

## Report of the Chair to the meeting of the Health and Wellbeing Board to be held on 29<sup>th</sup> July 2015.

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#### **Subject: Chair's Round-up report**

1. Business conducted under Chair's action: Bids to Homelessness Change Fund; Better Care Fund reporting to Department of Health; Charter for Homeless Health
2. Updates from the Health and Wellbeing Board sub-groups
3. Decisions from the Health and Wellbeing Board Development Sessions
4. Draft Annual Report to the Bradford District Partnership

**Summary statement:** The report provides short updates on business arising between Board meetings or at the Board sub-groups.

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#### **Portfolio:**

**Health and Social Care**

#### **Overview & Scrutiny Area:**

**Health and Social Care**



## 1. SUMMARY

This Chair's Highlight report provides short updates on business conducted under Chair's action between Board meetings, and business or at the Board sub-groups as follows:

Business conducted under Chair's action:

1. Bids to Homelessness Change Fund
2. Better Care Fund reporting to Department of Health
3. Charter for Homeless Health
4. Updates from the Board sub-groups:
  - Integration and Change Board
  - Bradford Health and Social Care Commissioners
5. Decisions from the Health and Wellbeing Board Development Sessions
6. Draft Annual Report to the Bradford District Partnership

The intention is that this report will help to streamline the paperwork for Board meetings by dealing with a number of items of business in a single report.

## 2. BACKGROUND

The background to each item is described in the relevant part of section 3.

## 3. OTHER CONSIDERATIONS

### 3.1 Business conducted between meetings under Chair's action

#### 3.1.1 Bids to Homelessness Change Fund

The chair has provided letters of support on behalf of the Health and Wellbeing Board for three local bids to the Department for Communities and Local Government's Homelessness Change Fund (HCF) Programme 2015-17. Letters of support were provided under Chair's action in order to meet the 12<sup>th</sup> June deadline.

The Fund is a £25m pot of capital funds to improve specialist accommodation for people who are homeless or in housing need to provide tailored hostel accommodation to improve physical and mental health outcomes for rough sleepers and other non-statutory homeless people, and to support them towards independent living.



Bidders are expected to engage with local health service partners to ensure that improved hostel accommodation will help improve health and reduce the high level of demand on health and care services associated with homeless people. The local bids were from Centrepoint, the Cyrenians and Horton Housing.

The Fund will not meet full capital costs therefore bids needed to evidence matched capital funding and adequate revenue funding for schemes to ensure sustainability. In each case the letter expressed support in principle on the basis that:

“The planned service meets several of our strategic priorities within the Health and Wellbeing Strategy and the Health Inequalities Action Plan (HIAP). In particular those relating to “creating and developing sustainable places and healthy communities” and “strengthening the role and impact of ill-health prevention”.

### **3.1.2 Better Care Fund reporting to Department of Health**

The Chair has signed off a revised and much simplified reporting template for Clinical Commissioning Groups and Local Authorities to report to the Department of Health (DoH) on the local implementation of the Better Care Fund.

The new template has simplified the local data returns required to DoH who will instead gather further information from pre-existing sources and data collections. Data returns by Health and Wellbeing Boards are to cover only:-

- Whether Disabled Facilities Grant has been passported to the relevant local housing authority;
- Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
- Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.

The new template allows local areas to provide narrative on additional information to support the return - including explanation of variances against the plan and the performance forecast.

NHS England will validate the data and publish a report on local data returns and the data collected centrally from other sources. The national Better Care Support Team has issued the template for the period 1 January 2015 to 31 March 2015 (return due 29 May 2015).

### **3.1.3 Charter for Homeless Health**

Chair's action has been taken to agree on behalf of the Board to support the St. Mungo's Charter for Homeless Health. The Charter has been developed to improve the health and wellbeing of people who are homeless and has received the support of around 20 Health



and Wellbeing Boards to date.

The report accompanying the Charter cites the estimate of the Office of the Chief Analyst, Department of Health that the annual cost of hospital treatment for homeless people is at least £85m nationally. (Healthcare for single homeless people, DoH 2010)

Health and Wellbeing Boards are asked to commit to leading co-ordinated action to reduce health inequalities for homeless people and reduce the demand for hospital through earlier intervention, and ensuring that health care is accessible by:

- Identifying need through the Joint Strategic Needs Assessment.
- Providing leadership on addressing homeless health (through the Director of Public Health's role in tackling health inequalities) promoting integrated responses and identifying opportunities for cross boundary working.
- Commissioning for inclusion through the local authority and clinical commissioning groups.

The District's Homelessness Core Group has agreed to hold the responsibility for co-ordinating action under the Charter, for monitoring the outcomes and reporting back as the Board sees fit, for example through the developing Performance Framework for the Board.

### **3.1.4 Updates from the Board sub-groups**

#### **3.1.4.1 Update from the Integration and Change Board**

Work has been taking place with stakeholders to build on the vision of the Bradford, Airedale, Wharfedale and Craven's Five Year Strategy - previously agreed by the HWB –to develop options for a preferred delivery model for the future of services across health and social care. Work to date includes:

- Establishment of a small sub group of senior leaders from ICB to take forward work on new models of care in between meetings to expand the scale and up the pace on the current programme of activity.
- An (unsuccessful) application to be a vanguard health and social care economy, to NHS England (a programme which attracts support and resources at a national level) to co-create the new models of care described in the NHS Five Year Forward View. A separate submission made by Airedale NHS Foundation Trust on behalf of ICB was successful in becoming a vanguard of a new model of enhanced health care in care homes.
- Continued debate on the development and implementation of a new model of care through the creation of an Accountable Care System across the whole health economy. This would blend the two models of care described in NHS planning guidance (Primary



and Acute Care and Multi-speciality Community Provider) – as presented at the March 2015 HWB meeting.

- Two sub groups established – a provider alliance and a commissioner alliance to consider the scale of change needed on both sides of the NHS and Care system to realise our ambition.
- Agreement to explore new models of care delivery through a cross section of five programmes of work to give insight into the change management process required, and into the best way of deploying our transformation resources.
  - The first is the enhanced health in care homes described above.
  - Second is the already established Better Start Bradford –collaboration around a defined population and pooling resources to achieve better outcomes.
  - The other three focus on taking significant steps towards the creation of an Accountable Care System by developing new models of care for the existing work-streams:
    1. Airedale, Wharfedale and Craven CCG’s approach to total population segmentation and the top 5% of patients in need of extended care,
    2. Bradford Districts CCG’s Healthy Hearts programme,
    3. Bradford City CCG’s Bradford Beating Diabetes Programme
- Approval of two enabling work streams:
  - Self care and prevention - to support the creation of a sustainable health and care economy. To deliver new and successful models of care we will need to create a systematic approach, with all partners committing to put self care and prevention at the heart of policy and practice.
  - Workforce - we will need a workforce equipped with the right skills to meet the changes and challenges of the future.
- ICB has commissioned two pieces of work to help understand current system risk:
  - A thorough examination of delayed transfers of care
  - Impact assessment of the impact the regulatory system is having on care homes - in particular the shift from nursing homes to residential homes seen across the district.
- Transformation briefings have been developed and are circulated to stakeholders following each monthly ICB meeting to build support for the delivery of wider system change.

#### **3.1.4.2 Update from the Bradford Health and Social Care Commissioners**

BHCC has shifted to become a monthly meeting to allow exploration of the appropriate governance mechanisms that will need to be put in place as the integration and transformation agenda moves forward. Since establishing monthly meetings it has primarily focused on:



- Strengthening collaborative commissioning arrangements to support joint commissioning,- initially focused on mental health services and learning disability services, plus any other areas to be agreed. The work will consider any delegated decision making implications and will be supported by an overarching Section 75 agreement. This is an agreement that allows pooling of resources or delegation of certain functions between the NHS and Local Authority if it leads to an improvement in how those functions are carried out.) Once a Section 75 agreement is in place BHCC will operate as a joint commissioning board for setting strategic direction and overseeing the planning, monitoring and review of jointly commissioned and integrated health and care service areas.
- BHCC has operated as the Partnership Board for the Better Care Fund as required under Better Care Fund governance arrangements. Bradford Districts CCG will be the host organisation on behalf of the Bradford Health and Wellbeing Board partners and will appoint a pool manager to discharge the responsibilities of the host organisation which include;
  - oversight of the Section 75 agreement, preparation and submission of audited accounts for the pool,
  - quarterly annual reporting about income and expenditure from the pooled fund to the partners,
  - provision of any other information by which partners can monitor the effectiveness of pooled fund arrangements, upward assurance on financial and activity reporting, governance arrangements and evidence on spending if required
  - development of partnership strategy for BCF plans for 2016/17 and beyond and reporting BCF performance to BHCC and the HWB.
- Arrangements for monitoring delivery, accounting and audit should be governed by the Section 75 agreement in addition to the separate reporting and accountability arrangements each partner organisation will have for their share of the funding being pooled.
- Bradford City and Bradford Districts CCG has been identified as one of the 6 CCGs in Yorkshire and Humber that will qualify for resources to support a reduction in TB as part of the implementation of a collaborative TB Strategy published by Public Health England and NHS England in January 2015. This aims to bring together best practice in clinical care, social support and public health to strengthen TB control, with the aim of achieving a year-on-year decrease in incidence, a reduction in health inequalities, and ultimately the elimination of TB as a public health problem in England. A more detailed proposal is being worked up between the CCG and Public Health team and BHCC - to focus on all members of the CCGs' population at risk of TB.
- Agreement of a proposal to explore procurement options for Improving Access to Psychological Therapies (IAPT) services including working with current and potential providers to review the service specification in the light of an evidence



review of psychological therapies for the treatment of common mental health disorders and the most appropriate model of delivery.

### **3.1.5 Update on the Health and Wellbeing Board Development Sessions**

Two out of four planned development sessions for 2015-16 have taken place since the last Board meeting in March. The workshops have focused on how to accelerate progress on joint commissioning and pooling budgets in order to enable a more joined-up strategic approach to commissioning.

At the second session on 7<sup>th</sup> July, a decision was taken to establish a Joint Commissioning Fund for Health and Social Care for the District. A number of development tasks were assigned to Board members - to be completed by late September for consideration at the third development session in October 2015.

In light of this decision it was thought to be timely to review the strategic fit and consistency of messages across key Health and Wellbeing Documents and to streamline this suite of documents where appropriate. Documents to be reviewed to include:

- The Joint Health and Wellbeing Strategy 2014-17 and the associated Health Inequalities Action Plan,
- The Joint Strategic Needs Assessment 2014
- The Five Year Forward View for Bradford and Airedale 2014-19

. This work is to be completed in a six month timeframe from September.

### **3.1.6 Partnership Annual report from the Health and Wellbeing Board to the Bradford District Partnership (Local Strategic Partnership)**

Bradford District Partnership has requested an annual Partnership Report for the year 2014-15 from the Health and Wellbeing Board. The report on Health and Wellbeing issues for 2013-14 was provided by the Health Improvement Partnership and reported on operational performance – on the throughput and outcomes of service-level interventions.

For 2014-15 the focus is on strategic direction and leadership as appropriate to the duties and mandate of the Health and Wellbeing Board. A draft report is being prepared, based on the annual report taken to the Health and Social Care Overview and Scrutiny Committee in April 2015. This will be updated to the end of the fiscal year and circulated to Board members for their input and comments particularly in respect of priorities for the forthcoming year and opportunities for partnership working.

## **4. FINANCIAL & RESOURCE APPRAISAL**

In respect of 3.1.1



Letters of support to the Homelessness Change Fund bids clarified that no council funding would be available to support bids.

In respect of 3.1.5

Further work will be undertaken to assess the scope of the proposed Joint Commissioning Fund for Health and Social Care.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

There will be a full risk appraisal in respect of the proposed Joint Commissioning Fund for Health and Social Care.

## **6. LEGAL APPRAISAL**

In respect of 3.1.1

Advice was taken on matters relating to bids to the Homelessness Change Fund.

In respect of 3.1.5

The legal context for the establishment of a Joint Commissioning Fund for Health and Social Care will be reviewed during the development work scheduled for summer 2015.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

No implications

### **7.2 SUSTAINABILITY IMPLICATIONS**

Embedding sustainable development to deliver local services will have social, economic, health and environmental benefits. Greening the health and care system will require particular focus on efficient buildings and reducing waste. Sustainable health is about delivering a triple bottom line; financial, social and environmental return on investment e.g. promoting active travel. A sustainable development management plan is an indicator in the public health outcomes framework in which organisations can meet sustainable development objectives, save money, ensure health and wellbeing in the UK and beyond and develop a good reputation.

In respect of 3.1.1 and 3.1.3

Bids to the Homelessness Change Fund will, if successful, bring opportunities to improve the sustainability buildings and further opportunities by improving the health of people who are statutorily homeless, or at high risk of homelessness - with the intended effect of improving the sustainability of health provision for this population. Action taken under the Charter for Homeless Health should have a similar effect.

In respect of 3.1.5





The intention to establish a Joint Commissioning Fund Health and Social Care will bring opportunities to address sustainable development as one aspect of establishing a sustainable financial footing for the future provision of healthcare by establishing the necessary governance and shared processes to achieve economies of scale through joint commissioning.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

The UK health and care system contributes 32 million tonnes of CO2 per year. The impacts are often attributable to pharmaceuticals, energy, travel and transport, waste and anaesthetic gases. However It is difficult to assess the precise impact of the progress and strategies referred to in this paper without plans for service delivery. Nevertheless there are three notable areas which have opportunity to address greenhouse gas emissions (carbon footprint);

- Good lifestyle habits
- Redesigning services
- Integrated working

Close attention to buildings energy, waste, procurement and commissioning and travel and transport would allow baseline for improvement.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

No implications

### **7.5 HUMAN RIGHTS ACT.**

No implications

### **7.6 TRADE UNION**

No implications

### **7.7 WARD IMPLICATIONS**

No implications

### **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

Not applicable

### **8. NOT FOR PUBLICATION DOCUMENTS**

None.

### **9. OPTIONS**



No options are provided.

## **10. RECOMMENDATIONS**

Recommended -

In respect of item 3.1.3

That the Health and Wellbeing Board agrees to provide governance of the work of the Homelessness Core Group to implement the Charter for Homeless Health

In respect of item 3.1.5

That the Health and Wellbeing Board:

- communicates its intention to establish a Joint Commissioning Fund for Health and Social Care through the appropriate channels
- leads the development of shared governance, structures and processes as appropriate for the establishment of joint commissioning and pooled budgets, and for the further integration between health and social care through the development of Accountable Care Systems that are based on new models of care.

## **11. APPENDICES**

None

## **12. BACKGROUND DOCUMENTS**

1. St Mungo's Charter for Homeless Health

<http://www.mungosbroadway.org.uk/documents/5391/5391.pdf>

