

# Bury Health & Wellbeing Board

## Annual Report 2014 - 2015



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## 1. Introduction

It gives me great pleasure to introduce the annual report of Bury's Health and Wellbeing Board for the period from April 2014 to March 2015.

I have recently taken on the role of Chair of the Health and Wellbeing Board. On behalf of everyone involved with the Board, I would like to thank the previous Chair, Councillor Rishi Shori, for his guidance and commitment in helping the Board develop and grow.

The Health and Wellbeing Annual Report is an overview of the Health and Wellbeing Board from the period April 2014 to March 2015.

The Board operated in shadow form from April 2012 to March 2013 and took on its statutory functions from April 2013.

2014-15 has been an extremely busy year for the Board. The wider health and social care agenda is seeing a rapid change, with increasing expectations from service users and unprecedented pressure on funds. Nonetheless, we are firmly committed to ensuring that health and social care provision is planned and delivered to best meet the needs of all the residents of the Borough.

During the period April 2014 to March 2015, a lot of hard work has taken place and there was considerable investment of energy and time into building the Board. This has reinforced members' commitment and a culture of challenge and growth. Notable developments include:

- The Policy Lead reviewed the Health and Wellbeing Board and all its documentation one year on. This led to a number of improvements to the Board.
- Member Development Sessions were introduced prior to each Board meeting.
- A Member Development Away Day has taken place and will continue on an annual basis.
- Chair Development Sessions were introduced.
- A forward plan was introduced.
- A revised report template was created and a report submission process with key dates and deadlines was introduced to support the agenda setting process.
- A new meeting structure was introduced to include an interactive discussion/focus on one area per meeting and any reports to the Board split into reports for information, discussion or decision.
- An 'etiquette and expectations' document was developed to sit alongside the terms of reference.

The Board has successfully signed off the Better Care Fund and the Pharmaceutical Needs Assessment. It refreshed the Health and Wellbeing Strategy and agreed the governance structure for delivering priorities in the Strategy.

We are looking forward to the challenges and achievements that we will see in the year ahead.

Councillor Andrea Simpson  
Chair of Health and Wellbeing Board



## 2. Background to the Health and Wellbeing Board

The Health and Social Care Act 2012 required local authorities to create Health and Wellbeing Boards as a forum where leaders from across the health and social care system work together to improve the health and wellbeing of local residents and reduce health inequalities. This was part of wider plans to modernise the NHS. The Boards are intended to help communities understand and have a greater say in how health and social care services meet their needs.

Health and Wellbeing Boards have a number of core responsibilities in relation to health, public health and social care. These include:

- strategic influence over commissioning decisions;
- bring together clinical commissioning groups (CCGs) and councils to develop a shared understanding of communities' health and wellbeing needs;
- lead the preparation of a Joint Strategic Needs Assessment (JSNA)
- develop a health and wellbeing strategy to address needs identified in the JSNA, including recommendations for joint commissioning;
- drive local commissioning of health care, social care and public health;
- consider and contribute to debate about issues which affect health and wellbeing, such as housing and education services.

Throughout the year, these responsibilities increased to include:

- overseeing the production of Pharmaceutical Needs Assessment;
- contributing to and approving the Better Care Fund.

The Board operated in shadow form from April 2012 to March 2013 and took on its statutory functions from April 2013. Between 1 April 2014 and 31 March 2015, Bury's Health and Wellbeing Board had the following members:

Bury Council	<p>Councillor Rishi Shori (Chair), Cabinet Member for Health and Wellbeing</p> <p>Councillor Andrea Simpson, Deputy Cabinet Member for Healthier Living</p> <p>Mark Carriline, Executive Director, Children, Young People and Culture</p> <p>Pat Jones-Greenhalgh (Vice-Chair), Executive Director, Communities and Wellbeing</p> <p>Lesley Jones, Director of Public Health</p>
Bury Third Sector Development Agency (B3SDA) representative	David Bevitt



CCG	Dr Kiran Patel, Chair Stuart North, Chief Operating Officer
Community Safety Partnership	Amber Waywell (until October 2014) Lee Parker (from October 2014 until January 2015) Jo Marshall (from January 2015)
Healthwatch	Carol Twist, Chair (from April to October 2014) Barbara Barlow, Chair (from October 2014)
NHS England	Rob Bellingham

The Board was supported by two Bury Council staff members - Julie Gallagher, Democratic Services Officer and Heather Crozier, Health and Wellbeing Board Policy Lead and Social Development Manager.

The health and wellbeing challenges that face the Borough are diverse. A full overview is set out in the Health and Wellbeing Strategy 2013-2108. Some key issues are:

- around one fifth of children in Bury live in poverty;
- the number of children in care in Bury is higher than the England average and the proportion of children who are considered school ready at the age of 5 is below the England average;
- around half of adults in Bury are overweight and only 11.6% of adults were undertaking recommended levels of physical activity, with correlation between areas of high deprivation and low levels of participation;
- Bury has a high cancer incidence rate and the early death rate from cancer is higher than the average for England;
- it was estimated that 18,300 adults aged 18-64 have a mental health problem;
- one in five of Bury's adult population is living with a long-term health condition;
- it was estimated that around 2,000 people in the Borough were living with dementia in 2012 and this figure is expected to increase to 3,400 by 2030;
- the 2011 Census indicated that there are about 20,000 adult carers living in Bury, but only 3,320 of these are known to the Council's Carer Service Team or the Carers' Centre;
- about 16% of Bury's population is aged over 65 and this is expected to rise above 18% by 2021.



### 3. Activities and Achievements

While Bury has a track record of successful partnership working in health and wellbeing, the statutory nature and responsibilities of the Health and Wellbeing Board involve new ways of working and new learning. The Board's role in prioritising health and social care needs and commissioning services based on these needs is significant and has to be underpinned by a high degree of commitment from all involved.

**Governance and accountability structures** - the Health and Wellbeing Board is a committee of the Council and is subject to the same requirements of openness and transparency as other Council committees. The Board took time during the year to understand the structures within which it operates and to ensure that it was fully aware of the extent and limitations of its powers and duties. In addition to training from the Council's legal and democratic services section, members received briefings on each other's organisations and their contributions to the health and wellbeing agenda.

In early 2014, the Team Bury Forum (made up of representatives of key stakeholder organisations across the breadth of services) agreed three priorities for the Borough - stronger economy; stronger, safer community; and health and wellbeing. Following this decision, the Forum decided that its structure would be revised around these key priorities. Bury Wider Leadership Group (BWLG) is accountable to the Forum and oversees three partnership groups, each with responsibility for determining and driving the actions necessary to achieve one of the three priorities. A Council policy lead was allocated to support each partnership group. Linked to this, Team Bury partners used Outcomes Based Accountability methodology to develop draft indicators for the priorities.

The restructuring involved merging and disbanding some groups and strengthening others. It promotes information sharing and joint working to reduce duplication and ensure that policies and strategies fit together. The Health and Wellbeing Board was nominated to drive the health and wellbeing theme and Heather Crozier was named as the policy lead. The Board reports regularly to BWLG to update on progress and achievements and provide assurance of robust governance arrangements.

**Member and Board development** - the Board agreed at an early stage that its success would depend on a high level of understanding, trust and collaboration. It wants to be agile enough to respond to challenges but also have clarity and robust protocols for conducting its business. Members committed to making time for individual and shared development so that the Board had strong foundations for the future. This included a member development day in September 2014, themed member development sessions prior to Board meetings, three Chair development sessions and agreement of an 'etiquette and expectations' guide.

In addition, the policy lead reviewed planning and reporting arrangements and introduced a number of improvements:

- the template for reports was refreshed to provide a summary, address key questions and inform the Board if noting, discussion or decision was required;
- a meeting scheduler was created to provide a consistent process for report submission;
- a forward plan was created;
- meetings were split to have member development, then



focused, interactive discussion, then items for information, decision and discussion.

**Review of Health and Wellbeing Strategy** - one of the key tasks assigned to each health and wellbeing board is to produce and regularly review a health and wellbeing strategy which sets out challenges, priorities and actions to frame the board's work. Bury Health and Wellbeing Board produced its first Health and Wellbeing Strategy in July 2013. The Strategy took account of findings of an extensive consultation exercise with people who live and work in the Borough, analysis of data from a range of sources and input from Board members and their respective organisations.

Following the review of the Health and Wellbeing Board and increasing strategic functions, it became clear that the Strategy would benefit from an update. The review was paced to allow for thorough and meaningful debate between members of the Board and wider conversations with service providers. From October 2014, each meeting of the Board examined one of the five priorities contained in the original strategy and five revised or new priorities were identified:

- **Priority 1 - Starting Well;**
- **Priority 2 - Living Well;**
- **Priority 3 - Living Well with a Long-term Condition or as a Carer;**
- **Priority 4 - Ageing well;**
- **Priority 5 - Healthy Places.**

It was agreed that the best way of ensuring success against these priorities was to have a clear connections between priorities, actions, performance indicators and measures of success. Work to strengthen governance mechanisms for the five priority areas was well underway at the end of the year and continued into 2015-16. As each priority was refreshed, governance was agreed to ensure successful delivery of associated actions and individual Board members were nominated to lead on priorities.

**Influencing policy and strategy** - a large number of issues were brought to and considered by the Board during the year.

The Board was involved in the development and sign off of:

- the Pharmaceutical Needs Assessment for Bury (PNA) (see below);
- the Better Care Fund;
- a bid for funding to support working carers;
- the Disability Strategy;
- the Children and Young People's Plan;
- Health and Social Care Integration agenda.

It also considered:

- the Annual Safeguarding Children's Report;
- the five-year CCG Strategy;
- the GM Strategy for Public Health;
- the Primary Care Co-Commissioning Strategy;
- Healthier Together;
- 'Due North' report into geographical inequalities.



As well as the planned work programme of the Board, there were two unanticipated major tasks assigned to all health and wellbeing boards during the year.

The **Better Care Fund** was announced by Government in June 2013. The purpose of the Fund is to speed up the local integration of health and social care so that people can have personalised care closer to home. This should, in turn, reduce the number of unplanned admissions to hospitals. The Fund pools a number of separate budgets previously held by the CCG, NHS and local authorities for a range of health and social care provisions including reablement, carers' breaks and disabled facilities grants. When the Fund was announced, each health and wellbeing board was asked to produce a local plan by April 2014 (for rollout from April 2015) to demonstrate how health and social care partners would deliver personalised care. In July 2014, NHS England wrote to boards with revised planning guidance and a deadline of mid-September 2014 for submission of updated plans. The Fund provides for £3.8 billion of funding in 2015-16 for local spending on health and social care.

The Health and Social Care Act 2012 Act transferred responsibility for preparation of a **Pharmaceutical Needs Assessment** (PNA) to Health and Wellbeing Boards. The purpose of the PNA is to look at current demographics and future trends which may impact on the health of the local population, identify where pharmaceutical services are used to address needs and where gaps exist; and inform commissioners of current provision and possible improvements. During the year, Bury Health and Wellbeing Board's first PNA was prepared by Bury Council in conjunction with North West Commissioning Support Unit, the NHS England Greater Manchester Area Team, Bury CCG and the Local Pharmaceutical Committee. The PNA was completed in June 2014 and published in March 2015.

The PNA suggests that there is satisfactory access to NHS Pharmaceutical Services in most of Bury's wards but recommended that an additional pharmaceutical provider is established within the Hillock Estate area. In addition to NHS contracts, Bury's pharmacy services support the Health and Wellbeing Board in achieving the health priorities and outcomes outlined in its strategy. Their contributions include signposting, screening, awareness raising, management of medicines and support with monitoring and self-care. In the future, community pharmacists could become involved in more targeted care, working closely with other health and social care providers.

While these were very challenging for Bury's Health and Wellbeing Board at such an early stage in its development, the time that the Board had dedicated to learning and development enabled it to manage these issues on top of its existing workload and to create high-quality, coherent proposals.

The Board is very proud of the approach that it has taken. During the year, there was considerable investment of energy and time into building the Board and this has reinforced members' commitment and a culture of challenge and growth. Through careful planning and robust debate, the Board has a clear vision of how it wants to lead improvements in the health and wellbeing of Bury's residents.





#### 4. Future Plans and Activities

In 2015-16, the Board will continue with its strategic role of influencing and leading delivery of health and social care in Bury. It will:

- finalise the governance arrangements for the Health and Wellbeing Strategy to ensure that its priorities are embedded within the work of all Team Bury partners; and monitor delivery and impact.
- lead and oversee implementation of the Better Care Fund.
- increase Councillor representation on the Board;
- maintain and strengthen operational- and strategic-level connections with other local authorities and networks to prepare for devolution of powers to Greater Manchester;
- continue its commitment to member and Board development through ongoing learning and reflection;
- revise the JSNA to ensure that it had up-to-date intelligence about health and social care needs in the Borough;
- create a webpage which informs residents about the work of the Board and enables them to influence and make choices about their health and social care services;
- promote an ethos of self-care and personalised care planning among residents;
- plan and monitor implementation of seven-day working patterns for GP surgeries and social care services;
- demonstrate and share its successes with other local authorities as part of the Devolution Greater Manchester process;
- drive for incorporation of Bury's models of delivery into the agenda for health and social care across Greater Manchester.

July 2015

