



Bath and North East Somerset Health and Wellbeing Board Joint Annual Account 2014

The Bath and North East Somerset Health and Wellbeing Board serves the local population through the strategic leadership of health and wellbeing services. Its vision is to reduce health inequality and to improve the health of local people.

This is the first Joint Annual Account and it provides a review of the work of the Bath and North East Somerset Health and Wellbeing Board since it was established in April 2013.

Chair and Vice Chair Foreword



The Bath and North East Somerset Health and Wellbeing Board has made good progress since it was set up in April 2013. It has overseen and supported radical change to our local health and wellbeing system that includes the transition of the public health team into the Council and the creation of NHS Bath and North East Somerset Clinical Commissioning Group (CCG).

We have also begun to implement our vision to reduce health inequality and improve the health and wellbeing of local people. There have been some early successes including government recognition of our Connecting Families programme, which is helping troubled families get back on track, and an award of £455,000 from the Dementia Challenge Fund to support 3 innovative dementia programmes.

The Local Government Association recently commented that *'the Bath and North East Somerset Health and Wellbeing Board demonstrates a strong commitment to improving health outcomes for its communities'*.

As we move into our second year of operation, the Health and Wellbeing

Board will continue to focus on better health and social care services, which will be delivered through the new CCG 5 year strategic plan. Of course there is still more to do, particularly community based mental health services and more intensive support for people when they leave hospital. That is why the Health and Wellbeing Board has agreed that the Better Care Fund should support services in these areas.

Together with our fellow Health and Wellbeing Board members we look forward to building on our successes and addressing our challenges together.

Councillor Simon Allen, Chair of the Bath and North East Somerset Health and Wellbeing Board

Dr Ian Orpen, Vice Chair of the Bath and North East Somerset Health and Wellbeing Board

March 2014

Bath and North East Somerset Health and Wellbeing Board

Joint Health and Wellbeing Strategy

To reduce health inequality and improve health and wellbeing in Bath and North East Somerset, the Health and Wellbeing Board set out 3 themes and 11 strategic priorities.



Theme One: Helping people to stay healthy

- *Helping children to be a healthy weight*
- *Improve support for families with complex needs*
- *Reduced rates of alcohol misuse*
- *Create healthy and sustainable places*



Theme Two: Improving the quality of people's lives

- *Improved support for people with long term health conditions*
- *Reduced rates of mental ill-health*
- *Enhanced quality of life for people with dementia*
- *Improved services for older people which support and encourage independent living and dying well*



Theme Three: Creating fairer life chances

- *Improve skills, education and employment*
- *Reduce the health and wellbeing consequences of domestic abuse*
- *Increase the resilience of people and communities including action on loneliness*

The Joint Health and Wellbeing Strategy is a 3 year strategy and will be reviewed in spring 2015.

'We used up to date intelligence on the health of the local population to identify and agree these priorities. As a result we really believe that these are the right priorities to reduce the health inequality gap in Bath and North East Somerset'
Dr Ian Orpen, Vice Chair, Bath and North East Somerset Health and Wellbeing Board

'The Health and Wellbeing Board is committed to reducing health inequality in Bath and North East Somerset. Through these priorities, and health and social care teams working together, I truly believe we can make a difference'
Cllr Simon Allen, Chair, Bath and North East Somerset Health and Wellbeing Board

Integrated commissioning to support the delivery of the Joint Health and Wellbeing Strategy

In April 2013 a Joint Working Framework was agreed between the Council and the Clinical Commissioning Group, setting out the mechanisms that will deliver integrated commissioning of services across health, public health, adults and children's services. The aims are to improve outcomes and service user experience across the system; to make the most efficient and effective use of our combined commissioning resource; and to help deliver the Joint Health and Wellbeing Strategy.

These arrangements, which formalise and build on the previous arrangements between the Council and Primary Care Trust, include:-

- A Joint Commissioning Leadership Team, comprising the Clinical Commissioning Group's Clinical Accountable Officer and the Council's Strategic Director for People & Communities as well as their immediate reports;
- A Joint Committee for the Oversight of Joint Working – comprising elected members and Clinical Commissioning Group Board members;
- Use of Section 113 of the Local Government Act 1972 to 'second' staff from either organisation to undertake commissioning work for the other – so that senior managers can manage joint teams of Council and NHS commissioners;
- A range of pooled budgets and other joint financial arrangements;
- An emerging joint work programme for commissioning;
- More integrated performance reporting arrangements;
- A joint leadership development programme;
- Proposals for co-location of all commissioning staff.

'The Better Care Fund continues to support our commitment to service integration. It is a real opportunity to go further in joining up local health and social care services for local people; putting us at the forefront of transformation and innovation.'
Ashley Ayre, Strategic Director – People and Communities

The health of the local population

By most measurements, health & wellbeing in Bath and North East Somerset is good...
...but there are still challenges

- Helping people stay healthy
- Improving the quality of people's lives
- Creating fairer life chances



177,000 residents
197,000 registered patients

Find out more: www.bathnes.gov.uk/jsna

Service quality

We assess the performance of our health and wellbeing services, including the effectiveness of the Health and Wellbeing Board, through a range of inspection and review processes. This ensures that we continually challenge our service standards so that they are as high as possible.

Health and Wellbeing System Peer Challenge

The Health and Wellbeing Board took part in a Local Government Association (LGA) Health and Wellbeing Peer Challenge in January 2014. The purpose was to ensure that the Board had a clear and appropriate approach to improving the health and wellbeing of local people.

Overall the Peer Challenge found many positive aspects to our health and wellbeing system including our commitment to improve health outcomes and reduce inequality, as well as some challenges.

Relationships that form part of the health, care and wellbeing system are very strong

Go further in reducing the health inequality gap

B&NES has a comprehensive and convincing analysis of the health and wellbeing of the population with the JSNA at the heart of this

Go further in relationships with providers to co-design solutions

B&NES needs to articulate what it wants its health and wellbeing system to look like in 5 years' time

Continue to build the capability and capacity of Healthwatch

'The peer challenge was a great opportunity for me to think about the services my organisation provides within a bigger health and wellbeing system. They asked challenging but thought provoking questions.'

A local health provider

'One of the many positives I take from all this change is the commitment from local health and social care teams to work together to create better services for local people.'

Bruce Laurence, Director of Public Health – Bath and North East Somerset Council

Integrated health and social care

Performance management process

Bath and North East Somerset Clinical Commissioning Group has developed and implemented a performance management framework. The framework sits alongside the contract management process and makes service quality and performance visible and accessible so that it can be regularly reviewed.

There are a set of national outcome frameworks which provide performance measures for the below service areas:

- NHS Outcomes Framework
- Adult Social Care outcomes Framework
- Public Health outcomes Framework

The NHS Constitution also includes a set of standards for patient's rights to both quality of care and access to treatments. These measures along with some local indicators are used to performance manage Health and social Care services on a monthly basis.

Performance

Urgent and Emergency Care

The most challenging performance target for the Clinical Commissioning Group was the NHS constitution targets for Urgent and Emergency Care. The Urgent Care Working group was developed with input from all providers (Hospital, ambulance, community health, mental health and social care), the Clinical Commissioning Group and NHS England. The working group has helped to improve performance this winter.

% of A&E attendances taking under 4 hours – 94% against target of 95%.

% of ambulance attendances with 8 minutes response time – 72% against the target of 75%.

Access to treatment – planned care

The Royal United Hospital is the key provider of acute services and overall has performed well in 2013/14. Some specialist services are provided by North Bristol Trust and University Hospitals Bristol Trust.

% of patients with waiting times of less than 6 weeks for diagnostic services – 99% achieved against the target of 99%.

% of patients admitted (adjusted) within 18 weeks for treatment – 93% achieved against 90%.

% of patients non-admitted within 18 weeks for treatment – 96% achieved against 95%.

% of patients on incomplete pathways within 18 weeks at the end of the period – 94% achieved against 92%.

Access to Treatment – Cancer Waiting Times

Cancer diagnostics and treatment is contracted by specialism with the Royal United Hospital, North Bristol Trust or University Hospitals Bristol Trust.

There are 9 NHS Constitution indicators to meet for access to cancer treatment, depending on the access route, stage of illness and the treatment needed. Sometimes very small numbers of patients go through these pathways and not every target will be met in every month. For the year to date, all of the targets have been met for BaNES patients.

Care Quality Commission Summary

The Care Quality Commission (CQC) checks whether hospitals, care homes and care services are meeting national standards. These standards are:

1. Treating people with respect and involving them in their care
2. Providing care, treatment and support that meets people's needs
3. Caring for people safely and protecting them from harm
4. Staffing
5. Quality and suitability of management

There are 197 care providers registered in Bath and North East Somerset and, of these, 62% (122) had a CQC inspection in 2013 or 2014 and had been given a standards assessment:

- 137 providers (70%) were meeting all of the inspection standards
- 5 providers required improvements in two or more standards
- 16 providers required improvement in one or more standards
- 2 providers (Bluebird Care and Hillview Lodge) required improvement in 4/5 of the standards

Childrens Care Services

Bath and North East Somerset Council	
Protection of children inspection	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Adequate
The effectiveness of help and protection provided to children, young people and families.	Adequate
Quality of Practice	Adequate
Leadership and Governance	Adequate
Looked After children Inspection Outcome	Aggregated inspection finding
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good
Being healthy*	Inadequate

* This relates to a linked CQC inspection which found that some Health Providers has inadequate child protection and safeguarding training.

The overall effectiveness of local authority arrangements to protect children and young people in Bath and North East Somerset is adequate. The council, together with partners, has continued to have a clear strategic focus upon the protection of children. This has enabled improvements to be made to some key areas of service delivery and for the council to have an accurate sense of areas that still require improvement. There have been improvements to the timeliness of both initial and core assessments and core assessments are now routinely undertaken after child protection enquiries. Progress in respect of qualitative measures is less secure.

Education

At August 2013 32% of pupils were educated in an outstanding school, 45% in a good school and 24% in a satisfactory school, there were no inadequate schools. This is better than both regional and national performance.

Patient and public voice

Healthwatch Bath and North East Somerset

The Health and Wellbeing Board is committed to making the patient and public voice central to decision-making through an innovative local Healthwatch. In April 2013, The Care Forum was awarded the Healthwatch Bath and North East Somerset contract.

Healthwatch Bath and North East Somerset has made an enthusiastic start and delivery on many of the contract obligations is underway. Early successes include an engagement event with the voluntary sector on local domestic abuse services. The event led to the commissioning of IRIS (Identification and Referral to Improve Safety) project; a GP based domestic abuse programme that helps GPs to identify the signs of domestic abuse and refer victims on to the right services.

In October the Mental Health and Wellbeing Forum, held a 'What Works' conference to consider local mental health services. A report and video on the conference was presented by Healthwatch to the Health and Wellbeing Board in March 2014. The video includes a series of recommendations on what works locally.

<http://democracy.bathnes.gov.uk/documents/s29720/Appendix%20One%20-%20What%20Works%20Conference%20Newspaper.pdf>

'For me the 'What Works' conference was about having a voice, being heard, being seen and the collective power of like-minded people.'

Conference participant

'The 'What Works' conference was a great model of joint working. Everyone had been so closely involved in developing the conference and that made a big contribution to its smooth running. It was brilliant being a part of working together and seeing people easily fitting in with whatever was needed because we had a shared understanding of what needed to happen.'

Conference participant

Performance

This section provides a summary of our performance for each of the Joint Health and Wellbeing Strategy priority areas.

JHWS Priority	Helping children to be a healthy weight
Outcome	Children are a healthy weight
Officer lead	Jameelah Ingram, Development and Commissioning Manager – Public Health (B&NES Council)
Member lead	

THE BIG PICTURE

- In 2013/13, 23.3% of reception aged children had an unhealthy weight (overweight or obese) - representing a decrease on the 12/13 figure of 25.9%
- 26.4% of year 6 children attending B&NES schools had an unhealthy weight
- 84% of babies in B&NES are breastfed at birth, higher than regionally (78%) and nationally (74%).

At the 6-8 week check this rate has dropped to 65% as of Q2 2013/14, although this is still higher than regional (49%) and national (47%) rates. These rates have been relatively flat over the past few years, but seem to be rising locally.

- Within B&NES there is considerable variation in rates of breastfeeding between different areas, with 9 wards having 6-8 week rates of less than 50%, the lowest being 29%. It is difficult to distinguish the influence of geographical deprivation from age of mother from the data in B&NES as some of the most deprived areas, with the lowest rates of breastfeeding, also have the highest numbers of teenage mothers
- In 2012/13, 41.2% of people in B&NES use outdoor space to exercise for health/reasons, the highest regionally and significantly higher than the national average (1.3%)



LISTENING TO THE PUBLIC AND SERVICE USERS

- Primary school - 83% of primary school children reported enjoying physical activity at school and in leisure time. They also reported that they are adopting healthy eating behaviours; 98% have breakfast and 32% reported eating 5 or more portions of fruit or vegetables. Approx. 1 in 5 said they would like to lose weight. Almost half of primary school children (47%) travel to school by car.
- Secondary school - 1 in 10 children are skipping meals, with 11% reporting that they did not have lunch on the day before the survey. Fewer secondary school children (21%) are eating their recommended portions of 5 a day. However more secondary children are walking to school (54%) and 75% of respondents are enjoying physical activity 'quite a lot or a lot'. 68% (59%) of Year 10 pupils said they worried about at least one of the issues listed 'quite a lot' or 'a lot'.

- A focus group of young mums with preschool aged children highlighted issues around availability of good facilities and activities (including for under 3's and for parents) and crèche facilities whilst exercising
- A youth focus group highlighted the need for indoor and outdoor spaces to socialise within their age group
- A group of disabled people commented that transport is one of the main barriers to participating in activities as well as access issues
- A survey by the University of Bath (2012) highlighted that parents have a significant effect on young people's physical activity levels with barriers including: fears of parenting skills being judged, not knowing other parents or workers, cost of services, lack of awareness of services and reacting badly to being told that their child is overweight

DELIVERING THE STRATEGY

	Energy Consumption	Energy Expenditure	Maternal Health and Early Years	Working Lives
	Controlling exposure to and demand for consumption of excessive quantities of high calorific foods and drinks	Increasing opportunities for and uptake of walking, cycling, play and other PA in our daily lives, reducing sedentary behaviour	Establishing lifelong habits and skills for positive behaviour change through maternal health and early life interventions	Increasing responsibilities of organisations for the health and wellbeing of their employees
Commissioned activities (2013/14)	DPH Award Food in educational settings CookIt Programme SHINE weight management Food for life policy worker Food policy worker Procurement, Cooking Skills, Food Growing, Health Trainers, Eat Out Eat Well Dietetics and Nutrition School Meals Coordinator School Nursing	DPH Award SHINE (10-17 yrs.) Everyday activity in schools Community Play Services Passport to Health Cycle hire Cycle training Dance research	Maternal Health (SHINE) HENRY and HENRY Parenting Breastfeeding & infant feeding Peer Support for Under 26s Nutritional Guidance in early years settings PA in nursery grant – DPH Play inclusion Worker Healthy Child Programme Health Visiting Family Nurse Partnership Troubled Families Programme	Workplace Wellbeing Charter Incentives Eat Out Eat Well NHS Health Checks Healthy Lifestyles Service offer as part of Healthy Workplaces Award (includes slimming on referral) Passport2health Exercise on referral Lifestyles advisors

			Health visiting	
Linked strategies (in addition to healthy weight strategy which covers all themes)	B&NES Food Strategy Healthy Weight Strategy CCG Strategic Plan Children & Young People's Plan	FitforLife Strategy Healthy Weight Strategy Transport Plan Green Infrastructure Strategy CCG Strategic Plan Children & Young People's Plan Play Strategy	Children & Young People's Plan Play Strategy	Economic Strategy CCG Strategic Plan
Priorities for the HWB to support	<ul style="list-style-type: none"> • Help families and children make healthier lifestyle choices for diet, prioritising: <ul style="list-style-type: none"> • Families in low socioeconomic groups • Children with disabilities and/or who have parents with a disability • BME children • NEETS • Continue to provide effective services for those at risk of unhealthy weights, ensuring that commissioned interventions include psychosocial aspects of being overweight. • Improve access to a healthy affordable diet for families. • Assess the whole Early Years/school/College environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight and be physically active 	<ul style="list-style-type: none"> • Work across sectors to increase everyday activity and opportunities for play in children, young people and families. Prioritise: <ul style="list-style-type: none"> • Families in low socioeconomic groups • Children with disabilities and/or who have parents with a disability and • BME children • Girls aged 12 upwards • NEETS • Assess the whole Early Years/school/College environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight and be physically active. • Work with Leisure and Tourism, parks and allotments and open spaces to create opportunities for spontaneous play and maximising opportunities for physical activity. • Ensure new leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure 	<ul style="list-style-type: none"> • Work across sectors to develop services which support new and expectant mothers who are at risk of gaining weight to be physically and emotionally well as well as eating a healthy diet. • Ensure universal early year's services such as Health Visiting/Children Centres staff are competent in raising and addressing the issue of weight and promoting breastfeeding. 	<ul style="list-style-type: none"> • Upskill local public sector workforce so that they are healthier in themselves, reducing sickness absence and improving productivity. • Enable staff to have increased confidence in raising the issue of weight and the competencies to deliver weight management interventions

	<ul style="list-style-type: none"> • Improving the nutritional quality of food supplied in schools. 	<p>provision is made for women who wish to breastfeed and offer opportunities for parents with preschool children to exercise in new leisure facilities.</p> <ul style="list-style-type: none"> • Ensure development of the transport plan includes opportunities for families to travel sustainably and contributing to climate change and traffic calming agenda • Create family friendly environments that promote opportunities for play and planned physical in the open and natural environment, addressing any concerns about safety, crime and inclusion. • Strengthen partnership with Planning Department to influence the need for people to be physically active as a routine part of their daily life on new planning applications. • Invest in training for planners (urban, rural and transport), architects and designers on the health implications of local plans. 		
Cross Cutting Themes for HWB to support:	<p>Intelligence, Performance and Evaluation: Work with agencies to build on local intelligence; making better use of local data, sharing data and auditing and evaluating current service provision. With particular reference to evaluating effectiveness of commissioned services which promote healthy weight in pregnancy and early years settings.</p> <p>Community Engagement: Working in partnership to strengthen relationship with communities using a community asset based approach to changing behaviour.</p> <p>Communications and technology: Social Marketing, Changing Public Attitudes, Awareness amongst decision makers, Social Media Support the delivery of comprehensive marketing programme, which creates a mix of simple universal messages with broad impact, tailored messages for different at-risk families and targeted products developed for those who have the greatest need.</p>			

JHWS Priority	Improved support for families with complex needs
Outcome	Improved school attendance, adults moved towards employment, reduced anti-social behaviour
Officer lead	Paula Bromley, Connecting Families Manager (B&NES Council)
Member lead	

THE BIG PICTURE

- There are approx. 200 families with complex needs living in B&NES
- 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
- The Government estimates that each family costs an average of £75,000 each year and that an estimated £16,000,000 is spent on our most complex families every year
- Connecting Families is the name which B&NES Council has given to the Central Government's Troubled Families Initiative, which the Council fully supports. The brief is to engage effectively with 215 of the most complex families living in the local area and to support them to make positive change and live full and active lives

An estimated

£16,000,000

is spent on our most complex families every year

LISTENING TO THE PUBLIC AND SERVICE USERS

- 100% of families asked (who are involved in the Connecting Families programme) said that they felt listened to and that the key workers kept them informed and up to date
- On average, families scored their worker 9.5 (out of 10)

The key worker has a down to earth approach; she makes me feel relaxed and comfortable. She does not judge - my son has taken to her and he doesn't take to many.

DELIVERING THE STRATEGY

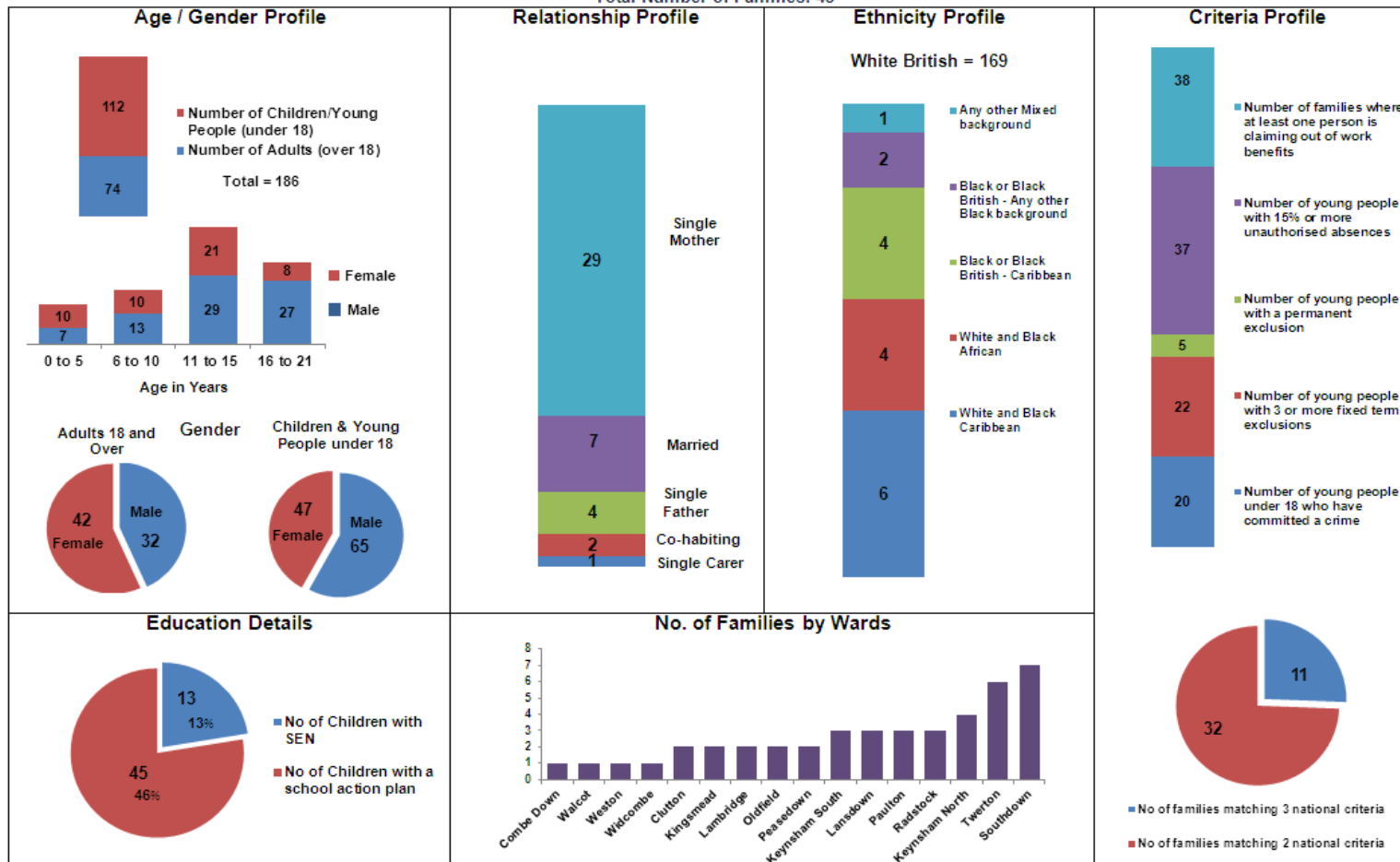
- The Connecting Families core team consists of the coordinator / manager's role, 2 team leads and 7 family key workers, as well as administrative support and a business analyst post
- Bath Area Play Project, Southside Family Project & Wansdyke Play Association also have 8 staff (3 FTE) and are commissioned as part of the core team to provide intensive support
- The wider matrix team are staff in other teams who are working with children, young people and their parents as part of their role but have been identified as being in the scope of the Connecting Families programme (e.g. CMEO's, Family outreach, YOT, Connexions, Youth Service and Social Care staff)

ASSESSING PERFORMANCE

- The core team are currently working intensively with 43 families and the matrix team are currently working with approx.180 families, using a lighter touch model (focusing on the needs of one main person in the family and working with others professionals to support the wider needs)

- As at March 2014, the team had claimed 100% of its attachment fees and 50% of its total claim linked to payment by results, which in comparison to our local neighbours is good, as their return was between 30 % and 40%, and on track to claim the full quota by May 2015
- The details of the payment by results are:
 - 81 linked to education/U18 Crime/ASB outcomes
 - 26 linked to the continuous employment outcomes
 - 10 progress to work outcomes e.g. a supported referral to St Loyes / moved into training

Total Number of Families: 43



JHWS Priority	Reduce the rates of alcohol misuse
Outcome	Safe, healthy and responsible drinking amongst the B&NES population
Officer lead	Cathy McMahon, Development and Commissioning Manager – Public Health (B&NES Council)
Member lead	

THE BIG PICTURE

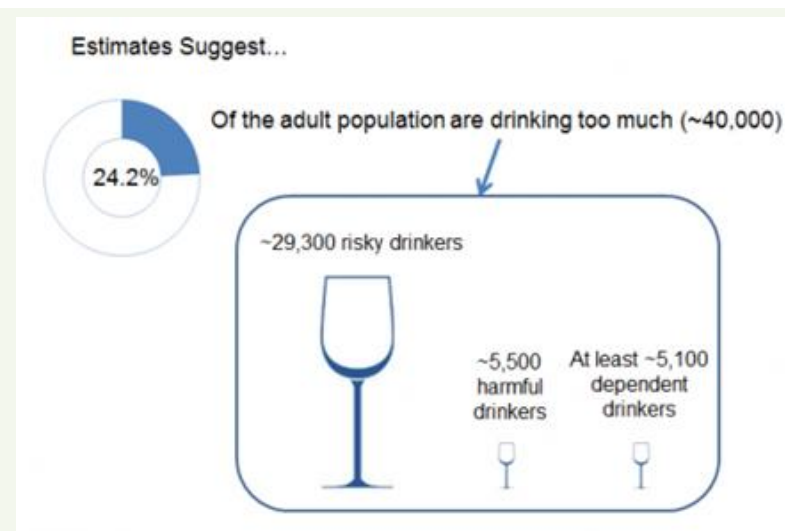
- Admissions for alcohol related conditions have risen by an average of 12% each year since 2002/03 in line with national trends, but remain lower than regional and national rates
- People living in the most deprived areas of B&NES are significantly more likely to be admitted for an alcohol related condition than those living in the least deprived areas
- B&NES has significantly higher rates of under 18's admitted to hospital for alcohol specific conditions than nationally

LISTENING TO THE PUBLIC AND SERVICE USERS

- SHUE survey – 2013
 - Significant difference in self-reported exposure to alcohol (drinking in the last week) for primary school pupils who qualify for free school meals compared to those who do not
 - Girls self-report higher drinking levels and are over represented in treatment services for alcohol misuse and also in alcohol related hospital admissions
 - High self-esteem amongst B&NES secondary school girls dropped from 42% in 2011 to 33% in 2013
- Qualitative feedback from young people using treatment services (Project 28) is consistently positive and satisfaction is high
- Night time economy - when asked in 2012 about drunk and rowdy behaviour in public places in their local area, 21% of Voicebox survey respondents believed it was either a very big problem, or a fairly big problem

DELIVERING THE STRATEGY

- Current direct spend on alcohol treatment for adults in B&NES is approximately £570K. In addition during 13/14 the CCG invested £153K to develop an Alcohol Liaison Service at the RUH
- £228K is invested in Young People's Substance Misuse Treatment Services (Project 28) with an additional £35K investment in the Drink Think Alcohol Screening and Brief Intervention tool from 14/15. This investment supports the project to continue whilst an external evaluation is carried out to inform future commissioning intentions



- Approximately £120K is spent on direct prevention work with young people and adults including training, support and advice to schools, colleges and universities, public health campaigns, Purple Flag Award and other capacity building initiatives
- Future priorities and plans for commissioning include:
 - Every Contact Counts approach to mainstreaming screening and brief advice on alcohol misuse needs supporting across the key service providers in acute care, social care, community service and mental health. This approach needs to be implemented across both adult and children and young people's services. A CQINN is currently being negotiated with AWP to introduce routine screening across both inpatient and community services and alcohol screening will be included in the NHS Health Check programme from April 2014
 - Review of the commissioning of programmes to improve the health of working age adults will be developed further over the coming year, including the Workplace Wellbeing Charter
 - Young people's drug and alcohol treatment services are high quality but lack sustainable funding. Preventative work also needs to be strengthened targeting young people and parents/carers (this is a priority for future commissioning)
 - The Alcohol Liaison Service at the RUH is showing positive results with high impact clients in its first year of operation (longer term approach to commissioning to be developed)
 - Investment in community based detoxification facilities has recently been strengthened as a cost effective approach to treatment that supports earlier discharge from hospital and more seamless aftercare
 - Participating in a Blue Light 'Treatment Resistant' Drinkers project with Alcohol Concern which has the potential to influence commissioning to support this client group in future
 - There is a lack of good quality data on alcohol related attendances from RUH

ASSESSING PERFORMANCE

- Drinking levels
 - 24% of the B&NES adult population is estimated to be drinking at increasing/high risk levels, which is similar to national estimates.
 - The estimated number of people in B&NES dependent on alcohol is 6,854 of all people aged 18 - 64 years. During 12/13 there were 388 people in treatment for alcohol misuse in B&NES (5.7% of the estimated population of dependent drinkers locally). Numbers in treatment have risen significantly since 2009 and this trend has continued in 13/14
 - In 2013, 22% of B&NES secondary school pupils (Yr8 and Yr10) reported 'drinking alcohol in the last week' compared to 30% in 2011. This figure is slightly higher than the national reference sample (19%). Fewer pupils reported being drunk in the last 7 days (7%) compared to the national sample (11%) and compared to 2011 (9%)
- Treatment outcomes
 - Adults - 43.1% (Q3 13/14) of B&NES clients successfully completed alcohol treatment and did not re-present in 6 months compared to a national average of 36.6%
 - Young People - During 12/13, 52% of young people successfully left treatment drug free. 97% of young people successfully left treatment drug free or as an occasional user

- Night time economy
 - A 26% reduction in the number of crimes linked to the Night Time Economy in B&NES over a 5 year period between 2008 and 2013

JHWS Priority	Create healthy and sustainable places
Outcome	People live in healthy and sustainable places
Officer lead	Paul Scott, Public Health Consultant (B&NES Council)
Member lead	

THE BIG PICTURE

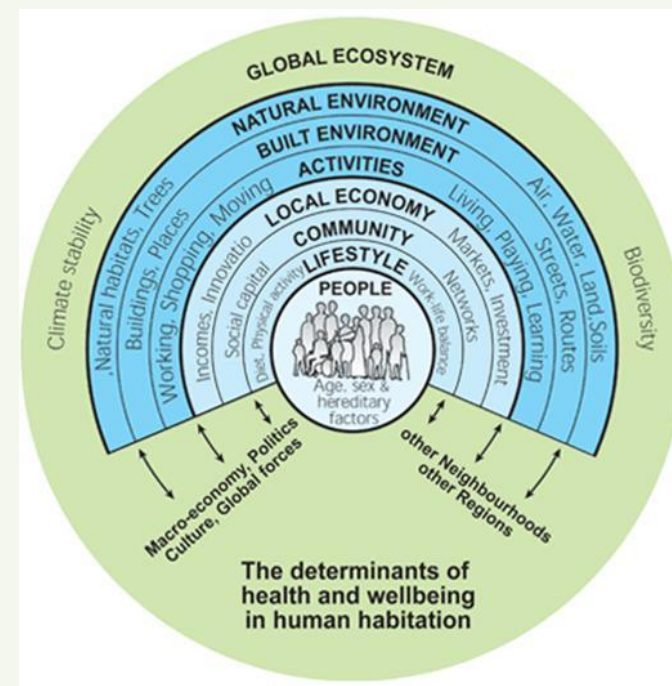
- Housing, neighbourhoods, transport and open spaces have well documented impacts on our physical and mental health (direct e.g. cold homes on vascular health, and indirect e.g. busy roads reducing chances of people cycling/walking)
- Marmot demonstrates how creating healthy places should go hand in hand with mitigating climate change
- B&NES has many built and natural assets. The Council maintains 50 hectares of formal parkland as well as 200 hectares of public open space, and verges (this includes parks, allotments, woodlands and other open spaces). It also manages a large number of sports pitches and over 900km of Public Rights of Way
- Impacts of climate change are arguably felt in B&NES already, with flooding and landslides occurring more frequently (in line with effects anticipated in planning work)
- National figures tell us there are likely inequalities in who is using/benefitting from natural settings surrounding most urban and village areas in B&NES

LISTENING TO THE PUBLIC AND SERVICE USERS

- Satisfaction with play areas in B&NES is amongst the highest in the south west
- In the Voicebox Surveys carried out by the council between 2008 -2011 the environmental service that received the highest satisfaction rating (along with the garden waste collection) was parks and open spaces
- 41% of Voicebox respondents were satisfied with sports and leisure facilities in B&NES
- The Voicebox 15 (2009) survey investigated residents' environmental behaviours and found that 83% had already acted to reduce their energy use, and there was a willingness to act further

DELIVERING THE STRATEGY

- Overall aim is that the built and natural environment in B&NES enables all people in our communities to lead healthy and sustainable lives. This



echoes the council's vision of B&NES being a place where everyone fulfils their potential, with lively active communities in beautiful surroundings.

- Any actions need to consider the different needs of younger and older people, as well as other vulnerable groups within our communities; otherwise we may inadvertently increase health inequalities.
- Our strategic intentions include the following:
 - Increase active travel (walking, cycling, public transport)
 - Improve access to and the quality of open and green spaces (parks, forests, riversides)
 - Improve local food environments (shops, markets, growing opportunities)
 - Improve energy efficiency of housing and reduce fuel poverty
 - Integrate these issues in to the local planning system, making the most of any development opportunities for both new and existing communities.
- Two other important elements of healthy, sustainable communities are employment and action on loneliness. These are dealt with as specific priorities of the B&NES Health and Wellbeing Strategy and so are discussed in their separate reports.

ASSESSING PERFORMANCE

Current work is led through dedicated plans for each area.

- *'Getting Around Bath'* is a soon to be published Transport Strategy through which the council aims to support economic growth, promote sustainable transport and improve air quality
- *'Fit4Life'* is an active living strategy for BANES, due to be published and implemented shortly. The strategy recognises the significant health and wellbeing benefits that physical activity can deliver and seeks to find ways to make physical activity more central to people's lives through active lifestyles, travel, well designed neighbourhoods and good leisure facilities and natural environments
- The Council alongside key partners is developing a Landscapes Partnership proposal for submission to the Heritage Lottery Fund at the end of May 2014 for "the green setting of Bath area". This is one of the priority projects included in the approved Green Infrastructure Strategy. The proposed project will provide joined up management of this distinctive landscape, improve access to it and work to engage the least connected communities to the setting to achieve real health and wellbeing benefits. If the partnerships outline bid is successful it should lead to an 18 month development phase and 5 year delivery project
- The Council, alongside partner and community organisations, are developing a food strategy to promote the use of healthy and sustainable food
- In March 2014 the Council recently held a well-attended event with local partners to explore ideas for enhancing local food markets and the use of local healthy food across B&NES, both in communities and through wider business procurement
- The Housing and Wellbeing Strategy 2010–2015 has been implemented as has a more specific Homelessness Strategy
- Officers from across the council are working together to integrate health and sustainability issues (such as those mentioned above) into planning policy and local 'placemaking' plans which will provide the blue print for new housing, retail and transport developments across the district
- Recent Energy@Home achievements include:

- A Scheme Starter project delivering improvements in homes, using funding of Energy Company Obligation (ECO) money from SSE
- An Energy@Home Partnership successful bid to DECCs Green Deal for Communities Fund for a total of £929,300 of funding to support the delivery of Green Deal Plans at scale through a street by street approach in B&NES
- A procurement underway for B&NES Energy@Home advice service and retrofit delivery provider(s)

Outcome indicators

- Marmot indicator - Percentage of children identifying their usual mode of travel to school as being by bicycle or walking
- Census/Local Voicebox - Percentage of adults walking or cycling to work
- Air pollution – choice of NO₂ and/or PM
- PHOF 1.16 – Percentage of people using outdoor space for exercise or health reasons
- Marmot indicator - Percentage of school children Year 6 (ages 10-11), with valid height and weight recorded, who are obese.
- Marmot indicator - Percentage of school children Year 6 (ages 10-11), with valid height and weight recorded, who are obese.
- PHOF 1.17 - Percentage of homes that experience fuel poverty
- Percentage of B&NES master plans for new developments that clearly identify health and wellbeing as one of the overarching objectives and are positively evaluated through health impact assessment

JHWS Priority	Improved support for people with long term health conditions
Outcome	
Officer lead	Tracey Cox, Chief Operating Officer (NHS BANES CCG)
Member lead	

THE BIG PICTURE

- The prevalence of long term health conditions, including cancer, is rising (in line with national and regional rates)
- In 2011, 7% of the B&NES population (12,267 residents) reported that their daily activities were limited through a long term illness or disability
- There is a 60% higher prevalence of long term conditions in deprived areas
- Emergency bed days for long-term conditions are consistently lower than regional and national levels

LISTENING TO THE PUBLIC AND SERVICE USERS

- 65 people with long term conditions were surveyed in 2011. Nearly half (47%) of respondents indicated that they were not very or not at all confident about managing their condition

DELIVERING THE STRATEGY

- CCG priority to improve the co-ordination of holistic, multidisciplinary long term condition management (focusing initially on diabetes). Service plans include:
 - Embedding community cluster model, active ageing service & redesigned adult social care pathway
 - Working with primary care to continue to improve dementia diagnosis rates
 - Evaluating impact of dementia challenge fund initiatives with view to commission long-term
 - Establishing diabetes working group, designing new pathway and agreeing requirements to meet the needs of the growing number of people with diabetes
 - Reviewing the falls and bone health pathway in light of the roll out of the active ageing service
 - Developing clinical model for IMPACT (community COPD service) to support patients with non-cystic fibrosis bronchiectasis in the community in conjunction with Sirona and RUH
 - Implementing the NHS England model 'Safe compassionate care for frail older people' using an integrated care pathway

ASSESSING PERFORMANCE

- Cancer waiting times performance
- Local stroke treatment indicators and unplanned hospitalisation for ongoing conditions that could have been avoided are monitored for patients

going through Accident and Emergency.

- Monitoring the new community cluster model and disease specific initiatives currently being implemented.

NHS Outcome Framework 2 / CCG Outcome Indicator Set 2.1			
Health related quality of life for people with long term conditions			
	BaNES		England
	Value	Position out of 211 CCGs	Value
2011/12	0.79	191	0.74
2012/13	0.85	201	0.74
While the England average has stayed the same, BaNES has moved from top 10% to top 5% of CCGs			
Source: Average adjusted health status (EQ-5D™) score for individuals reporting that they have a long-term condition, measured based on responses to a question from the GP Patient Survey.			

NHS Outcome Framework 2.1 / CCG Outcome Indicator Set 2.2		
% of people who feel supported to manage their long-term condition (Directly standardised)		
	BaNES	
	Value	Position out of 211 CCGs
2011/12	70.5	176
2012/13	70.3	192
Though the BaNES score has decreased slightly in 12/13 it is a smaller decrease than the England average and BaNES have moved into the top 10% of CCGs for this indicator		
Source: Proportion of people feeling supported to manage their long term conditions, based on responses to one question from the GP Patient Survey		

JHWS Priority	Promoting mental wellbeing and supporting recovery
Outcome	
Officer lead	Andrea Morland, Mental Health and Substance Misuse Commissioning (NHS BANES CCG)
Member lead	

THE BIG PICTURE

- Mental health problems are common (around 1 in 6 people affected at any one time), often start in childhood and are a leading cause of disability
- Intervening early for children with mental health problems has been shown not only to reduce health costs but also realise larger savings such as improved educational outcomes, reduced unemployment and less crime
- Prevalence of depression in B&NES is similar to the national average
- Emergency hospital admissions due to self-harm in B&NES are significantly higher than national average. This may be due to different thresholds for admission compared to other areas. The highest rates are amongst teenage girls and young women
- The number of suicides fell slightly during the mid-2000s but has returned to previous levels and is now similar to the South West rate

LISTENING TO THE PUBLIC AND SERVICE USERS

- The voice of service users and carers is central to the on-going development of services locally. This is demonstrated by:
 - Bridging the Gap – a peer research project and report that will be central to any mental health commissioning strategy
 - The “What Works” Mental Health conference, video and conference report. An event organised by service users, carers and local organisations. More work needs to be done by all partners to think about mental health issues in all aspects of planning
 - Children and young people continue to prioritise emotional health and well-being via Youth Parliaments and during consultations for the Children and Young People’s Plan

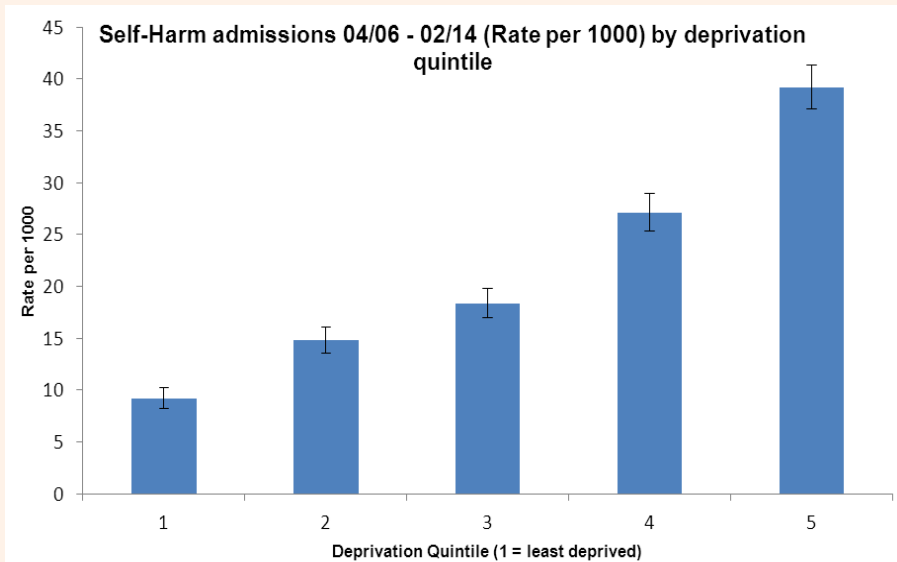
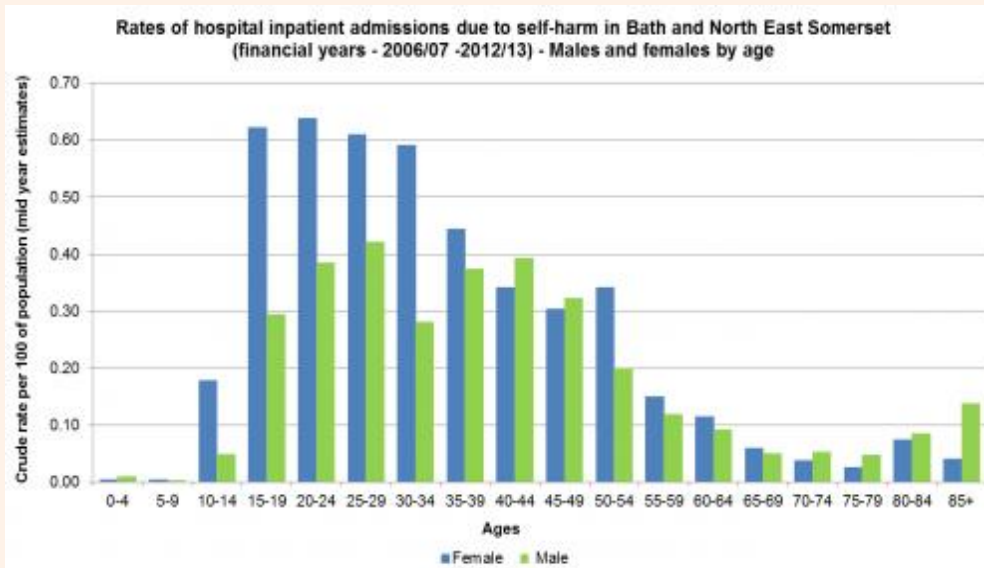
DELIVERING THE STRATEGY

- We intend to:
 - Mainstream mental and physical health promotion, self-management and wellbeing through a Wellbeing College pilot for people aged 16+
 - Promote a website offering MH information, mentoring, peer support and self-referral to counselling services for young people aged 11-25
 - Target interventions based on insights from newly commissioned self-harm register at the RUH emergency department (ED)
 - Pilot an information pack and post card project at the ED, which has shown a significant reduction in readmissions from self-harm in controlled trials
 - Further develop specialist mental health crisis and liaison services
 - Trial respite beds as part of the reablement offer

- Renew environmental issues in the local inpatient specialist mental health provision

ASSESSING PERFORMANCE

- The contract for the Wellbeing College is in the process of being awarded (following a tender exercise) and should start in spring 2014
- A review of NICE guidance is in the process of being undertaken to ensure that local services are in line with best practice for self-harm and suicide prevention
- The postcard and information pack project starts in April 2014
- A series of suicide awareness training workshops were delivered for 150 front line staff from housing, employment, debt, education and other services in B&NES during January, February and March
- B&NES MH services funded by the LA are better value for money now than in any time in the last six years.
- Specialist MH services provided by AWP (adults) and OHFT (Children & Young People) have met all national and local outcomes relating to quality and performance
- The percentage of adults in contact with secondary mental health services who live in stable accommodation has worsened recently



The chart to the left shows that the highest rates of hospital admissions are amongst young women.

The chart to the right shows that admissions to hospital following self-harm rise significantly in each group of neighbourhoods ranked by deprivation. So it's not just most versus least deprived, but a clear gradient that increases with each rise in deprivation.

JHWS Priority	Enhanced quality of life for people with dementia
Outcome	People with dementia have a good quality of life
Officer lead	Corinne Edwards, Senior Commissioning Manager for Unplanned Care & Long Term Conditions (NHS BANES CCG)
Member lead	

THE BIG PICTURE

- The prevalence of dementia has increased locally and nationally. The rate in B&NES is similar to the national rate (around 0.4% in 2008/09 and 0.6% in 2012/13).
 - However, nationally the Department of Health and the Alzheimer's Society is currently undertaking a refresh of the Delphi Consensus, from which estimated prevalence for a given population is calculated. It is hoped that this will take adequate account of recent international research showing that current estimated prevalence figures may be falsely high and thus diagnosis rates falsely low.
- Nationally the expectation is that CCGs will achieve 66% of people with dementia being diagnosed and appearing on GP QOF databases by 2015. The BaNES dementia diagnosis rate was 42.61% in 2012/13 and this is the latest data available
- 1,122 people in 2012/13 registered as having dementia (0.64% of the registered population)
- 22% of death certifications in B&NES mention dementia (compared with 17.3% nationally)

Dementia prevalence - B&NES and England GP registered populations

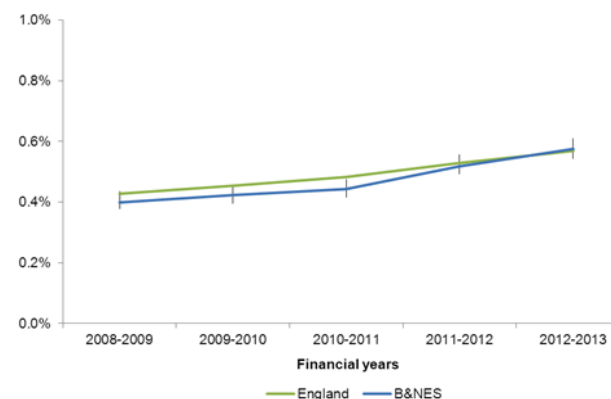


Figure 1: Dementia prevalence in B&NES and England GP registered populations (2008/09 – 2012/13 financial years) ⁴

LISTENING TO THE PUBLIC AND SERVICE USERS

- The South West Care Services Improvement Partnership's regional consultation on dementia brought out three themes from carers, users, and the general public:
 - Improving information and raising awareness
 - Promoting early diagnosis and intervention
 - Improving care for people with dementia

DELIVERING THE STRATEGY

- Improving diagnostic rates
 - Lower in B&NES than the South of England average (at 45.6%)
 - Memory assessment pathway for primary care has been reviewed and revised ensuring more timely diagnosis
- Improving post-diagnostic support in the community
 - The CCG have commissioned a community development worker service in 2013/14 and the Alzheimer's launched the service in Feb 2014
 - Dementia cafes and singing for the brain is offered in various locations in B&NES with other community developments underway
- Improving care in hospitals
 - The RUH were successful in their bid for national funding to improve Combe Ward's environment (including a garden for patients).
- Improving standards in care homes and domiciliary care
- Better information for people with dementia and their carers
 - Guidepost trust website provides information from dementia diagnosis to end of life care – including a B&NES specific information prescription
 - Produced a new Older People's Directory and Care Services Directory
- Supporting people with dementia at end of life
 - Dorothy House provided three two-day dementia training courses for registered practitioners and care homes and are working with AWP's community hospital and care home liaison service to improve end of life care training and support for staff
- Reducing use of antipsychotics
 - In 2011 10.5% of primary care dementia patients aged over 65 were on antipsychotic drugs this had reduced to 7.9% in 2012.
- Support the development of dementia friendly communities
- Increase availability of dementia nursing home beds
 - Discussions with developers to stimulate interest in sites to increase the number of dementia nursing homes continues. To date three potential development partners and four potential development sites have been identified.
- Dementia Care Fund (projects in process of being evaluated which will inform decision making about ongoing commissioning)
 - Sirona Care and Health – Technology libraries
 - RUH CQUIN PLUS: Integrating hospital and community pathways
 - Curo: Rural and Independent living support service
 - The Carers Centre and Age UK B&NES: Home from hospital (funded by the CCG)
 - Avon and Wiltshire Mental Health Partnership Trust: Care home and support and assessment service (funded by the CCG)

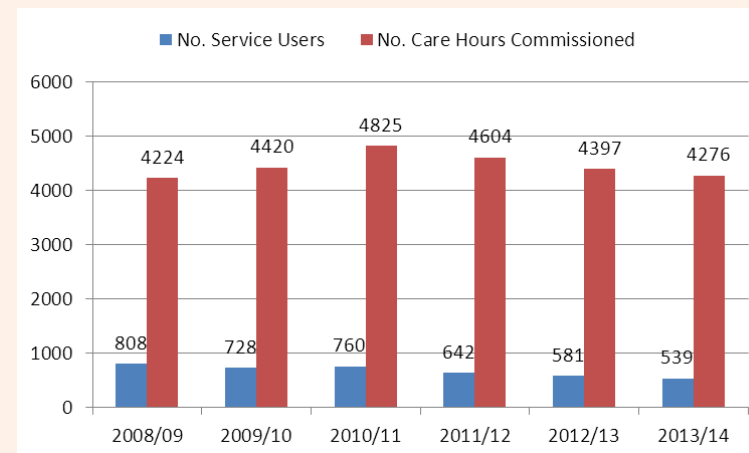
ASSESSING PERFORMANCE

- Monitoring the services in the BaNES community
- Monitoring dementia diagnosis rates in line with refresh of the Delphi consensus when available

JHWS Priority	Improved services for older people which support and encourage independent living and dying well
Outcome	
Officer lead	Sarah Shatwell, Senior Commissioning Manager, Non-Acute & Social Care (B&NES Council)
Member lead	

THE BIG PICTURE

- The number of people who are over 75 is projected to increase by over 3,000 people (20%) in B&NES
- Social Services help people in a range of ways including:
 - Advice, information & signposting to help people and their carers manage their own care & support needs
 - Community care assessments to identify needs and eligibility for funded care & support packages delivered through Personal Budgets
 - Support for carers to enable them to continue in their caring role
 - Other interventions & services to promote and enhance independent living
- Local analysis of social services activity (Sirona) between April 2012 and February 2013 highlights that over 4,200 people made more than 6,000 separate requests for assistance. 27% of cases resulted in no action by social services as the request related to another Council department or local service provider. The remaining 73% were helped in some way which might include any/all of the above
- Although B&NES is an outlier for care home placements (above average rate), overall numbers have remained steady since 2005/06. Since 2008/09 fewer service users have received home care (via a Personal Budget) although the size of individual packages of care has grown indicating that we are supporting people with more complex needs.



	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Residential Care	320	270	275	290	275	285	285	285
Nursing Care	325	330	320	310	325	325	350	360
Total	645	600	595	600	600	610	635	645

LISTENING TO THE PUBLIC AND SERVICE USERS

- Service users and carers in B&NES report better quality of life and high satisfaction levels when compared to the England average. Service users also report feeling more in control of their daily lives, feeling safer and that a greater number know how to access information about social care (compared to England averages)
- 74% of care homes in B&NES which have been inspected by CQC are fully compliant with CQC essential standards (most non-complaint homes)

have only minor issues to address in order to achieve compliance and those with more serious concerns are closely monitored by both CQC and the Council)

- The Council's staff/service user feedback database contains 892 positive feedback records (mostly which come from care homes, domiciliary care, extra care and supported living services)

DELIVERING THE STRATEGY

- In 2012/13 B&NES Council spent approx. £42m on adult social care services; the budget for 2013-14 is £44.5m which includes growth & efficiencies to be found
- Plan to invest further in equipment & re-ablement, although efficiencies in our voluntary & community sector commissioning programme in 2012/13 & 2013/14 have had to be found. Providers have worked in partnership to deliver outcomes for older people, for example through ILS and Step Down services
- Refreshing commissioning strategies and consolidating our progress with a number of new initiatives including adult social care pathway re-design, expansion of integrated re-ablement services and clarifying commissioning intentions for preventative services, advice & information, extra care housing and assistive technology
- Future commissioning intentions are focused on three themes:
 - Prevention – further reduce/delay the need for social care through timely provision of advice, information and signposting to community resources. This includes better support for people who fund their own care so they can use their resources wisely, make timely decisions and avoid the need for statutory support. Support for carers will also be a strong theme in our preventative approach
 - Quality - improving the quality of commissioning activity, demanding high quality from providers to ensure best value for money and the best use of limited resources, ensuring consistent quality, managing service users expectations and examining the equality of what we are able to offer
 - Focus - developing services/workforce to respond to specialised need (including delivery of targeted interventions). Offering statutory assessment to those with the most complex needs will also be a strong theme in our focussed approach.

ASSESSING PERFORMANCE

- Efforts have been focused on re-designing the adult social care pathway to provide better access to preventative and rehabilitation services which reduce or delay the need for longer term care
- Need to work harder to protect prevention and early intervention services in the voluntary & community sector by building a greater evidence base for their effectiveness and efficiency
- Emerging gaps in relation to complex & dementia care nursing home beds and specialised domiciliary care to support end of life and complex health needs

JHWS Priority	Improve skills, education and employment
Outcome	
Officer lead	Duncan Kerr, Senior Employment and Skills Officer (B&NES Council)
Member lead	

THE BIG PICTURE

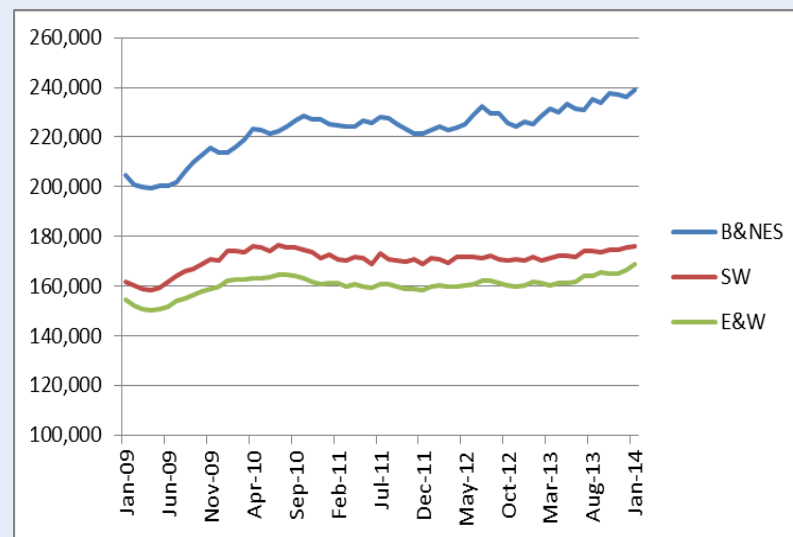
- B&NES has managed to weather the storm of the economic crisis of 2008 and the following recession
- Unemployment has remained below the national average and standards of living compared to the rest of the country are relatively high
- However there are still issues with lower levels of growth compared to the rest of the region and resident wages remain below national comparators (2% lower). This is especially concerning when compared to average house prices being over 40% higher than the national average

LISTENING TO THE PUBLIC AND SERVICE USERS

- There is ongoing feedback from employers that young people are not equipped with the right vocational skills in the work place to meet their business needs
- Increasingly qualifications are becoming viewed as secondary to the ability to operate competently in the work place. This is also reinforced by the reported lack of available labour force in construction and production engineering/ manufacturing

DELIVERING THE STRATEGY

- The B&NES Economic Strategy is currently being developed and will outline key priorities which will influence and contribute to the delivery of this Joint Health and Wellbeing Strategy priority
- Future priorities and commissioning intentions which have been identified include the following:
 - Present levels of unemployment and low wages need to be tackled. Through working on programmes aimed specifically at long term unemployed young people and also attempting to support and promote initiatives aimed at school pupils' employability and functional skills, future issues can be avoided
 - Ensure that the councils position as not an employer but also a procurer of goods, works & services and as a planning authority can maximise its influence on creating targeted recruitment & training opportunities

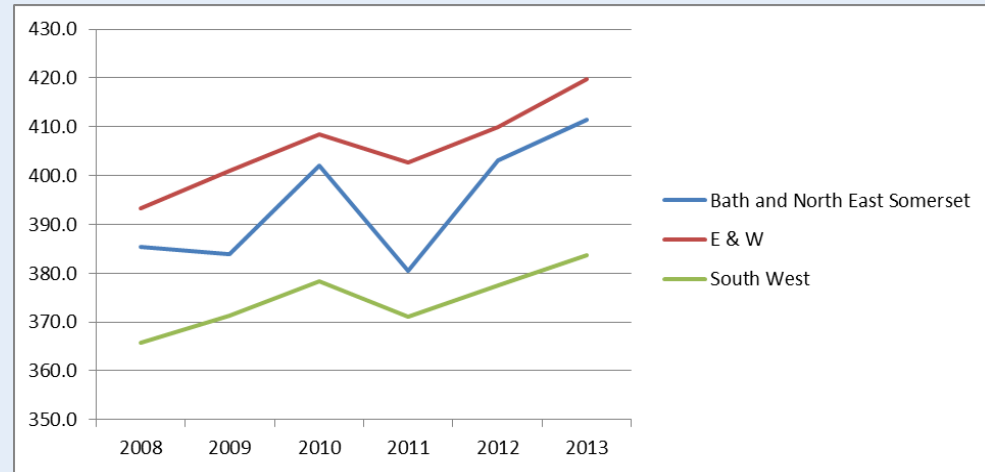


HPI – April 2014 Average House Price

- Provide employment, work experience and training opportunities for those that are distanced from the labour market
- Provide sector based work initiatives aimed at increasing entry into employment and increasing skills levels

ASSESSING PERFORMANCE

- Data consistently shows that over 40% of all Incapacity Benefit and Employment and Support Allowance claimants are aged over 50, with well over 60% claiming for over 2 and 5 years
- The largest group of residents claiming Job Seekers Allowance are those between 25- 49, who also represent the largest group of long term claimants
- The B&NES level of NEETS is relatively low compared to the rest of the West of England. However, at 3.8% (January 2014) of all 16-18 year olds Not in Education, Employment or Training this is still unacceptable



NOMIS Average Gross weekly resident wage

JHWS Priority	Reduce the health and wellbeing consequences of domestic abuse
Outcome	
Officer lead	Andy Thomas, Group Partnership Manager - Strategy and Performance (B&NES Council)
Member lead	

THE BIG PICTURE

- **£17m** – the estimated cost of domestic and sexual abuse to public services in B&NES
- An estimated 5,936 women aged 16-59 in B&NES will have been a victim of domestic abuse in the past year
- There is a “rich picture” of information about this issue locally available in the [Domestic Abuse](#) section of the JSNA

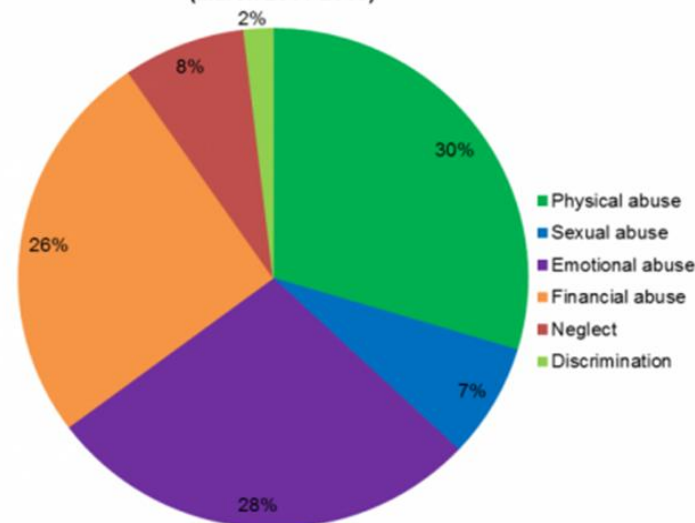
LISTENING TO THE PUBLIC AND SERVICE USERS

- From listening to survivors, we have learnt that:
 - It is hard to take the first step and tell someone about what they are going through
 - Victims would most prefer to receive support from Doctors amongst any professional but nationally only 15% of victims have any reference on an NHS care record
 - IDVAs are highly valued in creating a “seamless journey”

DELIVERING THE STRATEGY

- From October 2014, Police and Crime Commissioners (PCC) will be responsible for commissioning local victim services. A commissioning intentions document is now subject to consultation
- Bids have been prepared to the CCG and PCC to identify funding to support IDVAs and to commission a new IRIS service to support GPs in addressing domestic abuse
- Supporting People recommissioning is to be in place by 1/4/16
- The Health and Wellbeing Board discussed its priority around domestic abuse at its meeting on 29th January - view the webcast [here](#). The Health and Wellbeing Network event (held prior to the meeting) identified the following key issues: raising awareness, knowledge and understanding and isolation

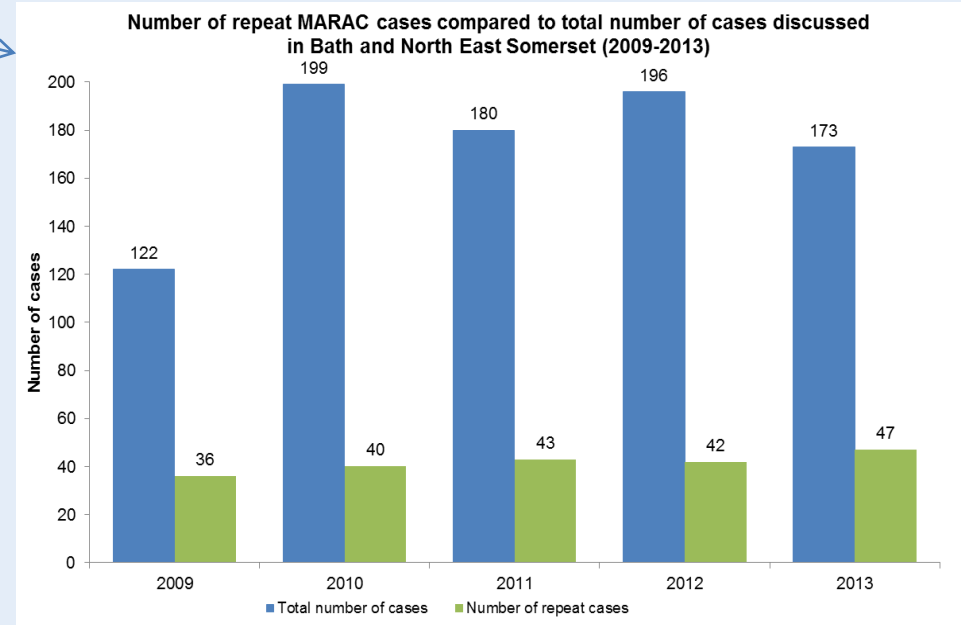
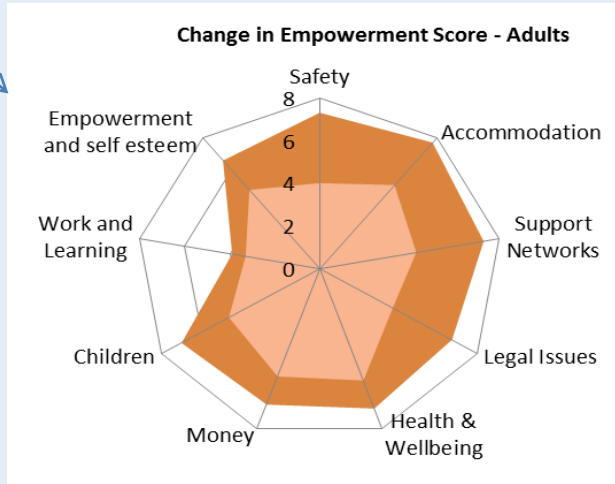
Types of alleged abuse experienced by domestic abuse related referrals to Adult Safeguarding in Bath and North East Somerset (March 2011-2013)



- As part of the Public Service Transformation Network, work is underway locally with the Interpersonal Violence and Anti Strategic Partnership to link with the “Virtual MASH” , the PCC’s Integrated Victims Strategy

ASSESSING PERFORMANCE

- The key national indicator has historically been MARAC (multi agency risk assessment conference) repeats
- However, we are increasingly able to measure the outcomes for people we help



JHWS Priority	Increase the resilience of people and communities including action on loneliness
Outcome	
Officer lead	Andy Thomas, Group Partnership Manager - Strategy and Performance (B&NES Council)
Member lead	

THE BIG PICTURE

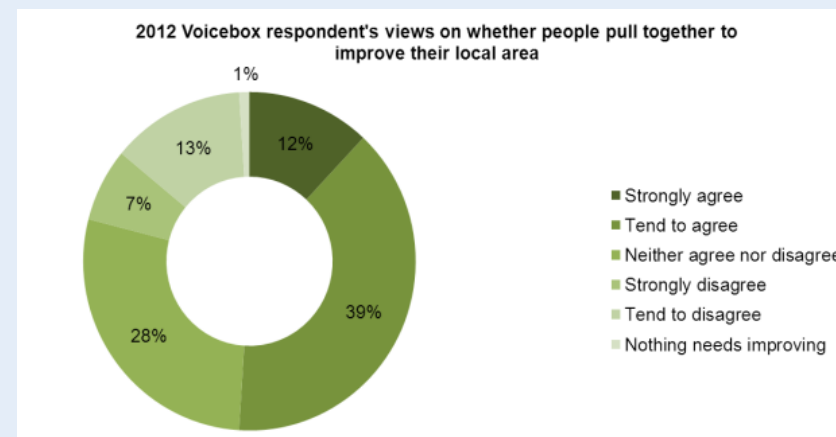
- **3,000** estimated additional residents aged over 75 in our area by 2021
- **38%** projected increase in over 95s over the same period
- **37%** percentage defining themselves as “single”- higher than regionally and nationally

LISTENING TO THE PUBLIC AND SERVICE USERS

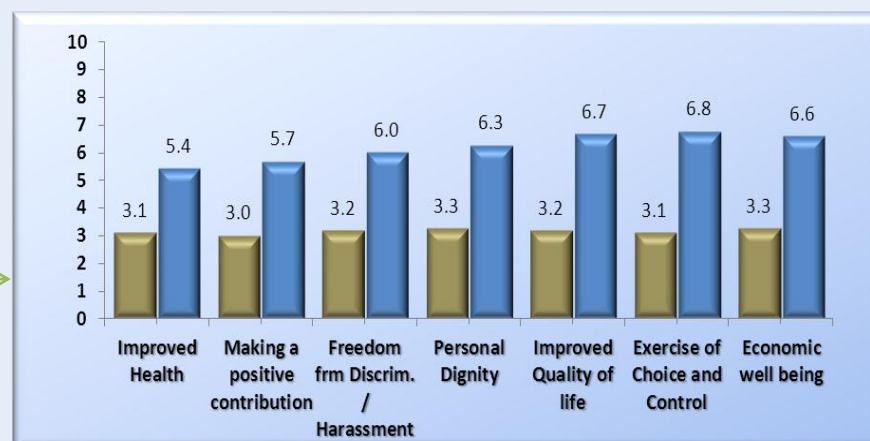
- We are starting to measure the resilience of our communities’ e.g. our Voicebox highlights that that information about local services was the principle mechanism that respondents stated might help them improve things in their local area (35%)
- We are listening to local people so we can shape services around what they need

DELIVERING THE STRATEGY

- The Supporting People and Communities team have identified 81 contracts that help deliver this outcome
- A review is underway of extra care, telecare and assistive technology
- Following investment in scheme extension, the Village Agents Scheme project is developing a sustainable delivery model, built around measurable improvements to lives
- This Board priority draws on a range of projects and workstreams which have focused on building stronger communities. In particular, the Connecting Communities programme aims to build resilience in localities



“Now I’ve been to the Village Agents Roadshow and seen the support on offer, it’s given me confidence about staying put”



and help communities to help themselves by using all of the capacity available in local communities.

- The Campaign to End Loneliness has a toolkit which it is recommended by used by the Board to further develop its work in this area

ASSESSING PERFORMANCE

- The Campaign to End Loneliness has awarded a “Gold” standard for our Joint Health and Wellbeing Strategy - one of only 11 to be awarded it

- **150** - number of local volunteers for Age UK B&NES

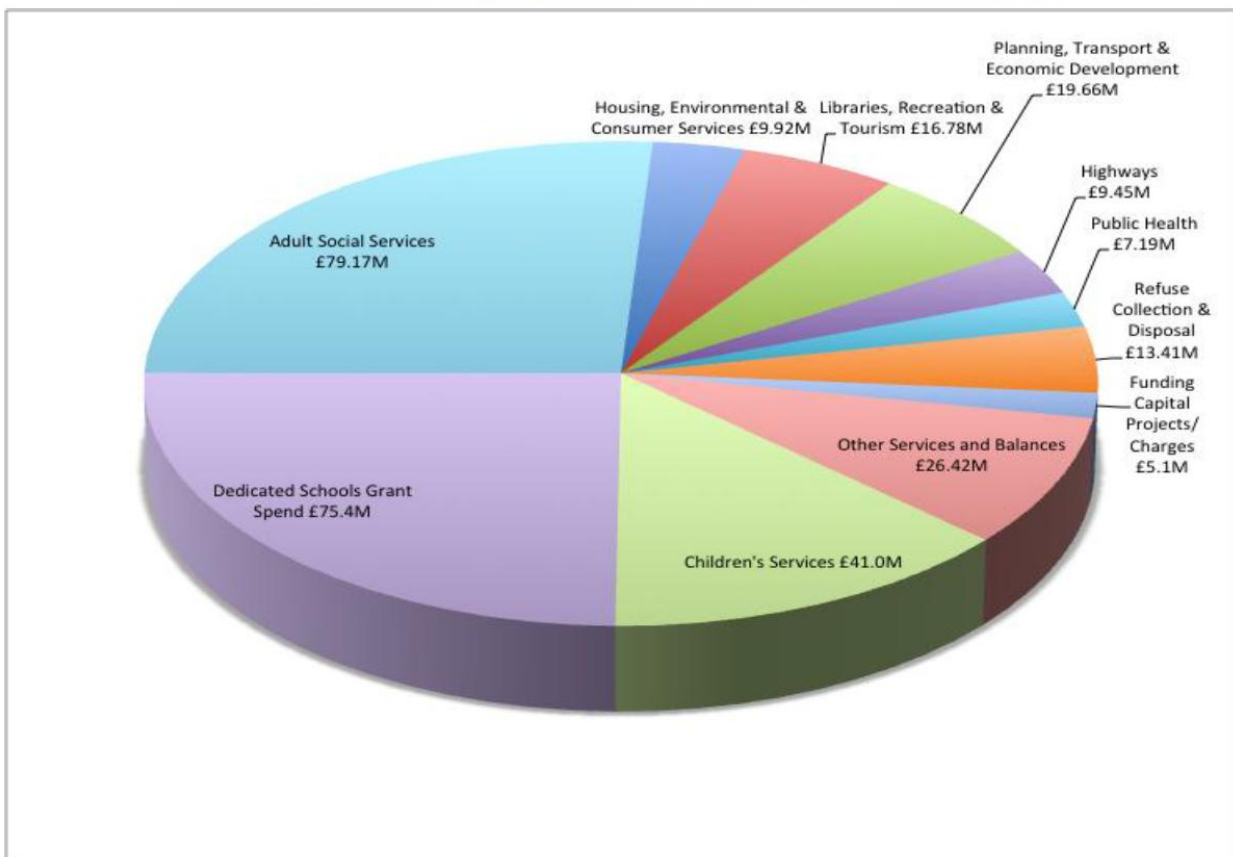
- **20** Parishes with Village Agents

Finance

This year the Health and Wellbeing Board continued to encourage efficiency savings whilst protecting services to the public.

Bath and North East Somerset Council

Where the Council spends money 2013/14 - £303.5m - Gross Spend



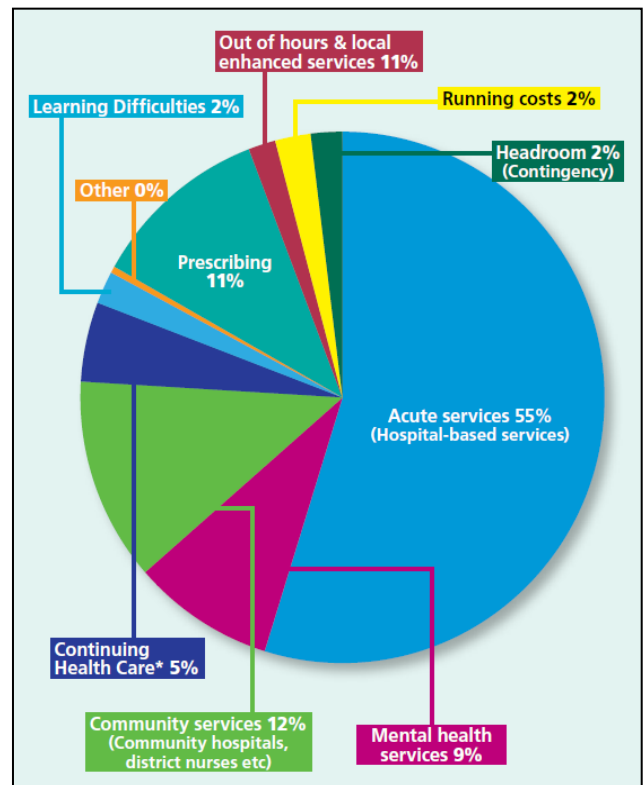
The Council has approved a 3 year medium term financial plan covering the period 2013-14 to 2015-16. The plan sets out a series of proposals to address the financial challenge faced by the Council; the challenge is a 40 per cent reduction in the Council's government grant funding over the period 2011/2012 to 2014/2015. This means that over the period of the medium term plan, the Council will need to make at least £30M of savings.

Since the medium term plan was agreed there have been additional national changes which have increased this financial challenge. These changes mean further savings of at least £9m over the next 2 years in addition to the medium term plan.

NHS Bath and North East Somerset Clinical Commissioning Group

The Bath and North East Somerset Clinical Commissioning Group has a recurrent annual budget in the region of £210 million. The Clinical Commissioning Group expects to receive the minimum level of growth throughout the period 2014/15 to 2018/19. In addition, significant efficiency gains, cost reductions and system change will be required to offset the increasing demand for services and to invest in continuous improvement.

NHS planning guidance for the 5 year period suggests Clinical Commissioning Groups will need to deliver efficiency gains of 3 per cent in 2014/15 and 6 per cent in 2015/16, with the increase in 2015/16 being linked to the contribution from health funds to the Better Care Fund.



The Clinical Commissioning Group expects to deliver a balanced financial plan which meets NHS requirements and supports the delivery of local priorities, but this will be challenging in the present financial context.

Financial impact of reforms

Legislative reforms, such as the Care and Support Bill, will have a financial impact on the health and wellbeing system. At this stage, it is difficult to accurately estimate the financial implications of these reforms, however we know that there will be a range of cost pressures as a result of the changes. The Council's finance team are working in partnership with adult health and social care to better understand and manage the implications of the Bill.