

## **Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on Thursday 4<sup>th</sup> October**

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### **Subject:**

The Annual report of the Bradford and Airedale Health and Wellbeing Board to the Health and Social Care Overview and Scrutiny Committee.

### **Summary statement:**

This report highlights the work undertaken by the Bradford and Airedale Health and Wellbeing Board. The Board is the statutory partnership with leadership responsibility for health and wellbeing across the local health, care and wellbeing sector.

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### **Portfolio:**

**Healthy People and Places**

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

**Health and Social Care**

## 1. SUMMARY

This report highlights the work undertaken by the Bradford and Airedale Health and Wellbeing Board. The Board is the statutory partnership with leadership responsibility for health and wellbeing across the local health, care and wellbeing sector.

## 2. BACKGROUND

The annual report of the Bradford and Airedale Health and Wellbeing Board was last presented to the Health and Social Care Scrutiny Committee on 16<sup>th</sup> November 2017. This report will look at:

- The activity of the Board from November 2017 to October 2018
- The changes to the Board
- The strategic work undertaken by the Board

The Board continues to provide strategic leadership and direction in key areas to improve health and wellbeing outcomes for Bradford District citizens.

## 3. Report Issues

### 3.1 Refresh of Terms of Reference and Changes to the Board

3.1.1 In December 2017, additional members were co-opted onto the Bradford and Airedale Health and Wellbeing Board to enable a focus on the wider determinants of health and to support alignment between the strategic delivery partnerships. In March 2018, the Council's Executive Board approved these changes to the local partnership arrangements, and the recently co-opted members became full members of the Board.

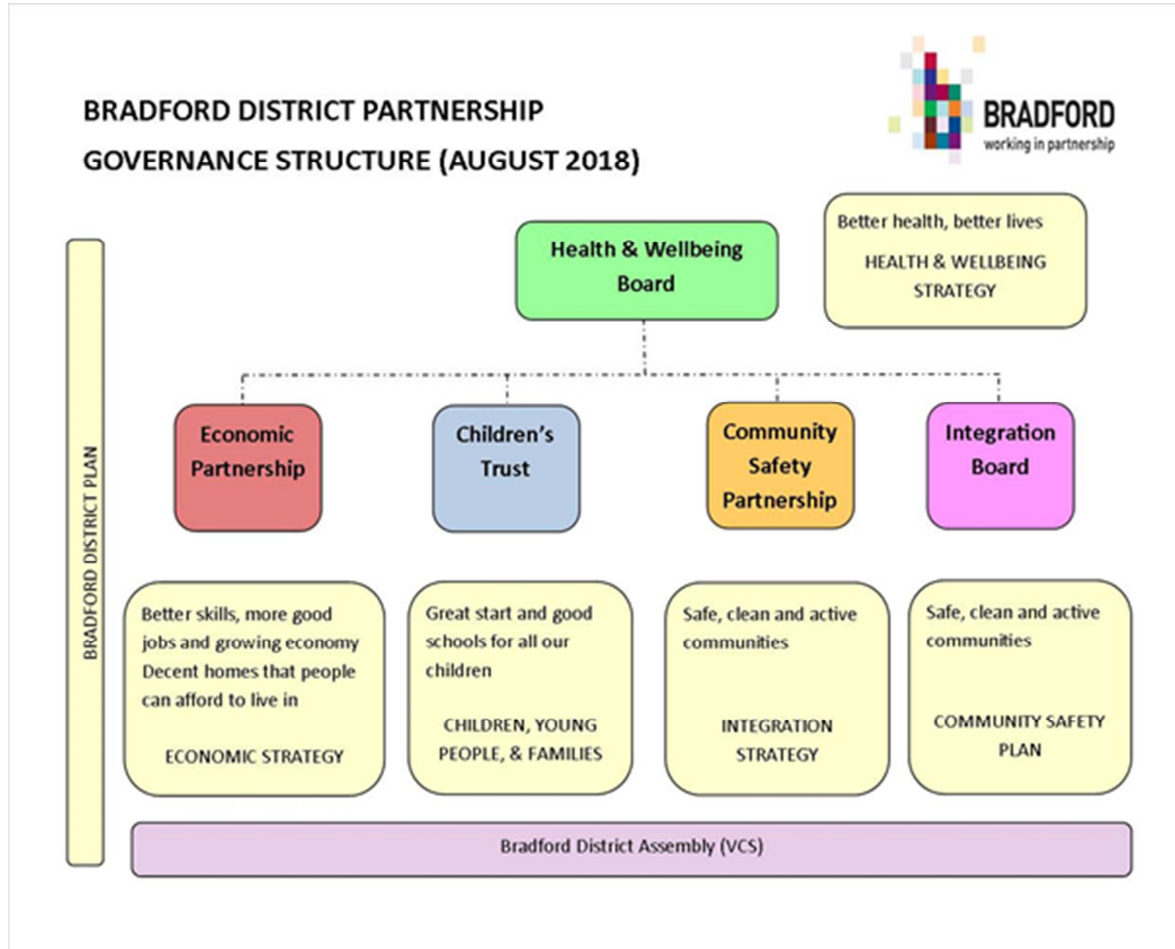
3.1.2 These changes to the Health and Wellbeing Board's Terms of Reference were presented in April 2018 board meeting (See Appendix 1), highlighting changes to the role and remit of the Health and Wellbeing Board in particular, the focus of the Board on the wider determinants of health and wellbeing and the changes to the governance arrangements of the Bradford District Partnership under which the Health and Wellbeing Board takes additional responsibilities as the senior strategic partnership. The Board is leading a series of linked strategic partnerships to collectively deliver the five outcomes of the Bradford District Plan (which can be found at the following <https://www.bradford.gov.uk/media/2312/bradford-district-plan-final.pdf>); in widening the membership, the Board is able to cover a range of responsibilities and yet tight enough that focus on core health and wellbeing activity is not lost. The four new additional members added to the Health and Wellbeing Board's membership is:

- The Strategic Director of Place, CBMDC
- The Group Chief Executive, InCommunities Group Ltd
- The Chief Superintendent Bradford District, West Yorkshire Police
- The District Commander West Yorkshire Fire and Rescue Service

3.1.3 As Bradford District's senior strategic board/ partnership there are a number of sub

boards (See Diagram below) which reports to the Bradford and Airedale Health and Wellbeing Board on a regular basis and this is further discussed in section 3.2

Diagram 1 – BDP Governance structure



The increased membership of the Board allows for a whole system discussion to take place on items presented to the Board. Examples of these are highlighted in section 3.6

### 3.2 Relationships with other boards

3.2.1 The Bradford and Airedale Health and Wellbeing Board has picked up extra responsibilities; one of those is to oversee the development and delivery of the outcomes within the Bradford District Plan 2016 – 2020, via the Districts strategic delivery partnerships;

<b>Strategic Delivery Partnerships</b>	<b>Ownership of Outcomes</b>
Health and Wellbeing Board	<ul style="list-style-type: none"> <li>• Better health better lives</li> </ul>
Economic Partnership Board	<ul style="list-style-type: none"> <li>• Better skills, more good jobs, and a growing economy</li> <li>• Decent homes that people can afford to live in</li> </ul>

Safer Stronger Communities Board	<ul style="list-style-type: none"> <li>• Safe, clean and active communities</li> </ul>
Childrens Trust Board	<ul style="list-style-type: none"> <li>• A great start and good schools for all our children</li> </ul>

3.2.2 The strategic delivery partnerships (Economic Partnership, Children's Trust, and Safer Stronger Communities) will take direction from and are responsible to the Health and Wellbeing Board for delivering the District Plan outcomes and other strategic priorities. They will be expected to report their progress against these outcomes to the Health and Wellbeing Board on an annual basis through the Bradford District Plan. Please see appendix 2 for the draft Better Health Better Lives section of the Plan.

3.2.3 Also the Health and Wellbeing board receives report for sign from:

- Annual Safeguarding reports
- Bradford Council's SEND local offer
- Future in Mind strategy
- Bradford District Plan and annual progress reports
- Pharmaceuticals Needs Assessment

3.2.4 Sub groups reporting to the Board regularly are the Executive Commissioning Board (ECB) and the Integration and Change Board (ICB). The ECB oversees and assures the joint commissioning arrangements that are in place for health and social care between CBMDC and local NHS CCG, and that joint commissioning responsibilities are addressing needs and reducing inequalities. A summary of the ECBs activity is as follows:

3.2.4.1 The purpose of the Executive Commissioning Board is to provides system leadership, clinical oversight and strategic direction to the integration and alignment of commissioning arrangements so that our vision for integrated health and care is delivered. This arrangement is between Airedale, Wharfedale and Craven Clinical Commissioning Group, Bradford City Clinical Commissioning Group, Bradford Districts Clinical Commissioning Group and Bradford Metropolitan District Council.

3.2.4.2 The Board has oversight of all joint commissioning activities between the Council and CCGs, across all user groups. In addition, the Board oversees the joint commissioning activity as part of the Better Care Fund Plan. A finance subgroup has now been established to review BCF spend across the system, prior to the production of the next BCF plan for 2019/20.

3.2.4.3 The Executive Commissioning Board has now been established for 12 months and following best practice, the Chair and Vice Chair carried out an annual review of effectiveness of the board. In order to improve the Boards effectiveness, the Board's effectiveness would be reviewed again in July 2019.

3.2.5 The Integration and Change Board holds the health and social care system leaders to account to ensure the Local Place Based Plan for Bradford District and Craven and the West Yorkshire and Harrogate Health and Care Plan (as it relates to Bradford District) are delivered. A summary of it's activity is as follows:

3.2.5.1 Refresh of place based plan – 'Happy Healthy at Home': In December 2017 ICB completed an update of our earlier (2016) health and care plan. Changes were

made to reflect the 'Our Say Counts' public engagement exercise undertaken by Healthwatch during 2017, to reflect the priorities set out in our latest Joint Health and Wellbeing Strategy 'Connecting People and Place', and to reflect the progress of the West Yorkshire and Harrogate Health and Care Partnership.

- 3.2.5.2 System Development events – ICB sponsors a number of whole system learning and innovation events each year, as part of its system leadership role. The events aim to build a shared culture and promote integration and innovation. In February an event was held which focused on children and young people's health and wellbeing, and in September an event is to be held which will focus on the needs of key decision makers as the system strengthens its approach to operating and making decisions as a partnership.
- 3.2.5.3 CQC local system review – between January and June 2018 ICB oversaw the successful completion of a 'local system review' by the Care Quality Commission (CQC). The review was positive and concluded that "*There was a clear shared and agreed purpose, vision and strategy described in the Happy Healthy at Home plan which had been developed by the system. This was articulated throughout the system*" and "*There was a defined system-wide governance arrangement that pulled the system together and a clear architecture for development and roll out of the transformation of services in line with the plan*". Subsequently ICB oversaw the creation of an action plan that responds to the Review, and will continue to monitor the delivery of the action plan over the next year.
- 3.2.3.4 Terms of Reference and membership changes – between June and August 2018 ICB reviewed its purpose and focus leading to revised Terms of Reference and changes to membership. ICB now includes members from the Voluntary and Community sector and from the independent care home provider sector. In the year ahead it is anticipated that primary care provider representation from the Airedale Wharfedale Craven area will also be strengthened in line with equivalents in Bradford. The revised Terms of Reference were adopted in August to clarify the connection between ICB and the two local health and care partnership boards, and to formalise the link role of ICB between our local system and the wider West Yorkshire and Harrogate system (see 3.2.6 below).
- 3.2.3.5 Development of enablers (digital, workforce, system development, estates, self care) – during the last year ICB has focused on strengthening the cross organisational enablers of transformation (listed above). This has included widening membership and participation, establishing a new 'System Development' network, strengthening communication and alignment between enablers and with Health and Care Partnership Boards, ICB partners agreeing and providing additional resources to enablers (e.g. Workforce – ICE, and Digital – Information Governance and Business Intelligence) .
- 3.2.6 The Health and Wellbeing Board has recently endorse the signing of the West Yorkshire and Harrogate Memorandum of Understanding (MOU) by member organisations. The MoU is an agreement to work in partnership with other neighbouring Health and Care systems. Therefore allowing increased involvement in the decision making process within the West Yorkshire and Harrogate Integrated Care System (ICS). In May 2018 NHS England and NHS Improvement announced

that WY&H HCP would be one of four health and care systems to join the Integrated Care System (ICS) Development Programme, this is due to the strength of local partnership work being recognised nationally. The WY&H ICS is now strengthening the democratic oversight of its work by establishing a Partnership Board which will include membership by elected members of each local authority, including members of Bradford Council. Bradford is currently reaping the benefits of being a part of the ICS by sharing in new investment into West Yorkshire and Harrogate such as, Our Cancer Alliance Board has attracted £12.6m in funding to transform cancer diagnostics. In Bradford the Cancer Alliance has invested in additional support to tackle smoking and to enable more people to be screened and receive earlier diagnostic testing to improve lung cancer outcomes and have secured £31m in transformation funding for A&E, cancer, mental health, learning disabilities and diabetes, and £38m capital from the Autumn 2017 budget for CAMHS, pathology, telemedicine, and digital imaging.

### **3.3 Finance – looking at efficiency plans**

As of February 2018 the Board is keen to keep well-informed of how the Health and Care systems efficiency plans are progressing. It has been agreed that an update on the plans will be presented to the Board bi-annually. These are efficiency plans consisting of the whole health and care sector. Each partner within the health and care sector has efficiency plans and targets that they need to save each financial year. The Health and Care system financial plan adds these together and measures progress against delivering the system efficiency plan/financial gap.

### **3.4 JHWS strategy and logic models**

- 3.4.1 The ‘Connecting People and Place’ the new Joint Health and Wellbeing strategy (JHWS) was approved by the Board in December 2017, its aim is to help the Health and Wellbeing Board to meet its duties to improve health and wellbeing, reduce health inequalities, and provide a shared, public agreement about the focus and direction of the Health and Wellbeing Board as it leads this work. (See Appendix 3)
- 3.4.2 The Health and Social Care Overview and Scrutiny committee received and commented on the first draft of the strategy at their October 2017 meeting as part of a stakeholder consultation. It was then approved by the Health and Wellbeing Board in December 2017.
- 3.4.2 The key to the success of the strategy is to work with other Council departments and partnering health and care organisations collaborate on matters. The strategy focuses on the wider determinants of health and this is now reflected in the membership of the Board.
- 3.4.3 In order to measure the success of the strategy, a set of logic models have been created. These are soon to be signed off as a performance measure approach by the Board in November 2018. There are no new measures or strategies to report progress against within the JHWS, these are pre existing and no additional work is required. In order to see statistical change it will take 3 years work to see 1 years change therefore evaluation and review will take place regularly to determine whether measures are creating an impacting or not. Updates will be provided to the Board quarterly. See Appendices 3& 4 for the

approved strategy and draft logic models.

- 3.4.4 There are 4 outcomes within the logic model and there is an assigned Public health Consultant to each outcome. Outcome 1 – Our children have a great start in life, Outcome 3 - People in all parts of the District are living well and ageing well and Outcome 4 – Bradford District is a healthy place to live, learn and work, currently have lots of on – going activity. Public health is looking to add value to current activity, a chance to seek new opportunity and build relationships.
- 3.4.5 Outcome 2 is mental wellbeing and good progress has taken place, particularly on the work of our children' and young people's mental health transformation plan. NHS England has recently rated the progress as "Excellent – fully confident" with particular reference to the excellent system wide partnership approach to our work. We are making good progress on our strategy implementation and will be sharing detailed progress at a system wide event on the 30<sup>th</sup> of January 2019.

### **3.5 CQC review**

- 3.5.1 In December 2017, the Health and Wellbeing Board Chair was informed by the Care Quality Commission (CQC) to conduct a Local System Review of our health and care system in Bradford in January and February 2018. The purpose of this review is to understand how people move through the health and social care system with a focus on the interfaces between services for the over 65s. The review looked into the commissioning arrangements of services and how a person centred service is coordinated. The review included a range of interviews with system leaders, a variety of focus groups and site visits from across the whole health and care system. The selection of the CQC reviews is driven partly by the set of metrics which is now known as [The Health and Social Care Interface Dashboard](#). The latest publication of the Dashboard (Sept 18) shows Bradford is still 5<sup>th</sup> out of 150 local authorities against these measures – a position that has been sustained for 12 months now. A final report has now been published. The report of the Bradford Local System Review was positive and can be found on the CQC website at: <https://www.cqc.org.uk/local-systems-review>
- 3.5.2 Following on from the CQC report an action plan has been produced and updates will be provided through the Integration and Change Board to the Health and Wellbeing Board bi – annually. Progress of the action plan is on track. See Appendix 5 for the CQC action plan.

### **3.6 System working –**

#### **3.6.1 Early help and prevention**

As of 2018 pieces of work which have been positively encouraged by the Board is the work to integrate the Primary Care homes model and the Early help, prevention and Localities work together creating a stronger partnership between the Local Authority and services provided by Board member organisations. This work has hugely benefitted from a whole system approach and work is reported to the Early help, prevention and localities Board comprising of strategic leaders across the Health and Care sector. Council Members have received the data profiles for their Primary Care Home locality and an awareness session is due to take place in November explaining

the information in further detail and a chance to hear more information on how services will change in their ward. The nationally branded Primary Care home model within Bradford has recently rebranded itself to Community Partnerships to allow for consistent language with the equivalent local partnership arrangements in Airedale Wharfedale and Craven..

### 3.6.2 The Workforce programme

As reported to the Board on 4<sup>th</sup> September Bradford District has been successful in attracting over £1million from the Leeds City Region Business Rates Pool to increase skill levels and employment for local residents, while also addressing capacity and competency needs of the local health and care sector. For example local community partnerships will need people to engage local communities in their health and to help health and care teams make the most of strengths and assets. One Workforce will also help people progress their careers e.g. by developing those in care giving roles. Again a whole system approach has been provided to this piece of work through looking at recruitment and retention matters across the system, sharing of good practice across the system and navigate staff between organisations within the system.

3.6.3 The development sessions have allowed for a single item to be viewed as a system. The sessions allow for connections to be made and views points from organisations that traditionally wouldn't have a chance to be involved. The sessions are informal and allow for good flow of discussion, encouragement and suggestion.

## 3.7 Future activity

3.7.1 Smoking – there is a smoking event/ network in the making which will bring together all that are working in smoking cessation across the District to discuss whether their work is aligned to key strategies and to map where services are taking place across the District.

3.7.2 The ICB showcase event is a chance for those in Executive Directors and Non Executive Director roles to join in discussion on the challenges and opportunities to the Bradford district and Craven health and Care systems. This will provide opportunity for attendees to understand decision making from other organisations and from a system perspective. This event is taking place on Friday 21<sup>st</sup> September. The findings of this event will be reported back to the Health and Social Care Overview and Scrutiny Committee.

## 4. FINANCIAL & RESOURCE APPRAISAL

Finance has been consulted on this paper. No financial implications are expected based on this report

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

If there are no significant risks arising out of the implementation of the proposed recommendations it should be stated but only on advice of the Assistant Director Finance and Procurement and the City Solicitor.



## **6. LEGAL APPRAISAL**

There do not appear to be any recommendations being asked for in this report. It appears to be for review and comment only, if this changes and the elected members are asked to make any decisions regarding this report a further legal appraisal may be required.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

The Public Sector Equality Duty under the Equality Act 2010, requires the Council when exercising its functions to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;
- Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

### **7.2 SUSTAINABILITY IMPLICATIONS**

None

### **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**

No direct impacts from this report

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

None

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

None

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

None

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

None

## **9. OPTIONS**

No options are provided

## **10. RECOMMENDATIONS**

The committee to note the activity and provide comment on the Annual Report of the Bradford and Airedale Health and Wellbeing Board

## **11. APPENDICES**

1. Terms of Reference 2018 (pages 11 – 14)
2. Draft Better Health Better Lives report (pages 15 – 20)
3. Joint Health and Wellbeing Strategy 2017- 21 (pages 21 – 34)
4. Draft logic models for the Joint Health and Wellbeing Strategy 2017-21 (pages 35 – 50)
5. CQC action plan (page 51)

## **12. BACKGROUND DOCUMENTS**

- CQC local system review to the Health and Social care scrutiny committee – Thursday 12<sup>th</sup> July 2018.