

Report to: Health and Wellbeing Board

Date: 23 April 2014

Report of: Chief Executive

Report No:

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Report Title: Health and Wellbeing Board – Draft Annual Report 2013/14

Non Confidential: This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Purpose: The aim of this draft annual report is to promote the purpose of the Board and to highlight the work of the Board in its first full year as a statutory body.

Recommendations: Consider and comment on the draft Annual Health and Wellbeing Board report as set out in this paper.

Decision:

**Background
Doc(s):**

1 BACKGROUND

In 2010 the Government set out its intention to strengthen the role of local government in local health services. Health and wellbeing boards were established across the country to encourage local authorities to work with NHS partners in organising and providing joined up health and local government services. The proposals to establish local health and wellbeing boards were confirmed as part of the Health and Social Care Act 2012.

Bolton became one of the first councils across the country to implement a shadow Health and Wellbeing Board in early 2012. In April 2013 Bolton Council formally established Bolton's Health and Wellbeing Board as a Committee of the Council.

The Health and Wellbeing Board brings together commissioners and decision makers from across the Bolton Family to develop a shared approach to improving health and quality of life for the people of Bolton. This brings a unique opportunity for us to address challenges by:

- Keeping a firm focus on achieving positive health outcomes
- Addressing inequalities
- Focusing on prevention
- Developing, redesigning and integrating services around the needs of people
- Ensuring we use the resources available efficiently
- Promoting the corporate citizen role of the health and social care system

1.1 The purpose of the Board

The legislation that established the board also gave the board some specific functions:

- To prepare a Joint Strategic Needs Assessment (JSNA) of the health needs of the people of Bolton
- A responsibility and duty to encourage integrated working between organisations that plan and deliver health and social care services for local people
- A power to encourage close working relations between all partners that plan and provide services that can improve the health and wellbeing of local people.

1.2 Delivering in Partnership

Bolton's community strategy sets out the commitment to securing economic prosperity and narrowing the gap, with priority themes providing a key focus on health and wellbeing and children and young people. The Health and Wellbeing Board is one of a number of partnerships that delivers the work of the Bolton Vision Partnership and continues to develop close working relationships with other partnerships and boards, including Children's Trust, Be Safe Partnership, Economic Partnership and Skills Board and Bolton Safeguarding Children Board. Working as a partnership allows the Board to reduce health inequalities by,

- Jointly understanding the health needs of Bolton people

- Agreeing shared priorities
- Identifying opportunities to join up services to achieve better outcomes

1.3 Decision making

The membership of the board reflects the requirements of the Health and Social Care legislation and the range of organisations that have the biggest impact on health and wellbeing of local people (figure 1)

Figure 1: Bolton Health and Wellbeing Board Membership (April 2014)

Representing Bolton Council Councillor Mrs Linda Thomas (Chair) Councillor Cliff Morris (Vice-Chair) Councillor Ann Cunliffe Councillor Andy Morgan Councillor Alan Wilkinson Councillor Sufrana Bashir-Ismail Councillor Chris Peacock	Representing Bolton Clinical Commissioning Group Dr Wirin Bhatiani – Chairman Alan Stevenson – Lay Member Su Long – Chief Officer Dr Charlotte McKinnon Dr Colin Mercer
Representing Royal Bolton Hospital Foundation Trust Dr Jackie Bene – Chief Executive	Representing Greater Manchester Mental Health Foundation Trust Beverley Humphrey – Chief Executive
Representing Healthwatch Jack Firth - Chairman	Representing Voluntary Sector Karen Minnitt – Bolton CVS
Officers Sean Harriss – Chief Executive, Bolton Council Wendy Meredith – Director of Public Health Margaret Asquith – Director of Children's and Adult Services	Representing NHS England (GM) Andrew Harrison – Head of Finance

Decisions made by the Health and Wellbeing Board are recorded and available here: [Health and Wellbeing Board Committee Details](#)

2 THE WORK OF THE HEALTH AND WELLBEING BOARD 2013-14

An overview of the decisions made and actions taken by the Health and Wellbeing Board during 2013/14 can be found at **Appendix 1**

The main areas of work of the Board have been:

2.1 The Joint Strategic Needs Assessment (JSNA)

As part of the Health and Social Care Act 2012, responsibility for the production of the JSNA rests with the Health and Wellbeing Board.

Bolton's JSNA provides the 'big picture' in terms of the health and wellbeing needs of the Bolton population, and also identifies where inequalities exist, gaps in service

provision, gaps in local knowledge, and highlights issues for commissioners to consider.

In 2013 the Health and Wellbeing Board oversaw the refresh of the JSNA, which sits on the Bolton's Health Matters web site (www.boltonshhealthmatters.org/). This web presence provides core intelligence which is regularly updated, with focused analyses identified for additional priority issues. Additional to this, Bolton's Knowledge Hub feature collates the supporting evidence and data underpinning our JSNA. Currently, the chapters of the JSNA are:

- **Life Expectancy**
- **Adult Health and Disability**
Autism, Cancer, Cardiovascular Disease, Carers, Dental Health, Diabetes, Infectious Disease, Learning Disability, Limiting Long-term Illness and Disability, Mental Health, Older People, Respiratory Disease, Wellbeing
- **Children and Young People**
Accidents, Childhood Obesity, Disabled Children and Young People, Early Years and Maternal Health, Emotional Health and Wellbeing, Looked After Children, Safeguarding, Teenage Pregnancy
- **Lifestyle and Risk Factors**
Adult Obesity, Alcohol, Diet and nutrition, Drugs, Physical Activity, Sexual Health, Smoking
- **Socioeconomic, Environmental and Demographic Factors**
Crime and Fear of Crime, Demographics, Fuel Poverty, Homelessness, Housing, Older

During 2014-15 the JSNA was aligned to the themes of the Health & Wellbeing Strategy. This means there is now a high-level paper summarising the key issues for Starting Well, Developing Well, Living Well, Working Well, Ageing Well, and End of Life.

Key priorities for development for the JSNA are outlined in section 2 of the Health and Wellbeing Strategy Annual Report at **Appendix 2**

2.2 Bolton's Health and Wellbeing Strategy 2013-16

Bolton's first Joint Health and Wellbeing Strategy was developed during 2012 and can be viewed here: [Health and Wellbeing Strategy](#)

Our Health and Wellbeing Strategy takes a life-course approach focusing on:

- Starting Well
- Developing Well
- Living Well
- Working Well
- Ageing Well
- End of life

For each stage of the life-course we have set out our goals for:

- Helping people to stay well
- Identifying and dealing with problems early

- Ensuring good quality care for those with existing needs
- Addressing the needs of the complex and vulnerable

Each life stage within the strategy has an identified overarching partnership which oversees the delivery and ensures connections to the wider Community Strategy. Each key priority has an identified member of the Health and Wellbeing Board and Assistant Director lead whose key role is to drive implementation.

Performance reports are regularly presented to the Health and Wellbeing Board, which include a summary profile of the indicators in the Health and Wellbeing Strategy, additional detail regarding the overarching outcomes of the strategy, and tables illustrating direction of travel and commentary for all indicators.

The 2013-14 annual performance report can be found at **Appendix 2**

The Health and Wellbeing Board focus on a specific chapter of the strategy at each meeting.

2.3 Health and Social Care Integration

The Vision Partnership and the Health and Wellbeing Board see the work we are doing to deliver integrated health and social care services as an essential enabler of the aims of the Community Strategy.

Health and Social Care Integration is a standing item on the agenda for the Health and Wellbeing Board, where partners are updated on progress and given the opportunity to discuss developments.

The development of an integrated model for the delivery of health and social Care across Bolton is a joint programme between NHS Bolton Clinical Commissioning Group, Bolton NHS Hospital Foundation Trust, Bolton Council and Greater Manchester West NHS Mental Health Foundation Trust. There is full commitment from the Boards of each of the four organisations to the delivery of an Integrated Health and Social Care system by 2015/16.

2.3.1 Better Care Fund

The £3.8billion Better Care Fund was announced by the government in the June 2013 spending round. The purpose of the fund is to ensure the further development of integrated health and social care. The Better Care Fund takes the form of a single, pooled budget to support health and social care to work more closely together.

The Bolton Better Care Fund submission was made in order to draw down potential funding in the region of £10.605m in 2014/15 rising up to £21.081m in 2015/16.

To secure Bolton's share of Better Care Funding, the plans - which were jointly developed by the four organisations – were submitted to and approved by the Health and Wellbeing Board.

The Health and Wellbeing Board considered and agreed the first draft Better Care Fund Plan in detail at their February 2014 meeting and commented on the proposals which include locality based integrated care teams, intermediate step-up and step-down care, a complex lifestyles service and single point of contact. Following feedback

from NHS England the Board agreed the final submission at its March meeting, ensuring the second stage submission was made by the early-April deadline.

3 Development of the Board

In April 2013 the Health and Wellbeing Board held a development session which:

- reflected on the two years it had been operating as a shadow board
- recapped the roles, responsibilities, processes and membership of the board
- updated the board on the emerging public service reform agenda
- made suggestions for the forward plan

During early-2014, Health and Wellbeing Board members and representatives of other partnerships and boards will be invited to participate in some self-assessment and further development opportunities. This will include an online self-assessment and a half day development session.

A 'maturity' model (developed by the LGA with DoH, PHE, NHS England, NHS Confederation and Healthwatch, specifically for Health and Wellbeing Boards) is being used to evaluate our position **Appendix 3**

Our focus for 2014/15

The 2014-15 Health and Wellbeing Board forward plan will be formally set following the May elections and once the dates of the meetings have been agreed. A schedule of items and priorities for the Board is in the process of being developed, and will include:

- A continued focus on Health and Social Care Integration
- Ongoing assessment and challenge on the priorities within the Health and Wellbeing Strategy
- A strengthening of links to other partnerships