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Buckinghamshire County Council

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Agenda

SHADOW HEALTH AND WELLBEING BOARD

Date: Thursday 13 October 2011
Time: 2.00 pm
Venue: Mezzanine Room 1, County Hall, Aylesbury

Agenda Item	Time	Page No
1 WELCOME AND APOLOGIES		
2 MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2011		1 - 4
3 UPDATE FROM PARTNERS This session is an opportunity for members to update each other on key national and organisational developments since the previous meeting.	5 mins	5 - 6
<u>Background paper:</u>		
<ul style="list-style-type: none">Update Report		
4 HEALTH AND WELLBEING BOARD DEVELOPMENT - SELF-EVALUATION The Good Governance Institute has developed a maturity matrix to allow Health and Wellbeing Boards to self-evaluate their progress. The maturity matrix also provides the board with an opportunity to identify progression targets for the forthcoming year in order to drive development.	30 mins	7 - 8
The outcomes of this session will inform the governance review session at the November meeting of the board.		
The purpose of this item is to:		
<ul style="list-style-type: none">Evaluate the progress of the board to-date against the Good Governance Institute maturity matrix		



INVESTOR IN PEOPLE



Background papers:

- Good Governance Institute: A maturity matrix to support development and improvement

5 DEVELOPING A JOINT HEALTH AND WELLBEING STRATEGY: NEXT STEPS 70 mins 9 - 12

This session is an opportunity for members of the board to decide on how they wish to develop the Joint Health and Wellbeing Strategy for Buckinghamshire.

The purpose of this agenda item is to:

- Agree on the approach for developing the Joint Health and Wellbeing Strategy for Buckinghamshire

Background papers:

- Developing a Joint Health and Wellbeing Strategy: Next Steps
- Joint Strategic Needs Assessment: A Springboard for Action- <http://www.idea.gov.uk/idk/aio/27014541> (for reference purposes)

6 FORWARD PLANNING 5 mins 13 - 14

This is an opportunity for members to discuss any items that they feel should be included on a future agenda of the board.

Background paper:

Forward Plan

7 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING 5 mins

8 AOB 5 mins

- Citizen's Jury- Dementia
- National Learning Sets

9 DATE OF NEXT MEETING

9 November 2011, 2pm, Mezzanine Room 3, County Hall, Aylesbury

6 December 2011, 2pm, Mezzanine Room 3, County Hall, Aylesbury

12 January 2012, 2pm, Mezzanine Room 1, County Hall, Aylesbury

9 February 2012, 2pm, Mezzanine Room 1, County Hall, Aylesbury

8 March 2012, 2pm, Mezzanine Room 1, County Hall, Aylesbury

5 April 2012, 2pm, Mezzanine Room 1, County Hall, Aylesbury

Proposed further dates for 2012:

Thursday 10 May

Thursday 14 June

Wednesday 11 July

Tuesday 7 August

Tues 4 September

Thursday 4 October
Thursday 8 November
Wednesday 5 December

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Helen Wailling on 01296 383614
Fax No 01296 382538, email: hwailing@buckscc.gov.uk*

Members

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Ms N Lester (Bucks Primary Care Collaborative), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms L Patten (United Commissioning GP Collaborative), Ms Pearce (District Council Representative), Dr J Rose (The Practice Plc GP Collaborative), M R Shaw (The Practice Plc GP Collaborative), Mr C Thompson (Director of Commissioning, NHS Buckinghamshire), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)

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Minutes

SHADOW HEALTH AND WELLBEING BOARD

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD HELD ON THURSDAY 8 SEPTEMBER 2011, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 2.05 PM AND CONCLUDING AT 4.02 PM.

MEMBERS PRESENT

Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Ms N Lester (Bucks Primary Care Collaborative), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Dr J Rose (The Practice Plc GP Collaborative), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative) (Vice-Chair, in the Chair)

OTHERS PRESENT

Mrs J Fisk (Team Leader, Policy and Partnerships, BCC) and Ms H Wailling (Democratic Services Officer)

1 WELCOME AND APOLOGIES

Apologies were received from Patricia Birchley, Sue Imbriano and Robert Shaw.

Karen West chaired the meeting.

2 MINUTES OF THE MEETING HELD ON 11 AUGUST 2011

The Minutes of the meeting held on 11 August 2011 were agreed and signed as a correct record, with the following amendments:

- Page 2, agenda item 3, 4th paragraph, be amended to read, "The SHA had also asked if the Board would be willing to share the Minutes of Board meetings. The Board agreed to share a case study."
- Page 3, agenda item 5, 1st paragraph, be amended to read, "...Each organisation on the Board was requested to submit information about how they promoted physical activity among their employees and the population they served, and this was included within the background paper."



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Matters arising

Page 2, agenda item 3, 1st paragraph – Jane O’Grady said that she would find out further information about local priorities for extending the choice of provider.

3 UPDATE FROM PARTNERS

GLL Nexus - Activity for Health Exercise Referral Scheme

A member suggested that this could be on the agenda at a future meeting for information. This was discussed but no conclusion was reached.

Meeting with Tim Loughton, Parliamentary Under Secretary for Children and Families

The Cabinet member for Children and Young People and the Strategic Director for Children and Young People had met with Tim Loughton in London. Tim Loughton had stated his support for a focus from health and wellbeing boards on children and young people.

Members noted that the Health and Social Care Bill 2011 proposed a split in commissioning responsibilities for children and young people between local authorities and the NHS.

Health and Social Care Bill 2011

The Bill had been approved by the House of Commons and would now go to the House of Lords.

Accountable Care Workshop

This had been held that morning to look at how provider networks and the public could be aligned and involved in health and social care debates.

Andrew Walker had attended a meeting about the importance of early diagnosis.

Members noted that it was not yet clear where responsibility for health screenings and awareness campaigns would sit under the Health and Social Care Bill 2011.

4 TESTING THE PRIORITY SETTING FRAMEWORK- WORKSHOP

Members split into two groups and tested the draft priority setting framework (pages 9-10), using dementia as an example theme.

The draft priority setting framework had been put together following discussions at the previous meeting.

The Board’s Health and Wellbeing Strategy would be an over-arching document, containing agreed priorities. The Board would use a priority setting framework to set its work plan (to prioritise areas for focus).

Members fed back their comments on the draft framework. The comments would be applied to the draft framework and resubmitted to the next meeting.

Members reflected on the process of developing a Joint Health and Wellbeing Strategy. Whilst there was agreement that this will be a high level strategy, which will be communicated in a short, public-friendly format, the Board agreed that further discussion was needed to:

- Reach consensus on the common purpose of the strategy
- Agree overall outcomes the strategy should achieve (Where we are now/where we want to get to)
- Consider the underlying priorities (and how the priority setting framework the Board has discussed could be used in this context)
- Agree the format and design of the strategy,

Members would pick up this discussion at the next meeting, informed by contributions from all members on the outcomes the Board would expect the strategy to achieve.

Action:

All members to submit proposals for 3-5 outcomes for the draft Health and Wellbeing Strategy (a template would be circulated).

5 PHYSICAL ACTIVITY: STATEMENT OF INTENT FROM THE BOARD

Members discussed the draft statement of intent.

Members made some comments and suggested that each organisation could tailor the Statement to suit its recipients.

It was agreed that the statement, updated in the light of the Board's comments, would be circulated the next day to inform an imminent partnership meeting. Additionally, the statement wording would be revised and issued in a template form so that partners could add tailored messages for particular audiences.

6 FORWARD PLANNING

The Board discussed future agenda items and agreed the following topics for future meetings:

October meeting

Draft Health and Wellbeing Strategy

Board Assurance Prompt Matrix (Good Governance Institute / NHS London)

November meeting

Governance review (the Board agreed to invite Robin Douglas to the November and December meetings)

Role of Scrutiny

Healthwatch developments

7 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING

These had been discussed under earlier agenda items.

8 AOB

There was none.

9 DATE OF NEXT MEETING

13 October 2011, 2pm, Mezzanine Room 1, County Hall, Aylesbury

CHAIRMAN

Buckinghamshire Shadow Health and Wellbeing Board: Update

Health and Social Care Bill

The revised Impact Assessment for the Health and Social Care Bill has been published. It outlines the benefits of implementing the policies proposed in the NHS White Paper 'Equity and Excellence: Liberating the NHS'.

Summary table- main differences in figures

	January	Now	Explanation
Total costs of transition (best estimates)	£1.4bn	£1.2bn - £1.3bn	Reduced redundancy costs
Long-term annual savings (from 2014/15 onwards)	£1.7bn per year	£1.5bn per year	Reduced estimate of administration spending in 2010/11 (the baseline year)
Long-term annual admin spending (2014/15 onwards)	£3.4bn	£3.0bn	Two-thirds of 2010/11 admin spending
Gross savings over the transition (2010/11 – 2014/15)	£5.2bn	£4.5bn	Gross savings changes: reduced admin baseline (£600m) and smoother trajectory for achieving savings (£100m). Net savings changes: as above, plus reduced transition costs
Net savings over the transition (2010/11 – 2014/15)	£3.8bn	£3.2bn - £3.3bn	

To access the Impact Assessment please follow the link below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583

National Learning Sets

The Health and Wellbeing Board have been offered the opportunity by the Department of Health to participate in National Learning Sets; this is one element of the National Learning Network. The Department are asking that each health and wellbeing board nominates a member to participate in one learning set.

The seven learning sets are as follows:

- Improving services through more effective joint working
- Improving the health of the population
- Bringing collaborative leadership to major service reconfiguration change
- Creating effective governance arrangements
- How do we 'hard wire' public engagement into the work of the Boards?
- Raising the bar in the joint needs assessment and strategies
- Making the best of collective resources

State of Care 2010/11

The Care Quality Commission (CQC) has published its annual report into the state of health and adult social care in England. It covers the year from April 2010 to March 2011. CQC's job is to register health and social care providers if they meet the essential standards of quality and safety, check that they continue to do so, and take action if they do not.

The report has four main sections dealing with: the shape of care provision; access to care and services; choice and control; and quality and safety.

Key findings from the report include:

- Evidence appears to show that the reduction in social care budgets and increased demand is resulting in local authorities tightening their eligibility criteria for people to receive state-funded community care.
- The number of people able to exercise more choice over their social care by using a direct payment or personal budget has continued to increase. In 2009/10, 13% of adults and carers receiving council-funded social care had self-directed support.
- The adult social care sector continues to change over recent years as new types of provision develop to enable people to live at home for longer. The number of residential care services fell by 10% between 2004 and 2010, while the number of domiciliary care agencies increased by over a third during a similar period.

To access the full report please follow this link: <http://www.cqc.org.uk/stateofcare2010-11.cfm>

The functions of Health and Wellbeing Boards:

A maturity matrix to support development and improvement

Version September 2011



To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the level you intend to reach in the next 12 months.



Progress levels	0	1	2	3	4	5
Key elements	No	Basic level Principle accepted and commitment to action	Early progress Early progress in development	Results Initial achievements evident	Maturity Comprehensive assurance in place	Exemplar Others learning from our consistent achievements
Purpose and vision		HWBB purpose debated and agreed. Values and priorities have been agreed, and affirmed to public (e.g. website) and internal or partnership documents. All HWBB members understand the board's role	Priorities and stretch goals have been agreed with stakeholders. Board has agreed ethical values combined with a robust mechanism for adding and removing services and/or care settings against these. Plans are rooted in local population needs	Evidence that priorities are being met, with progress towards stretch goals in some areas. Evidence of public engagement and public accountability testing on purpose and vision. The work of relevant existing local partnership groups eg the Local Strategic Partnership has been considered	We have an annual HWBB debate on organisational purpose, and how in-year achievements or issues impact on this. We systematically match how purpose dovetails with population needs	We are confident we are achieving our purpose and vision as we are benefiting population health in accordance with our plans. We have influenced both local health and local authority commissioners
Strategy		The HWBB has gathered all stakeholder strategies relevant to their work, and has set out a timetable for developing their own strategy. The JSNA is the base for all strategic decisions	Strategy development is underway. Arrangements are in place for areas of joint commissioning	The HWBB has a current published strategy, which includes improvement milestones and how these will be measured	The HWBB strategy has been refined in the light of the successful achievement of milestones, and new intelligence and aspirations	The HWBB strategy has benefited other healthcare economies to our own, as well as influencing the strategic direction of all local partner organisations
Leadership of the local healthcare economy		The leadership of the HWBB has been agreed and appointed. Key stakeholders know who is leading the HWBB and how to contact them. Relevant stakeholders identified and invited to participate. Local health and social care resources are understood	Leadership development for HWBB discussed and agreed. Development plans initiated. Stakeholders understand leadership issues for HWBB. Relevant stakeholders regularly attend and provide input into work programme	Results of partnership working systematically reviewed by HWBB. Relationships with GPCCs are positive and there is ongoing dialogue about commissioning and contracting decisions. Public health voice is evident in commissioning and contracting decisions	Review of success of leadership approach. Ongoing succession plans in place. Benefits of partnership working have enabled the majority of stakeholders to meet their improvement trajectories and resource allocation	Benefits of partnership working have enabled the majority of stakeholders to exceed their improvement trajectories. Outcomes have been improved and this is traceable back to initiatives from the HWBB
Governance		The membership and terms of reference for the HWBB have been drafted and shared. We have examined the work of the pilot HWBBs to inform how we work	The HWBB has been set up and the first annual cycle of business agreed. Relationships with relevant local organisations are being developed	Local stakeholders have clearly incorporated HWBB accountabilities into their own governance arrangements	The HWBB has reviewed its first year of working through a structured annual review process and made improvements to structure and organisation	Good governance benefits to HWBB identified and we know how our better governance practice has influenced local partner organisations
Information and Intelligence		Information requirements identified and format for initial dashboard agreed.	We have developed a dashboard of key information we and discussions on how to improve our information are underway. KPIs reflect shared performance objectives across health & social care	Members of HWBB report confidence with levels of intelligence they receive, and that information systems are reliable and working. HWBB receiving evidence of performance improvement against KPIs	HWBB informed by real-time intelligence, demonstrating improved outcomes, quality and efficiency across health and social care	Outcomes and performance benchmark against the best performers
Expertise and skills		Skills and expertise for HWBB members have been identified and agreed	Induction and development plans for the HWBB are up and running.	The HWBB's influencing skills are evident by success in positive change to local contracts and the pattern of local service provision	The HWBB supports GPCCs and local authority by valuing key commissioning skills. The HWBB acts as a forum to bring in specialist skills and expertise to support commissioning, e.g. clinical advice from local providers	The HWBB is influencing the organisational development of partner organisations. The local health and social care economy is recognised as being a good career choice for commissioning professionals

Agenda Item 4

Developing a Joint Health and Wellbeing Strategy: Next Steps

Purpose

The purpose of this agenda item is to:

- **Agree on the approach and timescale for developing the Joint Health and Wellbeing Strategy for Buckinghamshire.**

Background

The Board has previously had preliminary discussions about how it will approach the strategy development. At the last meeting, the Board considered a priority setting framework which, when finalised, will be utilised during the development phases.

Members reflected on the process of developing a Joint Health and Wellbeing Strategy. Whilst there was agreement that this will be a high level document, which will be communicated in a short, public-friendly format, the Board agreed that it needed to discuss further the process for its development, i.e. to:

- Reach consensus on the common purpose of the strategy
- Agree the overall outcomes it should achieve (Where we are now/where we want to get to)
- Consider the underlying priorities (and how the priority setting framework the Board has discussed could be used in this context)
- Agree the format and design of the strategy.

To assist in the discussions, Board members are contributing proposals for the high-level outcomes the Strategy will seek to achieve, and these will be shared at the meeting. To assist the Board in agreeing the steps to completion, a simple schematic is set out at Appendix A.

Timing of the Strategy and implications for JSNA

The Board has had broad discussions on the timing of the strategy. It has also discussed how the JSNA will develop away from a fixed document renewed every 3 years or so, towards a rolling development programme. The Board is asked to confirm:

- Is the JHWS to be finalised by April next year (2012)?
- If so, is there agreement that this means using the evidence base already gathered (primarily through the JSNA) alongside a sense-checking, light-touch consultation exercise? Additionally, the JSNA development to continue as a parallel exercise to inform future working.

Or:

- Is the JHWS to be finalised later next year/latest March 2013?
- Alongside more substantial redevelopment of the JSNA and consultation implications.

What is the purpose of the Joint Health and Wellbeing Strategy?

The Health and Social Care Bill outlines the responsibilities of the Board for delivering a Joint Health and Wellbeing Strategy (JHWS). These responsibilities include:

- The JHWS must at a minimum address the needs identified in the Joint Strategic Needs Assessment (JSNA);
- The use of pooled budgets in delivery must be considered. This is a way for the Health and Wellbeing Board to discharge its duty to support and promote integrated working between NHS and local government commissioners;
- Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies are key levers which connect NHS and local government activity, with all public sector spending seen as relevant to the achievement of health and wellbeing outcomes;
- The preparation of the JHWS must involve the people who live or work in that area;
- Each commissioner must have regard to the joint strategic needs assessment and joint health and wellbeing strategy when deciding their commissioning plans;

For the future:

- The JHWS must have regard to the NHS Commissioning Board mandate to ensure consistency across the system;
- The JHWS must involve the Local Healthwatch organisation for the area;

What could the Joint Health and Wellbeing Strategy include?

The board has previously stated that it wishes to develop a strategy that is short and user friendly. The board could consider the following sections for its JHWS:

Section Title	Narrative
Introduction/Background	<ul style="list-style-type: none"> • <i>What is the purpose of the strategy?</i> • <i>Vision-</i> for example <i>'To improve the health and wellbeing of all residents in Buckinghamshire, particularly those considered to be in greatest need'</i> • <i>What are the outcomes we are seeking to achieve? And the underlying priorities?</i> <ul style="list-style-type: none"> ○ <i>'Where are we now?'</i>- Buckinghamshire killer facts from the Joint Strategic Needs Assessment including population, economy and environmental statistics (include maps where useful) ○ <i>'Where do we want to get to?'</i> E.g. what does the strategy hope to achieve and by when?
Priorities	<p>Outline key priorities on individual pages</p> <p>Under each priority the following detailed information could be included:</p> <ul style="list-style-type: none"> • Facts and figures to highlight why the issue is a priority • The actions that should/could be taken/ or the key outcome(s) desired (statistical) • A short case study highlighting good practice in the county • A picture or diagram relating to the priority area
Public Engagement- 'What our residents have said'	<ul style="list-style-type: none"> • Highlight residents priorities using different sources of data (in future years the board may wish to commission its own consultation/engagement exercise)
Appendices	<ul style="list-style-type: none"> • Detailed Action Plan

What are the options for the development of the Joint Health and Wellbeing Strategy?

The must have published a JHWS at the latest by April 2013 when the board becomes a statutory body. There are a number of issues that the board will need to debate and make decisions on in order to set a clear plan for the development of the JHWS. The questions below will help shape the length of the JHWS, who will draft the JHWS; and how and when the public and stakeholder engagement will take place.

Designing the Joint Strategic Needs Assessment

- How long does the board want the JHWS to be set for?
- How will the priorities for the JHWS be identified?
- How does the board want to go about setting the priorities and designing the joint strategy? e.g. task and finish group approach, the board do this and then consult with partners, etc...
- Who will lead on writing and the design of the document?

- At what point does the board want to engage with stakeholders and the public on the draft strategy and its priorities? (It is important to remember that to meet good practice guidance, 12 weeks will be required for responses)
- Does the board want to develop a detailed action plan to be included as part of the same document, or should it be accessed separately?

Other issues to consider

- How does the development of the JHWS sit with the commissioning cycles of key stakeholders?
- At what point does the board want to consider the redesign of the JSNA to ensure that it meets the needs of all key commissioners in Buckinghamshire?

Appendix A
Phase



Tasks

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Set vision for Buckinghamshire• Set draft outcomes for Buckinghamshire• Nominate team to develop strategy• Set project scope and timescales | <ul style="list-style-type: none">• Gather data• Analyse data• Set priorities using priority setting framework• Draft strategy• Design public and stakeholder consultation | <ul style="list-style-type: none">• Analyse public and stakeholder responses• Make alterations to draft strategy if required• Finalise strategy |
|--|--|---|

Outputs

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Project proposal• Vision for Bucks | <ul style="list-style-type: none">• Draft strategy• Public and Stakeholder consultation | <ul style="list-style-type: none">• Final strategy and delivery plan |
|---|--|--|

Shadow Health and Wellbeing Board – tentative ideas for content of 11/12 **forward plan** (for discussion/development)

Topic	May 12	June 9	July 5	Aug 11	Sept 8	Oct 13	Nov 9	Dec 6	Jan 12	Feb 9	Mar 8	Apr 12
Delivering outcomes for local people: Understanding our communities												
JSNA – current status and areas for development												
Defining our priorities based on JSNA evidence												
Prepare joint Health & Wellbeing Strategy												
Board Development needs												
Getting to know each other	What each org does	Understand what info we share/need to share?										
Understanding what we each mean by 'commissioning'												
Exploring different cultures												
Defining what success looks like												
For local people ,GPs, local authorities, etc												
Governance												
Agree terms of reference, regular review												
Communications												
Agree key messages for dissemination												
Agree audiences												

