



Health and Wellbeing Board

31 March 2014

Report title	Health and Social Care Strategic Overview Group to inform Local Intelligence	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Public Health	
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Report to be/has been considered by	Communities Directorate Management Team	24 February 2014
	Paul Stefanofski: Director of Resources	10 March 2014
	/Deputy Chief Executive. Black Country Partnership Foundation Trust	11 March 2014
	Wolverhampton Clinical Commissioning Group Senior Management Team	24 March 2014
	Simon Nash: Head of Performance, The Royal Wolverhampton NHS Trust	1 April 2014

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

- 1.1 Approve the development of a strategic Health and Social Care Group, with a focused overview on local intelligence, to support delivery of the priorities outlined in the Joint Health and Wellbeing Strategy 2013-2018 and the implementation of other integration initiatives, in particular, the Better Care Fund.
- 1.2 Advise on the name of the group from the following options or propose an alternative name:
 - Health and Social Care Strategic Indicators and Intelligence Group
 - Health and Social Care Strategic Metric Alignment and Intelligence Group

1.0 Purpose

- 1.1** The purpose of this report is to propose the development of a strategic Health and Social Care Group to support delivery of the priorities outlined in the Joint Health and Wellbeing Strategy 2013-2018 and the implementation of other integration initiatives, in particular the Better Care Fund.
- 1.2** This proposal needs to be considered by the Health and Wellbeing Board to ensure strategic approval for an integrated approach to performance and information management across Health and Social Care

2.0 Background

- 2.1** The requirement for integrated working is increasing in Wolverhampton in order to deliver the priorities outlined in the Joint Health and Wellbeing Strategy 2013-2018 and the implementation of other integration initiatives such as Better Care Fund (BCF).
- 2.2** Successful integration is essential in providing better Health and Social Care outcomes for the population of Wolverhampton; however, it is only possible to assess whether integration is working through robust oversight of reporting outcome measures.
- 2.3** Currently each Health and Social Care organisation involved in integrated working has its own performance and information staff, processes and systems. Historically these processes and systems have worked in isolation and even, at times, coming into conflict.
- 2.4** There has been a requirement to work together to produce performance assessments of joint projects sharing information in order to provide better care and services. The different organisational processes, alongside challenges with information sharing agreements have often hindered progress making the production of joint reports at best difficult and at times impossible
- 2.5** Integrated working has been necessary in the development of performance reports to support the delivery of the Joint Health & Wellbeing Strategy and the preparation work for the implementation of the BCF. This has highlighted the need to think more proactively about how performance and information management is handled across partner agencies in order to better monitor delivery of joint initiatives in a timely manner.
- 2.6** Consideration also needs to be given to the imminent requirement to provide ongoing performance information to support the delivery of the BCF following the establishment of the various project groups and work streams.

3.0 Proposal

- 3.1 It is proposed that a strategic Health and Social Care oversight group is created with the principal aim of providing a strategic overview of performance and information management for joint working and integration initiatives and agendas.
- 3.2 There are two potential names for this group, listed below, which aim to describe the functional remit:
- Health and Social Care Strategic Indicators and Intelligence Group
 - Health and Social Care Strategic Metric Alignment and Intelligence Group
- 3.3 The rationale for the proposal of 'indicators and intelligence' is that this name defines the application of outcome data to inform strategic decision making, not merely reporting on performance management.
- 3.4 Metric alignment describes the process of identifying the best outcomes measures to achieve strategic goals/priorities. Therefore, the rationale for the inclusion of this term alongside intelligence for the group name is that it implies a structured approach to setting outcome measures, not merely collecting and reporting on available data.
- 3.5 The final name of the group is open to discussion and the advice of the Health and Wellbeing Board is requested regarding the final decision.
- 3.6 Initially the 'Health and Social Care Strategic Group' will support the collation and dissemination of information relating to the delivery of the priorities within the Joint Health and Wellbeing Strategy and will report to the Adult Delivery Board of the Council and the Health and Wellbeing Board.
- 3.7 The 'Health and Social Care Strategic Group' will also provide the ideal mechanism to oversee the delivery of the performance outcomes in relation to the BCF following establishment of the delivery groups. This will require reporting to the BCF Interim Development Board to ensure robust governance and accountability for the delivery of outcomes across the relevant Health and Social Care organisations.
- 3.8 There is additional scope for the 'Health and Social Care Strategic Group' to provide oversight for future integrated initiatives.
- 3.8 It is also proposed that the 'Health and Social Care Strategic Group' should provide more than a commissioning oversight function but deliver a forum for integrated working with provider engagement.
- 3.10 Furthermore, this forum provides an opportunity for early identification of unmet targets with the potential for impacting on overall outcome achievement which may require more in-depth review. This will enable the prompt implementation of remedial action or outcome target adjustment if required.

4.0 Benefits and Risks

4.1 The anticipated key benefits of developing a 'Health and Social Care Strategic Group' are:

- Establishment of a co-ordinated, outcome focused approach to Health and Social Care performance in Wolverhampton;
- Collaborative ownership of the delivery of the performance and monitoring measures to support the Joint Health and Wellbeing Strategy and the BCF;
- Consistency of reporting and analysis across Health and Social Care organisations;
- Production of robust and co-ordinated information leading to better analysis, monitoring and prediction of outcomes;
- Better identification of areas where data and information can be shared and combined to produce analysis that can be used to improve outcomes;
- Early identification of potential areas where unmet targets may impact on the strategic outcome which may subsequently require more in-depth review.
- Co-ordination and further development of information sharing agreements and timelines resolution for information sharing issues
- The development of an 'Information Directory' to provide transparency around what data is available from each organisation
- Shared learning and promotion of best practice in performance reporting and the production of Information Management reports.

4.2 Whilst there are no obvious downsides to the proposal, there are a number of potential risks. These include:

- Partner organisations do not commit to nominating suitable representatives to be part of the 'Health and Social Care Strategic Group'. This can be mitigated against by obtaining approval and support for the formation of the group from the Health & Wellbeing Board. This will ensure that all strategic leads and members are aware of the key benefits. The governance arrangements for the group will also recommend that all partners provide a nominated lead and a deputy to provide consistent organisational representation.
- There is a risk that data and information may be shared inappropriately. This can be mitigated against by ensuring robust information governance arrangements are in place and that partner organisations agree and sign up to Terms of Reference (TOR) for the group. Information Governance (IG) advice will be sought as appropriate to support this process.
- As with any group that consists of representatives from agencies that have different policies, practices and cultures, disagreements may arise from time to time. This can be mitigated against by ensuring that governance arrangements include a suitable escalation process for resolution. However, the precise mechanism for escalation will require further discussion, but may include the Adult Delivery Board (ADB), Health and Wellbeing Board and the Interim Delivery Board of the BCF.

5.0 Governance

- 5.1 It is proposed that the group should be chaired by the Consultant in Public Health - Lead for Intelligence and Evidence. This is because Public Health is uniquely positioned to have an overview of both health and social care due to their existing links with health and current position within the Council. The Consultant in Public Health is also able to provide administrative support for the group. There will also be a deputy chair identified, ideally from a partner organisation.
- 5.2 A lead and a deputy should be nominated from the relevant Health and Social Care organisations that will be initially invited to be part of the team. Precise membership to be agreed.
- 5.3 Terms of Reference for the team will be developed and include a suitable escalation process
- 5.4 Meetings will be held bi-monthly, timed where possible to co-ordinate with the dates for the ADB

6.0 Next Steps

- 6.1 If the Health and Wellbeing Board agree to support the proposals, draft TOR and governance structure will be developed.
- 6.2 Partner organisations will be asked to provide nominations for the team.
- 6.3 Arrangements will be made for the inaugural meeting to establish the 'Health and Social Care Strategic Group'

7.0 Financial implications

- 7.1 The council's participation in the group will be resourced by existing budgeted staff; there are therefore no direct financial implications.
- 7.2 The Better Care Fund will be introduced in full in 2015/16, and will draw together £20.0 million of NHS and local authority funding in Wolverhampton. Approximately one quarter of this funding will be subject to meeting a number of performance targets.

[DK/20032014/W]

8.0 Legal implications

- 8.1 There are no anticipated legal implications to this proposal providing all partner agencies adhere to Information Governance policies and data sharing agreements.

[RB/18032014/B]

9.0 Equalities implications

9.1 This proposal does not directly impact on service delivery or employment therefore does not have any explicit equalities implications. However, if the review of performance indicates that there is inequitable service provision action will be taken to ensure that all inequalities highlighted are addressed.

10.0 Environmental implications

10.1 There are no anticipated environmental implications of this proposal.

11.0 Human resources implications

11.1 There are no anticipated human resource implications of this proposal.

12.0 Corporate landlord implications

12.1 This proposal does not have any implications for the Council's property portfolio.

13.0 Schedule of background papers

13.1 There are no background papers in relation to this proposal.