

Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16 November 2017

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Subject:

Annual report of the Health and Wellbeing Board to the Health and Social Care Overview and Scrutiny Committee

Summary statement:

This report outlines the work and focus of the Bradford and Airedale Health and Wellbeing Board in 2016-17, its fourth year of operation. The Board is the statutory partnership with leadership responsibility for Health and Wellbeing across the local health, care and wellbeing sector.

Bev Maybury
Strategic Director Health and Wellbeing

Report Contact: Sarah Muckle
Phone: (01274) 432805
E-mail: sarah.muckle@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This report outlines the work and focus of the Bradford and Airedale Health and Wellbeing Board in 2016-17, its fourth year of operation. The Board is the statutory partnership with leadership responsibility for Health and Wellbeing across the local health and wellbeing sector. The report outlines:

- the work that has taken place during 2016-17 to develop whole system approaches to health and wellbeing across the District.
- strategic and themed work undertaken by the Board
- progress on the 'Better health, better lives' priority of the District Plan 2016-20.

2. REPORT ISSUES

2.1 Annual report to the Health and Social Care Overview and Scrutiny Committee of City of Bradford Metropolitan District Council

The Board has continued to provide leadership and direction in key areas where a new strategic direction is being developed in order to improve health and wellbeing outcomes, or where national guidance has required that a different approach is needed:

2.1.1 Strategic focus

In the latter half of 2016-17 development meetings for the Board focused on shaping a draft Joint Health and Wellbeing Strategy to follow on from the original 2013-16 strategy.

The first draft set out a shared vision and priority outcomes for improving the health and wellbeing of the population and reducing health inequalities (avoidable differences in health between different people). The strategy aims to build resilience, to support independence and ensure that people receive the right level of support to be 'Healthy, happy and at home' for as much of their lives as possible. The draft proposed a focus on the wider factors that shape our wellbeing, on preventing avoidable illness and self-care to help people stay as well as possible even with a chronic health condition. The strategy will guide how resources are used for the next few years to improve wellbeing and prevent illness.

This vision will also guide the use of the additional central government funding to support and secure the provision of adult social care across the District (see 3.1.3 below - Better Care Fund Plan), for example, by securing and expanding the home care market, expanding provision of equipment and developing new supportive technology. These approaches will enable more people to maintain and improve their health and wellbeing, to be able to access advice and support in ways that are convenient to them, and to live safely in their homes and communities, with appropriate person-centred support.

The Health and Social Care Overview and Scrutiny Committee received and commented on the first draft of the strategy at their October meeting as part of a stakeholder consultation.

2.1.2 Mental Wellbeing

In late 2015-16 the Board had been involved in the early stages of shaping the new integrated Mental Wellbeing Strategy, recommending that the strategy be all-age, focusing

on community wellbeing, prevention and early intervention and consider the role to be played by primary care professionals and a wide range of partners.

Throughout 2016-17 the Board maintained this focus on mental wellbeing, supporting and guiding the development process, receiving regular progress updates and signing off the strategy in November 2016. This underlined the importance that the Board attached to thee being a strategic focus and approach for mental wellbeing which is now one of four priority outcomes in the draft Health and Wellbeing Strategy for 2018-23.

2.1.3 Whole sector approach to health and wellbeing

In 2016-17 the Board continued to focus on supporting the health, care and wellbeing sector to work better together: to improve outcomes for local people and to ensure that health and wellbeing services remain sustainable within the resources available. Work in this area during 2016-17 has focused on a number of areas, including the work co-ordinated through the District's Better Care Fund Plan, and the development of longer-term plans and arrangements for system change including involvement in the national Sustainability and Transformation Planning process and development of local accountable care arrangements. See Appendix 1.

2.1.3.1 2016-17 Better Care Fund Plan

The Better Care Fund Plan co-ordinated areas of work that attract national funding to improve outcomes for people by improving their experience of using hospital and care services, specifically to improve the co-ordination of support and care between different settings, for example to reduce delays for people who need to move from one health or care setting to another, or between hospital or care and their home.

In 2016-17 additional local funding for mental health and learning disability services was brought within the Plan to enable these key areas of provision to benefit from joint planning of how the available resource is used. The Board agreed the 2016-17 Better Care Fund Plan in summer 2016, before its submission to NHS England, and received performance updates throughout the year.

Planning and preparation of the Better Care Fund (BCF) Plan 2017 – 2019

Following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government, the Bradford and District Better Care Fund Plan 2017-19 will be submitted to NHS England on 11th September 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically. The plan forms a strategic delivery partnership between City of Bradford MDC and the three local CCGs.

There are four national conditions which our BCF Plan must meet:

1. Plans must set out the local area's ambition towards integration by 2020 and be jointly agreed between the Council and the CCG commissioners.
2. The NHS contribution to adult social care must be maintained in line with inflation.
3. An agreement must be reached to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care.
4. The High Impact Change Model must be adopted by the local area to support Managing Transfers of Care (this is a new condition to ensure people's care transfers smoothly between services and settings).

In 2017/18 the BCF includes a new element, the improved Better Care Fund (iBCF) for which the following requirements must be met:

- The plan for investment of the iBCF must be agreed with the CCG and incorporated into a Section 75 Agreement.
- Local Trusts responsible/involved in planning schemes to manage discharge should be involved, however they do not need to sign off the plan.
- All areas must implement the High Impact Change model and this must be confirmed in the BCF Narrative Plan.

As part of introducing the iBCF a change has been made to performance measures. A new composite measure has been introduced focusing on progress on integration. Bradford is ranked 2nd of 152 Health and Wellbeing Areas nationally under the new composite measure. The following measures continue to be reported to NHS England:

- non-elective admissions (general and acute)
- admissions to residential homes and care homes
- effectiveness of reablement
- delays to transfer of care

Whilst as a local area commissioners have flexibility in how the Fund is spent across health, care and housing schemes or services, agreement has to be reached through the local BCF planning process as to how this spending will improve performance on the above metrics. The BCF 2017/18 and 2018/19 shall also include the following elements which must be spent in keeping with the national policy intent for each one:

- The Disabled Facilities Grant
- The Care Act 2014 Monies
- Former Carers Break Funding
- Reablement Funding (former Section 256 transfer funding)

The BCF planning framework includes a national assurance process which is administered by NHS England and the Association of Directors of Adult Social Services (ADASS) Regions to test how well local plans meet the national conditions applied to the BCF. In 2016-17 and previous years draft plans have been submitted for feedback before being finalised. In 2017-19 the assurance process is a single stage process with submission due on 11th September 2017. Plans rated as approved but with conditions will need to be resubmitted by 31st of October. See Appendix 3 for a full update.

2.1.3.2 Sustainability and Transformation planning

NHS planning guidance for 2016-17 required NHS-defined areas or footprints, (for Bradford and Craven the footprint is West Yorkshire and Harrogate) to develop plans that outlined how partners would work together as a sector to identify and address three aims: health and wellbeing outcomes; care quality; financial sustainability, and to show how these would be improved and brought onto a sustainable footing by 2020. In June 2016 the Board gave early feedback on a draft West Yorkshire and Harrogate Plan.

This draft plan described the position across West Yorkshire and Harrogate and proposed

nine priorities where outcomes might be improved and services delivered more sustainably by sharing and learning from best practice and expertise and, in some cases, from planning and commissioning on a larger scale, as is currently the case for specialised, high-cost, low-frequency services. The priorities included: prevention; primary and community services; mental health; cancer; stroke and urgent and emergency care, with cross-cutting, enabling workstreams including workforce and estates. The Board supported the priorities but suggested that prevention should be a thread woven through all priorities, and also raised concerns about the timescale and the need for more public engagement and local, political oversight.

Each local area then contributed a 3 page overview of its priorities and local transformation plans to improve the same three aims: health and wellbeing outcomes, care quality, financial sustainability. For Bradford District and Craven the submission updated and added to a local picture described in our 2014-19 Five Year Forward View for the local health economy (see background documents for a link). In October 2016, the Board agreed the local submission which described:

- health and wellbeing priorities where outcomes need to improve including maternal and child health, mental health, cardiovascular health cancer and respiratory disease, Type 2 diabetes and obesity.
- areas of provision where the quality of care needs to improve to reach the standards of comparable health areas.
- analysis of the size of the financial gap between the cost of anticipated demand for services and the cost of provision by 2020. As of October 2016 this was estimated to be £221m (see section 4) with local plans for mitigation in place or in development for all but £18m. Plans were RAG (Red, Amber, Green) rated for risk to delivery.

The Board will receive reports on progress and risk levels through the Integration and Change Board (ICB) and have resolved to receive twice yearly financial updates. (See background documents for a link to the West Yorkshire and Harrogate Plan which includes the Bradford and Craven submission).

2.1.4 Themed section of meetings 2016-17

Themed discussions take place at Board meetings for items that need more prolonged consideration; these will often be followed up over the next few meetings. Themes in 2016-17 included:

2.1.4.1 Healthy Weight

Following a decision at the July 2016 Health and Wellbeing Board a Healthy Weight Board was set up in August 2016 and is chaired by Councillor Val Slater.

The Board incorporates a wide range of partners; these include senior representatives from: the Directorate of Health and Wellbeing and Directorate of Place in the Local Authority; Bradford City and District and Airedale CCGs; Active Bradford; the Voluntary Sector and Bradford Teaching Hospitals Foundation Trust.

The Healthy Weight Board has met six times in the past 12 months and examined the root causes of people becoming overweight and obese. In understanding the parallels and associations between the wider range of lifestyle issues which lead to obesity, long term conditions and diseases resulting in premature mortality, the Healthy Weight Board resolved that it would wish to extend its remit to include excessive alcohol consumption

and smoking and has rename itself the Healthy Bradford Board, subject to approval from the Health and Wellbeing Board. This was approved by the Health and Wellbeing Board on 26th September 2017. See Appendix 2 for the full update.

2.1.4.2 Safeguarding - the November meeting received the annual reports of the Bradford Safeguarding Children Board and the Safeguarding Adults Board, and listened to a presentation of the report of the enquiry into the death of Connor Sparrowhawk, a young man with autism who died in care in the south of England. Discussion also referred to the findings of the national review of early mortality that has followed. The Board decided to review the local mortality data once this was available, and to develop a broader focus on improving general health and wellbeing for people with mental health needs or learning disabilities.

2.1.4.3 Cardiovascular Health – The Board discussed and commended the Bradford Healthy Hearts Programme which was formally launched in February 2015 by Bradford Districts CCG to address the very high level of cardiovascular disease in the CCG area. The programme aimed to identify and treat thousands of people with undiagnosed risk of cardiovascular disease and improve the management of risks such as high blood pressure and high cholesterol in current patients. The target was to reduce cardiovascular events by 10% by 2020 – resulting in 150 fewer strokes and 340 fewer heart attacks. The approach has identified thousands of people at high risk of cardiovascular disease, supporting them to reduce their risk level by providing appropriate preventive treatment and referring them to lifestyle programmes to prevent strokes and heart attacks, and the disabilities which can result.

Outcomes reported to the Board in March 2016 included:

- New diagnoses of high blood pressure in around 2,500 patients, about a 5% increase of previous figures.
- After less than one year of the blood pressure program, nearly 75% of people with high blood pressure are now better treated (4,400 more people).
- More than 13,000 more people in the Bradford area had their statin medication improved, and more than 1,000 people on vital blood thinning and stroke preventive medicine which has reduced the risk of stroke by up to 75% in these patients.
- Since the start of the campaign; there have been 211 fewer heart attacks and strokes.
- In addition to these major health benefits, the CCG estimates it made net savings of £1.2m in the first fifteen months of the programme.

The programme team were able to announce at the meeting that further monies had been secured from the British heart Foundation to extend the programme for two years.

2.1.4.4 Other business

The Terms of Reference for the Health and Wellbeing Board were updated in autumn 2016. These clarified the functions and responsibilities of the board; updated membership to reflect changes in Council departments and member portfolios; added a representative of the primary care sector Alliances (Community Interest Companies) and expanded the representation of the NHS Acute and Community Trusts at the Board from one to three.

3. FINANCIAL & RESOURCE APPRAISAL

In September 2016 the Health and Wellbeing Board received an overview of the financial position for the Bradford and Craven Health and Wellbeing sector, projected to 2020. Understanding of the financial position had been developed through joint working and information sharing between the Directors of Finance for the Council, the Clinical Commissioning Groups and the NHS Foundation Trusts based on projected budgets to 2020.

The overview took into account the context of expected population changes such as an ageing population, and the projected increase in demand for services. By 2020 it was anticipated that there would be a gap of £221m between the funding available to the sector and the cost of providing services. This would result from approximately 5% annual reductions to the Council budget to 2020, and what was known at the time about savings targets for NHS organisations to 2020. This underpinned the need to develop a long-term plan for sustainability across the health and wellbeing sector.

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

The work of the Health and Wellbeing Board is governed through the Bradford District Partnership. The Board takes an annual report to the District Partnership and reports to Partnership meetings as required.

Work on whole system change in the health and wellbeing sector is governed by the Health and Wellbeing Board and managed by the working groups of the Health and Wellbeing Board. In 2016-17 these were:

- the Integration and Change Board (ICB) which comprises the Chief Executives of local health and wellbeing organisations. The ICB manages Transformation Programmes, including the risks attached to those programmes.
- an Executive Commissioning Board which in 2016-17 comprised the senior managers and clinicians who commission health and wellbeing services for local people on behalf of the Council and the Clinical Commissioning Groups (with representation from Public Health England and NHS England). The functions of this group have been reviewed and an Executive Commissioning Board will take over the role from autumn 2017.

5. LEGAL APPRAISAL

None requested in relation to this report as the report is retrospective.

6. OTHER IMPLICATIONS

6.1 EQUALITY & DIVERSITY

No direct impacts from this report.

6.2 SUSTAINABILITY IMPLICATIONS

No direct impacts from this report.

6.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

6.4 COMMUNITY SAFETY IMPLICATIONS

None.

6.5 HUMAN RIGHTS ACT

None.

6.7 TRADE UNION

None.

6.7 WARD IMPLICATIONS

None.

7. NOT FOR PUBLICATION DOCUMENTS

None

8. OPTIONS

No options are provided.

9. RECOMMENDATIONS

That the members of the Health and Social Care Overview and Scrutiny Committee provide comments on the Annual Report from the Health and Wellbeing Board

10. APPENDICES

1. Annual Better health, better lives performance report to the Bradford District Partnership.
2. Healthy Weight Board - Progress Report for Health and Social Care Overview and Scrutiny Committee
3. Update on development of Better Care Fund Plan 2017-19

11. BACKGROUND DOCUMENTS

Five year forward view (2014-19) Bradford District and Craven health and care economy
<http://www.airedalewharfedalecravenccg.nhs.uk/wp-content/uploads/2014/08/Bradford-and-Craven-five-year-forward-view.pdf>

West Yorkshire and Harrogate Sustainability and Transformation Partnership

<http://www.southwestyorkshire.nhs.uk/quality-innovation/sustainability-transformation-plans-stps/west-yorkshire-harrogate-stp/>

Appendix 1

Better health, better lives - Annual performance update to the Bradford District Partnership made in June 2017



Better health, better lives

Achievement highlights

- The Mental Wellbeing Strategy has been shaped to ensure a strong focus on prevention and early intervention.
- A Healthy Lifestyle Board has been established and is planning how to scale up action to address child and adult overweight and obesity and wellbeing in general.
- The Board's annual safeguarding and wellbeing meeting focused on the national review of early deaths of people with learning disabilities and mental health needs. Local data will be reviewed.
- The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care. This helps to reduce pressure on hospital beds.
- A fully integrated local health plan is being developed for the first time (bringing together the operational plans of multiple health and wellbeing organisations) . This will give an overview of how resources for health and wellbeing are being used in the District.
- Development of the Joint Health and Wellbeing Strategy for 2018-2023 has begun.

The next 12 months










- The new Joint Health and Wellbeing Strategy will develop a more targeted approach to some of our long standing health inequalities, which are largely concentrated in areas of high deprivation.
- The Board will continue to lead integration and transformation across the health, care and wellbeing sector.
- The health sector will agree the best use of additional government funds to meet adult social care need and to create a sustainable care system.
- Tools will be developed to accompany and support the new Joint Health and Wellbeing Strategy – including a performance tracker and a toolkit to make sure we are considering the right things in our decision-making.
- The strategy will focus on helping people to stay well, and on earlier intervention to reduce the progression of illness and reduce demand for urgent and emergency care.




Ambition

We want all of our population to be healthy, well and able to live independently for as long as possible – with the right healthcare or support for each person, available at the right time. Our ambition is to help everyone take more control of their own health and wellbeing, to see more people taking good care of their health and fitness and to see people supporting each other to make positive changes.

Getting and staying healthy can be harder for people living on low income, in poor-quality housing or leading insecure, stressful lives. Our challenge is to ensure everyone is able to enjoy the best health they can and to have a good quality of life whatever age they are and wherever they live.

Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Female)	60.5	
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Male)	62.9	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Females)	7.2	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Males)	9.6	
4c) Significantly reduce the proportion of children overweight or obese at age 10 to 11	Excess weight in 10-11 year olds	36.35%	
4d) Improve mental wellbeing and reduce high anxiety to below the England average	Self-reported wellbeing - people with a high anxiety score	18.62%	
4e) Build on success at tackling loneliness and social isolation	Proportion of people who use services who reported that they had as much social contact as they would like	51.3%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Percentage of inactive adults	31%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Smoking prevalence - adults (over 18s)	21%	

-  On track to meet target by 2020
-  Some concerns/possible delays
-  Not expected to be achieved

Overall, life expectancy has not changed. Healthy life expectancy tells us the age that people remain in good general health on average. For males, that age increased by 1.4

years compared to the previous year, whilst for females it dropped by 0.5 years, meaning that on average women reported 2.4 fewer years of healthy life than men.

Two of the main factors causing preventable deaths in adulthood show a slight increase. These are smoking prevalence (the percentage of adults who are current smokers), and excess weight in 10-11 year olds. Both of these are concerning as they undermine people's health and wellbeing. Although we already have programmes in place we will need to rethink how we work with and alongside people to support them to improve their health and wellbeing.

Good things are happening here

Bradford Healthy Hearts

Bradford's Healthy Hearts campaign was developed by Bradford Districts Clinical Commissioning Groups (CCG) in collaboration with stakeholders and patients to design a programme that would change the way people with cardiovascular disease (CVD) are cared for, and to identify people at risk but not yet identified in the community. The approach has seen good results from its aim to identify and support thousands of local people at high risk of CVD, treating people with poorly managed or undiagnosed high blood pressure or high cholesterol levels. The programme set itself a challenging target, to reduce cardiovascular events by 10% by 2020, preventing 150 strokes and 340 heart attacks. This would reduce the damage and disability caused by CVD and reduce the cost of emergency admissions for CVD by at least £4.5 million per year.

In the first two years of operation, the campaign has significantly improved the health of residents, offering nearly 21,000 health interventions to people in the Bradford area. Since the start of the campaign in 2015 there have been 211 fewer heart attacks and strokes (than would have been expected). The programme has won national recognition for its innovative approach and is being piloted in Scotland.

Action on respiratory disease

Respiratory disease such as asthma and Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of poor health and early death in Bradford District. Partners across the district, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes. Preventive approaches aim to reduce the numbers of young people who take up smoking and to support people to stop smoking, particularly pregnant women and smokers who are admitted to hospital; support is also targeted at workplaces with high numbers of smokers.

Programmes have also been developed to improve the health status of people with respiratory disease and reduce deaths from respiratory disease. In Airedale, Wharfedale and Craven the focus is mainly on primary care, where most people are looked after, but also to ensure that care is as joined up as possible when people do require management in hospital settings. In Bradford, a new programme - Bradford Breathing Better – is led by clinicians to help people with long-term lung conditions to better manage their asthma or Chronic Obstructive Pulmonary Disease.

Our achievements over the last 12 months

The Health and Wellbeing Board (HWB) is leading the delivery of the Joint Health and Wellbeing Strategy and the Health and Wellbeing Plan for Bradford and Craven. Over the last 12 months we have:

- Helped to shape the Mental Wellbeing Strategy at an early stage of development. This would ensure that the new strategy had a strong focus on prevention and early intervention to support people's mental wellbeing. It also addressed the role played by wider factors such as low-income, unemployment and poor housing in shaping people's mental health and wellbeing. The HWB received regular progress updates throughout 2016-17.
- Established a Healthy Weight Board to review and make recommendations on how best the district can halt the increasing trend of child and adult overweight and obesity.
- The November HWB meeting focused on Safeguarding. The HWB had a presentation on the national review of early deaths for people with learning disabilities and mental health needs. HWB tasked the Integration and Change Board to review the relevant data for the district (once available from the national auditors) and to report back to the HWB with an assessment of action needed to improve health and wellbeing.
- Overseen the working of the Better Care Fund. This is a joint fund established to accelerate integration between health services and adult social care systems. Its aim is to improve services and reduce delays, for example to avoid people having to stay in hospital longer than necessary. The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care.
- Overseen development of the Bradford District and Craven section of the West Yorkshire and Harrogate Sustainability and Transformation Plan and a joint operational plan for Bradford and Craven. Both are required under the NHS Planning Guidance for 2017-19. The joint operational plan brings together single organisation plans, and transformation plans, to improve our understanding of what is currently provided, where we have gaps and where and how resources for health and wellbeing could be better used. This will help to improve future planning and deliver value for money.
- Develop the second Joint Health and Wellbeing Strategy for 2018-2023. The strategy will be a short, focused document that addresses the major health needs and health inequalities in the district and helps to guide decisions about the use of resources. It will build on the Better Health, Better Lives section of the District Plan as this had extensive engagement and consultation in 2016, and the health and wellbeing needs that have been identified through the joint strategic needs assessment and the 2016 Sustainability and Transformation Planning process.

The challenges facing us over the next 12 months

Addressing the high level of health inequality between different areas of the district and between different people remains a priority. This will be a strong theme in the next joint Health and Wellbeing Strategy being developed for 2018-2023.

There are encouraging signs for the local economy but poor child health in some areas of the district remains a challenge. For some children and young people, life chances may have been adversely affected by worsening deprivation between 2010 and 2015 (Index of Multiple Deprivation 2015) and by the rise in the rate of child poverty in 2014. This became apparent when national data was published by HMRC in autumn 2016. Some aspects of child health have been improving but others are not and it will be prioritised in the new Strategy.

Developing a sustainable, integrated approach to health and wellbeing is likely to remain a challenge for the next few years. Resources are shrinking and demand is likely to continue to grow. This will place increased demand on services unless we can improve people health and wellbeing by keeping more people healthy for longer and intervening earlier when people do become ill.

Our aim is to support people to stay well so that more resources can be used for maintaining health rather than treating illness. To support this approach the Board will lead the work to enable more people to be supported in their homes and communities for as much of the time as possible, and at the appropriate level of care.

Our focus for the next 12 months

The Health and Wellbeing Board will develop a shift in approach within the Joint Health and Wellbeing Strategy (JHWS) to develop and lead a more targeted approach to some of our long-standing health inequalities, particularly where these show clear links to area-based deprivation. For example, as we focus on reducing the high rate of early death from preventable causes we are likely to need a specific focus on the Bradford City CCG area. In addition the Health and Wellbeing Board will:

- Agree across the sector the best use of additional central government funds to meet adult social care need. Monies were identified in the Spring budget and we are awaiting post-election confirmation at the time of writing.
- Continue to develop the Better Care Fund in 2017-19 to take further steps towards integration across Health and Social Care. Further funding for adult social care will be aligned through the Better Care Fund to ensure best use of all available resources.
- Embed the new Home First' approach developed in 2017 to support people to maintain their health and independence into later life and to be able to live in their own homes and communities for as long as possible with the right level of high-quality care.
- Develop tools to accompany the Strategy: a short toolkit to guide decisions about use of resources across the health and wellbeing sector and appropriate performance measures to track progress and outcomes during the strategy.
- Monitor progress on the Better Health Better Lives outcomes and the Local Health Plan which describes how people and organisations will work together to address three broad aims. The Board will receive six monthly updates on the performance of joint plans to address the three aims.
- First, to improve health and wellbeing outcomes for local people. Second, to reduce variation in the quality of care so that everyone has access to consistent standards of care and high-quality services. Third, to close the financial gap that will open up

by 2021, between the projected budget available for health, social care and wellbeing, and the estimated demand and cost. The financial gap has arisen as a result of planned reductions in health and social care budgets to 2020-21 and increasing pressure as a result of an ageing population and growing demand for services.

Appendix 2

Healthy Weight Board - Progress Report for Health and Social Care Overview and Scrutiny Committee

The Healthy Weight Board was set up in August 2016 and is chaired by Councillor Val Slater. The Board incorporates a wide range of partners; these include senior representatives from: the Directorate of Health and Wellbeing and Directorate of Place in the Local Authority; Bradford City and District and Airedale CCGs; Active Bradford; the Voluntary Sector and Bradford Teaching Hospitals Foundation Trust.

The Healthy Weight Board has met six times in the past 12 months and examined the root causes of people becoming overweight and obese. In understanding the parallels and associations between the wider range of lifestyle issues which lead to obesity, long term conditions and diseases resulting in premature mortality, the Healthy Weight Board resolved that it would wish to extend its remit to include excessive alcohol consumption and smoking and has rename itself the Healthy Bradford Board, subject to approval from the Health and Wellbeing Board. This was approved by the Health and Wellbeing Board on 26th September 2017.

Over the past 12months the Healthy Bradford Board has explored different areas contributing to why people find it so challenging to lead a healthy lifestyle. In the process of our meetings, the Healthy Bradford Board have discussed opportunities and examples of existing good practice locally as well as looking at the latest evidence base, research and thinking on the issues at hand.

The core themes which emerged during this process included; the need for us to all **work together** and take **coordinated action at scale** to match the extent of the embedded lifestyle issues in our population; the need to **change behaviours** and how the latest research and evidence can help us develop tools and techniques for doing this on a **population level** using a **system wide approach to tackle the drivers of poor lifestyles**.

The “Healthy Bradford Plan: Shaping the System, Improving Lifestyles” which was presented at the Health and Wellbeing Board on the 26th September 2017 sets out a four core activities to be undertaken to ensure that Bradford is at the forefront of the national challenge to help people improve their lifestyles through delivering a system wide approach addressing poor lifestyle behaviours at their roots.

The four core areas are:

- 1) **The Healthy Bradford Partnership:** Establishing a delivery group of key stakeholders to identify and map drivers of unhealthy lifestyles. The partnership, overseen by the Healthy Bradford Board, will identify and prioritise multiple system-wide actions to be undertaken to address the drivers and make healthy lifestyles easier for everyone every day.
- 2) **The Healthy Bradford Charter:** Enacting the Healthy Bradford Charter framework developed to support and enable the implementation of changes, at scale, in organisations, schools, offices and services to help make living healthy lifestyles easier for everyone every day

- 3) **The Healthy Bradford Movement:** Delivering a sustained series of health education and health promotion activities to be launched to educate and raise awareness of opportunities for healthy living in the District
- 4) **The Healthy Bradford Service:** Commissioning an integrated lifestyle and wellbeing service to be launched to support people struggling to change their lifestyles through 1:1 guidance and peer to peer support focussed on targeting those most in need

The four activities to be undertaken are embedded in the latest research, evidence and innovative concepts identified to change lifestyle behaviours at scale and simultaneously work to ensure inequalities in the levels of preventable ill health are reduced.

Since the Health and Wellbeing Board meeting Bradford has been selected to be a pioneer site for the Whole Systems Approach work that Leeds Beckett University are leading on. This work, a three-year Whole Systems Obesity Programme has been commissioned by Public Health England with the support of the Local Government Association (LGA) and Association of Directors of Public Health (ADsPH) aims to create a route map and materials that LAs can use to implement and drive the programme. The Healthy Bradford Partnership has been set up to lead this work and will commence with two Obesity Summits; 21st November and 4th December for stakeholders to come together to work up an Action Plan.

Alison Moore
Senior Public Health Manager
alison.moore@bradford.gov.uk / 07582 103406

Appendix 3 Update on development of Better Care Fund Plan 2017-19

Airedale, Wharfedale and Craven
Bradford Districts
Bradford City

CCGs working together



City of Bradford MDC

www.bradford.gov.uk

Health and Social Care Overview and Scrutiny Committee	FOR INFORMATION
<p>Paper Title: Better Care Fund (BCF) 2017 - 2019</p>	
<p>Paper Author:</p> <p>Elaine James Head Adult Social Care Policy & Strategy Department Health & Wellbeing City of Bradford MBC</p> <p>Ali Jan Haider Director of Strategic Partnerships Executive Lead for Bradford Districts CCG</p>	

<p>Executive Summary:</p>	<p>This paper was first presented to the Health and Wellbeing Board in July 2017 to report on progress with the Better Care Fund Planning and Assurance Process following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government.</p> <p>The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with an injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.</p> <p>Work is underway between commissioners to refresh the Narrative Plan in preparation for publication of the Technical Guidance which shall accompany the Policy Guidance and the revised Planning Template.</p> <p>BCF Planning Requirements 2017/18 and 2018/19 There are four national conditions which our BCF Plan must meet:</p> <ul style="list-style-type: none"> • Plans must set out the local areas ambition towards
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integration by 2020 and be jointly agreed between the Council and the CCG commissioners.

- The NHS contribution to adult social care must be maintained in line with inflation.
- An agreement must be reached to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care.
- The High Impact Change Model must be adopted by the local area to support Managing Transfers of Care (this is a new condition to ensure people's care transfers smoothly between services and settings).

In addition in 2017/18 the BCF includes a new element, the improved Better Care Fund (iBCF). As part of planning for the iBCF the following requirements must be met:

- The plan for investment of the iBCF must be agreed with the CCG and incorporated into a Section 75 Agreement.
- Local Trusts responsible or involved in planning schemes to manage discharge should be involved, however they do not need to sign off the plan.
- All areas must implement the High Impact Change model and this must be confirmed in the BCF Narrative Plan.

As part of introducing the iBCF a change has been made to the BCF national metrics. A new composite measure has been introduced to measure the effectiveness of the integrated interface between social care and health services consisting of 8 measures across 3 areas, emergency admissions, transfers of care and reablement. Bradford is currently ranked 2nd of 152 Health and Wellbeing Areas nationally under the new composite measure (where 1st is best and 152nd is worst). The 8 measures are:

- Emergency Admissions (65+) per 100,000 65+ population
- 90th percentile of length of stay for emergency admissions (65+)
- TOTAL Delayed Days per day per 100,000 18+ population
- NHS Delayed Days per day per 100,000 18+ population
- SOCIAL CARE Delayed Days per day per 100,000 18+ population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services
- Proportion of discharges (following emergency admissions) which occur at the weekend

Whilst as a local area commissioners have flexibility in how the Fund is spent over health, care and housing schemes or services, agreement has to be reached through the local BCF planning process as to how this spending will improve performance in the following four routinely collected and nationally reported system metrics:

- non-elective admissions (general and acute)
- admissions to residential homes and care homes
- effectiveness of reablement
- delays to transfer of care with an additional requirement applied to the iBCF element that local areas adopt the High Impact Change Model.

The BCF 2017/18 and 2018/19 shall also include the following elements which must be spent in keeping with their national policy intent:

- The Disabled Facilities Grant
- The Care Act 2014 Monies
- Former Carers Break Funding
- Reablement Funding (former Section 256 transfer funding)

The BCF planning framework includes a national assurance process which is administrated by NHS England and the Association of Directors of Adult Social Services Regions to test how well local plans meet the national conditions applied to the BCF. The assurance process shall be a single stage process with submission due on 11th September 2017. Health and Wellbeing Board approval shall be required by the 11th September 2017. Plans rated as approved but with conditions shall need to be resubmitted by 31st of October.

As part of the Improved Better Care Fund arrangements the Care Quality Commission have been engaged to undertake a targeted area review of 12 Health and Wellbeing Areas during autumn 2017. The areas as being selected for wave 1 are being identified based on performance in relation to delayed transfer of care due to historic concerns in relation to performance. It is anticipated that a further 5 areas shall be selected for a best practice targeted area review following the conclusion of wave 1. It is anticipated that Targeted area reviews shall:

- Take 10 - 14 weeks end to end and all 12 of the first wave will be completed by end of November 2017.
- 6 weeks before on-site review there will be a "System Overview request" shall be sent to local areas.
- 3 weeks before the on-site review a local area visit shall

	<p>take place to meet with the system leaders and service users/ patients.</p> <ul style="list-style-type: none"> • Be at a senior level with teams make up of Chief Officer level members and CQC inspectors. • Follow the 5 key lines of enquiry that CQC use for all inspections, with a focus on whether the system is "well-led". • They will establish their findings in a report to the Health and Wellbeing Board.
<p>Finance/Resource Implications:</p>	<p>The Better Care Fund in 2016/17 had a value of £38,090,495 of which £3,519,000 is the mandated element for the Disabled Facilities Grant and £1,356,000 is mandated for the Care Act implementation. From April 2017 the Improved Better Care Fund allocations announced in the spring 2017 spending review shall be incorporated into the fund. The Improved Better Care Fund element shall be paid as a direct grant to the Council under Section 31 of the Local Government Act 2003. The iBCF consists of two elements, in 2017/18 the Bradford allocation is £1,565,946 of previously announced and a further £10,479,875 announced in the 2017 spring spending review.</p>
<p>Risk Assessment:</p>	<p>The Better Care Fund risk log comprises both Strategic and Operational Risks. Strategic Risks and the Operational Risks are managed by commissioners and programme leads. Significant risks are migrated onto the CCG's Corporate Risk Register and the Council's Corporate Risk Register as appropriate.</p> <p>At present all risks are well managed with no major risks to escalate to the Health & Wellbeing Board.</p>
<p>Legal Implications:</p>	<p>The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding.</p> <p>For the DFG, the conditions of usage were set out in a Grant Determination Letter, which was issued by DCLG in April. This references the statutory duty on local housing authorities to provide adaptations to those disabled people who qualify, and sets out other relevant conditions.</p> <p>For the Improved Better Care Fund, the conditions of usage were set out in a Grant Determination Letter, which was also issued by DCLG in April.</p> <p>A Section 75 Partnership Framework Agreement is in place between the Council and the Clinical Commissioning Group(s). The specific purposing of the BCF can be adjusted through a process of Variation to the Section 75 Framework Agreement with the agreement both commissioning agencies.</p>

Health Benefits:	BCF plans support delivery of the CCG's strategic plans for 2016/17 and contributes to the Bradford District and Craven Sustainability and Transformation Plan.
Staffing/Workforce Implications:	Plans are in place to strengthen capacity and capability to support the Integration and BCF. The Council is in the process of recruiting a Programme Lead (Band 7 equivalent) and support is being drawn down from the national support programme to enhance local capacity to test how well schemes are delivering against the national conditions.
Outcome of Equality Impact Assessment:	Any service changes resulting from delivery of the plan will be subject to consideration in relation to an Equality Impact Assessment.
Sub Group/Committee:	The Better Care Fund Policy Framework makes it a national condition that the BCF Plan is owned at the level of the Health & Wellbeing Board. A new Executive Commissioning Board has been established as a Working Group of the Health and Wellbeing Board.