Cornwall, Devon, Plymouth and Torbay

Note of Joint workshop
Health & Wellbeing Boards and Health Scrutiny members

Friday 21 June 2013
Watermark Centre, Ivybridge

1. Background

Approximately 50 members of the Cornwall, Devon County, Plymouth City and Torbay Council health scrutiny committees and health & wellbeing boards together with local authority and clinical commissioning group staff met at the Watermark in Ivybridge on Friday 21 June 2013.

Workshop participants were welcomed by Cornwall Councillor Jim McKenna Health and Social Care Scrutiny Committee Chairman who highlighted the importance and topicality of the event.

The workshop was facilitated by Phil Swann (Chief Executive, Shared Intelligence). Phil highlighted the inevitability of collaboration given the overlaps between the local authority boundaries and those of the clinical commissioning groups, acute hospital trusts and community healthcare areas. Maps which show those boundaries are available at www.devonhealthandwellbeing.org.uk/library/maps/

2. Health and wellbeing priorities

Participants separated into groups, each of which studied the display of posters of joint health & wellbeing strategy priorities and clinical commissioning group priorities.

Participants toured the display in their groups accompanied by a facilitator. They discussed common priorities/themes across the four areas and the significant differences.

Each of the groups addressed two questions:

- What stood out to you when you looked at the displays?
- What are the most pressing issues on which we should work together across the peninsula and how?

These are the notes from those group discussions…

Group 1

Two priorities/themes

Prevention — question: shift in budget.
Layer behind.
Different thinking.
What does "prevention" mean?

Not just health

Two differences

- Presentation/depth

- How to action? – communications.

Pressing issues/working together

- Public health integrated in Council – eg road planning.
- Regional approach to engagement
- Shared learning
- NHS England Local Area Team
- "Idiots' Guide" to who does what…finding out information

Group 2

Common themes/priorities

1. Everyone taking responsibility for making healthier lifestyle choices (reducing demand on services)
2. Managing or adapting services to an ageing population.

Missing rather than different

- Accessibility to services in the context of urban/rural communities.

What stood out?

- Strong similarities.
- Differences in delivery approaches ie HWB/CCG.
- Strategies are aspirational. A lot of time and resource spent on producing them – value for money?
- Potential for sharing/collaborating around JSNA, data analysis, intelligence etc.
- Importance of asset assessment at a community level.

Group 3

- Attitudes – smoking and alcohol.
- Plymouth focus is on wellbeing.
- Cornwall broader focus – health and wellbeing
- Some focus on groups – ie older people/falls/offenders – with priorities based on evidence.
- Torbay - night time economy.
- Plymouth –whole system sustainable change. Totally different approach.
- Plymouth and Torbay simple and easy to understand. "Look after people": succinct.
  - Difference could be geographic base.
  - Recognise differences.
  - Not working in silos – joint working/joint commissioning.
  - Looking at risk issues.
  - Public consultation – joint messages.
  - JSNA weighting/evidence based.
  - Sharing problems/collaborative.
  - Moving through system.
  - Self-help/responsibility.

- Joint health and wellbeing strategies reflect local area.
  - Self help and self responsibility
  - Collaborative approaches – joint messages
  - Budgets/comprehensive spending review – impact assessments on difficult decisions.

    - Responsibilities local to inform national policy.

- Early intervention
    - Using existing resources better.

    - Accessing information – same level of information everywhere.
    - Personal budgets/encouraging people who are able to do themselves then do.
- Quality assurances – collective message.
- Tour of Britain – use events as promotion. Capitalise.

- Collectively attracting jobs – achieve employment. Sharing learning.

Group 4

Shared themes
- Sustainability
- Children and young people
- Local communities
- Prevention
- Housing
- Economy/welfare reform

What do we need to do together?
- Shared messages.
- Alcohol.
- Economy and development.
- Universal parenting support.
- Use our combined power.

With united messages across the peninsula we could have a powerful effect.

Group 5
- What is achievable? What are the real priorities?
- Local members represent small areas. Issues might be different within and between areas.
- Importance of timescales. Setting targets for smoking cessation has been successful. Alcolhol misuse – lots to do. It is everyone's problem.
- National outcomes frameworks.
- Integration – single services.
- Older people – Age Concern pilot.

- Gaps in healthy life expectations: 16 years in Cornwall.
- Impacts of welfare reforms – increase in attempted suicides.
- HWB making connections – University of Exeter, Local Enterprise Partnership, systematic changes, Age UK village champions, self-help in Suffolk.
- Addressing inequalities – quick wins: debt – door-step lending. Filling in gaps.
- Opportunity to collaborate – dementia, life-style risks
- Troubled Families initiative is community development in Torbay targeted in "red areas" using health visitors' capacity.

- Transport – accessibility, local initiatives using community/voluntary transport.
- Statistics on life expectancy differences.

Group 6

What stood out?

- How will the public understand what the HWB does?
- Recognise who the audience is. Very “jargony”.
- Difficult for the public to understand.
- How to make relevant to public
- No measures – achieve what, by when?
- All very different, could we promote a common approach?
- What does it actually mean to me?
- When do the public need to contact the HWB?

Common priorities

Early intervention and prevention.
Children and families.
Healthy lifestyles.

Tackling inequality
Reduce alcohol consumption
Reduce smoking
Sexual health

Significant differences – (not explicit on the posters)

- Teenage conception (Torbay only?).
- Cornwall shows “**how**” things will change.
- Social capital/building communities (Devon)

Most pressing issues to work on together

- Common understanding especially cross boundary.
- Role of Joined Up Clinical Cabinet and HWBs.
- Service change/responding to need – pilots etc.
- Aging population and integration between health and adult social care.
- Seeing where need can be best met – pooling budgets. Budgets and boundaries.

How to address the most pressing issues?

Joint meetings between key meetings of four HWBs – but should that involve Somerset and Dorset?
Alcohol/smoking – can we deal with these across the area? Link with Public Health England. Each organisation to take lead on specific areas. Use expertise in each organisation. Pilot in Cardiff – licensing/health.
Keep focus. Which issues are public most concerned about?
Share examples of good practice. Reduce duplication of pilots.
All taking same types of decision. What saves the most lives? What saves the most money?

3. Plenary Session

A short plenary session followed the group discussions about health and wellbeing priorities. The following points were raised:

- Are rural lifestyles better and living standards higher than those in urban areas? There was a Devon scrutiny task group report on access to health services – available at: www.devon.gov.uk/loadtrimdocument?url=&filename=CS/13/11.CMR&rn=13/WD107&dg=Public
- There is peninsula work on tackling alcohol misuse/abuse with CCGs across the area. There is a need for sharing expertise and capacity on both drug and alcohol abuse.
- Health and wellbeing boards are new. We need to do something at a strategic level.
- There would be value in working together across the peninsula on early years.
- The economy, access to jobs and welfare reform have the biggest impact. HWBs can influence LEPs on skills development.
- This is not just about health services. There is an opportunity to integrate public health into wider local authority activity.
- We need to embrace district local authorities' responsibilities for housing, licensing and planning.

Next steps

1. Sense check the CCG and joint health and wellbeing strategy priorities across the peninsula.
2. Support/promote shared learning on effectiveness of commissioning.
3. Arrange a meeting for the chairs and vice chairs of the four HWB to discuss collaboration on key issues across the peninsula (eg misuse/abuse of alcohol and early years support).
4. Ensure peninsula –wide infrastructure for continued dialogue
5. Develop of "rules of engagement"

4. Health Scrutiny

During the afternoon, participants discussed a case-study (attached as an appendix to this note) on salaried dental services which Camilla De Bernhardt presented.

Participants addressed the following five questions:

1. How would the health scrutiny committee investigate the issues?
2. What would the role of the health & wellbeing board be?
3. What value can we add and how can we demonstrate it?
4. What would we find challenging?
5. What opportunities are there for tackling the issue across local authority boundaries?

These are the notes from the group discussions about that case-study:

Group 1

Ascertain the facts. Speak to the HWB chair. Has the contract changed and if it has, what's the alternative plan?
Questions need to be asked by the Scrutiny Chair and Scrutiny Officer ahead of people involved: eg commissioner (NHS England Local Area Team), HWB chair and Local Healthwatch.

If the rumour established this to be correct:

- Was it a surprise to the HWB?
- If HWB say they aren't looking at it, scrutiny should challenge them about that.
- HWB should be challenging the provider about how the changes work within the HWB strategy. Scrutiny spotlight review half day - if serious case then task group. Look at: effect, how to ameliorate, way forward.
- If HWB didn't exist, it would be different.
- Scrutiny would scrutinise the HWB to see if they are scrutinising the services.
- HWB should make sure their strategy is being followed/informing the commissioning plans.

Protocol needed for scrutiny and HWB. Who does what and when? Ground rules. Need greater understanding of the rules and expectations.

Challenges

- Not having clarity between the respective roles of HWB/Scrutiny and new organisations eg NHS England Local Area Team and CCG.
- Who's who communications
- "No surprises" early warning for scrutiny. Assumptions that each knows what the other is doing. Things fall through the gaps.
- Established mechanisms for scrutiny.
- Effective coordination and communication.

What good looks like

No surprises
Clarity between what the roles of each HWB and scrutiny are.
No duplication and no gaps.
Effective coordination and communication – lead points of contact.
We know who does what and when.

Group 2

How?

- Early communication between CCG/HWB/Scrutiny.
- Scrutiny request a report.
- Consideration at meeting involving commissioners and providers.
- Recommendations to HWB.

Role of HWB

- Confirm whether or not it lies within the Joint Health and Wellbeing Strategies.
- Provide advice to the scrutiny panel.

Value

Ensure efficiency.
Ensure patient voice is heard.
Ensure fit for purpose and improving outcomes.

Challenging

Process!! Need common process.

Group 3

HWB Not involved – operational rather than strategic. Not intervene.
OR take an overview of provision for vulnerable groups. In PR terms, may need to make a statement.

HOSC Stormy issue.

Provider comes out – operational issue – says service change – occasionally commissioner doesn't know.

How?
Call people in: CCG/NHS England, providers trust. What are their views? Who made decision and why?
Put flesh on bones. Mitigating circumstances in recruiting staff/availability.

Timescale
Chair and vice chair meet before next meeting. Informal but with officer.
Would HOSC thale account of HWB/Joint Health and Wellbeing Strategy?
Use that to belp frame questions.

What alternative provision?
The case study – how not to do it- got it wrong already.

CCG – this is program of work. These are changes – work with OSC and work with patient.
JSNA…: HOSC – why we think as a commissioner that this is the change.
Relationship between HOSC and LAT. What are they aware of for 13/14 which could lead to service change which HOSC want to put a lens on?
Joint health scrutiny committee – is protocol up to date?
Have they followed the "duty to involve"?
Would it be a substantial variation?
Case load
Wating list
Ask for them to follow due process – come back to HOSC.
Travel arrangements/costs.
Needs assessment
Seek absolute clarification about what the decision/proposal was.

Role of the HWB
Share recommendation. HOSC recommendation. HOSC recs – HWB – learning from the review from strategic point of view. Unmet health needs.

HWB can't scrutinise.
HOSC – provides evidence.
HWB – issue of concern passed to HOSC.

Public health annual reports and Joint Health and Wellbeing Strategy. Do they tie up? What are the gaps? Agree common work programme.

Engage at earliest possible stage.

Group 4
Joint response from the four areas.
Need to determine whether it is a reduction in service. Does it fall within the definition of “substantial variation”?
Potential need for consideration in Part 2 of a meeting if there commercially confidential matters to consider.

Voice of the user is important.

Cornwall Council Scrutiny receives regular reports from local healthwatch.
The Peninsula Local Quality Surveillance Group would look at this issue. It has a focus on prevention and looks at issues from the patient perspective.

The local council (in the case study) could issue a press release to say that it was gathering evidence.

Scrutiny could undertake a root cause analysis to identify areas of risk to quality and safety.

Group 5
How to scrutinise?

- Ask questions of the West Denbury Health Care Trust. How have the public been consulted? How was the decision reached? What is the demand for the service? What is the Trust’s assessment of the impacts?

Role of the HWB?

- Ask scrutiny to look.
- Make scrutiny aware of any implications of the health and wellbeing strategy.

What value?

- Independence.
- Clarify thinking for CQC.
- Voice of the public.
- Opportunity/cost.

What challenges?

- Geographical impact
- Context setting
- Vulnerable groups.

How do you tell the story?

- Make rational/evidence based decision.
- Reliability – resources. Best use for the community.

Cross-boundary?

- All groups CCGs/Councils.
  NHS England

HWB chair/vice chairs group.

5 Reflections
Participant reflected on the issues arising from the scrutiny exercise. Delegates said that the thing they would like to happen next are:

- Recognise that there is a history of joint health scrutiny across the peninsula – eg of the ambulance service and Medical School.
- Develop ways for commissioners to measure success. Recognition that there are national outcomes frameworks. Importance of role of local healthwatches.

6 Summing up
Dr Peter Rudge (chair of the NHS NEW Devon CCG Western Locality board) summed up the joint workshop.

Health and wellbeing board offer a great opportunity for change by filling in gaps in health and social care. They can use their leverage to address shared priorities. The future agenda is about prevention. We will all need to develop relationships with and between the key players in the new NHS landscape. This is an opportunity to change the way we do things.

Appendix: Case Study: Salaried Dental Services

The Salaried Dental Services across the Manton Council area are run by West Denbury Healthcare Trust. The service consists of two full-time clinics - one in the north and one in the east - supported by five part-time clinics, and comprises the Special Care Dental Service, which treats people with a special need (eg mental health, learning and physical disability) and an urgent care for people who are not registered with a dentist, including homeless and some transient clients.

Within the Manton Joint Health and Wellbeing Strategy there is a commitment to prioritising and maintaining services for vulnerable groups. Recently, there have been rumours that the salaried dental service will be reviewed due to financial constraints and difficulties in recruiting suitably qualified and experienced staff. On the Tuesday of the first week of September the Trust announces that it is considering reducing opening hours at four of the outreach clinics from three days to two.

One of the part-time clinics is on the border of two neighbouring authorities, Bogford and Cullingham. Immediate concerns are raised about the potential service pressures on their community dental services.

Later that morning, the communications teams at Manton Council and at the Clinical Commissioning Group receive a call from the television news unit asking for comment and interviews.

On the Wednesday morning a letter from the Chair of the Cherry Tree Surgery Patient Representation Group in Fittlestock, where one of the part-time clinics facing reduced opening hours is located, arrives with the Chair of the Health Scrutiny Committee, the Chair of the Health and Wellbeing Board, the Chair of the Clinical Commissioning Group, the Director of the NHS England Local Area Team and the Chief Officer of HealthWatch.

The letter says local people will vehemently oppose any reduction in services arguing it will:

- increase inequality by reducing access for vulnerable groups
- disadvantage patients as they will have to travel further
- increase waiting lists
- add to pressure on Accident and Emergency Units
- increase pressure on neighbouring services

Therefore, the proposed change should be dismissed immediately. The letter also asks each board or organisation to support local people and express its opposition to any changes.

(**Background information**: The Salaried Dental Service has a budget of around £1.2 million and employs 45 staff).