Mercia, and each secured pathfinder status. This reflected the strong PCT and Local Authority support to the concept, and a willingness to develop means for strengthening local relationships.
- 2.2 The need for coordinated and, in many instances, integrated approaches to the assessment of local needs and means for best meeting them, reflects a strong recent history of inter-agency working, best demonstrated by the Herefordshire Public Sector Partnership, but also evidenced through the joint responsibilities and nature of all four Directors of Public Health and through well-established joint commissioning arrangements in Worcestershire and Telford and Wrekin.
- 2.3 Support to both the concept and reality of health and wellbeing boards has been further demonstrated through early and sustained high levels of GP/Clinical Commissioning commitment to Boards.
- 2.4 With all public sector agencies facing financial constraints, the strengthening of dialogue and partnership also reflects the necessity of coordinated commissioning, in face of the risk of disparate approaches and potential 'cost-shunting'.
- 2.5 Each of the four health and wellbeing boards in West Mercia has developed and agreed terms of reference, membership and modes of operation, and an initial business plan for 2012/13, a shadow year prior to health and wellbeing boards being formally established (as per the Health and Social Care Bill) in April 2013 as committees of upper-tier local authorities.
- 2.6 As Cluster/shadow NHS Commissioning Board representative on each of the four boards, it is interesting to note both commonalities and differences. The former outweigh the latter, with all four boards chaired by either the Leader of the Council or the Cabinet lead for health and social care (or local variants). There is strong local government member and officer input to all boards, with officers with responsibility for adult social care and children being present on each. The local Director of Public Health is also a key and active member of each of the boards, whilst PCT representation includes CCG GP leads and Chief Operating Officer Designates, together with other CCG inputs. Patient representation, typically from existing NHSLinks Leaders, is also a common feature of all four boards.

- 2.7 Whilst each of the health and wellbeing boards has considered how best to engage with local providers, different approaches are emerging. Typically these involve a commitment to separate officer engagement with providers, whether through a standing group-type model, the strengthening or redesign of local QIPP/Leaders boards or bi-annual meetings with providers. Commitment has also been signalled from a couple of the boards to ensuring that providers (public, private and third sector) are invited to board meetings for any items of specific relevance.
- 2.8 The arrangements are somewhat different in Herefordshire, possibly as a result of prior working arrangements in support of the local Public Partnership and established integrated local health and social care delivery. In Herefordshire, the health and wellbeing board has more of a feel of the previous Local Strategic Partnerships, with input from NHS and Local Government social care leaders (as elsewhere) supplemented through the presence of senior officers from the Police, the local third sector and the local Wye Valley Trust. In addition, the Midlands and East SHA attends on an associate basis.
- 2.9 Each of the local health and wellbeing boards has spent time over the last year, in a mix of business and development sessions, to establish a shared understanding of the current situation and challenges. These sessions have focussed on the core purpose of the Boards - to identify and drive means for improving health and wellbeing - and there has been a consistent, shared business focus on the development of joint strategic needs assessments and local health and wellbeing strategies. Local priorities for improvements in health and wellbeing have been discussed and agreed by each board.
- 2.10 There has also been attention given to securing a better, shared understanding of NHS and Local Government financial outlooks and plans, including briefings on NHS system (QIPP) plans.
- 2.11 There have also been variable levels of engagement and discussion as to how local voices and views be supported and captured to inform plans, the scope for single, consistent approaches to engagement and consultation, the active promotion of joined-up commissioning, specific reviews of health improvement and prevention activity and cross-sectorial discussion of specific service challenges (e.g. Adult safeguarding, Continuing health care).
- 2.12 The development of local health and wellbeing strategies, required by October, 2012 to inform future planning, will be a formidable test of the health and wellbeing boards, requiring rigorous prioritisation in assessing competing needs and demands. Agreement as to explicit priorities in a resource-constrained commissioning landscape will be daunting for boards which are still, in effect, in their infancy, and will be a good test of their ability to grapple with conflicting views and interests for the greater good of local health and wellbeing.
- 2.13 The recent King's Fund discussion paper *'Health and Wellbeing Boards: System leaders or talking shops?'* signals the potential for tensions in health and wellbeing boards. These include the tension between a role in overseeing commissioning with that of promoting integration across public health, local government, the third sector and the local NHS. In addition, there is concern that there may be limited scope for local priorities in the context of national drivers.
- 2.14 Other variations and tensions relate to the fact that providers are typically excluded, at the risk of undermining integrated, 'whole-system' working, whilst the biggest challenge is the ability to deliver strong, credible and shared leadership in the face of unprecedented financial pressures, rising demand and complex organisational change.

3. Summary

- 3.1 Whilst the health and wellbeing boards are established as committees of upper-tier local authorities, it is proposed that, during this year of transition, that the minutes of each health and wellbeing board are shared with Cluster Board members for information.
- 3.2 In addition, it is proposed that regular reports are provided to the Cluster Board regarding the development of local health and wellbeing boards, and that the Deputy Chief Executive's

membership of all four boards is used as a means and opportunity for sharing best practice and varying approaches.

4. Recommendation

4.1 Members are asked to receive this report, which will also be sent to each of the four local health and wellbeing boards for comment. In addition, they are specifically asked to consider the proposal that:

- * Minutes of each shadow health and wellbeing board business meeting are shared with PCT cluster board members for information;
- * Regular reports are provided to the cluster board, providing a summary of the working of shadow health and wellbeing boards and a 'read-across' of their differing approaches;
- * The Deputy Chief Executive of the Cluster works with all four health and wellbeing boards in an enabling way, to identify and share best practice and variations in approach.

Leigh Griffin
Deputy Chief Executive

HEALTH AND WELLBEING BOARD

13TH JUNE 2012

NHS Telford and Wrekin Clinical Commissioning Group progress towards Authorisation report to the Health and Wellbeing Board

David Evans – Chief Operating Officer

1. SUMMARY

1.1 This report provides an update on the progress towards authorisation of the NHS Telford and Wrekin Clinical Commissioning Group (CCG).

1.2 The CCG has been accepted in wave 2 of the authorisation process with the formal application to be submitted to the NHS Commissioning Board (NHSCB) by 1st September 2012.

1.3 In July and prior to the submission of the formal application, there will be a 360 degree stakeholder survey undertaken by Ipsos MORI. Potential participants for the survey will be contacted by the CCG in the next few weeks requesting permission for their details to be forwarded to Ipsos MORI to enable them to take part in the survey. The results of the survey will be forwarded to the NHSCB and used to support the assessment process.

1.4 A formal site visit will take place in the autumn where members of the CCG Board will meet with the assessment team.

1.5 The authorisation decision will be returned to the CCG by the end of November 2012. There are 3 possible outcomes from the assessment:-

- Fully authorised
- Authorised with conditions
- Established but not authorised

2. UPDATE ON PROGRESS

2.1 A significant amount of progress has been made by the CCG towards preparation for authorisation. The Strategic Plan, Organisation Development Plan and suite of Operational Plans have previously been submitted to the Health and Wellbeing Board.

2.2 Progress towards the detail of the application requirements is now underway. The CCG timetable is to complete all outstanding actions prior to the end of July 2012.

2.3 The CCG Board has made progress towards recruiting the designate Board members as below:-

Board members recruited

GP Chair* – Dr Mike Innes – in post

GP Members – Dr Jim Hudson, Dr Andy Inglis and Dr Karen Stringer
Chief Operating Officer * (Accountable Officer) – Mr Dave Evans
Director of Public Health - Dr Catherine Woodward
Interim Chief Financial Officer* – Mr Andrew Nash

2.4 The following Board posts are currently out to advert:-

Executive Lead Quality Nursing and Safety
2 x Lay members
Secondary Care Specialist Doctor
Registered Nurse
5th GP member
Practice Manager

2.5 There will also be 2 Board Observers:-

Local Authority Representative – Mr Paul Clifford
Patient representative – currently being recruited

2.6 In addition to the Board members, the CCG has appointed the Executive Lead Corporate Governance and Performance and will be interviewing for the Executive Lead Commissioning in June.

2.7 The staff consultation for the remaining CCG structure has now closed and the final organisational structure will be released prior to the end of June 2012. Recruitment to the posts will commence soon after this date.

2.8 The CCG were hoping to appoint the West Mercia Commissioning Support Organisation (CSO) as their commissioning support, unfortunately they did not pass the last checkpoint, so the CCG is currently reviewing several other CSOs with a commitment to appoint this organisation by the end of June 2012.

3. RECOMMENDATIONS

3.1 Health and Wellbeing Board note the progress towards the authorisation of the NHS Telford and Wrekin Clinical Commissioning Group.

*subject to successful completion of a national programme of assessment

TELFORD & WREKIN HEALTH & WELLBEING BOARD

13 JUNE 2012

PUBLIC HEALTH TRANSITION PROJECT UPDATE

REPORT OF ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

1. SUMMARY

1.1 The transfer of Public Health responsibilities to Councils under the NHS changes, offers a great opportunity to bring more resources to bear on improving the health of local people through aligning existing council funding and programmes with key health and wellbeing priorities. This report provides an update on the Public Health Transition Project, part of the health transformation agenda relating to the transfer of local Public Health responsibilities from NHS T&W to the Council.

1.2 The report explains what progress has been made and the transition arrangements that are being put in place to ensure a smooth transition through a shadow year to April 2013 when the Council assumes responsibility for local Public Health functions.

1.3 A project update report will be brought to each Health and Wellbeing Board meeting during 2012/13.

2. RECOMMENDATIONS

2.1 Health and Wellbeing Board Members note the progress with respect to the transition plan and approach being taken.

3. INFORMATION

Transition Arrangements and Project Progress

3.1 PCT Clusters had to submit a draft PH Transition Plan co produced with Local Authorities to the Strategic Health Authority Cluster by 18 January 2012. The Plan was rated “green” by the SHA. A further more detailed version (version 9) was submitted on 9 March 2012. Recent assessment feedback for this plan was favourable, with the majority of criteria RAG rated green – criteria met (41) and only 5 rated amber – criteria partially met. This will be reviewed by the Project Board at their next meeting.

3.2 The plan, circulated previously, sets out our local approach to PH transition, including operation of the PH system during the shadow year – 2012/13, preparation for April 2013 and clear local transition milestones. Appendix 1 shows the high level project plan key milestones. A Project

structure has been established overseen by a Project Board, meeting monthly, made up of Senior Officers from the Council and NHS T&W, supported by a Project Team.

3.3 The five key PH Project Workstreams have been tasked with scoping in detail their main tasks to achieve a successful transfer by April 2013, highlighting tasks, issues and concerns, interdependencies between workstreams and any risks to be mitigated against. The full workstreams met on 13th March and 27th April. Going forward, the leads for each work stream will meet with the project team on a monthly basis, in order to review their project status reports and progress in detail.

3.4 At the Project Board meeting in May, it was agreed that there is a need to establish Legal support for the transition. This has now been identified, with a single point of contact available within the council.

3.5 Response from the DoH, with reference to the PH shadow budget allocation for T&W: "Regarding the specific issues you raise, I should stress that this collection covers 2010/11 actual spend and further analysis is needed before confirming 13-14 allocations. Your update is helpful in giving us the best information possible in the mean time... ...We hope to make a further announcement on the funding formula shortly, but as we said in the February baseline publication, no local authority will see its grant for 13-14 fall in real terms compared the baseline we estimated there for 12-13, other than in exceptional circumstances, to give the greatest possible certainty and support planning."

3.6 At the recent Project Board meeting, it was recognised and agreed that further discussions were necessary as to the current and future arrangements for Public Health Commissioning and Emergency Planning in Telford and Wrekin. Progress against these key areas will be reported to future PH Transition Board and HWB meetings.

3.7 The Project Board has also tasked the Workforce, HR & Accommodation work stream to complete a response to the national consultation: Healthy Lives, Healthy People: Towards a workforce strategy for the public health system. This response will be reported to the next PH Transition Board meeting on 12th June.

3.8 The Project Board is also keen to review the current pan Shropshire arrangements in relation to local responsibilities for PH, with a view to making informed decisions about the future arrangements and linking this in with the development of the vision for PH in Telford and Wrekin.

3.9 There is a requirement for T&W Council to set out our vision for PH stating how the Council will use its new responsibilities and resources to put health and wellbeing at the heart of everything we do with the aim of helping people lead healthier lives, both mentally and physically. A task and finish group have been identified to lead this work and a discussion paper accompanies this paper.

4 PREVIOUS MINUTES

4.1 Cabinet Report – 22.12.2011 – NHS Transformation and Implications for the Council

4.2 SHWB Report – 22.2.2012 – Public Health Update

4.3 SHWB Report – 25.4.2012 – Public Health Transition Project Update

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TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD 13 JUNE 2012

POLICY REVIEW – 14 JUNE 2012

CABINET - 28 JUNE 2012

**DEVELOPMENT OF THE PUBLIC HEALTH VISION AND BUILDING THE TEAM
IN TELFORD AND WREKIN**

REPORT OF THE ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 The transfer of Public Health responsibilities to Councils under the NHS changes, offers a great opportunity to bring more resources to bear on improving the health of local people through aligning existing council funding and programmes with key health and wellbeing priorities. This paper sets out initial thoughts on developing the Vision for Public Health in Telford & Wrekin and a proposed approach to a programme of engagement to inform the development of the vision.

1.2 Developing a robust Public Health vision is just one part of the changing landscape for councils following the passing of the Health & Social Care act. We will need to ensure a coordinated approach encompassing Health & Wellbeing Board priorities and strategy, development of joint commissioning arrangements with the Clinical Commissioning Group (CCG) including Public Health commissioning and supporting the creation of Healthwatch.

1.3 The vision will in due course inform both the approach the council takes in welcoming the opportunities to drive health protection and improvement when the public health functions and responsibilities transfer from April 2013 and the development of an organisational structure to integrate these functions into the Council structure.

2. RECOMMENDATIONS

2.1 Board Members/Members welcome the opportunities offered by the Public Health changes and support the emerging framework (4.11) and vision statement (4.12) as a baseline for wider engagement and consultation

2.2 Board Members/Members support the approach set out to engagement and consultation

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priorities?	
	Yes	<ul style="list-style-type: none"> • Improved lives for all • Vulnerable children and adults are protected • Tackle health inequalities and improve the health and wellbeing of all
	Will the proposals impact on specific groups of people?	
	Yes	<i>Public Health responsibilities will cover the whole population but specific groups at risk of poor health will be targeted.</i>
TARGET COMPLETION/DELIVERY DATE	<i>April 2013 (see key milestones in report)</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>A Public Health 2012/13 shadow budget of £7.773m for Telford and Wrekin was announced in February. The Council and PCT have jointly made representations to the Department of Health detailing their concerns about the amount identified and the methodology used in addition to other relevant issues. The Department have stated that they hope to make a further announcement on the funding formula shortly following feedback from Local Authorities and PCTs, but no local authority will see its grant for 13-14 fall in real terms compared to the baseline estimated for 12-13, other than in exceptional circumstances, to give the greatest possible certainty and to support planning.</p> <p>The consideration of finance and resources is one of the planned key workstreams being undertaken to prepare for the transfer of Public Health responsibilities to the Council from April 2013. This along with the other work required to ensure</p>

		<p>successful transition will require a significant allocation of time from within existing staff resources by both organisations.</p> <p>A ringfenced public health grant will be paid to the Council from 2013/14 onwards to fund the associated day to day responsibilities . The final allocations for 2013-14 will be announced by December 2012.</p>
LEGAL ISSUES	Yes	<p>The Health & Social Care which proposed a duty for the Local Authority to improve the health of the population finally received royal assent on the 27 March and is likely to have an impact upon future priorities of the Council.</p> <p>The Public Health Outcomes Framework was published on the 23 January 2012 and is statutory guidance setting out the desired outcomes for public health and how these will be measured.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Any other risks and opportunities will be appropriately managed and reported if necessary.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Previous reports have identified the new responsibilities that are placed on local authorities by the Health and Social Care Act in respect of Public Health. In March it was agreed that a further report would be presented in June outlining initial thoughts on a Public Health Vision for Telford and Wrekin Council –this is the next step in developing the vision..

4.2 Before talking about the vision we should be clear what we mean by Public Health services. Current NHS Public Health services can be broken down into 3 main areas:

- **Health protection** – including responsibilities for infectious disease, chemical & other environmental hazards and related emergency planning functions
- **Health improvement** – helping people to live healthy life styles & make healthy choices and reducing health inequalities
- **Healthcare** – reducing the number of people who have to live with preventable ill health and reducing the number of people who die prematurely, thereby reducing the gap between communities

Public Health staff based in the NHS provide some of these functions directly but commission the majority of the services from NHS provider organisations, independent sector providers and the Council.

In addition the Council already has some responsibility for:

- **improving the wider determinants of health** - through services such as housing provision, benefits, leisure, environmental health, education, children’s and adult social care, information and advice.

4.3 The 4 domains, above, make up the new National Public Health Outcomes framework, 2013/2016 with the stated vision of “Improving and protecting the nation’s health and wellbeing and improving the health of the poorest fastest”.

4.5 In developing a new local vision we have to be mindful of current Public Health responsibilities, services and priorities; the new functions and statutory responsibilities set out for local authorities by the Health and Social Care Act (**see Appendix 1**); as well as the opportunities created by the changes to make the most of the synergies gained by bringing together NHS based public health services together with the Council’s services.

4.6 We will also have to take account of the creation of a new national body, Public Health England, and more fully understand the relationship between this new organisation and our local Public Health service.

Developing the Public Health Vision

4.6 The Local Government Association and DoH suggest, and their analysis supports, that most local authorities are moving forward on developing a local vision on the basis that the move of PH responsibilities should not be about the same programs being offered from a different organisation but a complete transformation of the delivery. In taking a transformational approach it is however important to agree the vision and priorities for improving health outcomes before discussing a preferred model of service delivery.

4.7 A snapshot of emerging visions across local authorities suggests some consistent themes are developing in plans to embed PH in local authorities, in particular:

- Integration – Public Health priorities should be integrated within every council function
- Influence – improving health should become an automatic part of the work and culture of the council and partner agencies have an integral role in delivering improvements for healthier lives and environments
- Innovation – taking opportunities for change created by the transfer of responsibilities and the synergies that exist
- Safety – safe and seamless transfer of service to ensure delivery of mandatory functions, including health protection services, building on the service that already exists

4.8 In developing the Vision for Public Health in Telford and Wrekin, account will need to be taken of the new emerging Council Priorities which are as follows:

- **Protect and create jobs by being A ‘Business Supporting, Business Winning Council’**
- **Create ‘better life chances’ for all through improved education and skills**
- **Protect and support vulnerable children and adults**
- **Help people to feel safe and proud of where they Live**
- **Work with communities to ensure clean and well maintained neighbourhoods and streets**
- **Develop housing choices which meet the needs of all**
- **Tackle health inequalities and improve the health and wellbeing of all**

4.9 Linked to the Council's priorities are the proposed Health and Wellbeing priorities which drive the Joint Health and Wellbeing Strategy. These priorities are currently out for consultation – for detail see **Appendix 2**. Indeed public engagement and consultation based on a co-operative approach are fundamental to the development of the vision for Public Health as well as other reforms initiated by the Health and Social Care Act. The engagement approach is set out later in this paper.

4.10 Engagement and consultation with the general public as well as with all other stakeholders are fundamental to the development of our public health vision to ensure community ownership. However to stimulate debate it is helpful to set out an initial position statement regarding the framework within which the vision will be developed and an initial draft vision statement. Each stage of engagement and consultation can influence the development of the vision until the final version is agreed by the end of September 2012.

4.11 Recognising therefore that the Act transfers public health responsibilities to the Council from April 2013 the initial framework thinking suggests:

- Telford & Wrekin should have its own dedicated public health function
- Telford & Wrekin should have its own dedicated Director of Public Health
- A transformational approach should be adopted with the public health function integrated with and impacting on the delivery of other council services rather than just “lifting” the existing service as it stands within the PCT and placing it in the Council as a discrete unchanged unit

The emerging vision will have 3 key components around:

-Improving population health outcomes-driven by the Health & Wellbeing strategy

-The Public Health priorities driver across all council services

-The role of the Director of Public Health and organisational arrangements which assimilate and recognise the key role of Public Health

4.12 An emerging vision statement was set out in Version 9 of the Public Health Transition Plan submitted to the Strategic Health Authority in March 2012 and it is suggested we use the following as the key principles for consultation:

“The Council will aim to:

- Include health in all its policies so that each decision seeks to maximise the health benefit for the investment
- Invest the new ring-fenced grant in high quality public health services
- Encourage health promoting environments, for example, access to green spaces and reducing exposure to environmental pollutants
- Support local communities through community renewal and engagement and the development of social networks
- Tailor services to meet individual needs – based on a holistic approach, focusing on wellness services

- Making effective and sustainable use of all resources

The Council will do this:

- By working with a range of partners including the NHS, LINK/HealthWatch, other statutory agencies and the voluntary sector
- By building on the effective public health services and partnership arrangements which the Council already has in place
- Through services the Council is already responsible for, such as housing, economic and environmental regeneration, strategic planning, education, public protection, leisure, fire and road safety and services for children and young people and adults
- Through engagement and consultation with the public about their health and priorities”

4.13 A vision can be encapsulated within a strap line. Based around the Council’s overarching vision, the strap line used on our Public Health Transition Plan currently, is:

“A Successful, Prosperous and Healthy Community which Offers a Good Quality of Life for all the People of Telford and Wrekin”

Alternatively the vision strap line set out within the national outcomes framework for public health is:

“Improving and protecting the nation’s health and wellbeing (of the population of Telford & Wrekin) and improving the health of the poorest fastest”

4.14 Having set out some initial statements it is important that we follow our council’s objective of engagement and enable participants to understand what public health currently does, what it can do and any opportunities to do it better and more efficiently including ‘co-operatively’ with our community.

4.15 Key stakeholders for engagement are the general public, Public Health employees, members (including Scrutiny), council employees, Council’s Senior Management Team (SMT), T&W Clinical Commissioning Group, other NHS organisations, LINK, Voluntary sector, Shadow Health and Wellbeing Board, Local Strategic Partnership and associated Partnership groups.

4.16 The timeline for engagement and consultation should coordinate with the overall communications timelines around Health & Wellbeing and the plan for Public Health transition and currently proposes:

- **Vision development:** June – September 2012
- **Vision agreed:** end of September 2012
- **Proposed service organisation and structure developed:** October 2012
- **Formal consultation with staff:** Commences November 2012
- **Organisation and structure confirmed:** January 2013
- **Shadow function:** February-March 2013 (for consideration)

- **1st April 2013** – Council assumes full responsibility

4.17 Suggested methods of engagement include:

- SMT workshop with Public Health senior team – June
- Health and Wellbeing Transformation Stakeholder event – 3 July
- Involvement of the Council’s Community Panel
- Existing Boards and partnership group meetings
- Regular meetings with public health staff team

An engagement task and finish group has been formed to take forward the engagement program across the wide ranging health and social care transformation agenda

4.18 Once the Vision is agreed attention will need to turn to the organisational form. Some authorities are further forward in their planning and helpful information about the emerging approaches taken in other local authorities is contained within a number of resource sheets and case studies under the banner of “From transition to transformation in public health” collated by the Local Government Association in conjunction with the Department of Health. They can be accessed via the following link http://www.local.gov.uk/web/quest/media-centre/-/journal_content/56/10171/3374673/NEWS-TEMPLATE

5. PREVIOUS MINUTES

5.1 Cabinet Report – 22.12.2011 – NHS Transformation and Implications for the Council

5.2 Cabinet report – 29.3.2012 – Public Health Update

5.3 Health & Wellbeing Board Report - 22 February 2012

6. BACKGROUND PAPERS

6.1 The White Paper, *Equity and Excellence: Liberating the NHS*

6.2 The White Paper, *Health Lives, Healthy People: Our strategy for public health in England*

6.3 The new public health system: summary factsheet

6.4 Local Government leading for public health: factsheet

6.5 Local government’s new public health functions: factsheet

6.6 The role of the Director of Public Health: factsheet

6.7 Commissioning responsibilities: factsheet

- 6.8 Public health advice to NHS commissioners: factsheet
- 6.9 Professional appraisal and support, and capacity building: factsheet
- 6.10 Public Health Human Resource Concordat (November 2011)
- 6.11 Public Health workforce issues – Local government transition guidance (January 2012)
- 6.12 Public Health transition planning support for primary care trusts and local authorities
- 6.13 The Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13
- 6.14 From Transition to transformation in public health – LGA/DoH Resource Sheets 1, 2, 3, 4, 5 - March 2012
- 6.15 From transition to transformation in public health – LGA/DoH – case Studies

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Appendix 1: Local Authority, Public Health Commissioning responsibilities

LAs will be responsible for (* mandatory services):

- National child measurement programme*
- NHS health check assessments*
- Comprehensive sexual health services*(including testing and treatment for sexually transmitted infections and contraception outside of the GP contract and sexual health promotion and disease prevention)
- The LA role in dealing with health protection incidents, outbreaks and emergencies*
- Ensuring NHS commissioners receive the PH advice they need in respect of strategic planning, procuring services and monitoring & evaluation*
- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- PH services for children and young people aged 5-19 (NHS Commissioning Board will have responsibility for PH commissioning for services for children under 5 – to be reviewed in 2015 with view to unifying responsibility within local government)
- Interventions to tackle obesity
- Locally led nutrition initiatives
- Increasing levels of physical activity
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives in workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

Appendix 2: Telford and Wrekin Priorities

Our Vision “All children and adults living safe, healthy and independent lives through access to timely, appropriate health and social care services”

		Priority	Outcome Measures
C H I L D R E N A D U L T S		Reduce excess weight in children	<ul style="list-style-type: none"> Excess weight in 4-5 year olds Breastfeeding initiation and prevalence
		Reduce teenage pregnancy	<ul style="list-style-type: none"> Under 18 conception rates Reduction in risk taking behaviour
		Improve emotional health and wellbeing	<ul style="list-style-type: none"> Hospital admission rates from self-harm Further measures to be developed and linked to the strategy
		Support people with autism	<ul style="list-style-type: none"> Measures to be developed and linked to the strategy
		Reduce the number of people who smoke	<ul style="list-style-type: none"> Smoking related deaths Smoking attributable hospital admissions Smoking in pregnancy
		Ensure people have a positive experience of health and care services	<ul style="list-style-type: none"> Overall patient experience measures People treated with Dignity and Respect Overall satisfaction with care and support Overall satisfaction of carers with social services
		Improve carers' health and wellbeing	<ul style="list-style-type: none"> Carer-reported quality of life Carers who feel they have been included in discussions about the person they care for Further measures to be developed and linked to the strategy
		Support people to live independently	<ul style="list-style-type: none"> Social care self-directed support Older people who were still at home 91 days after discharge from hospital into reablement services People receiving reablement services who need ongoing support Delayed transfers of care from hospital
		Improve life expectancy and reduce health inequalities	<ul style="list-style-type: none"> Male life expectancy Premature death from CVD Premature death from cancer National cancer screening programme uptake Management and treatment of long term conditions
		Support people with dementia	<ul style="list-style-type: none"> Increase the number of dementia services available
CROSS-CUTTING PRINCIPLES			
EQUITY – ACCESSIBILITY – INTEGRATION – QUALITY – ENGAGEMENT FINANCIAL SUSTAINABILITY – EARLY INTERVENTION and PREVENTION			

HEALTH AND WELLBEING BOARD

13 JUNE 2012

NHS Telford and Wrekin Clinical Commissioning Group - report on the outcomes of the Equality Delivery System Event - 22nd March 2012

Dr Mike Innes - Chair

1. SUMMARY

This report provides an update on the progress of adoption of the Equality Delivery System by NHS Telford and Wrekin Clinical Commissioning Group (CCG) and NHS Telford and Wrekin.

Following a change in equalities legislation in 2010, the PCT and CCG now have to demonstrate that they are complying with the new public duty to ensure that decision making does not discriminate against the 9 'protected' groups: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The need to demonstrate that the CCG is, and will continue to meet this duty, is a fundamental part of the CCG authorisation process. In response to this new duty, the NHS has developed the Equality Delivery System (EDS) as a tool to help NHS organisations to deliver against their statutory duty, which NHS Telford and Wrekin and the CCG have adopted.

The EDS requires the PCT/CCG to have carried out a baseline audit of its current equalities performance and to discuss and grade this with community representatives from the 9 protected groups, and to then set objectives for the PCT/CCG to work to, to improve equalities performance.

It was agreed across the local health economy to run an EDS event on 22nd March to convene a meeting of community interest groups/NHS employees for all NHS organisations within the local health economy: Shropshire Community Health NHS Trust, Shrewsbury and Telford NHS Trust, Shropshire County PCT and NHS Telford and Wrekin to:

- 1) Assess the grading of the baseline evidence in the Equality Delivery System that each organisation had provided on the day
- 2) Determine what actions the organisations should consider taking forward (maximum 4 for each organisation) based upon the evidence presented in the baseline assessments of equalities performance and the areas of weaker performance
- 3) Determine how the community/staff representatives wish to hold the organisations to account for reaching their objectives.

Each NHS organisation had one community representative table focussing on the outcomes for patients and the public, and one staff table focussing on the outcomes for staff. As NHS Telford and Wrekin and Shropshire County PCT share an HR function and HR policies and procedures, it was agreed that the staff tables for the PCTs would be combined for the purposes of this event.

Steps taken to date

It was proposed and agreed that the PCT publish the baseline assessment which was presented at the 22nd March event.

The staff table agreed with the assessment as presented for the two staff outcomes. Although the assessment was not supported by the community representatives, as they were unable to assess it in the time allowed at the event, it is agreed that the PCT commits to developing and supporting a further process, which will allow community representatives to scrutinise the baseline information in detail, and to then help set more detailed objectives.

Grading of the four Equality Delivery System Goals on the basis of the baseline assessment is as follows:

1. Better health outcomes for all	Amber	Developing
2. Improved patient access and experience	Amber	Developing
3. Empowered, engaged and included staff	Green	Achieving
4. Inclusive leadership at all levels	Amber	Developing

In terms of setting objectives for publication by the 6th April, it was proposed and agreed that broad objective areas were set, with the proviso that further engagement with community/staff representatives is undertaken to assess the baseline information in more detail and develop more detailed objectives as a consequence.

The broad objectives requiring further action, and published on the website are:

1. Equality training for staff and managers
2. Staff appraisal scheme/feedback from staff to managers
3. Information/data gaps for the protected groups
4. Communication with patients/carers
5. Dignity and respect

The PCT/CCG is now considering the planning for further community engagement on the baseline information, and developing more detailed objectives from those outlined above, with measurable targets for each.

2. RECOMMENDATIONS

3.1 Health and Wellbeing Board note the progress made in adopting EDS and the next steps proposed.