City of Bradford Metropolitan District Council

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Report of the Joint Director of Public Health and the Interim Strategic Director Designate, Adult and Community Services to the meeting of Shadow Health and Wellbeing Board to be held on 20 March 2012.

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Subject:

Health and Wellbeing Structures

Summary statement:

This report reviews the Health and Wellbeing groups and partnerships that sit beneath the Shadow Health and Wellbeing Board (SHWBB). The report makes recommendations on how these could be developed. The overarching aim is to develop a Health and Wellbeing Structure that supports the SHWBB and coordinates the effort and expertise of all partners and communities to make real improvements to the health and wellbeing of citizens, including reducing health inequalities.

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Portfolio:

Health

Overview & Scrutiny Area:

Health

1. SUMMARY

1.1 This report reviews the Health and Wellbeing groups and partnerships that sit beneath the Shadow Health and Wellbeing Board. The report makes recommendations on how this could be developed. The overarching aim is to develop a Health and Wellbeing Structure that supports the SHWBB and coordinates the effort and expertise of all partners and communities to make real improvements to the health and wellbeing of citizens, including reducing health inequalities. The review was requested by the Health and Wellbeing Partnership meeting, jointly chaired by the Joint Director of Public Health and the Strategic Director of Adult and Community Services. The report was presented to the February meeting of the HWB Partnership which voted in favour of the recommendations.

2. BACKGROUND

2.1 The NHS White Paper Equity and Excellence: Liberating the NHS published in July 2010, the Public Health White Paper Healthy Lives, Healthy People: Our strategy for public health in England published in November 2010 and the Adult Social Care Paper: A vision for Adult Social Care: Capable Communities and Active Citizens proposed new structures, areas of responsibility and financial arrangements for the National Health Service (NHS) and the Local Authority (LA). This included establishing a Health and Wellbeing Board which in Bradford combines the developing Clinical Commissioning Groups (CCGs), Elected Members and Strategic Directors from the Council, Bradford LINk, the VCS and Airedale, Bradford and Leeds PCT. This was established in shadow form in Bradford and Airedale in September 2011 and meets every two months.

2.2 The Localism Act which received Royal Assent in November 2011 will also shape the delivery of services across the district. The Act aims to strengthen neighbourhood planning and to enable decisions over a greater proportion of public expenditure at a more local level.

2.3 The Chancellor presented the Government's Spending Review in October 2010 which fixed spending budgets for each Government department up to 2014-15. A combination of these factors has led to a need to review the Health and Wellbeing structure across the district. A review has already been undertaken of the Local Strategic Partnership (LSP) with an agreement to stream line the structure focussing Council funded Partnership support on the statutory partnerships.

2.4 The reforms across the NHS, public health and adult social care are being implemented with the intention of enabling services to deliver improved outcomes. This is consistent with the Government's wider intention of driving improvement through increased transparency and local accountability, while reducing the data burdens on councils and other public bodies. The D of H's accountability frameworks are based around three overlapping outcomes frameworks that cover adult social care, public health and the NHS. The Adult Social Care Outcomes Framework (ASCOF) has replaced the previous regulatory arrangements based around the Care Quality Commission (CQC) and focuses on four outcomes domains which are enhancing quality of life for people with care and support needs; delaying and reducing the need for care and support; ensuring a positive experience of care and support; and safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm. While the ASCOF

is now live, it is subject to a fundamental zero based review which means that the framework is likely to continue evolving up to 2015 and shift more towards measures of cost, efficiency and outcomes.

2.6 The D of H has developed a Public Health Outcomes Framework as part of the design and implementation of the new public health system, in conjunction with key stakeholders. It is anticipated that the Public Health Outcomes Framework will be used locally to monitor progress towards achieving decreases in health and social inequalities, improving the health of local people and preventing the development of illness.

2.7 The aim then for the Health and Wellbeing Board is to set and measure outcomes, aligning these priorities with the National Outcomes Frameworks for the NHS, Public Health and Adult Social Care within the context of the Localism Act 2011 and the white papers which call for greater public involvement in decision making.

3. OVERVIEW AND SCRUTINY COMMITTEE CONSIDERATION

N/A

4. OTHER CONSIDERATIONS

4.1 A task and finish group (t & f) was set up following the October meeting of the Health and Wellbeing Partnership. The Terms of Reference are included as Appendix A together with a full list of members. Members are drawn from the Health and Wellbeing Partnership and also include other council officers and the Health Partnership Project.

4.2 The group developed a diagram; this is included as Appendix B, to illustrate the current structure of the Health and Wellbeing groups and organisations. The diagram is colour coded to show either who supports the different groups, partnerships or organisations or where they are based.

4.3 The idea of the diagram was to illustrate existing partnerships and structures in the district to give a more comprehensive picture and enable the t & f group to identify connections, areas of duplication and or gaps.

4.4 To addition to the diagram each identified group, partnership or organisation completed a template detailing remit, membership, frequency of meeting, origin of support and successes and challenges over the last 12 months. No sub groups were included in the diagram although they were detailed in the template.

4.5 The diagram was distributed widely and discussed in various arenas, including the Health and Wellbeing Partnership itself, which gave a strong understanding of the picture across the district.

4.6 The diagram is not hierarchical structure as this does not reflect current working practices. Rather, it shows where different issues can be resolved or, where an issue cannot be resolved at the initial point of entry, it can be referred on to a different part of the structure for resolution

4.7 A caveat to the diagram should be noted: whilst the lines between groups might give a sense of them being equally connected and operating in the same way, in reality there is a wide variety of working relationships and effectiveness of communication between different partnership groups. In some cases a group's priorities and outcomes are directly linked to those of another group, with tight performance management between them. In other cases, the relationship between groups may simply be informal communication through an overlap of membership. This variety is an important caveat whilst using the diagram.

4.8 The t & f group also spoke to a broader range of colleagues across West Yorkshire to understand how they were developing. In Kirklees for example the previous LSP Health and Wellbeing Partnership named the Adults and Healthier Communities Local Public Service Board has developed into the Shadow Health and Wellbeing Board. This is chaired by the Leader of the Council and includes a wider range of members than the statutory ones.

4.9 Key findings from the scoping exercise were:

- The structure is very complex and has developed organically as need has arisen.
- Each of the groups and partnerships was able to identify successes and give examples of how things had worked well for them however there was a general lack of understanding of the broader district wide picture.
- There was huge difference in how groups operate and the level of monitoring and accountability and on ease of access to the different parts of the structure. This may lead to confusion about how best to use what were often very scarce resources in attending meetings. Different parts of the structure are able to address issues and it is important for people to understand the remit of each group or partnership. If an issue needs taking somewhere else to a strategic or commissioner level then there needs to be an easily understood path for this to happen. This is not apparent in the current structure.
- There was a concern about how best to link to the Health and Wellbeing Board
- Groups on the ground are frustrated that they can identify needs in communities and opportunities to address these but are not always able to act on them.
- The involvement of the CCGs in the different aspects of the Health and Wellbeing structure is to be welcomed. The CCGs have a role both as commissioners and as deliverers of services suggesting engagement on different levels in different parts of the structure.

The t & f group considered the evolving NHS and LA structures and how best any recommendations within this report could work alongside these. There was strong input from public health and from the Bradford CCG.

4.10 The following examples of good practice give an idea of the role of members of the structure.

- Infant mortality
  In order to fulfil the resolution of the Council Executive of February 9th 2010 and tackle the issue of Infant Mortality, a Task and Finish group was set up, which consisted of Officers from the Council, NHS Bradford and Airedale and representatives from the VCS. The purpose of the group was to refresh the existing "Every Baby Matters Strategy", to ensure that it was fit for purpose. The Every Baby Matters Strategy was reviewed and updated in March 2010 and an Every Baby Matters Action Plan developed. This was based on the original 10

recommendations arising from the Infant Mortality Commissions findings in 2006 with a clear focus on prioritisation and high impact interventions. The wide ranging actions draw on input from a variety of partners and demonstrate the success possible with a cohesive and coordinated approach.

- Annual Health Checks for People with Learning Disabilities

Joint working and good communication links enabled the swift and appropriate implementation of new ways of reaching learning disabled people. As a result of actions taken by partners; including the Health and Well Being Partnership, health teams, the learning disability partnership and strategic disability partnership working together they were able to deliver accessible information and work group sessions in raising awareness and encouraging participation. The number of people undergoing annual health checks rose from 6.5% to 62% in under a year and now over 84% of learning disabled people participate.

- Older Peoples Week

A week of activities for older people delivered as part of older people's week in October 2011 emphasising the role of older people as assets in their own communities and for the district. The lead for this work came from the Older People's Partnership in Adult and Community Services however the success was very much from the partnership approach including partners, the Health and Wellbeing and other Partnerships and older people themselves. Examples were the Manningham tea party attended by 120 people with all costs met through sponsorship and donations and the excellent OP idols. This was an event held at Bingley Arts centre with older people competing with a variety of different acts for the prestigious first prize and attended by over 350 people.

5. OPTIONS

1. That the Health and Wellbeing Partnership acts as a coordinator of partnerships and groups, a conduit of information and a link to the HWBB. For this to be effective there needs to be an agreed delivery role for the H & WB P in respect of the H & WBB. Appendix C suggests a way that the Health and Wellbeing Partnership could link to partners and stakeholders across the district.

2. That the current structure is retained and no action is taken. This option would suggest that no action is needed. This is contrary to the level of change currently being experienced by the NHS and LA and all those involved in the delivery of Health and Wellbeing services.

3. That there is no central coordinating body beneath the H & WBB and therefore the Health and Wellbeing Partnership is not retained.

6. FINANCIAL & RESOURCE APPRAISAL

7. RISK MANAGEMENT

8. LEGAL APPRAISAL

N/A

9. OTHER IMPLICATIONS

9.1 EQUALITY & DIVERSITY

The Health and Wellbeing Partnership seeks to support strong Health and Wellbeing outcomes for the whole district while recognising that there are high levels of Health Inequalities and actions to address this need to be embedded in all aspects of work.

9.2 SUSTAINABILITY IMPLICATIONS

N/A

9.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A.

9.4 COMMUNITY SAFETY IMPLICATIONS

N/A.

9.5 HUMAN RIGHTS ACT

N/A

9.6 TRADE UNION

N/A

9.7 WARD IMPLICATIONS

N/A

9.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

N/A

10. NOT FOR PUBLICATION DOCUMENTS

None.

11. RECOMMENDATIONS

That the view of the Shadow Health and Wellbeing Board is sought, that would mean:

- That a central group is retained within the Local Strategic Partnership (LSP) with its prime link being to the Health and Wellbeing Board. This could be developed from the current Health and Wellbeing Partnership (H & WBP) with the Terms of

Reference reviewed and amended as appropriate. This would ensure that communities of interest have a route to influence the JSNA and JHWBS not just the geographical communities.

- That the H & WB P has an overarching role of coordinating the work of the partnerships and bodies (as outlined in appendix C) to ensure there is a direct link between them and the Health and Wellbeing Board. This would bring together both thematic and geographic partnership groups. This doesn't preclude the relationship that other bodies have with each other.

- That the Health and wellbeing Partnership plays a role in ensuring the decisions of the SHWBB are implemented

- That a member of the HWBB acts as the chair of the H & WBP.

- That the H & WB P has a strong role in ensuring equality both in engagement and also in inclusion. It is suggested that this is linked to the Equality Impact Assessments.

- That the views of the Shadow Health and Wellbeing Board are sought through a presentation at the March meeting.

12. APPENDICES

Appendix A Draft Terms of Reference, Task and finish group - Health and Wellbeing Structures

Appendix B Health and Wellbeing Structures Diagram Version 8

Appendix C Diagram of Health and Wellbeing Partnership version 04

Appendix A

Draft Terms of Reference
Task and finish group - Health and Wellbeing Structures

Context
The comprehensive spending review and the Health White paper have introduced significant and rapid changes to the public sector with subsequent impact on the VCS. With the establishment of the Shadow Health and Wellbeing Board and the completion of the LSP governance review the Health and Wellbeing Partnership have requested a review of the Health and Wellbeing structures in place across the District.

Objective
The task and finish (t & f) group will review the Health and Wellbeing structures currently in place in the district and make recommendations on the structure that would best support the Shadow Health and Wellbeing Board and bringing strong health and wellbeing outcomes to Bradford districts people.

The t & f group will work with the following governing principles of:

- Avoiding duplication and streamlining structures
- Utilising existing structures (where possible)
- Sustainability and affordability
- Establishing a clear description of purpose and lines of responsibility
- Ensuring that the public voice is included
- Ensuring all communities and areas are linked to the structure and that clear lines of communication are established
- Linking the broader determinants of health and wellbeing into the proposed structure
- Taking account of the full range of views including VCS, major healthcare providers, key partnerships and the public sector

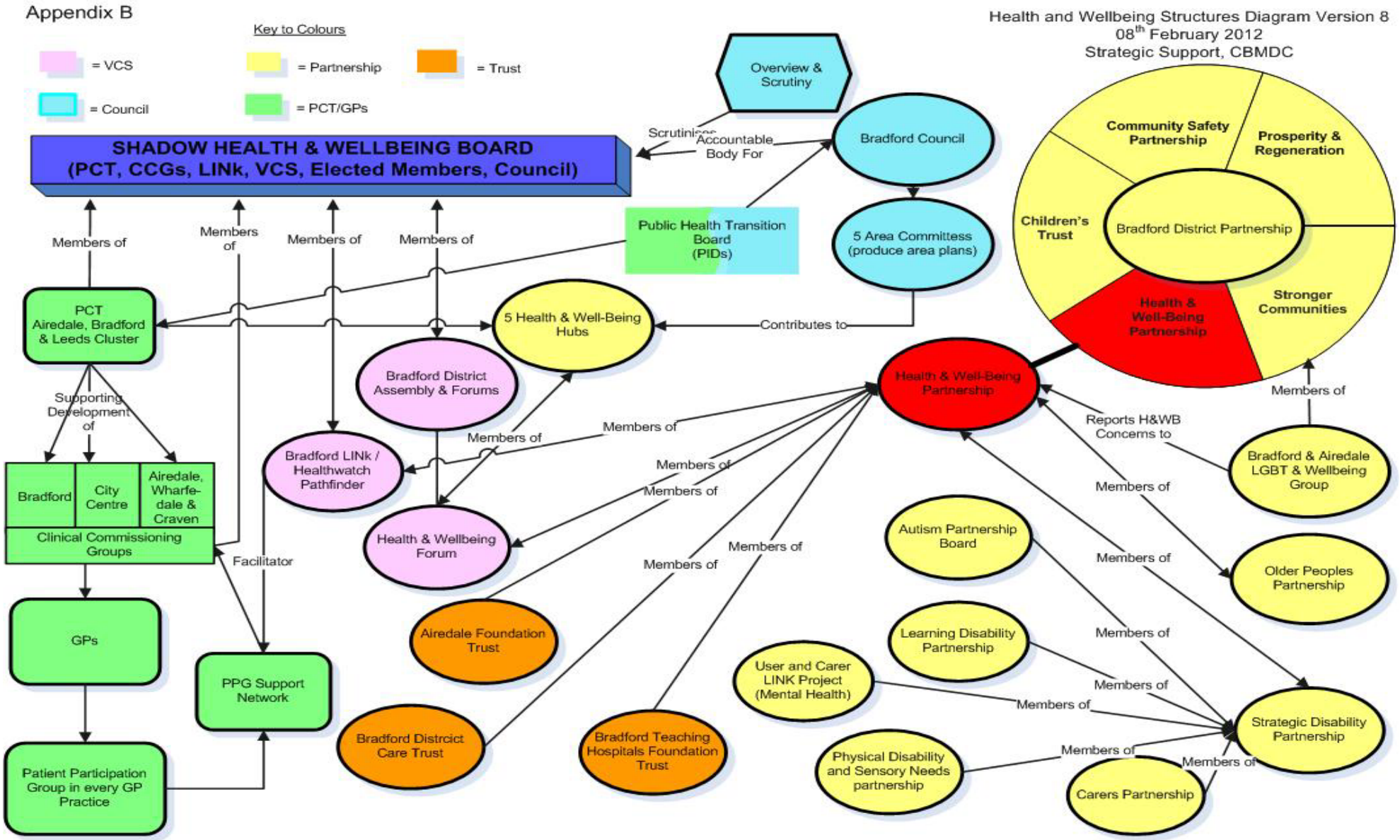
Timeframe
To provide an interim report to the Health and Wellbeing Partnership at its meeting on 01 December 2011 and a full report in February 2012.

Membership

Jen White	CBMDC
Andrew Jones	CBMDC
Shirley Brierley	PCT
Sam Keighley	Bradford LINks
Helen Wills	PCT
Dave Ross	PCT
Sue Haddock	CBMDC (Strategic Disability Partnership)
Tina Butler	CBMDC (Older People's Partnership)
Anna Jackson	Carers Resource
Sue Crowe	Bradford Talking Media
Imran Rathore	CBMDC
Emma Baylin	Bradford CVS

Appendix B

Health and Wellbeing Structures Diagram Version 8
08th February 2012
Strategic Support, CBMDC



Appendix C

20th February 2012
Health & Wellbeing
Structures Task and
Finish Group
Version 04