

# Annual Report 2015/16

### 1 Introduction

The South Gloucestershire Health & Wellbeing Board was established in April 2013. The Board is constituted pursuant to Section 194 of the Health and Social Care Act 2012 and operates as a formal committee of the Council (pursuant to Section 102 of the Local Government Act 1972).

The purpose of the Board is to provide leadership to achieve, for all ages, improvement to the health and wellbeing of the local population, including the safeguarding of children young people and vulnerable adults. The Board reports on its progress to the South Gloucestershire Local Strategic Partnership.

The Board monitors and supports the configuration of services and the allocation of resources to meet priority outcomes, and drive evidence based and collaborative approaches to commissioning. The Board focuses on areas where a multiagency integrated approach is beneficial to the people of South Gloucestershire.

# 2 Aims and Objectives

The aims and objectives of the Board in 2015/16 were as follows:

- Identify needs and priorities across South Gloucestershire and publish and refresh the South Gloucestershire Joint Strategic Needs Assessment (JSNA).
- Prepare and publish the Joint Health and Wellbeing Strategy (JHWS) that identifies the priority issues emerging from the JSNA requiring a whole system response.

• Ensure that the JHWS has regard to the national outcome frameworks for health and social care; in particular, for those outcomes where the requirement is for a system response wider than single organisation delivery.

• Have regard, and provide challenge, to partnership plans that relate to the health and wellbeing of the local population.

• Maintain an overview and receive annual reports on the effectiveness of the safeguarding system for children, young people and vulnerable adults.

• Ensure effective mechanisms are in place that enable all age active participation in planning for and improving the health and wellbeing of the local population.

• Ensure that effective linkages are maintained to both the aligned partnership bodies and to the wider Local Strategic Partnership configuration.

• Prepare and submit the Better Care Fund Plan that sets out the local vision for health and care services.

### 3 Membership

Voice and Vote Members	Voice and No-vote Members				
Consisting of statutory members					
pursuant to s.194(2) (a)–(g)					
Leader of Council	Director of Operations & Delivery, NHS				
	England Area Team				
Chair of Children, Adults and Health	Chief Executive, North Bristol NHS Trust				
Committee					
Vice Chair of Children, Adults and Health	Chief Executive, Sirona care & health				
Committee					
Director for Children, Adults & Health	Clinical Director for South Glos, Avon &				
Director of Public Health	Wiltshire Mental Health Partnership NHS				
	Trust				
Clinical Chair, South Glos CCG	Avon & Somerset Police & Crime				
	Commissioner				
Chief Officer, South Glos CCG					
Member, Healthwatch South Glos					
Chief Executive, The Care					
Forum					

# 4 Terms of Reference

The Board's Terms of Reference are contained at Appendix 1. However, it should be noted that they are subject to amendment in June 2016 following the establishment of the Children, Young People & Families Partnership Board.

The Health & Wellbeing Board Senior Officer Group Terms of Reference are contained at Appendix 2.

### 5 Achievements

The Board has met its statutory obligations by publishing a Joint Strategic Needs Assessment, a Joint Health and Wellbeing Strategy, a Pharmaceutical Needs Assessment and agreeing the Better Care Fund plan.

### 5.1 Joint Strategic Needs Assessment

In March 2016 the Board approved the latest version of the South Gloucestershire Joint Strategic Needs Assessment (JSNA).

A JSNA provides a comprehensive picture of the current and future health and wellbeing of the local population. The JSNA is used by health and social care organisations as an evidence base for commissioning and developing services to improve health and reduce inequalities. The priorities identified in the JSNA are used to inform the Joint Health and Wellbeing Strategy.

The production of a JSNA is a statutory requirement of the Health & Wellbeing Board in accordance with the Health & Social Care Act 2012. The Local Authority and CCG have joint responsibility to prepare a JSNA.

The JSNA in South Gloucestershire has been published on a three yearly cycle in 2010, 2013 and 2016. The 2016 JSNA is a refresh of the 2013 version and has adopted the same format.

In future, the JSNA will adopt a new approach and will move to being continuously updated, aligned with Local Authority and CCG commissioning cycles and priorities.

The JSNA key findings around people and place, wider determinants, children and young people, adults and communicable disease can be found in the <u>Executive</u> <u>Summary</u>.

### 5.2 Joint Health and Wellbeing Strategy

The existing Joint Health and Wellbeing Strategy (JHWS) covers the period 2013-16 and was approved by the Board and published in June 2013. The Strategy sets out the top priorities for South Gloucestershire which are the focus of joint work and the basis for commissioning plans and decisions. The Strategy is split into six priority themes, as follows:

Priority Theme 1: Making the healthy choice the easy choice
Priority Theme 2: Tackling health inequalities
Priority Theme 3: Making the best start in life
Priority Theme 4: Fulfilling lives for all
Priority Theme 5: Ageing well
Priority Theme 6: Accessing the right services in the right place at the right time

The Board has established a performance framework for the Joint Health and Wellbeing Strategy, with reports occurring every six months (process metrics in the spring and quantitative metrics in the autumn).

The JSNA 2016 will inform South Gloucestershire's priorities for the next JHWS and the forward commissioning plans for health and social care. During 2016/17 a task and finish group will take forward the development of the JHWS and a Board development session is planned for the autumn.

### 5.3 Pharmaceutical Needs Assessment

Every Health & Wellbeing Board is required to produce a Pharmaceutical Needs Assessment (PNA). This mapping of pharmaceutical services against local health needs provides the Board with a framework for the strategic development and commissioning of services.

As agreed in March 2015 the South Gloucestershire PNA is kept up to date via delegation to the Director of Public Health.

### 5.4 Better Care Fund Plan

The Better Care Fund was established from 1<sup>st</sup> April 2015 under a Section 75 Partnership Agreement between South Gloucestershire Council and South Gloucestershire Clinical Commissioning Group. The Partnership Agreement sets out the governance arrangements and Better Care Fund Plan schemes for 2015/16. In terms of delivery and implementation of the Better Care Fund there is a Better Care Fund Operational Delivery Group, which is focused on 5 key priorities:

- 1. Cluster integration model
- 2. Care Home Commissioning Framework
- 3. Dementia Friendly South Gloucestershire
- 4. The 3Rs Programme (rehabilitation, reablement and recovery)
- 5. Connecting Care

In addition, during 2015/16 the Better Care Fund Operational Delivery Group agreed to an additional workstream on Prevention and Self-care to take forward the principles in the South Gloucestershire Prevention and Self-care Plan, which are:

- 1. Prevention should be considered across the pathway by commissioners and providers with a strategic and integrated approach being taken to whole pathway thinking starting with consideration of the wider determinants of health, behaviour change to minimise the impact of risk factors for premature mortality and making every contact count
- 2. The approach to prevention should be tailored and targeted with self-care and self-management being a central theme. The focus for associated actions should be on the whole self-care continuum from promoting wellbeing and primary prevention through to acute trauma with an emphasis on a) the practice of health and social care professionals in their consultations with patients, and b) the offer to patients
- 3. Reduction of inequalities should be a central driver for commissioners
- 4. The Commissioning for Prevention 5 steps should be taken into account within the strategies, action plans and service specifications.

Each of the workstreams provides monthly reports to the Better Care Fund Operational Delivery Group.

Communications – the Health & Wellbeing Partnership Support Officer is a member of the Better Care Fund Communications Sub-group, which has been developing a communications plan and website for the Better Care Fund and Health and Wellbeing Board.

# 6 Meetings

Meetings during 2015/16 are set out below:

Date	Agenda items						
26 June 2015	Board Meeting, items included: Workshop on the NHS Five Year Forward View JHWS Metrics – Priority Theme 6 Key findings from the South Glos Adult Mental Health and Wellbeing Needs Assessment JSNA – proposed timescales and process for producing next version						
26 June 2015	Closed development session to scope bespoke development work, covering: Presentation on 'forming a culture of system leadership' Facilitated discussion on HWBB members' assessment of performance to date Ideas on a specific area of focus and next steps						
10 September 2015	Meeting was cancelled						
29 October 2015	Closed meeting with Bristol HWBB on Urgent Care						
10 November 2015	Closed development session, to cover: Board's level of ambition						
16 December 2015	Board meeting, items included: Work of the Safer and Stronger Communities Strategic Partnership Safeguarding Adults Board Annual Report and Business Plan Safeguarding Children's Board Annual Report and Business Plan JSNA process paper Performance monitoring on the key metrics for the Joint Health & Wellbeing Strategy HWBB Annual Report 2014-15						
8 January 2016	Closed development session on how to develop a holistic model of risk and opportunity.						
14 January 2016	Meeting cancelled as Board met in December						

21 March 2016	Board meeting, items included: Topic discussion – mental health of children and young people Alignment of commissioning intentions of CCG and CAH Personal Health Budgets Local Offer Joint Vision for Health and Social Care in Bristol, North Somerset and South Glos Progress report against the Joint Health & Wellbeing Strategy Strategic Actions Joint Strategic Needs Assessment 2016
23 May 2016	Closed meeting on the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan

### 7 Resources

South Gloucestershire Council's Democratic Services section arranges the Board meetings, publishes the agenda papers and produces formal minutes of meetings. In addition the Public Health & Wellbeing Division, via the Director of Public Health (DPH) and Health & Wellbeing Partnership Support Officer, provide support to the Board's Senior Officer Group (SOG). The purpose of the SOG is to actively manage the business of the Board, and provide oversight and guidance on behalf of, and as directed by, the Board. The SOG is chaired by the DPH, and the Partnership Support Officer provides secretariat support.

In terms of additional support, during 2015/16 the Board was successful in securing funds from the South West Health & Wellbeing Board Chairs' Network for bespoke development. The Board worked with an independent consultant and following an initial scoping session in June 2015, the Board agreed to develop its ability to risk share based around the topic of mental health. Further sessions were held in November 2015 and January 2016 and culminated with the Board generating a list of risk currencies, which need to be held in play during any discussion of a systems leadership opportunity. The Board was advised that the currencies will have varying value and importance for the different system players, depending on their accountability. Players may or may not be able to declare their interest in a currency; depending on the context, some currencies may not be easy to discuss openly, but this does not mean that they cannot be traded or implicitly included in agreements.

Risk Category	Risk currency	Notes
Economic	Whole system	Health economic outcomes, including wider determinants and economic impact of health and wellbeing
	Financial controls	Explicit financial flows within the health and social care system
	Budgets	Individual organisational budgets and surpluses
standing		Organisational or place-based reputation – converts easily into financial or operational opportunity through recruitment and grants

	Political	For elected members, political standing and perception in the electorate. This can be "traded" through developing agreed narratives and is cashed out within the electoral cycle.
	Emotional	Loyalty and commitment
	Satisfaction	Professional and personal satisfaction
Operational	Opportunity	Opportunity cost and risk; the work that will not be done because of the decision to prioritise a project. Organisations that are very heavily committed may appear "risk averse" – i.e. opportunity is a particularly valuable currency for them – consider reducing the cost of engagement
	Outcomes	Improved (or damaged) health and wellbeing outcomes
	Change	Improved or reduced efficiency
	Operational impact	Short term impact on operations of implementing change

# 8 Managing Risk

Managing risk is an important part of good performance. The Board completes ad annual assessment using South Gloucestershire's Guidance for managing risk and opportunities in partnership, which is monitored by the Council's Corporate Strategy and Partnership Team throughout the year. The Board's Risk Assessment for 2016/17 is enclosed at Appendix 3.

# 9 Looking ahead

In addition to the standard items on the Board Forward Plan, the following areas will also be taken forward during 2016/17:

Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Plan (STP) – the Board will maintain an overview of the development of the BNSSG STP.

Joint Strategic Needs Assessment (JSNA) – the Board will take steps to ensure that the JSNA is continuously updated.

Joint Health and Wellbeing Strategy (JHWS) – a working group is being established to author the next version of the JHWS. A Board Development Session on the JHWS is scheduled for the autumn.

Communications – Better Care Fund Communications Sub-group to continue to meet and develop a communications plan and website to publicise the work of the Better Care Fund and the Health and Wellbeing Board. Links will also be made with the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan Communications workstream to ensure that consistent messages are conveyed to the public.

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Appendix 1



### Terms of Reference Approved May 2016

#### Preamble

The Health and Wellbeing Board is constituted pursuant to S.194 of the Health and Social Care Act 2012 (the Act) and operates as a formal Committee of the Council (pursuant to S.102 LGA 1972) as from the 1 April 2013

#### 1. Purpose and Aims

• The Board will provide leadership to achieve, for all ages, improvement to the health and wellbeing of the local population, including children young people and vulnerable adults.

• Although a statutory committee of the council the Board functions as a partnership board and its work will inform and be part of the Local Strategic Partnership and the Sustainable Community Strategy.

• The Board will ensure that high quality, person centred integrated care and support is a reality for the population of South Gloucestershire including but not limited to children's care, mental health, and learning disability as well as elderly care. The board will have regard to and challenge commissioners to work collaboratively, align priorities with each other and with the JSNA and JHWBS, and be evidence based.

#### 2. Functions

#### The Board will -

• Identify needs and priorities across South Gloucestershire and publish and refresh the South Gloucestershire Joint Needs Assessment (JSNA) and the Pharmacy Needs Assessment (PNA).

• Prepare and publish the Joint Health and Wellbeing Strategy (JHWS) that identifies the priority issues emerging from the JSNA requiring a whole system response.

• Prepare and submit the Better Care Fund Plan that sets out the local vision for health and care services.

• Ensure that the JHWS has regard to the national outcome frameworks for health and social care; in particular, for those outcomes where the requirement is for a system response wider than single organisation delivery.

• The Board through the Chair, will report on the work of the Board to the PH&HS committee

• Maintain an overview and receive annual reports on the safeguarding system for children, young people and vulnerable adults.

• Ensure effective mechanisms are in place that enable all age active participation in planning for and improving the health and wellbeing of the local population.

• Ensure that effective linkages are maintained to both the aligned partnership bodies and to the wider LSP partnership configuration.

• Receive and consider recommendations from the Children's Trust Board, maintain an overview of its work in respect of multi-agency planning and service delivery to improve outcomes for safeguarding and wellbeing of all children and young people

• Receive an annual report from the Children's Trust Board including progress of the implementation of the partnership strategy for children and young people (formerly the Children and Young People's Plan) and renewal at the end of the strategy period.

#### 3. Process

Voice and Vote Members Consisting of statutory members pursuant to s.194(2) (a)-(g)	Voice and No-vote Members			
Leader of Council	Director of Operations & Delivery, NHS England Area Team			
Chair and Vice Chair of Children, Adults and Health Committee	Chief Executive, NBT			
Director of Children, Adults & Health	Chief Executive, Sirona care & health			
Director of Public Health	Clinical Director for South Glos, AWP			
Clinical Chair, South Glos CCG Chief Officer, South Glos CCG Member, Healthwatch South Glos Chief Executive, The Care Forum	Avon & Somerset Police & Crime Commissioner			

• Meetings will be held at least 6 times per year (mix of Board and closed development sessions)

• Agreement will normally be by consensus but if a vote is required voting rights will be limited to voting members of the Board.

• The Board will elect a chair from its members at the start of each year.

• Meetings will be quorate if 5 members are present including at least one member from the CCG and the council.

#### Review

The Board will formally review these terms of reference every 12 months and make any recommendations to amend these to full Council.



#### Senior Officer Group (SOG) Terms of Reference (agreed 12 October 2015)

#### Purpose

The purpose of the Health & Wellbeing Board (HWBB) Senior Officer Group is to actively manage the business of the HWBB, and provide oversight and guidance on behalf, of and as directed by, the HWBB.

#### Objectives

The objectives of the HWBB Senior Officer Group are to:

• On behalf of the HWBB, actively manage the HWBB Forward Plan.

• Produce and maintain the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

• Through effective sharing and co-ordination of work programmes, raise awareness of and seek the better integration of actions which support the achievement of health and wellbeing objectives and outcomes within relevant project and programmes being delivered by HWBB partners

• On behalf of the HWBB, receive reports from the Better Care Fund Delivery Group and provide oversight of the governance arrangements and financial mechanisms on behalf of the HWBB.

• Receive reports from the Partnership & Joint Commissioning Group in respect of non-Better Care Fund items as follows:

• Annually in the Spring to confirm or to set out proposals for all joint commissioning arrangements for the coming year;

• Annually in the Summer to report achievement against performance and financial targets for the preceding year;

• Whenever monitoring identifies situations that require reporting.

• Develop and maintain a HWBB Communications Plan to ensure effective communication of the HWBB's activities and improve links with other areas of work, such as the Better Care Fund.

• Ensure effective accountability to the Local Strategic Partnership through the development of the HWBB's Annual Report and Risk Register.

#### Scope

The Senior Officer Group is accountable to the HWBB.

#### Meetings and reporting

The Senior Officer Group will usually meet six times a year, prior to each HWBB meeting.

The Senior Officer Group will be chaired by the Director of Public Health.

Members will represent their organisations on the Senior Officer Group and will be accountable through their respective organisation governance processes.

Agreement will normally be reached by consensus.

#### Quoracy

Six members: one Clinical Commissioning Group; one Council; one provider; and three other members.

#### Membership

All members of the HWBB plus:

South Gloucestershire Council:

Head of Adult Social Care & Housing, Children Adults & Health (CAH) Head of Commissioning, Partnerships & Performance, CAH Head of Integrated Children's Services, CAH Head of Strategic Planning & Housing, Environment & Community Services

NHS South Gloucestershire Clinical Commissioning Group (CCG):

Director of Partnerships & Joint Commissioning Head of Commissioning, Children, Young People & Maternity Head of Strategy & Service Redesign

<u>Sirona care and health:</u> Business & Quality Development Lead

North Bristol NHS Trust: Trust Secretary

#### Review

The SOG will formally review its Terms of Reference annually (or more frequently if required).

### Appendix 3

# 10 Health & Wellbeing Board Risk Assessment 2016/17

	Key: Risk r ting:											
	I Impact				3	high	1	to	3	=	low	
	L Likelihood			2		medium		4 to 6 =			medium	
	S Score (I x L)				1	low	7	' to	9	=	high	
Ref	The Risk What/how can risk happen	Consequence of this happening	Inh Ris	erent k		Mitigating Actions / Opportunities		Further Action Required		Risk owner	Target Date	
			I	L	S							
R1	Partners unclear of vision and of what they want to achieve jointly for residents within South Gloucestershire.	Failure to deliver on the Joint Health and Wellbeing Strategy	2	2	4	JHWBS reference partners' strategie documents		Gain sign-up to delivering on the South Glos JHWBS			All	Ongoing
R2	Lack of shared understanding of needs across South Glos	Inconsistent approach to service delivery	2	1	2	Ensure JSNA up date and used in needs assessme	all				All	Ongoing
		Gaps and overlaps not known	2	2	4							
R3	Actions do not result in improvements	Inefficient use of resources	3	2	6	Ensure performan monitoring and management		Partner respon perform monitor	sibility f nance		All	Ongoing
		Lack of integrated working				arrangements are robust	ø	monitoi	ing			
R4	Change in key agencies impacts adversely on performance	Loss of focus. Too much organisational change impacts adversely on performance	3	2	6	Well managed change process.				All	Ongoing	
		Delayed progress.	3	2	6	Clear strategic direction set out reflecting integrat with each partner organisation Clear communica	tion r	Presen HWBB partner plan / commis intentio	of each 's strate	egic		
R5	Partnership working is not well co-ordinated with little evidence of it making a difference	No added value Partner resources diverted	3	2	6	Review mechanis reflect achieveme the board	Comple assess to ident	ment re	view	All	Ongoing	
						Appropriate Boar training and induc Partnership works	ction					
R6	JHWBS priorities and targets will not be met	Failure to deliver on targets	3	2	6	Regular evaluation and review of performance		of				
R7	Partners are not committed to attending the partnership meetings	Unproductive meetings	3	3	9	Commitment to re attendance by partnership memb	-	Membe HWBB reviewe	regular		All	Ongoing
		Loss of expertise and contribution of particular sectors	3	2	6	Agenda to reflect interests of partne	ers					
R8	Reduced capacity within Local Authority and partner organisations to support partnership	Loss of credibility Inability to provide sufficient democratic services officer support and coordination	3	3	6 9	Partnership works Co-opt other resou as required					All	Ongoing

				-					
R9	Partners do not meet the requirements of equality legislation	Failure to address the breadth of issues and understand the diversity within the partnership. Failure to understand the impact of partnership work	2	1	2	Ensure equalities impact assessments are carried out on all partnership plans and strategies. Partnership uses and feeds back good practice Relevant training		All	Ongoir
R10	Not all partners are able to commit resources to the priorities or resources withdrawn	Loss of balance in work of partnership Limitations to sustainability of initiatives and delivery of targets	3	2	6	Scrutiny and challenge by the partnership itself and by Health Scrutiny Committee	Conveying to government the impact of competing demands as necessary	All	Ongoir
		Lack of high quality input into joint activities	2	2	4				
R11	Commitments in the BNSSG Sustainability and Transformation Plan are not realised	Failure to deliver on commitments and inconsistency across BNSSG	3	2	6	Regular evaluation and review of performance		All	Ongoir