Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Bath and North East Somerset Health & Wellbeing Board (Shadow)

Democratic Services Riverside, Temple Street, Keynsham, BS31 1LA	Direct Line:	01225 394452
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	Date:	22 April 2013

To: All Members of the Health & Wellbeing Board (Shadow)

Members: Councillor Paul Crossley (Bath & North East Somerset Council), Councillor Simon Allen (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Dr. Ian Orpen (Member of the Clinical Commissioning Group), Dr. Simon Douglass (Member of the Clinical Commissioning Group), Councillor Dine Romero (Bath & North East Somerset Council), Paul Scott (Director of Public Health), Jo Farrar (Bath & North East Somerset Council) and Pat Foster (HealthWatch)

Observers: Councillor John Bull (Bath & North East Somerset Council) and Councillor Vic Pritchard (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board (Shadow)

You are invited to attend a meeting of the Board, to be held on **Tuesday, 30th April, 2013** at **2.00 pm** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Riverside, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

4. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

5. **Declarations of Interest**

   Delivery of health and wellbeing services is in transition until the Board is formally established at the May Council AGM 2013. During the interim 'shadow' period, the Board is not a formal decision making body so formal declarations are not needed. Clear guidelines about Board Members' declarations will be in place before the May Council AGM 2013.

6. **Attendance Register:**
   Members should sign the Register which will be circulated at the meeting.

7. **Emergency Evacuation Procedure**

   If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

   Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board (Shadow)

Tuesday, 30th April, 2013
Brunswick Room - Guildhall, Bath
2.00 - 4.00 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   Delivery of health and wellbeing services is in transition until the Board is formally established at the Council AGM in May 2013. During the interim 'shadow' period, the Board is not a formal decision making body so formal declarations are not needed. Clear guidelines about Board Members' declarations will be in place before May 2013.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING

   To confirm the minutes of the above meeting as a correct record.

8. FEEDBACK FROM PROVIDER ENGAGEMENT SESSION - VERBAL UPDATE (10 MINUTES)

   The Health and Wellbeing Board (Shadow) will receive verbal update from the engagement session delegate.

9. OUTLINE JOINT HEALTH AND WELLBEING STRATEGY (20 MINUTES) — Helen Edelstyn

   The Board is asked to launch the draft Joint Health and Wellbeing Strategy for public consultation.

10. ENHANCED QUALITY OF LIFE FOR PEOPLE WITH DEMENTIA: DEMENTIA FRIENDLY COMMUNITIES - VERBAL UPDATE (30 MINUTES)

    The Health and Wellbeing Board (Shadow) will receive verbal update from Corrine Edwards (Clinical Commissioning Group).

11. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE (10 MINUTES) — Helen Edelstyn

The Health and Wellbeing Board is asked to agree the terms of reference.

12. JOINT STRATEGIC NEEDS ASSESSMENT VERBAL UPDATE (20 MINUTES) — Jon Poole

The Health and Wellbeing Board (Shadow) will receive verbal update from Jon Poole (Research and Intelligence Manager).

13. LOCAL HEALTHWATCH WELCOME AND INTRODUCTION - VERBAL UPDATE (15 MINUTES)

The Health and Wellbeing Board (Shadow) will receive verbal update from Pat Foster (Care Forum).

The Committee Administrator for this meeting is Jack Latkovic who can be contacted by telephoning Bath 01225 394452

HEALTH & WELLBEING BOARD (SHADOW)

Minutes of the Meeting held

Wednesday, 7th November, 2012, 2.00 pm

Tony Barron	-	Chair of the PCT Board
Councillor Paul Crossley	-	Bath & North East Somerset Council
Councillor Simon Allen	-	Bath & North East Somerset Council
Paul Scott	-	Director of Public Health
Jo Farrar	-	Bath & North East Somerset Council

26 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

27 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

28 APOLOGIES FOR ABSENCE

The following Board Members sent their apologies: Councillor Dine Romero, David Smith, Diana Hall Hall, Simon Douglass, Ian Orpen (Ruth Grabham substitute), Ashley Ayre (Liz Price substitute).

29 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

30 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

31 PUBLIC QUESTIONS/COMMENTS

The Chair invited Marilyn Freeman to read out her statement and present petition titled ‘Petition to the B&NES Clinical Commissioning Group requesting a Halt to the Closure of the NHS GP-Led Urgent Care Service presently located within the Riverside Walk-In Centre, Bath’ (with approximately 900 signatures).

Marilyn Freeman read out her statement where she highlighted that Bath Labour Action Team set up an online petition to gather the reaction of the people of Bath on

the decision to close down the Urgent Primary Care service presently sited within the Riverside building in 2014, and to expand Primary Care services at the RUH as part of the review on Urgent Care Services.

Marilyn Freeman added that Labour Group did not have knowledge of the full facts behind the decision so the petition is worded as a plea for the CCG to halt the closure until certain issues had been addressed.

A full copy of the statement is available in the minute book at Democratic Services.

Petition to the B&NES Clinical Commissioning Group requesting a Halt to the Closure of the NHS GP-Led Urgent Care Service presently located within the Riverside Walk-In Centre, Bath' (with approximately 900 signatures) have been handed to Dr Ruth Grabham (CCG representative on the Board for this meeting) by Committee Administrator.

Tony Barron said that the decision to move the Urgent Care Services was not officially made yet. It is a proposal that has to go through the right process and the decision will be made by the PCT Board after the CCG submit their recommendations to them. The PCT Board is still the statutory body that can make the final decision.

The Chair thanked Marilyn Freeman for her statement. The Chair said that the petition will be passed to the CCG and the PCT. The Chair also informed the meeting that the Wellbeing Policy and Development Scrutiny Panel will be looking the Impact Assessment for this proposal on Friday 16th November. The Wellbeing Policy and Development Scrutiny Panel is statutory Health Scrutiny body of the Council that has the power to decide whether or not the proposal constitutes substantial variation of services.

32 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

33 ORGANISATIONAL UPDATES (20 MINUTES)

Local HealthWatch (procurement) – Derek Thorne said despite that the Scout Enterprise Ltd (former Host service for the B&NES Local Involvement Network) ceased trading on 29th September 2012 (and formally went into liquidation on 19th October 2012) the procurement process for the HealthWatch is still on target for April 2013.

Public Health – Paul Scott said that this was quite busy period for his team in two areas. One is with the Season Flu Programme (new national programme). The other area was Transition Plan (Public Health will join Local Authority by April 2013). The transition is on course in terms of practical arrangements (HR issues, IT, etc.). Public Health budget allocation will be known on 14th December this year.

NHS – Tony Barron said that Ed Macalister-Smith is no longer Chief Executive for B&NES and Wiltshire PCT Cluster as he retired at the end of October. The PCT is hoping to announce new Chief Executive fairly soon. Tony Barron also said that

Patricia Webb no longer sits on the PCT or the CCG Board as Non-Executive Director. Handover of duties to the CCG is on course.

CCG – Dr Ruth Grabham said that the CCG has everything in place for the National Commissioning Board formal site visit on Friday 9th November. The CCG is optimistic that they have all requirements for the authorisation.
Dementia Challenge Fund – Prime Minister asked nationwide to concentrate on dementia project. Extra money has been allocated for this project. In total £500k had been allocated. The report about Urgent Care is submitted to the Wellbeing Policy development and Scrutiny Panel.

34 HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES (25 MINUTES)

The Chair invited Jane Wildblood (Corporate Sustainability Manager) to give a presentation on 'Healthy & Sustainable Places and Communities'.

Jane Wildblood gave a presentation where she highlighted the following points:

- Purpose
- Issues
- Co-benefits
- Action that can reduce health inequalities and mitigate climate change
- Good practice examples
- Opportunities

A full copy of the presentation from Jane Wildblood is available at the minute book in Democratic Services.

The Chair thanked Jane Wildblood for the presentation. The Chair felt that estimated figure of £3.8m cost of the local NHS per year from cold homes is something that the Board should look at in the future.

Members of the Board felt that this was interesting presentation with a lot of useful information and welcomed the examples of partnership working. Members of the Board also welcome the Green Deal opportunity, as part of the emerging Community Delivery Partnership.

Members of the Board welcomed that the sustainable approach to health and social care will consider environmental issues alongside social and economic issues in order to reduce health inequalities, save money and increase efficiency.

Members of the Board also suggested that the Joint Strategic Needs Assessment needs to be used on how to improve people's lives and also how to save people's lives.

It was **RESOLVED** to note the presentation.

35 HEALTHWATCH - COMMUNITY ENGAGEMENT PILOT (15 MINUTES)

The Chair invited Derek Thorne and Jonathan Mercer (Communications and

Marketing Manager) to give a presentation on the HealthWatch Community Engagement Pilot.

Derek Thorne reminded the Board that HealthWatch is the new body that will be operational as from April 2013, across the country, and it will be independent consumer voice. One of the ways of communication with the public is via web media, in particular via website and social networking.

The team had been developing experimental HealthWatch website for the last couple of months. One area that this pilot was particularly targeting was alcohol related issues amongst young people.

Jonathan Mercer showed the Board the look of the experimental website, its possibilities and how easy it is to engage people in website forum and social networking sites.

Jonathan Mercer also demonstrated how the website looks on smartphones and how easy it is to integrate to Facebook and Twitter.

Jonathan Mercer confirmed that the Council is the owner of the website and also the one that controls the content at the moment.

The Board welcomed the use of the modern technology for the HealthWatch. Some Members of the Board successfully used at the meeting social networking facilities that were integrated in the HealthWatch website, from their smartphones and tablet PCs. The Board also said that this could be quite powerful tool for everyone involved to get their messages out.

Derek Thorne said that the pilot is currently targeting alcohol related issued amongst young people but potentially this could target any health related conversations.

It was **RESOLVED** to note the update.

36 **DEMENTIA CHALLENGE FUND (15 MINUTES)**

This agenda item was presented by Dr Ruth Grabham during the 'Organisational Updates' agenda item.

The Board **NOTED** the update.

37 **UPDATE REPORTS (30 MINUTES)**

Children's Safeguarding Report – Liz Price introduced the report.

It was **RESOLVED** to note the report.

Children's Health Services Commissioning Performance - Liz Price introduced the report.

It was **RESOLVED** to note the report.

Update Report - Adult Safeguarding Annual Report 2011-12 – Lesley Hutchinson (Assistant Director for Safeguarding and Personalisation) introduced the report.

The Board asked if there is an effective data sharing between relevant agencies and organisations in the case of complex families.

Lesley Hutchinson replied that she would be looking to improve the effective data sharing in near future.

It was **RESOLVED** that the Board **AGREED** with the Annual Report and Business Plan.

Adult Health and Wellbeing Commissioning Report – The Chair informed the meeting that the Board will not comment on this report as there were no officers to introduce this document.

38 **FORWARD HEALTH AND WELLBEING BOARD (SHADOW) DATES**

It was **RESOLVED** to note that the next meeting of the Board is on 6th February 2013 in the Kaposvar Room, Guildhall, Bath.

The meeting ended at 3.40 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Health and Wellbeing Board (Shadow)	
MEETING DATE:	30 April 2013
TITLE:	Outline Joint Health and Wellbeing Strategy
List of attachments to this report: Appendix One: draft Joint Health and Wellbeing Strategy (text only version)	

1 THE ISSUE

1.1 The Health and Wellbeing Board is responsible for developing a Joint Health and Wellbeing Strategy that delivers the Boards aim to:

- Reduce health inequalities and improve health and wellbeing in Bath and North East Somerset

1.2 This report introduces the draft Joint Health and Wellbeing Strategy for public consultation.

2 RECOMMENDATION

The Board is asked to:

1) Launch the draft Joint Health and Wellbeing Strategy for public consultation.

3 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report.

4 MAIN REPORT

4.1 The draft Joint Health and Wellbeing Strategy is a high level strategic document that sets the priorities for action on health and wellbeing in Bath and North East Somerset.

4.2 The draft Joint Health and Wellbeing Strategy is based on the evidence set out within Joint Strategic Needs Assessment. The development of the draft Joint Health and Wellbeing Strategy was led by the Health and Wellbeing Board.

4.3 Public consultation on the draft Joint Health and Wellbeing Strategy runs from the 30 April to 7 June. The Strategy will go to Council in September 2013 for final approval.

4.4 The draft Joint Health and Wellbeing Strategy will inform the work programme of the Health and Wellbeing Board. There is a discussion item at todays – 30 April –

Health and Wellbeing Board on dementia, more specifically 'dementia friendly communities'. This offers the Board the opportunity to begin activity on a key priority area and to provide leadership on a project that involves a range of health, social care, wellbeing and community services.

4.5 The draft Health and Wellbeing Strategy is not intended to be a static delivery plan but rather a plan that sets out the Board's high level strategic intentions. Over time more detailed delivery plans on the Boards priorities will be adopted, setting out action on specific priorities such as to reduce rates of childhood obesity or create dementia friendly communities.

4.6 Due to a small delay in design, a text only version of the Strategy is circulated as part of the Health and Wellbeing Board report despatch pack. A fully designed version of the draft Joint Health and Wellbeing Strategy will be circulated in advance of the Health and Wellbeing Board on 30 April. Fully designed copies of the draft Joint Health and Wellbeing Strategy will be available on the 30 April Health and Wellbeing Board meeting.

5 RISK MANAGEMENT

5.1 Risk will form a key consideration in the delivery of the Boards priorities.

6 EQUALITIES

6.1 Inequality is a key part of the JSNA framework. To reduce health inequality is a key ambition of the Board – around which the priorities are framed.

7 CONSULTATION

7.1 The emerging priorities have been developed in consultation with:

a. *Cabinet Member; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Stakeholders/Partners; Other Public Sector Bodies;*

8 ISSUES TO CONSIDER IN REACHING THE DECISION

a. *Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations*

Contact person	*Helen Edelstyn (x7951)*
Background papers	*NA*
Please contact the report author if you need to access this report in an alternative format	

Joint Health and Wellbeing Strategy

Foreword

Opening foreword by Cllr Simon Allen, Chair of the Bath and North East Somerset Health and Wellbeing Board

Bath and North East Somerset can and should be a place where everyone is enabled to lead healthy and fulfilling lives. Achieving this is no easy task. Everything we do must aspire to the goal of improving the health and wellbeing of local people and communities.

I am fully committed to reducing health inequalities in Bath and North East Somerset and to ensuring that, through this Joint Health and Wellbeing Strategy, we put in place plans which improve the health of local people and communities.

I cannot deliver this alone and it will be essential to work in partnership with health, social care and broader ‘wellbeing’ services to take action to improve people’s health and wellbeing. Already, some organisations across Bath and North East Somerset have come together through our new Health and Wellbeing Board and are working together on this Joint Health and Wellbeing Strategy. These partners include Bath and North East Somerset Council, the local Clinical Commissioning Group (CCG) and Healthwatch Bath and North East Somerset.

This partnership approach will deliver joined up services that support and protect people's health and wellbeing. Our focus is on encouraging people to stay healthy, improving the quality of people's lives and on making sure that everyone has a fair chance of living well.

Over the past 2 years I have met many local people and organisations. I have listened to the views and experiences of local health and social care services. This experience has helped me to understand what works well and areas that need to improve. Local knowledge and feedback forms a central part of this Joint Health and Wellbeing Strategy and in creating future plans for local health and wellbeing services.

No one should underestimate my determination to make a difference. This Joint Health and Wellbeing Strategy will not only help people who are unwell but will work to integrate local services from housing to parks and leisure; to prevent ill health and make sure that people live well.

Part 1

Who is responsible for Health and Wellbeing?

The Health and Wellbeing Board (HWB) is the body responsible for improving the health and wellbeing of people in Bath and North East Somerset. The Council is required, by Government, to have a Health and Wellbeing Board. The Health and Wellbeing Board is made up of senior officers from the Council, local councillors, GPs from the Clinical Commissioning Group (CCG), the Director of Public Health and Healthwatch Bath and North East Somerset.

The Health and Wellbeing Board has assessed the health and wellbeing needs of people in Bath and North East Somerset (adults, children and young people) through the Joint Strategic Needs Assessment process (JSNA). You can find out more about the Bath and North East Somerset JSNA at www.bathnes.gov.uk/jsna. This Joint Health and Wellbeing Strategy reflects and takes action to mitigate the health and wellbeing needs identified in the JSNA.

The Health and Wellbeing Board sits within the Bath and North East Somerset local partnership framework and works alongside leaders from all of the local public sector agencies to ensure a joined-up approach to local service delivery.

This is the first Joint Health and Wellbeing Strategy for Bath and North East Somerset. It is a draft and we welcome your views on what it says about health and wellbeing in Bath and North East Somerset. A full engagement process will run from April 2013 to June 2013 and further details can be found at *http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-partnership.*

Why Bath and North East Somerset needs a Joint Health and Wellbeing Strategy

The World Health Organisation defines health as **"a state of complete physical, mental and social wellbeing"**. People with good health are able to have control of their lives, live life to the full and participate in their communities.

Unfortunately people and communities experience health un-equally. This can be due to differences in where they live, social group, gender and other biological factors. These differences have a huge impact, because they result in some people experiencing poorer health and shorter lives.

Health inequality exists in Bath and North East Somerset. The Joint Strategic Needs Assessment shows that health is unequally shared and inequalities exist between different geographical areas, communities, social and economic groups.

The Health and Wellbeing Board is committed, through this strategy, to tackling these health inequalities. This Joint Health and Wellbeing Strategy sets out a framework for partnership action against three themes:

Theme one: Helping people to stay healthy
Theme two: Improving the quality of people's lives
Theme three: Creating fairer life chances

In 2010 Sir Michael Marmot published 'Fair Society Healthy Lives' and set out an evidence based approach to reducing health inequalities in England. This Joint Health and Wellbeing Strategy is guided by the principles set out within 'Fair Society Healthy Lives'.

How we will deliver this Strategy

Part two of this Strategy describes our high level intentions to improve the health and wellbeing outcomes of our local population.

Part three sets out the Board's first steps to improving the health and wellbeing of the local community. It is not intended to be a static delivery plan but rather one that will be updated as the Health and Wellbeing Board develops and promotes the services and activities that can make a difference.

Over time more detailed delivery plans will be adopted, setting out action on specific priorities such as to reduce rates of childhood obesity or create dementia friendly communities.

Our work locally, through this Health and Wellbeing Strategy, is set against a national programme of action. This includes national frameworks for action for adult social care, children's social care, public health, and the NHS. The delivery of these frameworks will continue to be extremely important to us. The relevant national outcomes for this strategy are set out in Part three.

About Bath and North East Somerset

JSNA summary *(2 page graphic presentation of need)*

Our vision for health and wellbeing

Our vision is to reduce health inequality and improve health and wellbeing in Bath and North East Somerset by:

Theme one: Helping people to stay healthy
Theme two: Improving the quality of people's lives
Theme three: Creating fairer life chances

These 3 themes set our framework for action. The next section describes some of the things we are doing to deliver these themes.

The Health and Wellbeing Board has also agreed a set of cross-cutting principles. These are:

- Strengthen the role and impact of ill-health **prevention**
- A commitment to **add value** through a 'whole system approach' to health and wellbeing through:
    - integrating the NHS, social care and public health systems
    - influencing planning, transport, housing, environment, economic development and community safety in order to address the wider determinants of health and wellbeing
- **High quality** service delivery **within the resources available** including low cost and no cost options, and reducing waste through a whole system approach
- A commitment to public, patient and provider engagement

Wellbeing refers to the wider social, physical, psychological, environmental and economic factors which affect our lives and our health. In order to improve the wellbeing of people Bath and North East Somerset, the Health and Wellbeing Board is committed to working with non-traditional health and social care partners in areas such as economic development, sustainability, transport and housing.

Part 2 - Our local strategic priorities

Theme one - Helping people to stay healthy

The prevention of ill-health and the promotion of wellbeing are at the heart of this theme. The priorities set out within this section aim to prevent ill health, reducing the need for more costly interventions later in life and to help people to live well.

Reduced rates of childhood obesity

Over 26 per cent of Bath and North East Somerset's 11-12 year olds are of an unhealthy weight and 14 per cent are obese. Childhood obesity is associated with a range of health problems and it has been linked to low self-image, low-self-confidence and depression. Children who are obese are more likely to be obese as adults and this increases the risk of developing a range of chronic diseases such as heart disease and diabetes.

At its most simple, children become obese when the energy from the food and drink they eat is greater than the energy they burn off with day to day activity. A huge range of issues affect what we choose to eat and whether we keep active. For example, is it cheaper to buy foods high in fat and sugar? Or are there opportunities where we live for children to get outside and play?

So helping children to be a healthy weight means encouraging people to make healthy choices. It also means making changes to the local environment to make those choices easier. The Health and Wellbeing Board will work with partners, including the Children's Trust Board, to develop action on childhood obesity. This will include a coordinated plan to address the many reasons why a child becomes dangerously overweight.

Improved support for families with complex needs

There are around 200 families with complex needs living in Bath and North East Somerset. These families can experience some of the following problems: unemployment, domestic abuse, children in care or on the edge of care, mental ill health, and substance misuse.

Families with complex needs place significant demands on the criminal justice, health, welfare, housing and social service systems. The Government estimates that each family costs an average of £75 thousand each year. This is an annual total in Bath and North East Somerset of £16 million.

The Health and Wellbeing Board is taking steps through our Connecting Families programme to help these families enjoy the same life chances experienced by

others. The Connecting Families programme will do this by addressing the causes of anti-social behaviour, supporting children back into education, supporting people back into work and encouraging families to take responsibility for their own lives.

Reduced rates of alcohol misuse

Since 2002 there has been a 13 per cent increase in people admitted to hospital with an alcohol related condition in Bath and North East Somerset. Approximately 800 11-15 yr. olds are thought to be drinking to get drunk every week and over 29,000 people are considered 'risky' drinkers and are threatening their health because they are drinking too much.

In moderation alcohol can have positive impacts on adults' wellbeing, especially where this encourages sociability. But too many people still drink alcohol to excess. Alcohol is one of the three biggest lifestyle factors for disease and death in the UK after smoking and obesity. It causes alcohol-related violent crime and its impacts on communities, children and young people are clear.

The Health and Wellbeing Board wants to tackle the problems caused by drinking irresponsibly; tackle the health consequences associated with excessive alcohol consumption; and encourage people to drink sensibly. The Health and Wellbeing Board will work in partnership with the Clinical Commissioning Group, the local Police and Crime Commissioner, Public Health and our Universities to lead co-ordinated action to reduce the harms caused by alcohol misuse.

Create healthy and sustainable places

People's physical and mental health is affected by the quality of housing, access to green space, air quality and the environments in which they live.

The Health and Wellbeing Board will work in partnership with local organisations who lead on environmental sustainability to encourage people to eat more local food, encourage people to walk, cycle or use public transport rather than drive their cars and encourage people to insulate their homes and stay warm.

The Health and Wellbeing Board is committed to making sure that there are accessible homes for those who need them. For many people with learning difficulties, poor mental health or physical needs this means giving them greater choice and control over where they live, adapting existing provision and encouraging the development of suitable affordable housing options. The Health and Wellbeing Board will work in partnership with housing services and providers to support and encourage improvements to our homes and neighbourhoods.

Theme 2 - Improving the quality of people's lives

This theme aims to improve the quality of people's lives by supporting people who are unwell to look after themselves, and to help them and their carers to live as normal a life as possible.

Improved support for people with long term health conditions

There are over 73,000 people in Bath and North East Somerset with at least one long term health condition. Older people in particular often live with several long term health conditions at the same time.

A long term health condition is a physical or mental condition that cannot be cured but can be managed with medication or therapy. The best way to support people with conditions like these is to help people to live healthily and to manage their conditions, so that they stay well and don't need to go to hospital.

The Health and Wellbeing Board will work in partnership with the Clinical Commissioning Group to deliver a coordinated response to long term health conditions that helps people to manage their conditions and stay well. This will be achieved through a package of support including helping people with long term health conditions to feel empowered and confident to self-manage their conditions, personalised care plans, by supporting carers, timely diagnosis, and primary and community care.

Reduced rates of mental ill-health

Within Bath and North East Somerset, approximately 18 per cent of our local population have experienced mental ill health which includes depression and anxiety. A local health and social care voluntary group identified mental ill health as the second largest health concern for local residents, after dementia.

Co-ordinated action to prevent suicide, repeat self-harm and support people with mental ill-health will be developed by the Health and Wellbeing Board alongside partners including health services, social care, schools and communities.

Enhanced quality of life for people with dementia

There are 1022 people registered in Bath and North East Somerset who have dementia, and this number is expected to increase as our older population grows. Dementia can have a big impact on a person's behaviour and their lives. It can make them feel anxious, lost, confused and frustrated. These behaviours can make it difficult for people with dementia to lead normal lives.

The Health and Wellbeing Board is committed to improving the care and experience of people with dementia and their carers through a package of support including:

- better diagnosis
- improving care in hospital
- improving standards of care in homes and domiciliary care
- better awareness and support in the community

The Health and Wellbeing Board will work in partnership with health, social care, communities, business and other local services to champion ‘dementia friendly communities’ in Bath and North East Somerset. This initiative will focus on improving the inclusion of people with dementia in local communities by raising local understanding. This may be as simple as a local bank training staff in how to support people with dementia.

Improved services for older people which support and encourage independent living and dying well

Our population is changing as people are living for longer. Statistical projections suggest that by 2026 people aged over 75 will represent 11 per cent of the local population, compared with 9 per cent in 2011. This will increase the demand for services that help older people to stay healthy, active and independent for as long as possible.

The Health and Wellbeing Board will lead coordinated action to ensure fair, good quality, integrated health and social care services for older people.

Theme 3 - Fairer life chances

This theme aims to reduce health inequalities across Bath and North East Somerset by creating fairer life chances.

The surroundings where we grow up and live, our social and economic group and our local community all have effects on our health and wellbeing. Social inequality has a significant relationship with a wide range of health and social care problems including reduced life expectancy and long term conditions.

The priorities set out within this section aim to tackle health inequalities, making sure that everyone has the opportunity to live well.

Improve skills, education and employment

Key to creating fairer life chances for all is ensuring that our local communities have access to good quality education, volunteering and employment opportunities. Educational outcomes and employment status have a significant impact on physical and mental wellbeing.
To achieve fairer life chances, investment in early years is crucial. Working with our Children's Trust Board, we are committed to working with schools and colleges to maximise the choice and diversity of opportunities for our young people, as well as ensuring that they are best enabled to meet economic and employability needs.

The Health and Wellbeing Board will work in partnership with the Bath and North East Somerset Economic Partnership, the Bath and North East Somerset Learning Partnership and the West of England Local Enterprise Partnership to build a strong economy supporting the skills development necessary to create more job opportunities within Bath and North East Somerset, promote job creation, ensure appropriate jobs are available, improve connections between employers and job seekers, and support the network of apprentices, interns, and undergraduate placement schemes.

Reduce the health and wellbeing consequences of domestic abuse

Domestic abuse represents a significant proportion of crime within Bath and North East Somerset. The health and wellbeing consequences of domestic abuse are wide-reaching and well acknowledged and include physical harm and disability, depression, low self-esteem, drug and alcohol abuse, child abuse, poverty, social exclusion and homelessness. It can have both immediate and long-term consequences for the victim, and can also have wider impacts on the family, children, friends and wider community.

Health services are often the first point of contact for people who have experienced domestic abuse. It can play an important role in preventing violence by intervening early, providing treatment and referring victims on to other services. The Health and Wellbeing Board will work the with the health service, social care and police service to promote early, swift and prompt intervention to make sure victims of domestic abuse get the care and support they deserve.

Increase the resilience of people and communities including action on loneliness

Our local surroundings and social environment play an important part in our health and wellbeing. There is a link between loneliness and isolation and a range of health and wellbeing issues such as high blood pressure, depression and heart disease, particularly amongst the aging population. There are a number of groups which may be particularly vulnerable to social isolation and loneliness including young care-leavers, those with mental ill health and the older population.

The Health and Wellbeing Board is committed to working with partners to support services and activities which keep local people connected. Community volunteering can help address issues of loneliness and isolation and can also result in stronger local communities where older people can play a greater and more empowered role.

Part 3

Delivering our priorities

This section provides a summary of our first steps to delivery, and relevant national outcomes. It is not intended to be a static delivery plan but rather one that will be updated and evolve as the Health and Wellbeing Board develops and increases its influence over the services and activities that can make a difference.

Over time more detailed delivery plans will be adopted, setting out action on specific priorities such as reduce rates of childhood obesity or enhance the quality of life for people with dementia.

THEME 1: HELPING PEOPLE TO STAY HEALTHY			
JHWS Priority	**Joint Strategic Needs Assessment evidence**	**Local partnership deliverables and joint activity**	**National outcome measures**
Reduced rates of childhood obesity	Higher rates of overweight children starting school 25.9% of children in reception year are of an unhealthy weight (overweight and obese) compared to 22.6% nationally.	Halt the rise in childhood overweight and obesity (CYPP) Promote and support healthy lifestyles for children and young people (CYPP) Make sustainable travel options (e.g. walking and cycling) accessible and available as part of a healthy lifestyle choice for all. (ES&CC Strategy) Develop a B&NES strategic approach to local food, to increase production and engagement in growing, reduce carbon emissions and make cheaper, healthier fresh food more accessible for key groups (ES&CC Strategy)	Excess weight in 4-5 and 10-11 year olds (PHOF 2.6) Diet (placeholder) (PHOF 2.11) Utilisation of green space for exercise/health reasons (PHOF 1.16)

Improved support for families with complex needs	There are 220 families in B&NES experiencing a range of complex needs. The Government estimates that each family costs the public sector an average of £75 thousand each year.	Connecting Families Programme (Key deliverables: Family members in work; Children and young people in the families regularly attending school; Reductions in youth crime and anti-social behaviour ; Reduction in Domestic abuse within the families Reduction in mental ill-health within the families; Reduction in the numbers of children admitted to care / staying in care; Increase in effectiveness and timeliness of child protection; Reduction in substance abuse)	Children in poverty (PHOF 1.1) 16-18 year olds not in education, training or employment (PHOF 1.5) People with mental illness or disability in settled accommodation (PHOF 1.6) Sickness absence rate (PHOF 1.9) Fuel poverty (PHOF 1.17) Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm (ASCOF 4) Under 18 conceptions (PHOF 2.4)
Reduced rates of alcohol misuse	The average year on year increase in admissions attributable to alcohol is 13%, compared to 8% for the South West (since 2002/03). Estimates suggest that B&NES has 7,021 people aged 18-64 dependent on alcohol. People living in the most deprived areas are over 4 times more likely to be admitted to hospital for alcohol specific conditions than those living in the least deprived areas.	Alcohol Harm Reduction Strategy for Bath and North East Somerset. Promote and support healthy lifestyles for children and young people (CYPP) Reduction in referrals for conditions relating to known harmful lifestyle choices e.g. smoking, alcohol, weight (CCG Plan)	Alcohol-related admissions to hospital (PHOF 1.18)

Create healthy and sustainable places	People living in areas with high levels of greenery are thought to be 3 times more likely to be physically active and 40% less likely to be overweight or obese. There is a link between air pollution and an increased risk of death and hospital admission. Access to the natural environment can have positive effects on mental health.	Ensuring all children access a range of recreational activities (CYPP) Promote and support healthy lifestyles for children and young people (CYPP) Sustainable Development Management Plan (in development) (CCG Plan) Recognise the links between mental and physical health and access to natural open spaces (ES&CC Strategy) Promote the opportunity for H&SC providers to benefit from local energy projects (ES&CC Strategy) Increase community resilience to climate change impacts (ES&CC Strategy) Public Protection (Key deliverables: air quality monitoring, low emission)	Utilisation of green space for exercise/health reasons (PHOF 1.16) Diet (placeholder) (PHOF 2.11) Recorded diabetes (PHOF 1.17) Excess weight in adults (PHOF 1.12) Proportion of physically active and inactive adults (PHOF 1.13) Air pollution (PHOF 3.1) Public sector organisations with board-approved sustainable management plans (PHOF 3.6) Everyone enjoys physical safety and feels secure (ASCOF 4A) Excess winter deaths (PHOF 4.15)

THEME 2: IMPROVING THE QUALITY OF PEOPLES LIVES			
Priority	**Joint Strategic Needs Assessment evidence**	**Local partnership deliverables and joint activity**	**National outcome measures**
Reduced rates of mental ill-health	Admissions for self-harm are higher for both men and women in B&NES (229 per 100,000) compared to the national average (198 per 100,000) for 2009/10. There has been a steady increase in the number of suicides per year since 2005. Rates in Males are higher than rates in Females High rates of depression and high levels of self-harm amongst young women.	Promoting children and young people emotional health and resilience (CYPP) Mental health services (Key priorities: Reconfiguration in adult mental health inpatient services; Review mental health care pathways and services to improve health and social care outcomes; Improve mental health and wellbeing in Primary Care) (CCG Plan)	Hospital admissions as a result of self-harm (PHOF 2.10) Emotional wellbeing of looked after children (placeholder) (PHOF1.8) Suicide (PHOF 1.10)
Enhanced quality of life for people with dementia	Dementia is expected to increase by 23% for females and 43% for males between 2010 and 2025. Feedback from the LINk survey (2009) suggested that Dementia and Alzheimer's were the conditions of most concern to the community. BME communities experience lower levels of awareness of problems such as dementia. Over 50% of nursing home residents experience dementia.	Long term conditions and frail elderly (Key priorities: Redesign of clinical pathways to improve clinical outcomes; Increase & ensure patient satisfaction; Deliver care closer to home) (CCG Plan) Dementia Local Action Plan	Dementia and it's impacts (placeholder) (PHOF 1.16) Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F)

Improved services which support and encourage independent living and dying well	B&NES has a higher than average number of people aged 65 and over who are permanent residents of residential and nursing care homes (92 people per 10,000, 2009/10). Most people (63%) express a wish to die at home; however, only 20% actually do (22.2% B&NES vs. 20.3% nationally).	End of life care (Key priorities: Deliver improved care coordination for people at end of life; Achieve and sustain national and local performance) (CCG Plan)	Health related quality of life for older people (placeholder) (PHOF 1.13) Permanent admissions to residential and nursing care homes, per 1,000 population (ASCOF 2A) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C)
Improved support for people with long term conditions	The prevalence of long term conditions, including cancer, is rising (in line with national and regional rates). Long term conditions make up a significant proportion of NHS spend. There is a 60% higher prevalence of long term conditions in deprived areas. Heart conditions, cancer, lungs and diseases of the digestive system are the most common forms of death (in line with national)	Long term conditions and frail elderly (Key priorities: Redesign of clinical pathways to improve clinical outcomes; increase & ensure patient satisfaction; Deliver care closer to home) (CCG Plan)	Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness (PHOF 1.8) Proportion of people who use services who have control over their daily life (ASCOF 1B) Overall satisfaction of people who use services with their care and support (ASCOF 3A) The proportion of people who use services and carers who find it easy to find information about support (ASCOF 3D) The proportion of people who use services who feel safe (ASCOF 4A)

			The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)

THEME 3: FAIRER LIFE CHANCES			
Priority	**JSNA evidence**	**Local partnership deliverables and joint activity**	**National outcome measures**
Improve skills and employment	4.4% of current 16-18 year olds are NEET (Not in Education, Employment or Training) (December 2012). Numbers have increased over time, although remain lower than similar areas and nationally. There are higher rates of people claiming out of work benefits in some areas of B&NES. This includes Twerton (18.3%), Radstock and Abbey.	Reduce Health, Education and Social inequalities in specific groups of children and young people and specific geographical areas. (CYPP) Supporting all young people to engage in employment, education and training from 16-19. (CYPP) Primary Care (Key priorities: new patient pathways that result in a shorter time in the system and return to work/education) (CCG Plan) Mental Health Services (Key priorities: Maintain of performance for people in specialist mental health services in settled accommodation and employment) (CCG Plan) Learning Difficulties (Key priorities: Increase number of people living in their own homes and gaining paid employment) (CCG Plan)	16-18 year olds not in education, employment or training (PHOF 1.5) Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness (PHOF 1.8) Proportion of adults with a learning disability in paid employment (ASCOF 1E) Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1F) Under 18 conceptions (PHOF 2.4)

Reduce the health and wellbeing consequences of domestic abuse	Domestic abuse is a significant volume of crime in B&NES. Women are more likely to be victims of domestic abuse compared with men (78% women, 21% men victims). Male offenders made up 79% of all recorded perpetrators of domestic abuse crimes between 2012-12.	Interpersonal Violence and Abuse Strategic Partnership, Violence Against Women and Girls Action Plan Provide children and young people with a safe environment, including empowering children and young people to recognise risks. (CYPP) Protection from violence, maltreatment, neglect and sexual exploitation (CYPP)	Domestic abuse (placeholder) (PHOF 1.11) Violent crime (including sexual violence) (placeholder) (PHOF 1.12) Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm (ASCOF 4)
Increased resilience of people and communities including action on loneliness	Just over half of the people who live alone have regular contact with friends and family.	The Village Agent Project	Social connectedness (placeholder) (PHOF 1.18) Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (ASCOF 1L)

CYPP	Children and Young People's Plan
CCG Plan	Clinical Commissioning Group Plan
ES&CC Strategy	Environmental Sustainability and Climate Change Strategy
PHOF	Public Health Outcomes Framework
ASCOF	Adult Social Care Outcomes Framework

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Health and Wellbeing Board (Shadow)	
MEETING DATE:	30 April 2013
TITLE:	Health and Wellbeing Board Terms of Reference
List of attachments to this report: Appendix One: Health and Wellbeing Board Terms of Reference	

1 THE ISSUE

1.1 This report sets out the Terms of Reference for the Health and Wellbeing Board.

2 RECOMMENDATION

2.1 The Board is asked to:

(1) Agree the terms of reference (Appendix One)

3 FINANCIAL IMPLICATIONS

3.1 There are no financial implications associated with this report.

4 THE REPORT

Health and Wellbeing Board Terms of Reference

4.1 Appendix one sets out the Terms of Reference for the Bath and North East Somerset Health and Wellbeing Board.

4.2 These Terms of Reference have been reviewed and considered by Legal and are in accordance with Government Regulations.

4.3 Regulations for Health and Wellbeing Boards were due to be laid in the House of Commons in the autumn of 2012 but were delayed until 8 February 2013. This has meant that it has not been possible to formally establish the Health and Wellbeing Board by the 1 April 2013; when Health and Wellbeing Boards were due to assume their statutory duties. Discussions have taken place with the Department of Health and they are not overly concerned with this; indeed, many Councils are taking the logical step of formally appointing the Board at their May Annual Council meeting, as this Council will be doing.

4.4 All Health and Wellbeing Board members and substitute members are required, under the Regulations for Health and Wellbeing Boards, to declare an interest. This means that all Health and Wellbeing Board members will need to complete an

Interest Register form within 28 days of the Health and Wellbeing Board being officially ratified by Council on the 16 May (the deadline for completed Interest Register forms is Wed 12 June).

Chair / Vice Chair

4.5 In accordance with the Councils constitution, Council at its annual meeting allocates nomination rights to political groups for the role of Chair of Committee for the ensuing Council year. If Council does not allocate these rights, the Health and Wellbeing Board will elect a Councillor or voting member to be the Chair for the meeting.

4.6 In accordance with the Councils constitution, if the Council at its annual meeting does not allocate nomination rights to political groups for the role of Vice Chair of Committee, the Health and Wellbeing Board can elect a Councillor or voting member to be the Vice Chair for that meeting only, or for the ensuing Council year.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

6.1 An EqIA has not been completed for the following reasons: A full EqIA will be completed on the Boards Joint Health and Wellbeing Strategy and work programme.

7 CONSULTATION

7.1 *Ward Councillor; Cabinet Member; Other B&NES Services; Community Interest Other Public Sector Bodies; Chief Executive; Monitoring Officer*

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 *Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations*

9 ADVICE SOUGHT

9.1 *These Terms of Reference have been reviewed and considered by B&NES Council Legal Team*

Contact person	Helen Edelstyn (477951)
Background papers	*NA*

Please contact the report author if you need to access this report in an alternative format

Bath & North East Somerset Council

NHS
Bath & North East Somerset
Clinical Commissioning Group

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

1. Statement of purpose

1.1 By working together the Board will aspire to reduce health inequalities and improve health and wellbeing in Bath and North East Somerset.

1.2 To achieve these aims the Board will work collaboratively with partners to join up commissioning and provision across the NHS, social care, public health and other areas related to health and wellbeing (where appropriate).

2 Roles and responsibilities

2.1 The Board will be responsible for:

- developing a joint strategic needs assessment (JSNA)
- preparing the joint health and wellbeing strategy (JHWS)
- considering whether commissioning arrangements for social care, public health and the NHS are in line with the JHWS
- considering whether the Clinical Commissioning Groups' (CCG) commissioning plan has given due regard to the JHWS
- reporting formally to the NHS Commissioning Board, Clinical Commissioning Group, and council leadership if local commissioning plans have not had adequate regard to the JHWS

2.2 The Board will seek to:

- influence the strategic planning and service delivery of the NHS and Council in B&NES through the promotion of the JSNA and JHWS
- promote joint working and the use of the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS
- influence planning, transport, housing, environment, economic development and community safety in order to address the wider determinants of health and wellbeing
- work collaboratively with the B&NES Public Services Board
- strategically performance manage key activity against the key priorities of the JHWS

2.3 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Policy Development and Scrutiny Panels.

3. Scope

3.1 The Boards' scope shall be set out within the Joint Health and Wellbeing Strategy.

3.2 The Health and Wellbeing Board may consider services beyond health and social care enabling the Board to look more broadly at factors affecting the health and wellbeing of the B&NES population.

4. Accountability

4.1 Accountability for the discharge of statutory responsibilities remains with the Council, CCG and Local Healthwatch.

4.2 The Board is responsible for working with the Children's Trust Board to deliver strategic commitments and outcomes, in line with the JHWS.

4.3 Accountability for safeguarding lies with the Local Safeguarding Adults Board, Children's Trust Board and Local Safeguarding Children's Board.

4.4 The Safeguarding Children Board, the Safeguarding Adult Board and the Children's Trust Board will report to the board on relevant performance outcomes against the JHWS priorities, through a regular performance reporting process.

5. Membership

5.1 Membership of the Board is:

- B&NES Council (Chief Executive, Director of Public Health, Director of People and Communities Services, Leader of the Council, Cabinet Member for Wellbeing, Cabinet Member for Early Years, Children and Youth)
- Clinical Commissioning Group x 3 (CCG representative members x 2, CCG lay member x 1)
- Healthwatch x 2
- NHS Commissioning Board TBC

5.2 In the event of members considering it necessary to have a formal vote, all Board members will have a voting right.

5.3 The Council, at its annual meeting, allocates nomination rights to political groups for the role of Chair and Vice-Chair.

5.4 The quorum for the meeting will be six members of the Board with two members of the Clinical Commissioning Group, one member of Healthwatch B&NES and three members of the Council.

5.5 Board members may nominate a named substitute from an appropriate member of their organisation or service.

6. Wider engagement

6.1 By working together the Health and Wellbeing Board will proactively embed good public and patient engagement within the day-to-day business of the Board through adhering to the following principles:

- Taking responsibility for good public engagement
- Clarity about purpose
- Harnessing a range of engagement methods
- Engaging with everyone
- Committed to cultural change
- Providing access to information
- In partnership
- Feeding back engagement results
- With Healthwatch B&NES
- Evaluating engagement

6.2 The Board will seek to engage all stakeholders (including key health and social care providers) on the JHWS and commissioning plans.

6.2 The Council's overview and scrutiny function offers an opportunity for broader engagement on key issues.

6.3 It is intended that one representative of each Political Group on the council, not currently represented on the board, be invited to Board meetings in an observer capacity.

7. Business management

7.1 The Board is a statutory committee of the Council and will be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.

7.2 The Board will act in accordance with the Council's committee procedures.

7.3 Formal Board meetings shall be held in public. The Board may resolve to hold closed sessions in accordance with the Access to Information rules.

7.4 The Board will develop an operating model and work programme framed by the JHWS which will guide its work.

7.5 The Board will meet 6 times per year (bi-monthly).

7.6 The Board may establish sub-committees to lead on issues such as the JSNA, joint commissioning and health inequalities.

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