

Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Monday, 19 September 2016 at 2.00 pm in Committee Room 1 - City Hall, Bradford

Dear Member

You are requested to attend this meeting of the Bradford and Airedale Health and Wellbeing Board.

The membership of the Board and the agenda for the meeting is set out overleaf.

Yours sincerely

P Akhtar

City Solicitor

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar

City Solicitor

Agenda Contact: Fatima Butt - 01274 432227

E-Mail: fatima.butt@bradford.gov.uk

To:



MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Bradford Metropolitan District Council
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford Districts and City Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Brian Hughes	Locality Director, West Yorkshire NHS England - North (Yorkshire and Humber)
Anita Parkin	Director of Public Health
Bernard Lanigan	Interim Strategic Director of Adult and Community Services
Michael Jameson	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Nichola Lees/Bridget Fletcher or Clive Kay	One Representative of the main NHS Providers
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.



- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.
- (4) Officers must disclose interests in accordance with Council Standing Order 44.

3. MINUTES

Recommended –

That the minutes of the meeting held on 26 July 2016 be signed as a correct record (previously circulated).

(Fatima Butt – 01274 432227)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Fatima Butt - 01274 432227)



B. BUSINESS ITEMS

5. JOINT FINANCIAL PLANNING UPDATE

The Director of Finance (Bradford Metropolitan District Council (BMDC)) and Director of Finance for Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups will submit **Document “F”** which provides an update on joint financial planning and budget discussions for health and social care between BMDC, the Clinical Commissioning Groups and health providers in Bradford District and Craven.

Recommended-

That the report be noted and the Board provides feedback on further areas of practice where efficiencies could be made and services improved through integration across health and social care or through greater emphasis on prevention and early intervention in health and wellbeing and other services.

(Angela Hutton – 01274 434176)

6. CHAIRS HIGHLIGHT REPORT - BETTER CARE FUND, BRADFORD HEALTH AND CARE COMMISSIONERS, INTEGRATION AND CHANGE BOARD AND HEALTHY WEIGHT

The Health and Wellbeing Chair’s highlight report (**Document “G”**) summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings or business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain. Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

It reports on:

- Quarter 1 performance of the 2016-17 Better Care Fund Business conducted at the August meetings of the Bradford Health and Care Commissioners Group and the Integration and Change Board
- A short update on progress on action to establish a Healthy Weight Delivery Board



Recommended-

That the Board notes the Better Care Fund Performance report for Quarter 1 of 2016-17 and receives further progress and performance reports at future Board meetings.

(Angela Hutton – 01274 437345)

7. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Director of Public Health will submit **Document “H”** which proposes review of the Terms of Reference for the Health and Wellbeing Board, last reviewed in March 2014, in order to reflect changes in the scope of the Board’s responsibilities and recent changes to the Council Directorships and Portfolios as currently referenced in the Terms of Reference.

This would allow Members to consider whether the stated purpose, membership and duties of the Board should be amended to reflect recent developments in relation to new ways of working in the health and care sector and integration of health and care services.

Recommended-

(1) That the Terms of Reference for Bradford and Airedale Health and Wellbeing Board are updated to reflect changes to Council Portfolios and Strategic Directorships and the additional duties noted at section 3.3.2 of Document “H”.

(2) That further comments and submissions in respect of updating the Terms of Reference are received by 30th September 2016 and that a final proposal is developed and circulated for consultation and brought to the November 2016 Board meeting for agreement.

(Angela Hutton – 01274 437345)

8. WORKING BETTER TOGETHER - A WHOLE SYSTEM FOR HEALTH AND WELLBEING - JOINT MENTAL HEALTH AND WELLBEING STRATEGY DEVELOPMENT

The Working Better Together report is a standing item at the Health and Wellbeing Board that brings regular updates on development of a whole system approach to health, social care and wellbeing; for example supporting further integration between health and social care organisations and processes and directing the health and wellbeing system to develop integrated strategies.



The Interim Strategic Director of Adult and Community Services and the Chief Officer Bradford City and Bradford Districts Clinical Commissioning Groups will submit **Document “I”** which notifies the Board that a presentation will be made at the Board meeting to provide a further update on the development of a Mental Health and Wellbeing Strategy for Bradford, Airedale and Craven and assurance that good progress is being made and draws out themes from the draft strategy.

Recommended-

That the Board receives the update and provides feedback to further shape the strategy and encourages wide participation in consultation on the draft strategy through its constituent organisations.

(Ali-Jan Haider – 01274 237290)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



Report of the Director of Finance, Bradford MDC, and the Director of Finance for Bradford City, Bradford Districts & Airedale, Wharfedale and Craven Clinical Commissioning Groups to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 19th September 2016

F

Subject: Joint Financial Planning Update

Summary statement: An update on Joint Financial Planning and budget discussions for health and social care between Bradford MDC, the Clinical Commissioning Groups and health providers in Bradford District and Craven

Stuart McKinnon-Evans – Finance
Director, Bradford MDC

Julie Lawreniuk, Director of Finance
– Bradford City, Bradford Districts,
Airedale, Wharfedale and Craven
Clinical Commissioning Groups.

Portfolio:

Health and Wellbeing

Report Contact: Angela Hutton

Phone: (01274) 434176

E-mail: angela.hutton@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

An update on Joint Financial Planning and budget discussions for health and social care between Bradford MDC, the Clinical Commissioning Groups and health providers in Bradford District and Craven.

2. BACKGROUND

The Finance Directors of the Council, the Clinical Commissioning Groups and the three main health providers discuss their financial plans and budget intentions for the forthcoming year at regular, joint meetings and through involvement in the development of a Sustainability and Transformation Plan for the health and care sector.

The process of developing Sustainability and Transformation Plans (STP) as mandated in NHS Planning Guidance for 2016-17 is ongoing on a West Yorkshire footprint and at local level in Bradford District and Craven. This process has added further detail to what has been acknowledged at previous Health and Wellbeing Board meetings - that there will be a significant gap between the available budget for health and social care services in the years to 2020 and the current level of spend created by high demand for health and social care services in Bradford District and Craven.

The STP process includes work to identify how available resources and budget might be used differently to create greater efficiency and close finance gaps. However the continuing reduction in public sector spending means that this is unlikely to be sufficient, financial efficiencies will need to be matched by shifting the emphasis of service provision further towards improving the health and wellbeing of the population – supporting people to become and remain healthy and independent for longer to reduce demand and to delay the need for social care services as a result of ill-health.

A report was received in February proposing that development of joint commissioning should be pursued for Mental Health services (supported by development of a joint strategy – also on the agenda on 19th September) and Learning Disability (supported by the Learning Disability Transformation Plan - reported at the 26th July Board meeting). In these two areas it was believed that both value for money and outcomes for the local population could be improved by partners planning and using budgets in a more integrated way. Other areas of joint working between health services and Local Authority Adult and Community Services have been brought together in the Better Care Fund as previously reported to the Board.

3. OTHER CONSIDERATIONS

At the September 2016 Health and Wellbeing Board meeting members will receive a presentation from the Directors of Finance Group to outline current understanding of



financial forecasts to 2020 compared to likely budget pressures as a result of high levels of demand for services, and demographic changes, for example an ageing population.

Increasing demand for services will not be sustainable if current levels of poor health continue. This session will facilitate a discussion of further areas where joint approaches, joint commissioning and integration could help to achieve better value for money and make better use of available resources to improve health and wellbeing, with the aim of enabling people to remain healthy and independent for longer.

4. FINANCIAL & RESOURCE APPRAISAL

The presentation at the Board meeting will cover the financial and resource appraisal for the health and social care sector.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance and risk management for the local Sustainability and Transformation Plan is provided through the Integration and Change Board – a sub-group of the Health and Wellbeing Board and reports up to the Health and Wellbeing Board.

Governance and risk management of the West Yorkshire Sustainability and Transformation Plan is still being established, with input from local areas and Chairs of the West Yorkshire Health and Wellbeing Boards.

6. LEGAL APPRAISAL

Legal appraisal will be undertaken as the finance information presented at the Board meeting is developed through the budget processes of the Council and partner organisations for 2017-18 onwards.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.2 SUSTAINABILITY IMPLICATIONS

The local and West Yorkshire Sustainability and Transformation Plans include Estates workstreams which will contribute to sustainability.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None



7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None provided

10. RECOMMENDATIONS

10.1 That the Board notes the finance paper, and presentation at the Board Meeting on 19th September, and provides feedback on further areas of practice where efficiencies could be made and services improved through integration across health and social care or through greater emphasis on prevention and early intervention in health and wellbeing and other services.

11. APPENDICES

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12. BACKGROUND DOCUMENTS

None



Report of the Chair of the Bradford and Airedale Health and Wellbeing Board to be held on 19th September 2016.

G

Subject:

Chair's Highlight report – covering Better Care Fund update, updates from Bradford Health and Care Commissioners and Integration and Change Board, Healthy Weight update.

Summary Statement:

The Health and Wellbeing Chair's highlight report summarises business conducted between meetings

Councillor Susan Hinchcliffe,
Chair Health and Wellbeing Board

Portfolio:

Health and Wellbeing

Report Contact: Angela Hutton
Phone: (01274) 437345
E-mail: angela.hutton@bradford.gov.uk

Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

The Health and Wellbeing Chair's highlight report summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings or business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain. Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

The report also brings any updates from the Health and Wellbeing Board sub groups – the Bradford Health and Care Commissioners meeting and the Integration and Change Board where these are not covered in papers brought through a standing business item on 'Working Better Together – A Whole System for Health and Wellbeing'.

The September 2016 report reports on:

- Quarter 1 performance of the 2016-17 Better Care Fund
Business conducted at the August meetings of the Bradford Health and Care Commissioners Group and the Integration and Change Board
- A short update on progress on action to establish a Healthy Weight Delivery Board

2. BACKGROUND

2.1 Better Care Fund

Bradford Health and Care Commissioners (BHCC) have overseen the development of the Bradford District and Craven Better Care Fund (BCF) for 2016/17. The final Plan was submitted on 30th June 2016 having addressed the following issues raised by NHS England:

- address the delayed 'transfers of care' trajectory
- develop a clearly articulated risk log, describing some of the monetary changes since 2015/16
- describe better the move towards 7 day services.

The Better Care Fund (BCF) is a partnership between health and care partners (NHS commissioners) and the Local Authority.



2.2 Healthy Weight Programme Delivery

The theme of the July 2016 Health and Wellbeing Board was how to establish a whole system approach to healthy weight in order to shift the focus from treating obesity to prevention and earlier intervention. The Board considered current practice and evidence about the effectiveness of current interventions when, particularly in families to reduce the District's level of child overweight and obesity. The Board resolved -

- (1) That the Board leads a system-wide approach to healthy weight for the population of the District.**
- (2) That a Delivery Board be established to develop an action plan for an integrated system wide approach to healthy weight; the Delivery Board to comprise of representatives from the Local Authority, Clinical Commissioning Groups, Health Providers and the Voluntary and Community Sector and led by the Portfolio Holder for Health and Wellbeing and the Director of Public Health.**
- (3) That the Terms of Reference for the Delivery Board be submitted to the Health and Wellbeing Board in 2016.**

Action: Director of Public Health/Interim Strategic Director Adult and Community Services/Clinical Chair of Bradford Districts Clinical Commissioning Group.

3. OTHER CONSIDERATIONS

3.1 Better Care Fund – 2016-17 Quarter 1 performance

The BCF was created nationally to achieve better integration of health and social care and to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life.

The Fund aligns resources including budgets across health and care services to improve services and reduce duplication.

The Bradford Health and Care Commissioners receive monthly updates on the Better Care fund (See Appendix 1) and have developed a performance dashboard (see Appendix 2 and 3) for the Better Care Fund and other areas covered by the 2015-16 Section 75 agreement to ensure service and financial key performance indicators are on track. The dashboard will be discussed at the Board meeting.



3.2 Updates from the Board sub-groups

3.2.1 Bradford Health and Care Commissioners (BHCC) update

BHCC continues to lead on joint commissioning across health and social care; including commissioning of mental health services (progress on the mental health strategy is covered by a separate report to the Board) and learning disability services (the Board has requested a further update on progress on November 2016), as well as overseeing the implementation and performance of the Better Care Fund (BCF) which provides financial support for Councils and NHS organisations to jointly plan and deliver local services as reported at previous meetings. Quarter 1 performance of Better Care Fund services is reported at 3.1 above.

3.2.2 Integration and Change Board (ICB) update

The Integration and Change Board continues to oversee the development of the local Sustainability and Transformation Plan for Bradford District and Craven. The focus over the summer has continued to be refinement of local plans and linkages with the West Yorkshire and Harrogate STP which will be discussed during the visit of Rob Webster, Senior Responsible Officer, West Yorkshire and Harrogate STP on 19th September.

3.3 Healthy Weight Programme

Members of the proposed Delivery Board have been identified and a first meeting arranged for November 2016. Terms of Reference have been drafted and reviewed by the Chair and Portfolio Holder and will be circulated to Delivery Board members for comments.

Work has started to add further detail to what is already known about the spend on prevention and treatment of overweight and obesity and on current interventions (to enable comparison with the evidence on effective interventions).

4. FINANCIAL & RESOURCE APPRAISAL

Resources for the Better Care Fund in 2016-17 total £168 million of aligned funding. These were described in a paper to the July 2016 Board meeting.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Health and Wellbeing Board has overall responsibility for the Bradford District Better Care Fund and receives quarterly performance reporting from the Fund. Risks and risk management issues are described in Appendix 1 and Appendix 2.

6. LEGAL APPRAISAL

The legal status of the Better Care Fund has been established through a Section 75



agreement between the Council and the Clinical Commissioning Groups.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No issues

7.2 SUSTAINABILITY IMPLICATIONS

Sustainability and Transformation Plans are in development for Bradford District and Craven, and West Yorkshire plus Harrogate, in accordance with 2016-17 NHS Planning Guidance to bring local health economies onto a sustainable footing by 2020.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No implications

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

10.1 That the Board notes the Better Care Fund Performance report for Quarter 1 of 2016-17 and receives further progress and performance reports at future Board meetings.



11. APPENDICES

10.1 Better Care Fund Quarter 1 performance 2016-17- Highlight report.

12. BACKGROUND DOCUMENTS

None.





Health and Wellbeing Board: Chair’s Highlight report – Better Care Fund item	FOR INFORMATION Agenda Item: Business Item 2
Paper Title: Better Care Fund (BCF) Q1 2016/17 report	
Paper Author: Rebecca Malin Associate Director of Transformation Programmes and BCF Pool Manager Bradford Districts and Bradford City Clinical Commissioning Groups	

Context:

The 2016/17 Better Care Fund (BCF) quarter one report is due for submission to NHS England on the 9th September 2016. The report and supporting narrative below was presented to Bradford Health and Care Commissioners for information and as part of our governance arrangements. Due to the submission date being out of sync with Health and Wellbeing Board dates the report was presented to the chair of the Health and Wellbeing Board for approval ahead of submission.

Summary:

The report demonstrates progress is continuing against the implementation plan. To support this, BCF metrics and performance indicators demonstrate consistency with the plan. Performance for our local metric (increase the diagnosis rate for people with dementia) has continued to be strong and consistently above the target with Q1 performance of 81.2%. N.B. this metric is based on the footprint of the three CCGs – we are currently unable to split out Craven GP practices population.

Performance against Delayed Transfers of Care (DToCs) also remains strong versus others nationally, however both acute providers have reported continued concerns about pressures on bed capacity and A&E performance as a result of delays in discharging people to community based care. DToC action plans are being developed in Bradford and Airedale, Wharfedale and Craven (AWC) with completion expected by Q2.

Throughout 15/16 BCF partners reported an ongoing risk regarding Non Elective activity (NEL). Our BCF schemes aim to respond to this risk with reductions in such admissions via schemes such as the expanded virtual ward (Bradford) and complex and enhanced care (AWC). A reduction in NEL is anticipated throughout 16/17 as a result of these schemes.

As reported last quarter and in the BCF Plan for 2016/17, partners have committed to a larger BCF this year totalling £168,164,863 including the alignment of Mental Health and Learning Disabilities.



Appendix 2



Health and Wellbeing Board: Chair's Highlight Report – Better Care Fund item	FOR INFORMATION Agenda Item: Business Item 2
Paper Title: Better Care Fund Summary Dashboard	
Paper Author: Rebecca Malin Associate Director of Transformation Programmes and BCF Pool Manager Bradford Districts and Bradford City Clinical Commissioning Groups	

Context:

This paper is presented for information.

The Better Care Fund (BCF) summary dashboard has been created to enable effective monitoring of all BCF schemes with all metrics presented in a single document. This dashboard is presented to Bradford Health and Care Commissioners on a quarterly basis in line with BCF submissions to NHS England.

Summary:

The dashboard is in its infancy with Q1 being the first fully populated dashboard.

It is envisaged this dashboard will further develop into a tool to provide Bradford Health and Care Commissioners (BHCC) with full visibility and assurance regarding the performance of each BCF scheme. In October 2016 BHCC will discuss the development of the dashboard and agree how members will use the data within to inform future plans for each scheme, BCF and integration as a whole.



Overall Summary / Key Issues

RAG

Amber

BCF partners have continued to work to bring together effective yet pragmatic measures and metrics to enable monitoring of each BCF scheme. Metrics are defined and populated for all schemes. Next steps: BCF team and BHCC to review and agree these metrics as a means of measure the effectiveness of BCF schemes. BCF team to discuss and consider narrative (to be reported quarterly) for each scheme to include the current status and progress in our integration.

NOTE - Scheme 3 -expansion of intermediate care services. **Changes added are as follows:**

ASCOF 2A - Long-term support needs for people aged 65+ met by admission to residential and nursing care homes, per 100,000 population

ASCOF 2B - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

In place of:

Admissions to residential and care homes

Effectiveness of reablement

Programme Summary

Capital funding inc. DFGs

RAG

Care Act Implemetation

RAG

Carers support (inc. Carers Break Funding)

RAG

Protecting Adult Social Care

RAG

Expansion of intermediate care services

RAG

Mental Health and LD

RAG

Financial Summary (£'000s)

RAG

CCG Lead Commissioner Schemes:

	2016/17 Plan	Q1 Plan	Q1 Actual	(Under) / Over
Virtual Ward	3,710	927	927	0
ESD - Orthopaedic	298	74	74	0
ESD - Stroke	294	73	73	0
Community Equipment (Health)	1,412	353	353	0
ACCT	969	169	129	-40
Community Hospitals	5,921	1,480	1,480	0
Int. Care Perf. Fund (NEL Activity) - Base level	363	0	0	0
Int. Care Beds (other baseline spend)	112	28	28	0
Re-ablement Services (Detail Below)	1,354	339	339	0
Local Schemes	1,674	640	467	-173
	16,107	4,083	3,870	-213

Local Authority Lead Commissioner Schemes:

Care Bill Implementation Support	1,366	341	341	0
Protect Social Services - new	3,961	990	990	0
Protect Social Services - current	10,711	2,677	2,677	0
Re-ablement Services (Detail Below)	1,502	374	374	0
Carers Services	925	231	231	0
	18,465	4,613	4,613	0

BCF Expenditure from CCG Min. Contribution Excluding Social Care Grants

	34,572	8,696	8,483	-213
Social Care Capital Grants	3,519	879	879	0
BCF Expenditure to match against BCF Allocation	38,091	9,575	9,362	-213

Total Learning Disabilities	63,547	15,886	15,886	0
Total Mental Health	66,527	16,631	16,631	0

Total BCF Expenditure	168,165	42,092	41,879	-213
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Performance SummaryScheme 1 - Capital Funding inc DFGs

RAG

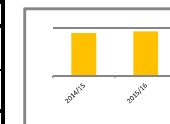
	2015/16	Q1 1617
Capital Funding inc DFG		
Disabled facilities grant enquiries	603	107
Disabled facilities grant	280	83

Scheme 2 - Carers Support (inc. Carers Break Funding)

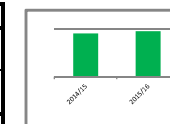
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	2015/16	Q1 1617	
Carer Support (inc. Carers Break Funding)	ICS - No. of carer volunteers supporting the delivery of the service	260	62
	ICS - No. of carers attending engagement events, providing other feedback etc	346	50
	ICS - No. of Carers registered with the service	10,542	10,268
	ICS - No. of Carers registered with the service who are new in period	3,608	1,257
	ICS - No. of Carers who have received support from a Carer Support Worker	2,827	632
	ICS - No. of (low level) carers assessments completed	539	146
	ICS - No. of carers who have received general carers information and advice	1,605	421
	ICS - No. of carers who have received specialist information and advice	3,333	950
	ICS - No. of carers receiving issue-based advocacy support	352	64
	ICS - Carers Personal Budgets: No of Grants	1,415	0
	ICS - Total Costs	£979,386	£231,224

	2014/15	2015/16
ASCOF 1C pt1b Proportion of carers receiving self-directed support		
Numerator - Number of carers receiving either a Direct Payment or Council managed Personal Budget in the year to 31st March	2670	2728
Denominator - Number of carers (caring for someone 18+) receiving carer-specific services in the year to 31st March.	3,264	3,308
%	81.8%	82.5%



	2014/15	2015/16
ASCOF 1C pt2b Proportion of Carers using Direct Pay. for support to carer		
Numerator - Number of carers receiving direct-payments and part-direct payments at the year end 31st March	2670	2709
Denominator - Number of carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March.	3,264	3,308
%	81.8%	81.9%

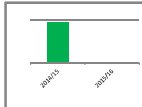


Performance Summary continued

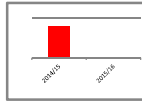
		2014/15	2015/16
ASCOF 1D Carer related Quality of Life	Numerator - Sum of 'scores' for all respondents who answered six key questions in the Carers Survey.	4125	N/A
	Denominator - The number of respondents who answered all six questions	490	N/A
	Outcome	8.4	N/A



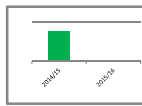
		2014/15	2015/16
ASCOF 11 pt2 Proportion of carers who reported that they had as much social contact as they would like	Numerator - Sum of those who responded to Q23, "I have as much social contact as I want".	250	N/A
	Denominator - All respondents to Q23 - "By thinking about social contact you've had with people you like, which statement best describes your present social situation?"	525	N/A
	%	47.6%	N/A



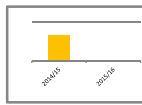
		2014/15	2015/16
ASCOF 3B Overall satisfaction of carers with social services	Numerator - Those responding to Q4 who identify strong satisfaction, by choosing "I am extremely satisfied" or the answer "I am very satisfied".	190	N/A
	Denominator - All respondents to Q4 - Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?"	475	N/A
	%	40.0%	N/A



		2014/15	2015/16
ASCOF 3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Numerator - Those responding to Q15 who identify strong satisfaction, by choosing "I always felt involved or consulted" and "I usually felt involved or consulted"	340	N/A
	Denominator - All respondents to Q15 - "In the last 12 months, how often have you been involved/consulted as much as you want to be, in discussions about the support/services provided to the person you care for?"	435	N/A
	%	78.2%	N/A



		2014/15	2015/16
ASCOF 3D pt 2 The proportion of carers who find it easy to find information about support	Numerator - Those responding to Q13, by choosing the answer "very easy to find" and "fairly easy to find".	260	N/A
	Denominator - All respondents to Q13 - "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?"	390	N/A
	%	66.7%	N/A



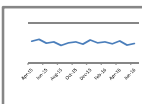
Scheme 3 - Expansion of intermediate care services

RAG

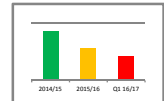
		Q4 15/16	Q1 16/17
BCF01: Non elective admissions (G&A)	Numerator - Number of non-elective admissions (G&A)	15,067	14,949
	Denominator (ONS population estimate/projection - all ages)	538,161	538,161
	BCF Target Rate	2,843	
	Rate per 100,000	2,799.7	2777.8



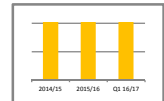
		Q4 15/16	Q1 16/17
BCF03: Delayed transfers of care	Numerator - Number of delayed transfers of care	1204	1184
	Denominator (ONS population estimate/projection - 18+)	398,149	398,149
	HWB Target	340.1	
	Rate per 100,000	302.4	297.4



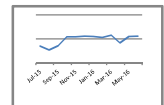
		2015/16	Q1 16/17
ASCOF 2A Pt2 Long term support needs for people aged 65+ met by admission to residential and nursing care homes, per 100,000 population	Numerator: The number of council-supported older people (aged 65+) whose long-term support needs were met by a change of setting to residential and nursing care during the year	385	368
	Denominator: The population of older people in the area (then *100,000)	75,000	76,088
	HWB Target	534	534
	Annualised Rate per 100,000	513.3	484.0



		2015/16	Q1 16/17
ASCOF 2B Pt1 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Numerator: Of those in the denominator those who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital	328	345
	Denominator - No. of older people discharged from hospital to their own home or to a respite home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home	372	390
	HWB Target	89.0%	89.0%
	%	88.2%	88.5%



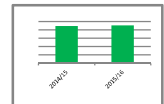
		May-16	Jun-16
BCF07: Dementia diagnosis rate	Numerator - number on dementia register	4,798	4,809
	Denominator - estimated dementia prevalence	5,925	5,925
	Target	71%	71%
	%	81.0%	81.2%



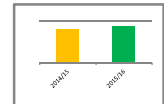
Scheme 4 - Care Act Implementation

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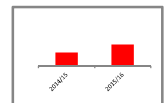
		2014/15	2015/16
ASCOF 1A Social Care Related Quality of Life	Numerator - The sum of the scores for all respondents who answered Q3a to 9a and 11. Higher scores are assigned to better outcomes.	107975	112105
	Denominator - The number of respondents who answered questions 3a to 9a and 11 in the ASC Survey	5,550	5,738
	Outcome	19.5	19.5



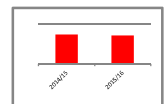
		2014/15	2015/16
ASCOF 1C pt1a Proportion of adults aged over 18 using social care and receiving self-directed support	Numerator - The number of clients receiving either a Direct Payment or council managed Personal Budget at the year-end 31st March.	3040	3266
	Denominator - The number of clients (aged 18+) accessing long term community support at the year-end 31st March.	3,825	3,761
	%	79.5%	86.8%



		2014/15	2015/16
ASCOF 1C pt 2a Proportion of adults using social care receiving Direct Payments	Numerator - The number of clients receiving direct-payments and part-direct payments at the year end 31st March	565	660
	Denominator - The number of clients (aged 18+) accessing long term community support at the year-end 31st March.	3,825	3,761
	%	14.8%	17.5%

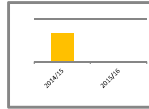


		2014/15	2015/16
ASCOF 3D pt 1 The proportion of people who use services who find it easy to find information about support	Numerator - Those responding to Q12 in the ASC Survey, by choosing the answer "very easy to find" and "fairly easy to find" (weighted)	4070	4065
	Denominator - All respondents to Q12 in the ASC Survey "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?" (weighted)	5,550	5,738
	%	73.3%	70.8%

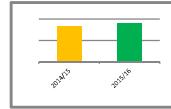


Performance Summary continued

		2014/15	2015/16
ASCOF 3D pt 2 The proportion of carers who find it easy to find information about support	Numerator: Those responding to Q13 in the Carers Survey, by choosing the answer "very easy to find" and "fairly easy to find".	260	N/A
	Denominator: All respondents to Q13 in the Carers Survey "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services".	390	N/A
	%	66.7%	N/A



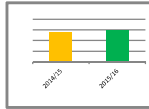
		2014/15	2015/16
ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support	Numerator: All people within the denominator, who are in paid employment	N/A	1610
	Denominator: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the Care Programme Approach at the end of the month.	N/A	2,360
	%	66.5%	68.2%



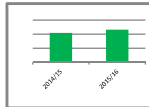
Scheme 5 - Protecting Adult Social Care

RAG

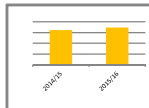
		2014/15	2015/16
ASCOF 1B Control over Daily Life	Numerator: Of the respondents those who answered 'I have as much control over my daily life as I want' and 'I have adequate control over my daily life'. (weighted)	4320	4544
	Denominator: Total number of people responding to Q3a in the ASC Survey, "Which of the following statements best describes how much control you have over your daily life?", (weighted)	5,550	5,738
	%	77.8%	79.2%



		2014/15	2015/16
ASCOF 4A Proportion of people who use services who feel safe	Numerator: Those who responded to Q7a in the ASC Survey with "I feel as safe as I want" (weighted)(weighted)	3930	4198
	Denominator: The number of respondents to Q7a in the ASC Survey: "Which of the following statements best describes how safe you feel?" (weighted)	5,550	5,738
	%	70.8%	73.2%



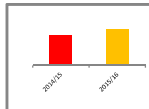
		2014/15	2015/16
ASCOF 4B Proportion of people who use services who say those services have made them feel safe/secure	Numerator: Those who responded to Q7b in the ASC Survey with "Yes" (weighted)	4570	4864
	Denominator: The number of respondents to Q7b in the ASC Survey: "Do care and support services help you in feeling safe?" (weighted)	5,550	5,738
	%	82.3%	84.8%



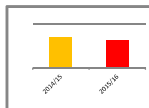
Scheme 6 - Mental Health & Learning Disabilities

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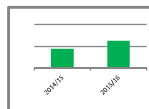
		2014/15	2015/16
ASCOF 1E Proportion of adults with a learning disability in paid employment	Numerator: All people within the denominator, who are in paid employment	70	82
	Denominator: The number of eligible adults (aged 18-64), who have received long term support for learning disability during the year	1,385	1,491
	%	5.1%	5.5%



		2014/15	2015/16
ASCOF 1F Proportion of adults in contact with secondary mental health services in paid employment	Numerator: All people within the denominator, who are in paid employment	N/A	150
	Denominator: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the Care Programme Approach at the end of the month.	N/A	2,360
	%	7.0%	6.4%



		2014/15	2015/16
ASCOF 1G Proportion of adults with a learning disability who live in their own home or with their family	Numerator: All people within the denominator who are "living on their own or with their family" as per the DoH definition	1170	1286
	Denominator: The number of eligible adults (aged 18-64), who have received long term support for learning disability during the year	1,385	1,491
	%	84.5%	86.3%



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Report of the Director of Public Health to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 19th September 2016.

H

Subject: Health and Wellbeing Board Terms of Reference

**Summary statement:
Review of the Terms of Reference for the Health and Wellbeing Board**

Anita Parkin, Director of Public Health

Portfolio:

Health and Wellbeing

Report Contact: Angela Hutton
Phone: (01274) 437345
E-mail: angela.hutton@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

This paper proposes review of the Terms of Reference for the Health and Wellbeing Board, last reviewed in March 2014, in order to reflect changes in the scope of the Board's responsibilities and recent changes to the Council Directorships and Portfolios as currently referenced in the Terms of Reference.

This would allow Members to consider whether the stated purpose, membership and duties of the Board should be amended to reflect recent developments in relation to new ways of working in the health and care sector and integration of health and care services.

2. BACKGROUND

The Terms of Reference for the Bradford and Airedale Health and Wellbeing Board were established in April 2013 when the Shadow Board was constituted as a full Health and Wellbeing Board and as an Executive Committee of the Council.

The Terms of Reference form Article 11A in the Constitution of the Council and Executive Arrangements –which states that ‘The Council will appoint a Health and Wellbeing Board as a Committee of Council.

Recent developments, such as the Board taking on responsibility for overseeing and monitoring the Better Care Fund and providing the overarching governance for the Bradford District and Craven Sustainability and Transformation Plan are not reflected in the current Terms of Reference.

Subsection 9 of the Health and Social Care Act 2012 mandates that the Board be consulted: “At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.” Proposed changes to the Terms of Reference are submitted to Governance and Audit Committee of the Council for agreement.

3. OTHER CONSIDERATIONS

The Terms of Reference contain sections on the principal purpose, duties, membership, meetings and the quoracy requirements for Board meetings – each section has been lifted into Section 3 of the report below with a full version provided at Appendix 1.

Board Members are asked to: review each section of the Terms of Reference at Appendix 1; to consider specific proposals detailed below for some sections which reflect the need to bring the current Terms of Reference in line with changes to Council Portfolios and Strategic Directorships, and to suggest other additions and amendments. Some examples from other Boards' Terms of reference are detailed in some sections below. Feedback should be sent by email to the report contact or given at the Board meeting.



3.1 Board name – for review, no proposal

Current

With effect from 1st April 2013 the name of the Partnership will be “Bradford and Airedale Health and Wellbeing Board”, referred to as The Board

3.2 Board purpose – for review, no proposal

Current

To create a close working partnership between the NHS and City of Bradford Metropolitan District Council and to bring a new local accountability to assessing health and care needs. To be the key partnership forum for determining local priorities and providing oversight on their delivery through enabling and driving the integration of health and social care, and wellbeing in order to create more effective pathways for both service users and those who need to access services. This relationship should significantly reduce health and social inequalities and ensure accountability for local commissioning plans, creating a whole systems approach to improving health and wellbeing and maximising value for money.

Board members are invited to give feedback on the stated purpose of the Board.

3.3 Board Duties – for review with proposal below

3.3.1 Current

- 3.1 To provide local democratic accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- 3.2 To promote integration in the commissioning and provision of health and social care services across the District
- 3.3 To engage with Commissioners in the development and overseeing of local commissioning plans and priorities
- 3.4 To oversee the production of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment
- 3.5 To oversee the production of the Joint Health and Wellbeing Strategy
- 3.6 To provide system leadership and a local interface for both planning and governance through engagement with the NHS Commissioning Board, Public Health England, Local Partnerships and providers, including the Voluntary, Community and Faith Sector and to undertake all statutory duties.
- 3.7 To receive reports from the Integration and Change Board

3.3.2 Proposal

To amend point 3.7 to read ‘...including to report progress on the Sustainability and Transformation Plans for Bradford and Craven and West Yorkshire.

To add the following points to reflect the current responsibilities of the Board:



To receive reports from Bradford Health and Care Commissioners on delegated commissioning functions

To direct, approve and monitor the outcomes of the Better Care Fund Plan

To provide governance to the Bradford District and Craven Sustainability and Transformation Plan (STP) and to ensure the West Yorkshire STP reflects the priorities and needs of Bradford District and Craven.

To provide strategic direction to the Better Health-Better Lives priority in the District Plan

3.3.3 For consideration - some Health and Wellbeing Board Terms of Reference contain:

- clauses to allow and specify the mechanism for delegation of executive powers.
- specific Policy Development, Executive and Regulatory powers to be overseen by or delegated to the Board
- specify checks on whether HWB member organisations have contributed to Joint Strategic Needs Assessments (JSNA).
- specify that the Board will monitor outcomes set out in the JHWS and use its authority to ensure that commissioning by the Local Authority and Clinical Commissioning Groups is integrated and reflects the needs described in the JSNA and reflects the intended outcomes of the Strategy.

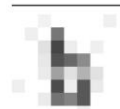
3.4 Board Membership – for review with proposal below

3.4.1 Current - The Board shall consist of:

- a) The Leader of the Council
- b) The Chief Executive of the Council
- c) The Elected Member portfolio holder for Children and Young People’s Services
- d) The Elected Member portfolio holder for Adult Services and Health
- e) One opposition Elected Member
- f) The Accountable Officer from each of the local Clinical Commissioning Groups across the District and a clinician from the CCG if the Accountable Officer is not a clinician
- g) The NHS Area Team Director
- h) The Director of Public Health
- i) The Strategic Director of Adult and Community Services.
- j) The Strategic Director of Childrens Services.
- k) One member from Bradford HealthWatch
- l) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
- m) One representative of the three main NHS providers.

3.4.2 The Board will be able to co opt further members, as required, from provider organisations.

3.4.3 Named alternates can be provided for the members of the Health and Wellbeing Board



except the representatives of the Clinical Commissioning Groups who are able to ask any clinician on the CCGs to alternate for them.

3.4.4 Proposal – to reflect changes to Council Portfolios and Strategic Director responsibilities at the Council:

- **Delete c and d - Elected Member Portfolio holders for Children and Young People’s Services, and Adult Services and Health**
- **Add Elected Member Portfolio holder for Health and Wellbeing** - this portfolio now covers health and both children’s and adult social care.
- **Delete i - Strategic Director of Adult and Community Services**
- **Add Strategic Director of Health and Wellbeing Services** to reflect the new Directorship’s responsibility for health and wellbeing and adult social care.

3.4.5 For consideration - should membership of the Board be expanded? The following can be found in the Terms of Reference of some Health and Wellbeing Boards, however these may reflect that the Health and Wellbeing Board has replaced a broader District Partnership:

- Main health providers
- Representation from the uniformed organisations (police, fire service, ambulance service)
- Chairs of Safeguarding Boards
- GP representative bodies
- Strategic Directors for LA departments concerned with planning, economy, environment.
- Representative of Chamber of Commerce or Business sector

3.5 Meetings of the Board – for review, no proposal

- 5.1 The Board will have a chair who is the leader of Bradford Council
- 5.2 Provision will be made for a Deputy Chair who will be appointed from the NHS membership on the Board
- 5.3 Meetings will be held in public
- 5.4 Meetings will take place bi-monthly
- 5.5 Each Member of The Board will have a vote though agreement on matters considered by The Board will generally be by consensus. Further persons co-opted by The Board will be non-voting unless the terms of reference are amended by Council.

3.6 Quorum – for review, no proposal

- 6.1 One third of Board members will form a quorum, with at least two Elected Member representatives from the Council, one Council Officer, and one representative from Clinical Commissioning Groups.



3.7 Governance arrangements - Not currently included in the Terms of Reference

Proposal – to add a short section on governance to represent the arrangements set out at section 5 below. To provide a governance diagram as an appendix to the Terms of Reference.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance of the Health and Wellbeing Board remains as currently constituted – as an Executive Committee of the Council. Article 11A in the Constitution of the Council and Executive Arrangements states that ‘The Council will appoint a Health and Wellbeing Board as a Committee of Council.’ Any proposed changes to the Terms of Reference must be consulted on and submitted to the Governance and Audit Committee. In addition the Board forms one of the five key District partnerships. Partnerships report in to the Bradford District Partnership on District Plan priorities.

A full governance structure for the Bradford District and Craven Health and Wellbeing system has been updated to reflect the development and significance of Sustainability and Transformation Plans (STP) under NHS Planning Guidance for 2016-17.

The Board is represented as the overarching governing body for the Bradford District and Craven STP. However, this plan sits within a broader West Yorkshire Sustainability and Transformation Plan with a West Yorkshire Governance structure.

The role and influence of local Health and Wellbeing Boards over the larger STP footprints including the West Yorkshire footprints is not yet clear. The Board has raised concerns over the need for transparency and local political oversight of the West Yorkshire STP through the West Yorkshire STP governance structure and through the Health and Wellbeing Board Chairs’ Group.

The Board does not at present operate a risk register. Board sub-groups log and escalate risks to the Board when they cannot be resolved without Board input.

6. LEGAL APPRAISAL

Legal appraisal will be undertaken in relation to any changes to the Terms of Reference that are proposed at the September Board meeting or through representations from Board Members after the meeting. Board members will be asked to take the updated changes through their governance structures.

Section 194 of the Health and Social Care Act 2012 established that

The Health and Wellbeing Board is to consist of—

(a) subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3),



- (b) the director of adult social services for the local authority,
- (c) the director of children’s services for the local authority,
- (d) the director of public health for the local authority,
- (e) a representative of the Local Healthwatch organisation for the area of the local authority,
- (f) a representative of each relevant clinical commissioning group, and
- (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.

(3) A nomination for the purposes of subsection (2)(a) must be made—

(a) in the case of a local authority operating executive arrangements, by the elected mayor or the executive leader of the local authority;

(b) in any other case, by the local authority.

(4) In the case of a local authority operating executive arrangements, the elected mayor or the executive leader of the local authority may, instead of or in addition to making a nomination under subsection (2)(a), be a member of the Board.

(5) The Local Healthwatch organisation for the area of the local authority must appoint one person to represent it on the Health and Wellbeing Board.

(6) A relevant clinical commissioning group must appoint a person to represent it on the Health and Wellbeing Board.

(7) A person may, with the agreement of the Health and Wellbeing Board, represent more than one clinical commissioning group on the Board.

(8) The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.

(9) At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

No direct implications from this report, however the Board has influence on sustainability planning through its input to the Sustainability and Transformation Plans for Bradford District and Craven and for West Yorkshire.

7.3.1 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS



The Board can raise and contribute to issues and debates on Community Safety as one of the five key partnerships that report in to the Bradford District Partnership on District Plan priorities. The Board contributes to Community Safety through its strategic leadership on health inequalities, work to improve community mental wellbeing and safe, inclusive communities for people with learning disabilities.

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

10.1 That the Terms of Reference for Bradford and Airedale Health and Wellbeing Board are updated to reflect changes to Council Portfolios and Strategic Directorships and the additional duties noted at section 3.3.2, and,

That further comments and submissions in respect of updating the Terms of Reference are received by 30th September 2016 and that a final proposal is developed and circulated for consultation and brought to the November 2016 Board meeting for agreement.

11. APPENDICES

Appendix 1 - Bradford and Airedale Health and Wellbeing Board - Terms of Reference March 2014.

12. BACKGROUND DOCUMENTS

None



Bradford and Airedale Health and Wellbeing Board Terms of Reference - March 2014

1. Name

With effect from 1st April 2013 the name of the Partnership will be “Bradford and Airedale Health and Wellbeing Board”, referred to as The Board

2. Principal Purpose

To create a close working partnership between the NHS and City of Bradford Metropolitan District Council and to bring a new local accountability to assessing health and care needs. To be the key partnership forum for determining local priorities and providing oversight on their delivery through enabling and driving the integration of health and social care, and wellbeing in order to create more effective pathways for both service users and those who need to access services. This relationship should significantly reduce health and social inequalities and ensure accountability for local commissioning plans, creating a whole systems approach to improving health and wellbeing and maximising value for money.

3. Principal Duties

- 3.1 To provide local democratic accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- 3.2 To promote integration in the commissioning and provision of health and social care services across the District
- 3.3 To engage with Commissioners in the development and overseeing of local commissioning plans and priorities
- 3.4 To oversee the production of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment
- 3.5 To oversee the production of the Joint Health and Wellbeing Strategy
- 3.6 To provide system leadership and a local interface for both planning and governance through engagement with the NHS Commissioning Board, Public Health England, Local Partnerships and providers, including the Voluntary, Community and Faith Sector and to undertake all statutory duties.
- 3.7 To receive reports from the Integration and Change Board

4. Membership

4.1. The Board shall consist of:

- n) The Leader of the Council
- o) The Chief Executive of the Council
- p) The Elected Member portfolio holder for Children and Young People’s Services
- q) The Elected Member portfolio holder for Adult Services and Health
- r) One opposition Elected Member



- s) The Accountable Officer from each of the local Clinical Commissioning Groups across the District and a clinician from the CCG if the Accountable Officer is not a clinician
 - t) The NHS Area Team Director
 - u) The Director of Public Health
 - v) The Strategic Director of Adult and Community Services.
 - w) The Strategic Director of Childrens Services.
 - x) One member from Bradford HealthWatch
 - y) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
 - z) One representative of the three main NHS providers.
- 4.2 The Board will be able to coopt further members, as required, from provider organisations.
- 4.3 Named alternates can be provided for the members of the Health and Wellbeing Board except the representatives of the Clinical Commissioning Groups who are able to ask any clinician on the CCGs to alternate for them.

5. Meetings of the Board

- 5.1 The Board will have a chair who is the leader of Bradford Council
- 5.2 Provision will be made for a Deputy Chair who will be appointed from the NHS membership on the Board
- 5.3 Meetings will be held in public
- 5.4 Meetings will take place bi-monthly
- 5.5 Each Member of The Board will have a vote though agreement on matters considered by The Board will generally be by consensus. Further persons co-opted by The Board will be non-voting unless the terms of reference are amended by Council.

6. Quorum

- 6.1 One third of Board members will form a quorum, with at least two Elected Member representatives from the Council, one Council Officer, and one representative from Clinical Commissioning Groups.



Report of the Interim Strategic Director of Adult and Community Services and the Chief Officer Bradford City and Bradford Districts Clinical Commissioning Groups to the meeting of the Health and Wellbeing Board to be held on 19th September 2016

Subject:

Working Better Together 2 – A Whole System for Health and Wellbeing – Joint Mental Health and Wellbeing Strategy Development

Summary statement:

Update on development of a joint Mental Health and Wellbeing Strategy for Bradford,

Airedale and Craven

Bernard Lanigan, Interim Strategic Director, Adult and Community Services

Helen Hirst, Chief Officer Bradford City and Bradford Districts CCGs

Report Contact: Ali-Jan Haider

Phone: (01274) 237290

E-mail: alijan.haider@bradford.nhs.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

The Working Better Together report is a standing item at the Health and Wellbeing Board that brings regular updates on development of a whole system approach to health, social care and wellbeing; for example supporting further integration between health and social care organisations and processes and directing the health and wellbeing system to develop integrated strategies.

This report notifies the Board that a presentation will be made at the Board meeting to provide a further update on the development of a Mental Health and Wellbeing Strategy for Bradford, Airedale and Craven and assurance that good progress is being made and draws out themes from the draft strategy.

2. BACKGROUND

2.1 Mental Health and Wellbeing Strategy

An external review of Mental Health Commissioning in 2015 recommended the development of a strategy and stakeholder engagement and improving governance for mental health. In February 2016 the Bradford Health and Wellbeing Board approved a proposal to develop an integrated approach to Mental Health and Wellbeing.

In April 2016 the Board held a dedicated session on Mental Health and Wellbeing and provided feedback to the Joint Commissioner to request that the strategy should: have a strong emphasis on integrated working, prevention, early intervention and building community resilience; address the relationship with wider determinants of health such as housing and homelessness and employment; and should encompass the mental wellbeing of children and young people as well as adults.

In July 2016 the Board received an update on the development of an all-age mental health strategy for the district in partnership with stakeholders. Development commenced in April 2016 and is scheduled for completion by September 30th 2016.

The Strategy was described as covering the full spectrum of mental health, from ameliorating the broader determinants of poor mental health, to mental wellbeing and suicide prevention to the care and treatment of those who have a mental illness.

The Board expressed concern that progress should be accelerated and recorded the following decision:

That a further report be submitted to the Board in 2016 which addresses the comments made at the meeting and includes the following information:

The outcomes and objectives of the joint mental health and wellbeing strategy



The timeline for achieving those outcomes and objectives
The budget involved in providing joint mental health services

Action: Interim Strategic Director Adult and Community Services/Director of Collaboration Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups

A presentation at the meeting will outline progress and themes from the work to date.

3. OTHER CONSIDERATIONS

The programme mandate sets out the vision and aims of the strategy in brief.

3.1 Programme mandate – summary

The programme of work requires a broad range of stakeholders to work in partnership to deliver the required outcomes and the purpose of this paper is to provide a high level description of these to enable the Board to be clear about what will be achieved, how it will be delivered and by when. This will be central to informing its role of monitoring and steering the progress of the work. The programme will:

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- Engage with stakeholders including the broader public, patients, carers, NHS and LA Commissioners and providers from both the statutory and VCS sectors and ensure they understand the strategy process and receive feedback.
- Redesign local governance arrangements to provide oversight and management of the delivery of an agreed mental health improvement plan.
- Deliver a clearly articulated, aspirational and imaginative Vision for Mental Health and Wellbeing across Bradford, Airedale and Craven for the next 5 years, using clear language that is accessible to all and is shared and owned by local stakeholders.
- The Vision will be supported by a comprehensive Mental Health Transformation plan that sets out a detailed SMART action plan that describes the initial short to medium term plans and outcomes.
- The Programme will deliver a Vision and plan that aims to deliver:
 - Excellent quality of care, identifying less than optimum clinical outcomes, patient experience or return on investment and unwarranted variation in care or cost
 - At lower cost, by carefully selecting strategies that, together, produce more value for the same or similar resource
 - While improving population health, to re-balance the care of patients from acute care to prevention, self-care and living well.
- Will ensure that local plans reflect national priorities as well as local aspirations
- Deliver the Vision and Transformational plan for stakeholder endorsement by the end of September 2016.



3.2 National context

The development of the strategy takes place in the national context set by the Five Year Forward View for Mental Health, published in February 2016. This report from the independent Mental Health Taskforce to the NHS in England focused on the experience of people with mental health problems and initiated a process of transformation to achieve the recognition of equal importance between mental and physical health for people of all ages. In July 2016 five common principles for local areas were published:

- co-production with people with lived experience of services, their families and carers
- working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing
- identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery
- designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives
- underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.

These have been adopted in developing the joint mental health strategy for Bradford, Airedale and Craven to improve mental health and wellbeing for all people.

In respect of children and young people further context is provided by Future in Mind, published in March 2015 by the government's Children and Young People's Task Force. Work is underway in the District to develop a Transformation Plan against the five key themes of:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care of the most vulnerable
- Transparency and Accountability
- Developing the Workforce

Other areas of recognised national importance are:

- Improving the physical health of people with mental health problems
- Safe places for people in mental health crisis
- Services for older people that respond to the full range of potential needs and are integrated with social care, primary care and care for physical health conditions
- Rapid access to services for people with anxiety, depression, eating disorders and for those experiencing a first episode of psychosis



3.3 Individual sections of the Draft Strategy

A number of sections are in full draft and are outlined in brief below.

3.3.1 What we know

As well as the national context set out above, an early section of the draft strategy describes local knowledge about the diverse population of the District in respect of:

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- factors that increase the risk of mental illness – genetic factors, social, economic and environmental factors
- the inter-relationship between physical and mental health and increased cost of care for people with long-term conditions and mental health needs.
- the impact of stigma
- the range of conditions
- a focus on childhood and the importance of the early years to establish good mental wellbeing
- key messages from people with mental health needs
- how services are currently organised
- service gaps and areas for improvement
- the national context
- inter-relationship with other local programmes

3.3.2 Where do we want to be?

This section of the strategy focuses on commissioning and integration of existing services including:

- community and place-based solutions
- high-quality services for those that need them,
- intervening early to reduce the need for more specialised services
- building on existing strengths, resources and resilience
- primary, secondary and tertiary prevention
- primary care and secondary care services,
- psychological therapies
- integrating mental health approaches into other services and care pathways including substance misuse, alcohol and learning disability and autism.

3.3.3 How do we get there?

Workforce development is identified as a key route to effect change through the Integrated Workforce Programme and is tasked to develop a system wide integrated health and social care workforce that is fit for the future. This section also focuses on sustainability of the sector.

The role of the Voluntary and Community Sector is acknowledged as local organisations working with vulnerable and marginalised people and embedded in local communities.



This section also considers ways to create better value from available resource - considering evidence-based commissioning, wider population approaches and building resilience as well as considering the use of technology and the future contribution of Accountable Care Systems.

4. FINANCIAL & RESOURCE APPRAISAL

An overview of resource for mental health commissioning was presented to the Health and Wellbeing Board in February 2016 and currently stands at the level included in the 2016-17 Better Care Fund for the District.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Mental Health governance structures have been developed in line with the agreements set out at the February 2016 meeting of the Health and Wellbeing Board and are providing the leadership for the development of the strategy for Mental Health and Wellbeing. No outstanding risk issues are associated with this programme at the current time.

6. LEGAL APPRAISAL

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The joint Strategy for Mental Wellbeing will address issues of equality and diversity as they apply to protected characteristics groups. In addition the Strategy will address inequalities that are not covered under the Equality Act 2010 for example relating to deprivation in particular as poor health outcomes, health inequalities and equity of access to and uptake of services is often associated with areas of high deprivation.

7.2 SUSTAINABILITY IMPLICATIONS

The Sustainability and Transformation Plans for Bradford and Craven and for West Yorkshire will address sustainability issues in relation to financial sustainability through the work to close the finance gap for the health and social care economy. Estates workstreams will address the sustainability issues set out in the Carter Review.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS



No specific community safety issues are anticipated to arise from the development and publication of the joint Strategy for Mental Health and Wellbeing.

7.5 HUMAN RIGHTS ACT

The current position in respect of Human Rights Act implications, for example in relation to Deprivation of Liberty, is unlikely to be impacted by the publication of the MH and Wellbeing Strategy.

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

That the Board receives the update and provides feedback to further shape the strategy and encourages wide participation in consultation on the draft strategy through its constituent organisations.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None



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