

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	19 November 2014
TYPE	An open public item

<u>Report summary table</u>	
Report title	Joint Health and Wellbeing Strategy Performance Report November 2014
Report author	Helen Edelstyn (01225 477951)
List of attachments	Appendix One: Performance report
Background papers	Bath and North East Somerset Joint Health and Wellbeing Strategy: http://www.bathnes.gov.uk/health-wellbeing-board
Summary	This performance report charts progress towards delivering the outcomes and ambitions set out in the Joint Health and Wellbeing Strategy.
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • Consider and comment on the performance report
Rationale for recommendations	The Health and Wellbeing Board has made a formal commitment to the performance management of the Joint Health and Wellbeing Strategy, as noted in its Terms of Reference . The Board agreed, at a meeting in February 2013, to receive twice yearly performance reports on the delivery of the Joint Health and Wellbeing Strategy.
Resource implications	There are no direct resource implications arising from this report.
Statutory considerations and basis for proposal	Relevant considerations are included within the full Joint Annual Account 2014.
Consultation	HWB members should have been consulted on their priority area as part of the member lead system. Consultation on this report has taken place with the Health and Wellbeing Board Chair and Strategic Director, People and

	Communities. The Council's Monitoring Officer (Divisional Director - Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1.1 The Bath and North East Somerset Health and Wellbeing Board agreed (at a meeting in February 2013) to receive twice yearly performance reports on the Joint Health and Wellbeing Strategy 11 priority areas. The 6 monthly performance report is set out in appendix One.

1.2 There are some examples of good practice in many of the priority areas including:

- a) Dementia training courses run by Dorothy House to improve end of life care
- b) Dementia Friends sessions that have been attended by staff from Sainsbury's
- c) Positive feedback from the Government Troubled Families Unit and family members on our Connecting Families programme.

"We would not be in the positive place we are now. My eldest son has a job and the other is working towards getting a job. My youngest has had excellent help with problems at school good support with dealing with my marriage breakdown."
(family member, connecting families programme)

- d) The Wellbeing College which will provide courses that help people manage their long term conditions and mental health, develop a healthy lifestyle, manage key social issues such as housing, employment and debt and achieve wellbeing.
- e) Following discussion on domestic violence and abuse at the Health and Wellbeing Board in January 2014 the IRIS (Identification and Referral to Improve Safety) project has been commissioned. This project works with GPs to develop a clear pathway from GP to domestic abuse services. The project launches this month (November 2014).
- f) The Bath and North East Somerset Economic Strategy launches this month (November 2014). The Strategy includes a cross cutting theme on health and wellbeing and recognises the importance of addressing issues such as unemployment and worklessness to improving health outcomes.

1.3 There are some areas of challenging performance including:

- a) The dementia diagnostic rate which is in the bottom quartile for the south of England (currently the diagnosis rate is 47% against a target of 66%)
- b) Hospital admissions for alcohol-related conditions (the rate per 100,000 of the population has increased by 25% between 2009/10 and 2013/14 This is a greater increase than that of south west England (15%) but lower than the national and regional rate).
- c) Under 18's hospital admissions for alcohol-related conditions (68 per 100,000 population is the highest in the south west and significantly higher than the national rate (45 per 100,000 pop)).

2.1 In May the Health and Wellbeing Board agreed a system of priority leads (whereby Health and Wellbeing Board members take responsibility for 'championing' one of the 11 Joint Health and Wellbeing Strategy priority areas). The below table sets out the 11 JHWS priority areas, member and officer leads. *(Please note that there have been some changes to both the lead members and officers since May 2014).*

2.2 Officer leads have been encouraged to make contact and share information with member leads on their priority areas over the last 6 months.

Joint Health and Wellbeing Strategy priority	member lead	Officer lead
Helping children to be a healthy weight	Cllr Dine Romero	Jameelah Ingram
Improved support for families with complex needs	John Holden	Paula Bromley
Reduce the rates of alcohol misuse	Ashley Ayre	Cathy McMahon
Create healthy and sustainable places	Jo Farrar	Paul Scott
Improved support for people with long term health conditions	Julia Davidson	Laura Marsh
Promote mental wellbeing and support recovery	Tracey Cox	Andrea Morland
Enhanced quality of life for people with dementia	Dr Ian Orpen	Laura Marsh
Improved services for older people which support and encourage independent living and dying well	Diana Hall Hall	Margaret Allen / End of life care – Catherine Phillips
Improve skills, education and employment	Bruce Laurence	Benjamin Woods / Duncan Kerr
Reduce the health and wellbeing consequences of domestic abuse	Cllr Paul Crossley	Andy Thomas / Richard Baldwin
Increase the resilience of people and communities including action on loneliness	Pat Foster	Andy Thomas / Margaret Allen

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