

Wolverhampton City Council

OPEN DECISION ITEM

Health & Wellbeing Board

Date 3 July 2013

Originating Service Group(s) Communities Directorate

Contact Officer(s)/ Sarah Norman

Telephone Number(s) 55 5300

Title Children's Trust Board- progress report

RECOMMENDATION

That the Health & Wellbeing Board notes the recent activity at the Children's Trust Board.

1. **PURPOSE**

- 1.1 To keep members of the Health & Wellbeing Board informed of the work of the Children's Trust Board (CTB).

2. **BACKGROUND**

- 2.1 The Children's Trust Board is a partnership of agencies from all sectors working together to ensure the alignment of strategic priorities for children and young people in the city. It meets on a bi-monthly basis.
- 2.2 The new Chair for the Board was appointed at the most recent meeting, which took place on 6th June. The new Chair is Councillor Val Gibson, Lead Member for Children & Families. She will remain in the Chair for the forthcoming Municipal year.
- 2.3 The Board received a summary update from the Children's Trust Delivery Board, as it does at every meeting. This informs members of the Children's Trust Board of decisions made at the Delivery Board and also communicates business from the sub structure of the Early Intervention and Wellbeing & Resilience Board.
- 2.4 The Board noted that the Early Intervention Board had requested a piece of work with regard to the quality of CAFs, in order to ensure that a robust strategy is in place.
- 2.3 It was also reported that Public Health had successfully secured funding for work to tackle obesity, particularly in relation to cardio vascular disease.
- 2.4 The Board received an update on the progress of the Joint Strategic Needs Assessment and the development of a draft Health & Wellbeing Board strategy. Accountability lines for both were clarified, along with links to other areas of work, such as the Children's and Adult Safeguarding Plans.
- 2.5 It was confirmed that a Family Nursing Partnership for the city is to be commissioned. A multi- agency workshop had recently taken place, in order to develop a work programme for this.
- 2.6 Feedback was received by the Board from the recent Children's Safeguarding Peer Review, which was carried out by LGA in March 2013.
- 2.7 An Improvement Plan has been developed following the Peer Review, which includes actions against all recommendations made by the Peer Review Team. The Board was advised that the 'areas for consideration' and 'summary strengths' from the Peer Review letter are being concentrated on, as preparation for the Ofsted Unannounced Inspection of Children's Safeguarding, which is expected later this year.
- 2.8 Issues around recruitment and retention of Social Work staff were also discussed. Given the recent outcomes of Ofsted Inspections in neighbouring local authorities, initiatives to recruit and retain staff at higher salaries may impact on staffing, particularly at Team Leader and Practice Manager level in Wolverhampton.
- 2.9 The Board received two reports as part of their responsibility to monitor and challenge performance in relation to priorities in the Children & Young People's Plan and Children's Services. A Performance Profile was received which provided a detailed view of inspections and reviews carried out locally. In addition a report was noted which highlighted the links with Lambeth LBC, in relation to improving numbers of children attending good or outstanding schools. A further report will be received around this area

at a future meeting, as this is a new measure being used by Ofsted around schools performance.

- 3.0 An update report for the Troubled Families programme was received. This included legacy opportunities for the programme, which will not continue beyond March 2015. The Troubled Families programme is tasked with identifying and working with 810 families in the city, which is a proportion of the 120,000 families identified nationally by DCLG. Progress is being monitored by the Early Intervention Board and there will continue to be periodic reports to the CTB.
- 3.1 The outcome of phase 1 (consultation with Managers and Children's Centre staff) of the on-going Children's Centres consultation and proposals for phase 2 (consultation with families and stakeholders) were presented and received.
- 3.2 A report was presented to introduce the Wolverhampton Youth Zone development, which will be a large iconic city centre venue for young people. The report was noted.

3. FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications to this report.

MK/21062013/D

4. LEGAL IMPLICATIONS

- 4.1 There are no direct legal implications to this report.

FD/18062013/D

5. EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 There are no direct equal opportunity implications to this report

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 There are no direct environmental implications to this report

7. SCHEDULE OF BACKGROUND PAPERS

- 7.1 None attached.

Wolverhampton City Council

OPEN INFORMATION ITEM

Health & Wellbeing Board

Date **3 July 2013**

Originating Service Group(s) **COMMUNITY**

Contact Officer(s)/
Telephone Number(s) **VIVIENNE GRIFFIN
(55) 5370**

Title **ADULT DELIVERY BOARD – PROGRESS REPORT**

RECOMMENDATION

That the Health and Wellbeing Board note the progress of the Adult Delivery Board's work plan for 2013/14.

1. **PURPOSE**

- 1.1 To keep members of the Health and Wellbeing Board abreast of the work of the Adult Delivery Board in regard to the board's work plan for 2013/14.

2. **BACKGROUND**

- 2.1 The Board received updates in relation to the work being progressed around the development of the following strategies:
- Urgent Care
 - Long-term Care
- 2.2 It was noted that the Wolverhampton Clinical Commissioning Group (WCCG) would be attending a future meeting of the Health and Wellbeing Board to discuss the proposed urgent care priorities; these would then be taken out for wider consultation with partners and service users.
- 2.3 The Board were also informed of work being carried out between WCCG and Public Health to review demand for long-term care. The primary care data would be used to provide an initial assessment of need which would be used to feed into the scoping of policy proposals. A more detailed overview of the proposals would be presented to a future meeting.
- 2.4 Board members were also updated on the local response to the national report on *'Transforming Care: A National Response to Winterbourne View Hospital'*. It was confirmed that all of the Concordat actions to be delivered by June 2013 had been delivered within the timescales set. This had included developing the register of people with learning disabilities and/or autism who are in NHS funded care. The register is now being maintained within the Joint Commissioning Unit and includes a total of 7 people, all of whom have been reviewed jointly with the relevant partners and in a manner which reflects best practice.

3. **FINANCIAL IMPLICATIONS**

- 3.1 There are no direct financial implications to this report.

[MK/18062013/T]

4. **LEGAL IMPLICATIONS**

- 4.1 There are no direct legal implications to this report.

[FD/18062013/H]

5. **EQUAL OPPORTUNITIES IMPLICATIONS**

- 5.1 There are no direct equal opportunity implications to this report.

6. **ENVIRONMENTAL IMPLICATIONS**

- 6.1 There are no direct environmental implications to this report.

Wolverhampton City Council

OPEN DECISION ITEM

Health and Wellbeing Board

Date 3 July 2013

Originating Service Group(s) Community – Public Health

Contact Officer(s)/
Telephone Number(s) Ros Jervis – Director of Public Health
551372

Title **Public Health Delivery Board - Progress Report**

RECOMMENDATION

That the Health and Wellbeing Board notes the establishment of the new Public Health Delivery Board and progress in the development of a work plan for 2013 -15.

1. **PURPOSE**

- 1.1 To keep members of the Health and Wellbeing Board abreast of the progress that has been made regarding the establishment of the Public Health Delivery Board, the new sub-group of the HWBB, and the development of an appropriate work plan.

2. **BACKGROUND**

- 2.1 Over the last few months the public health team has established the new sub-group of the Health & Wellbeing Board – the Public Health Delivery Board (PHDB). The PHDB first met on 14th May 2013. Chaired by the Director of Public Health, the first meeting focussed on agreeing appropriate membership, a draft terms of reference, format of the meetings, the substructure to the PHDB, its priorities and performance management and overseeing the effective use of the transformation budget to tackle health inequalities across the wider determinants.
- 2.2 On the 14th June (in the absence of the DPH) the PHDB met for the second time and considered the recent Consultant appointments to the Public Health Team, the revised TOR and membership of the Board (at appendix 1) and its priorities based on the four pillars of Public Health:
- **Wider Determinants**
 - Fuel Poverty
 - Child Development
 - **Health Improvement**
 - Childhood Obesity
 - Diabetes
 - **Prevention of Mortality**
 - Deaths from Chronic Liver Disease
 - Falls Prevention
 - **Health Protection**
 - Surveillance, patient safety & quality
 - Response to Public Health Incidents
- 2.3 Work is in progress, between Public Health & Finance, to finalise the process and guidelines for seeking funding for initiatives across the wider determinants of health.
- 2.4 The Board will be meeting monthly for the first 6 months and bi-monthly thereafter. The next meeting of the PHDB will be mid July 2013.

3. **FINANCIAL IMPLICATIONS**

- 3.1 Actions arising from the Public Health Delivery Board's work plan will be delivered within the approved budgets held under Public Health or from other mainstream budgets held by services and external agencies that are responsible for delivery of any specific actions.

[AS/24062013/R]

4. **LEGAL IMPLICATIONS**

- 4.1 Under the Local Authority (Public health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Health and Wellbeing Board is constituted as a Committee under section 101 of the Local Government Act 1972 with power to appoint sub-committees".

[FD/24062013/J]

5. EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 The Public Health Service seeks to ensure equality of opportunity as it delivers its core functions and reduce health inequalities.

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 There are direct environmental implications arising from this report

PUBLIC HEALTH DELIVERY BOARD

TERMS OF REFERENCE

1. Introduction

The restructure of the NHS in England sees local leadership for Public Health moving to Local Authorities, supported by a new national agency – Public Health England (PHE). On April 1st 2013 both people and resources transferred from Wolverhampton City PCT to Wolverhampton City Council. The new statutory and other Public Health responsibilities of the Council are set out in the Health and Social Care Act 2012.

In summary the Council will have a leadership role in:

- Taking action to improve health, tackling the causes of ill-health, and reducing health inequalities
- Promoting and protecting health
- Promoting social justice and safer communities

The new Public Health Service, led by the Director of Public Health will have a pivotal role to play regarding the Council discharging these duties. Work on maximising the benefits of the Public Health transfer is already well underway. During 2013/14, several key areas have been identified to act as an initial focus for public health expertise. These are:

- The provision of leadership across the Council on the use of evidenced based practice and business intelligence
- Maximising early intervention, reablement and prevention initiatives for both children and adults
- A continued focus on interventions to tackle problems with alcohol, obesity, child poverty and health inequalities across the City, which must include the workforce of Wolverhampton
- Exploring opportunities to improve Public Health through the on-going work to regenerate the city
- Developing a system to protect health within the new framework and include where appropriate a better use of regulation policy.

The Public Health Service will work across four key strands, in that the service will:

- Commission evidence based and cost efficient Public Health services
- Protect the health of the population
- Prevent mortality by supporting Health and Social Care Commissioners
- Bring about transformational change by working throughout all Council services and with partner agencies in order to impact across the wider determinants of health

2. Purpose of the Public Health Delivery Board

- To ensure the effective integration of public health services across the Council. This will be done in a way which:
 - adds value to existing services
 - maximises the impact that can be made to reduce health inequalities across the life course
 - tackles the wider determinants of health
- To ensure the delivery of all statutory responsibilities including those functions mandated by the Health & Social Care Act 2012 and associated regulations
- To deliver key joint commissioning plans in line with the priorities of the Health & Wellbeing Board, local joint commissioning Strategies and the City Strategy
- To maximise the benefits that can be derived from transformational and innovative change by the effective use of the public health transformational budget

3. Membership

Core:

Director of Public Health (Chair)

Consultants in Public Health (all 3 posts rotating Vice-chair)

Public Health Commissioning Manager

Chairs of all sub-groups to the PHDB

CDB Chair

NHS England Area Team Representative

Wolverhampton CCG Representative

CEO of WVSC

Representative PHE

Representative HeathWatch

Public Health Intelligence principal

Health Improvement Principal

Health Improvement Specialist (Children 6-19 yrs)

Clinical Governance Practitioner

Health Protection Lead

NHS Facing Health Improvement Principal

Emergency planning Manager

Public Health Business Manager

Co-opted:

Finance – Public Health Accounts Manager

Procurement Lead

Primary Care representative

Secondary care representative

(not exhaustive – may include wide range of partners and stakeholders as and when necessary)

4. Terms of reference

The Public Health Delivery Board will:

- Support the work of the Health & Well-Being Board especially in preparation and delivery of the Joint Strategic Needs Assessment and the Joint Health & Well-being Strategy
- work closely with other strategic partnerships in delivering joint objectives and programmes
- ensure compliance with the Core Offer to the CCG and other agreements that as part of the portfolio
- have oversight of the public health budget
- have oversight of the 'transformational change' projects aimed at reducing health inequalities through tackling effectively the wider determinants of health
- provide an escalation channel for the Health Protection Forum regarding matters concerning the protection of health of the population of Wolverhampton
- have oversight of the strategic commissioning required to deliver the priorities and objectives of the public health commissioning strategy and to seek agreement to these from the Health & Well-Being Board. This includes all health improvement services and those services related to the protection of health from communicable and non-communicable disease threats.
- lead, and collaborate with partners, in the development of strategic plans and the associated action/implementation plans for the commissioning of services to improve health across the city. This will require close working with key partners across the health economy such as the CCG and NHSEAT.
- provide regular reports to the Health & Well-Being Board on the work of the Public Health Delivery Board and progress being made by services/agencies in meeting the anticipated outcomes of the joint strategic and commissioning plans
- Ensure the delivery of the Annual Public Health Report
- receive reports on the work of the sub-groups to the Public Health Delivery Board and ensure their work plans are developed to meet the priorities and ambitions of the joint strategic and commissioning plans and the Public Health Service Business Plan.
- Monitor progress of the delivery of the Public Health Business Plan 2013/14 and report an overview of progress against the priorities it contains to CDMT through the joint balanced scorecard, and/or escalate to the H&WBB as appropriate.
- ensure effective performance management at all levels of the Public health Business Plan and commissioned services
- promote integration and partnership working between health services, clinical commissioners, social care, and other commissioning organisations
- contribute to cross-cutting themes e.g. equality & diversity, social cohesion, child and family poverty, sustainable development, culture/leisure and neighbourhood renewal that improve outcomes for communities within the city.
- To support the joint commissioning intentions and pooled budget arrangements as a means of delivering the Joint Health & Well-Being strategy priorities as informed by the Joint Strategic Needs Assessment
- Work with, and influence, partners to ensure that resources are appropriately aligned for the delivery of priorities
- Secure and sustain the co-operation of all stakeholders in the delivery of services to improve health outcomes for the population of Wolverhampton
- Review and approval of external funding applications where focussed on health improvement

The above terms of reference will be amended from time to time as required

5. Frequency of meetings

The Public Health Delivery Board will meet monthly in the first instance to maximise the progress that can be made towards integration. The timing of these meetings needs to interact effectively with the Health & Wellbeing Board.

6. Support

The PHDB will be supported by the Public Health Business Manager.

7. Accountability

The PHDB is accountable to the Health and Well-Being Board.

8. Sub-structure to the PHDB

- a. Joint Commissioning Group
- b. Health Protection Forum (to incorporate all screening and immunisation matters including the DIC)
- c. Public Health Commissioning Group
- d. Adult Healthy Lifestyles Steering Group
- e. Children's Public Health Services (0-19 years, including healthy lifestyles)
- f. Housing & Health
- g. Sexual Health Steering Group

9. Quoracy

The Chair or Vice-chair plus five other core members of the Board (1 must be external to the public health team)

10. Review

These terms of reference will be reviewed in March 2014.