

# Report of the Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 28<sup>th</sup> November 2019

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**Subject:**  
Health and Wellbeing Board

**Summary statement:**

This report highlights the work undertaken for 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. In March 2018, the board took on the additional function of being the lead strategic partnership for the Bradford and Airedale district.

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**Portfolio:**

Healthy People and Place

**Overview & Scrutiny Area:**

Health and Social Care

## 1. SUMMARY

This report highlights the work undertaken for 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. In March 2018, the board took on the additional function of being the lead strategic partnership for the Bradford and Airedale district. Members are asked to note the update of activity of the Health and Wellbeing from October 2018 to August 2019.

## 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 in October 2018. This report will look at:

The activity of the Board from October 2018 to August 2019

- 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 Senior Strategic Partnership role**

In 2018, a decision was taken by the Bradford MDC Executive following recommendations from the Health and Wellbeing Board to transfer its responsibilities to the Health and Wellbeing Board. The Bradford and Airedale Health and Wellbeing Board took on the additional role of being *the senior strategic partnership in Bradford District, leading the family of linked strategic partnerships through which we collectively deliver the five outcomes of the Bradford District Plan*. (Terms of Reference, Bradford and Airedale Health and Wellbeing Board, April 2018). The Terms of Reference for the board were updated in April 2018 to reflect this new responsibility.

In addition to the statutory functions of the Health and Wellbeing Board, the board is required *To oversee the development and delivery of the outcomes within the Bradford District Plan 2016 – 2020, via the Districts strategic delivery partnerships (principal duties 3.8 Terms of Reference, Bradford and Airedale Health and Wellbeing Board, April 2018)*. Currently, the chairs of the strategic partnership boards meet on a quarterly basis; the board also receives annual progress updates on the delivery of the Bradford District Plan. This plan runs until 2020. The strategic partnerships report to the Health and Wellbeing board on an annual basis and this includes an annual report from the Safeguarding Children and Adults Boards. The last report submitted to the Scrutiny committee detailed the changes and the implications for the Health and Wellbeing Board and the strategic partnerships that sit underneath it.

The Health and Wellbeing board has been operating as senior strategic partnership for approximately one year and therefore is currently undertaking an internal review its delivery of this function in order to ensure that its work remains effective and that it can afford due regard to both of its important functions. The outcome of the review is expected in November 2019 and will be discussed at a Health and Wellbeing board development session in December 2019. The Terms of Reference for the Board will be updated to reflect any changes once the recommendations of the review have been received and consulted upon with the Health and Wellbeing board.

### **3.2 Sub-Groups and projects**

The Integration and Change Board (ICB) and Executive Commissioning Board (ECB) continue operate as sub-groups to the Health and Wellbeing Board and regular updates are provided to the board via the Chair's highlight reports.

In July 2019, a review of the ECB was undertaken; the review was in line with a commitment by the Chair and Vice-Chair of the ECB to undertake a review of the functioning of the board on an annual basis. The review recommended that ECB should exercise a temporary pause until such time that it has been able to re-evaluate its strategic fit within the revised health and care structures and governance mechanisms, which now include 2 health and care partnership boards and a number of function specific programme boards. In August 2019, a decision was taken to combine the functions of the ECB and ICB. This new model of delivery will allow wider system participation around joint commissioning decisions leading to better outcomes for service users. It is proposed that the new model will come into operation from March 2020.

In May 2019, an Early Help and Prevention project was commissioned by the Health and Wellbeing Board to develop and deliver an effective whole system approach to Prevention and Early Help that enables effective cross system working for the benefit of communities and individuals in need of support. The aim of this programme will be to deliver a whole-system, whole household/family approach to working with communities and individuals whilst promoting collaboration and partnership working. We envisage that this project will be completed by March 2020 with an Options paper being presented to the Health and Wellbeing Board in November 2019. This work will also consider the role of Community Partnerships and how these align to our system Early Help and Prevention vision.

### **3.3 Happy, Healthy at Home review**

As with the review of its function of senior strategic partnership, the ICB commissioned a review of its Happy, Healthy at Home strategy to ensure that the programmes that run to support delivery of the strategy were effectively equipped to manage demand and need and delivering value for money. This review is expected to report back to the ICB by September 2019 and will include a refresh of the Happy, Healthy at Home strategy. The learning from the programme review is summarized in Appendix 2.

### **3.4 Areas of work covered by the Health and Wellbeing Board since October 2018**

The Board received reports and considered a range of areas since the last meeting through both formal board meetings and development sessions. Since October 2019, these have included:

- The Joint Strategic Needs Assessment
- The Bradford District plan progress report
- A quarterly report on Logic Models and performance against indicators
- Air Quality in the Bradford and Airedale District
- Early Help and Prevention
- Knife Crime
- The Care Quality Commission local system review and subsequent action plan
- The Housing and Homelessness strategies
- The Five year strategy of the West Yorkshire and Harrogate Health and Care Partnership
- Alongside this, the board continues to receive progress and update reports from the strategic partnerships that report to it.

### **3.5 Logic Models.**

The Joint Health and Wellbeing Strategy (***'Connecting People and Place': A Joint Health and Wellbeing Strategy for Bradford and Airedale***) was published in June 2018.

Logic model establishes a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population and the Health and Wellbeing Board receive quarterly updates on performance against the 41 outcome indicators monitored as part of the logic model, across the four outcome areas of the Joint Health and Wellbeing Strategy (Our Children have a great start to life, People in the Bradford district have good Health and Wellbeing, People in all parts of the district are living well and aging well and Bradford district is a healthy place to live, learn and work).

The Logic model approach provides a range of measures that are monitored on a quarterly basis to provide assurance to the HWBB that progress is being made against our strategies. The board has been receiving quarterly feedback on logic models at formal meetings. (Please see appendix one for the latest Logic Model Dashboard) A summary of information from Logic Models is below:

- Of the 41 outcome indicators, 9 are currently RAG (red, amber, green) rated as green, meaning that performance against these outcomes is improving, and we perform the same as or better than our statistical neighbours. Those areas where we are improving include: breastfeeding, smoking at time of delivery, suicide prevention, teenage pregnancy, mental wellbeing, physical activity in adults, successful treatment of non-opiate drug users, and people in employment.

- 11 outcome indicators are currently RAG rated as amber, meaning that our performance is neither getting better nor worse, but this is consistent with our statistical neighbours, or performance against these outcomes is improving but our performance is significantly worse than our statistical neighbours. Those outcomes that are currently rated as amber include: life expectancy, inequality in life expectancy, children achieving a good level of development, attainment 8 scores, dental decay in children, low birth weight babies, smoking in adults, sickness absence and killed or seriously injured on our roads.
- 21 outcome indicators are currently RAG rated as red, meaning that our performance against these outcomes is getting worse, or performance is unchanged and is worse than our statistical neighbours. Those outcomes that are currently rated as red include: healthy life expectancy, 16-17 year olds not in education, employment, or training, children in care whose SDQ scores are a cause for concern, infant mortality, improving access to psychological therapies recovery rate, early intervention for psychosis, premature mortality in people with a severe mental illness, adults meeting the 5 a day recommendation, completion of drug treatment for opiate users, childhood obesity, management of long term conditions, use of outdoor spaces, people qualified to NVQ level 3+, fuel poverty, employment rate for people with a mental illness, and air quality.

### **3.6 Joint Strategic Needs Assessment (JSNA)**

The NHS and upper tier local authorities have had a statutory duty to produce a JSNA since 2007. The purpose of the JSNA is to inform the Joint Health and Wellbeing Strategy (JHWBS) which, in turn, aims to improve the health and wellbeing of the local population and to reduce inequalities. Both the JSNA and JHWBS are intended to be part of a continuous process of assessment and planning, supporting the identification of priorities and gaps for commissioning, based on both evidence and need.

JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be considered to be best addressed by the local authority, CCGs, NHS England, or by working in partnership with others across the public, private and third sectors. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances.

The recent approach to the JSNA is to take an asset based approach, this means looking at both the current needs and also the assets that enhance peoples health and wellbeing in the district i.e. examples of initiatives and projects that a making a positive impact on the health and wellbeing of the population.

The JSNA is a comprehensive document which looks at most aspects of the lives of those living in the Bradford district. Key messages from the JSNA were:

- People in Bradford District experience poorer health and wellbeing than people in many other parts of the country. We know this because life expectancy is lower, and a secondary measure, healthy life expectancy, tells us that people in Bradford District also spend more years of their life in poor health.
- There is an estimated 21 year difference in healthy life expectancy across the District.
- The main causes of early death in the District are the same as many other areas: cardiovascular disease, respiratory disease and cancer
- Long term conditions such as diabetes, asthma and COPD all influence levels of ill health and disability during a person's life.
- Evidence suggests that multi-morbidity is a driver that increases demand on health and care systems.
- Tackling these issues requires a whole system approach and must take into account the context in which people live their lives.

### **3.7 The Bradford system response to the needs identified in the JSNA.**

#### **3.8 Prevention.**

The Health and Wellbeing strategy places a significant emphasis on prevention through a system approach. The Health and Wellbeing board have currently commissioned an early help and prevention project which is due to report back to the board in Nov 2019.

#### **3.9 Wider Determents of health.**

The causes of ill health are complicated and can depend on a range of factors therefore; the Bradford approach has been to focus on the causes of causes (also referred to as wider determents of health) as the partnership responsible for coordinating the work of the district plan and the health and wellbeing strategy, we continue to try to understand how factors such as housing, employment and education impact the health and wellbeing of communities. We receive quarterly updates on performance indicators and have directed action where performance has not improved.

#### **3.10 Working as a system.**

The Health & Care Strategic Partnering Agreement (SPA) is intended to promote integrated and partnership working within the local health and social care systems in order to progress the Happy, Health at Home vision. The SPA is designed to support greater partnership and collaboration between commissioners and providers and towards working as one system rather than separate individual organisations. It is intended to help us navigate the challenges that we collectively have in supporting the health and wellbeing of citizens in Bradford and was noted recently as an example of good practice in a recent Local Government Association report *What a difference a place makes: the growing impact of Health and Wellbeing boards* Through joint consultation and discussions with partners around

commissioning decisions, it is envisaged that individual procurement decisions will lead to better outcomes for the citizens of Bradford and improved Health and Wellbeing outcomes. The principles of the Mental Health Concordat are reflected in the principles of the SPA.

A system Finance committee has now been established and meets regularly; this committee looks at the finances of both individual organisations and the finances of the Bradford system.

### **3.11 West Yorkshire and Harrogate Health Care Partnership (WYH HCP)**

The West Yorkshire and Harrogate Health Care Partnership is made of 6 places including Bradford. Bradford, through its Health and Wellbeing Board and its sub-groups, has ensured that it continues to advocate in the best interests of the citizens of Bradford by influencing strategy and plans across the WYH partnership. The Health and Wellbeing board was recently consulted on and provided comments on the 5 year strategy of the WYH HCP and requested that greater emphasis be placed on *healthy* life expectancy rather than life expectancy itself as a measure of impact.

### **3.12 Areas of priority for the Health and Wellbeing Board**

The Health and Wellbeing board have reviewed the forward plan to ensure that there is closer alignment to the Health and Social Care Overview and Scrutiny panel, the purpose of this exercise is to ensure that the work of the Health and Wellbeing board does not replicate/overlap with the work of the Health and Social Care Overview and Scrutiny panel but compliments it. All forward plans consider the work of the Overview and Scrutiny Panel.

The Joint Strategic Needs Assessment has recently been updated to become a “live” document that not only looks at the needs of our communities but also the assets within it. In July 2019, the Health and Wellbeing Board received an update on the JSNA. It was clear that poverty remains at the heart of many of the inequalities on our society (not just in the Bradford and Airedale district). The board requested, as a result of the discussion, that all of the Senior officers across the system including Trust Governors and Health and Social Care Finance and Performance committees receive and take into account the JSNA when making system decisions and that an accessible version of JSNA information was made available to the public to allow our communities to understand and act upon the content of the JSNA.

HealthWatch have been commissioned by the CCG to complete a piece of engagement work with the 14 Community Partnerships, this project will be completed in March 2019 and follows on from the successful “Big Conversation” work that was completed in 2017. The project aims to engage the communities being served by Community Partnerships to understand how best to utilise this support. The project will report to the Health and Wellbeing board in March 2020.

The Health and Wellbeing forward plan for the remainder of the 2019-20 financial year includes:

- The LGBT Charter
- The City of Culture Bid and inputs around Health and the Arts
- The Anti-Poverty Strategy
- The Community Safety Partnership annual report
- The Economic Partnership Annual report
- Safeguarding Children's and Adults Boards annual reports
- Mazars and LeDer: progress reporting.

The forward plan for 2020-21 is still in the process of being developed.

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

- If there are no financial issues arising this should be stated, but only on advice from the Assistant Director Finance and Procurement.

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

A review of the function of the Health and Wellbeing board as Senior Strategic Partnership is currently being undertaken. Although there are currently no risk management or governance issues, the outcome of the review will consider if there are implications for risk management and governance in more detail.

#### **6. LEGAL APPRAISAL**

No issues.

#### **7. OTHER IMPLICATIONS**

##### **7.1 EQUALITY & DIVERSITY**

The work of the Health and Wellbeing board impacts the whole of the Bradford population, including those who work in it, as such, the Health and Wellbeing Board are continually mindful of the impact of decisions made by the board on the population of Bradford.

A priority for the Health and Wellbeing board is to tackle the health inequalities that exist in our communities and the wider deterrents that impact these such as Air Quality and poor housing. The Health and Wellbeing board plays a leading role in both tackling inequalities and promoting equalities.

**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**

The work of the Health and Wellbeing board affects all ward areas in the district.

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

**7.9 IMPLICATIONS FOR CORPORATE PARENTING**

None

**7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

N/A

**10. RECOMMENDATIONS**

That the Health and Social Care Overview and Scrutiny panel note the work undertaken by the Health and Wellbeing board.

## **11. APPENDICES**

Appendix 1: Logic Model Dashboard-July 2019

## **12. BACKGROUND DOCUMENTS**

- *What a difference a place makes: The growing impact of Health and Wellbeing Boards.* Local Government Association. June 2019.
- Logic Model update for Bradford and Airedale Health and Wellbeing board, July 2019.
- Joint Strategic Needs Assessment Update for Bradford and Airedale Health and Wellbeing Board, July 2019.