

Health & Wellbeing Board

South Gloucestershire

Annual Report 2018/19



Table of Contents

1	Introduction	3
2	Background	3
3	Board highlights in 2018-19	4
4	Statutory functions.....	7
5	Formal reporting arrangements.....	12
6	Updates from partnerships and groups that feed into the Health & Wellbeing Board.....	13
7	Agenda items 2018-19	25
8	Resources	33
9	Managing Risk	33
10	Looking ahead	34

1 Introduction

This is the Annual Report of the South Gloucestershire Health & Wellbeing Board for the period May 2018 to April 2019. The report provides background information on the Board's purpose, aims and functions; the Board's achievements during 2018-19; details of how the Board has met its statutory duties; information about the work of key partnerships and groups that relate to the Board; Board agenda items during 2018-19; resources and risks associated with the Board; and a look ahead to 2019-20.

2 Background

The South Gloucestershire Health & Wellbeing Board was established in April 2013. The Board is constituted pursuant to Section 194 of the Health and Social Care Act 2012 and operates as a formal committee of the Council, pursuant to Section 102 of the Local Government Act 1972.

The Board provides leadership to achieve, for all ages, improvement to the health and wellbeing of the local population, including children young people and vulnerable adults.

Although a statutory committee of the Council, the Board functions as a partnership and provides annual progress reports to the local strategic partnership (South Gloucestershire Partnership); and it also gives an annual presentation to the South Gloucestershire Health Scrutiny Committee, to provide the Committee with oversight of its work and an opportunity to ask questions.

The Board ensures that high quality, person-centred integrated care and support is a reality for the population of South Gloucestershire including but not limited to children's care, mental health and learning disability and elderly care. The Board has regard to and challenges commissioners to work collaboratively, align priorities with each other, the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy and be evidence-based.

The Board monitors and supports the configuration of services and the allocation of resources to meet priority outcomes, and drive evidence-based and collaborative approaches to commissioning. The Board focuses on areas where a multiagency integrated approach is beneficial to the people of South Gloucestershire.

The Board's membership includes local authority councillors and officers; leaders from partner organisations, including the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG); and local providers of health services.

The Health & Wellbeing Board Terms of Reference for 2018-19, agreed at Annual Council in May 2018, can be found at Appendix 1.

The Board has a Senior Officer Group, which is responsible for managing the business of the Board and providing oversight and guidance on behalf of, and as directed by, the Board. The Senior Officer Group's Terms of Reference, agreed by the Health & Wellbeing Board in May 2018, can be found at Appendix 2.

3 Board highlights in 2018-19

During 2018-19 the Health & Wellbeing Board met formally (in public) on three occasions and held two closed development sessions. Some of the Board's key achievements during the year were as follows:

3.1 A focus on mental health

In January 2019 the Board gave its support for adopting the 'Thrive' approach in South Gloucestershire, which is a model that began in New York City, and has more recently been brought to the West Midlands, London and Bristol. Thrive takes an area-wide population health and all systems approach to improve mental health and wellbeing. At its core is a recognition that as little as 10% of the population's health and wellbeing is linked to access to healthcare. As such, rather than beginning with treatment, its focus is on the role schools and universities, employers, housing organisations, businesses and the police can play, and on the importance of our relationships, our surroundings and our access to good food, money and wider resources in achieving good mental health. 'Thrive' focuses on prevention and early intervention and works by mobilising public, private and third sector collaboration and leadership (and resources) across the area. It also aims to simplify and strengthen leadership and accountability across the whole system. Updates on how the 'Thrive' approach is progressing in South Gloucestershire and any further action required by Board member organisations will be considered by the Health & Wellbeing Board in 2019-20.

Also in January, the Board received a report on children and young people (CYP) mental health, particularly in relation to mental health in schools and the current gaps in provision for CYP with emerging needs and CYP with risk factors for poor mental health. The Board recommended that the Healthier Together Sustainability and Transformation Partnership (STP) establish a CYP workstream, and Board members agreed to commit named senior officers to join discussions about how to address current gaps in provision for CYP with emerging needs, and CYP with risk factors for poor mental health.

3.2 Prevention and Self Care

Prevention is one of the key strands of the Healthier Together Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP). The Healthier Together Prevention Plan sets out underlying prevention principles and focus areas for 2018-19 (Figures 1 and 2).

Figure 1 – underlying prevention principles:



Figure 2 – prevention focus areas for 2018-19:



The 2018-19 focus areas were determined by the Healthier Together Prevention Plan Steering Group and were based on evidence of BNSSG health needs. It was acknowledged that it was not possible to focus on every area of prevention at once, and it was, therefore, agreed that the initial areas of focus would be operational topics where the greatest impact on health and wellbeing outcomes could be achieved. Each focus area has an implementation group and associated action plan for 2018-19 and progress is reported to the Healthier Together Executive Group and Health &

Wellbeing Boards. Looking ahead, focus areas are likely to take a wider determinants of health focus (such as, employment, education and housing), all of which have the potential for greater impact on population health.

Following the Board's decision in May 2018 to advocate for and lead on prevention, the Board has continued to take strategic leadership for driving the Prevention and Self Care agenda in South Gloucestershire, using the South Gloucestershire Prevention and Self Care Network as its local delivery mechanism. In October 2018 the Board approved the Network's Terms of Reference, and in January 2019 it received an update on how BNSSG and South Gloucestershire work relates to the NHS Long Term Plan and the Department of Health and Social Care's 'Prevention is better than cure' vision for prevention. The Board also received details and had an opportunity to feed into South Gloucestershire specific work, which included a new South Gloucestershire Healthy Lifestyles & Wellbeing Service (One You South Gloucestershire); a new Active in Life project; the development of an Alcohol Strategy; and Making Every Contact Count (MECC) training.

3.3 Review of future working arrangements

In October 2018 and January 2019 the Board discussed future working arrangements. Members received an update on evolving national policy and the changing landscape for health and local authority collaboration, namely health and social care integration, the development of Integrated Care Systems and the future role of Health and Wellbeing Boards in leading the systems. There was a discussion about where the Health & Wellbeing Board can add value and it was agreed that the Board needed a clear line of accountability to emerging structures in order for it to adopt a system leadership role. Enablers for this included:

- Board member organisations ensuring their priorities are aligned with the Joint Health & Wellbeing Strategy (JHWS) areas for collective action (which are monitored by the Board);
- the Board having four meetings a year with each one focusing on one JHWS area for collective action;
- agendas being structured so that they consist of statutory items (requiring approval), strategies (requiring sign off) and focus topics (linked to one of the JHWS areas for collective action);
- development sessions taking place between Board meetings focusing on topics relevant to the next Board agenda and involving wider stakeholders and groups relevant to the subject matter;
- broadening the Board's membership to include a Healthier Together lead and representatives from other sectors including housing and Avon Fire & Rescue; and
- establishing joint seminars on matters of common interest with the neighbouring health and wellbeing boards in Bristol and North Somerset.

All of these enablers have been adopted in 2019-20 and will be included in next year's annual report.

3.4 Seminar with Bristol Health & Wellbeing Board

Following the review of working arrangements and agreement to establish joint seminars on matters of common interest with neighbouring health and wellbeing boards, in March 2019 the Board had a joint seminar with Bristol Health & Wellbeing Board. The aims of the seminar were to provide a safe environment to enable the two boards to get to know each other and develop a shared understanding of the challenges and opportunities in BNSSG; to receive an overview of what is working for health and wellbeing boards in other regions; and to begin to explore opportunities for working together and consider where ambitions could be aligned to develop a strength of voice in order to influence the STP and future Integrated Care System (ICS) development. Members received a 'setting the scene presentation, which included the case of change (based on BNSSG population needs); Bristol's One City Plan priorities; and South Gloucestershire Council's priority outcomes and JHWS collective actions. This was followed by two workshops, the first one to consider where the boards can start to work together and what is working elsewhere in the country; and the second one to understand board members' appetite for working jointly. As a result of the seminar, agreed next steps included:

- develop a clear set of priorities for BNSSG health and wellbeing boards;
- hold a further seminar in June and engage with North Somerset;
- develop a population evidence / intelligence report to support forward planning in line with the NHS Long Term Plan; and
- consider undertaking a joint campaign.

4 Statutory functions

The Health & Wellbeing Board has a number of statutory functions. It has to produce a Joint Strategic Needs Assessment (JSNA), a Joint Health & Wellbeing Strategy (JHWS), a Pharmaceutical Needs Assessment (PNA) and Better Care Fund Plan.

4.1 Joint Strategic Needs Assessment (JSNA)

In accordance with the Health & Social Care Act 2012, the production of a JSNA is a statutory requirement of the Health & Wellbeing Board and is a joint responsibility of the Local Authority and Clinical Commissioning Group (CCG).

The JSNA:

- provides a common view of health and care needs for the local community including identifying inequalities in health;

- documents current service provision;
- identifies gaps in health and care services, identifying unmet needs;
- details evidence of effectiveness for different health and care interventions;
- draws on a wide range of quantitative and qualitative data, including service user views; and
- is concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment.

Since March 2016 the JSNA has been updated on a rolling programme to better align local authority and CCG commissioning cycles and priorities. In October 2018 the Board reviewed this process and supported a number of principal changes:

- clear and timely incorporation of the key messages from updated chapters into the executive summary document to inform local commissioning cycles;
- including a process for scoping chapter reviews to ensure that the final output covers the information needs of key stakeholders;
- prioritisation of chapter reviews and less frequent reviews for lower priority topics and alignment with BNSSG CCG commissioning plans;
- publication of annual local data profiles (local authority ward and primary care clusters) alongside chapter updates; and
- adoption of a process to evaluate impact in parallel to reviewing content.

The Board also noted that in the future the JSNA may be reviewed on a five yearly cycle rather than every three years; the terms of reference and membership of the current JSNA Steering Group and Delivery Group would be reviewed; and further consideration was needed regarding the potential to develop a combined BNSSG JSNA.

4.2 Joint Health and Wellbeing Strategy (JHWS)

Another statutory requirement placed upon the Health & Wellbeing Board, in accordance with the Health & Social Care Act 2012, is the production of a Joint Health & Wellbeing Strategy (JHWS). The purpose of the JHWS is to provide the future strategic vision for health and wellbeing in South Gloucestershire, setting out key strategic priorities for action and clear outcomes as identified in the JSNA.

The latest JHWS is for the period 2017-21 and has four areas for collective action:

1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations.
2. Promote and enable positive mental health and wellbeing for all.
3. Promote and enable good nutrition, physical activity and a healthy weight for all.
4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.

For each area for collective action the Board has established a number of 'expected key deliverables by 2019' and some 'measures of success and milestones'.

In May 2018 the Board received its first monitoring reports on JHWS Collective Actions 1 and 2. The Board noted the baseline data and challenges related to each collective action and the updates on progress since the action plan was developed in January 2018. The Board also agreed that each member organisation would support the implementation of the collective actions in the following ways:

- champion a model for promoting and supporting workplace action to promote, protect and improve mental health and wellbeing by signing up to write a Time to Change Action Plan;
- contribute data and information to the adult and children and young people mental health and wellbeing scorecards;
- engage and contribute to the South Gloucestershire Early Help Review; and
- commit to the Special Education Needs (SEND) strategy.

In relation to children and young people (CYP) mental health, the Board acknowledged the challenges faced by primary schools in improving student mental health and emotional wellbeing, and supported the recommendations in the report, which included the establishment of a task and finish group to produce a report that captured the current challenges faced by primary schools around pupil mental health and emotional wellbeing and make recommendations for improvement. The expectation was that the Board would receive recommendations from this work, provide a response and agree an investment strategy in early 2019.

In addition, the Board agreed that those involved in the CYP Whole System Mental Health Group need to be active members to ensure that CYP needs are identified earlier and there is a coordinated early mental health support offer to improve outcomes.

In September 2018 the Board received progress reports on areas for collective action 3 and 4.

For Collective Action 3, there were four key areas requiring the Board's support:

- How can the Board help deliver against the Food Plan priority areas and action plans?
- Could the Board support the work to move to a more integrated Tier 3 Adult Weight Management Service?
- Board member organisations to ensure staff are involved in the work to review and align the work around healthy weight, obesity, physical activity, and nutrition.
- Board members to encourage staff to raise awareness and promote the importance of good nutrition in children and young people, and the availability of (free and paid for) school meals.

The Board noted that while sufficient resources were essential for successful delivery, it was also necessary to look at ways of working, particularly the added value that can be achieved system-wide through collective action.

The Board flagged the issue of school holiday hunger and was advised that the mapping of relevant work/services was in its early stages and a more joined up approach was being sought.

The Board also noted the ‘quick win at zero cost’ opportunities that formal social prescribing would bring in primary care.

It was concluded that all members would reflect on the action plan and ensure necessary work was implemented within their organisation.

For Collective Action 4, there were five key aspects requiring the Board’s support:

- Give due regard to the role that good quality housing and reduced homelessness play in improving health and wellbeing.
- Ensure relevant staff take up the offer of free training in fuel poverty awareness and referral.
- When reviewing policies and commissioning services, consider the impact on air quality.
- Encourage staff and patients/service users to adopt active travel.
- Work to secure greater alignment of strategic plan making and resource allocation to better integrate needs of the population.

The Board discussed the links between poor quality housing and health conditions and noted a key way to help address this was through enabling GPs and others to signpost if a person’s health was being impacted by their housing. However, it was suggested that the wording in the recommendation should be amended to read “appropriate regard” rather than “due regard”.

The Board welcomed the offer of free training in fuel poverty awareness and referral and asked that it was made available to all staff.

It was commented that there needs to be an adequate supply of accessible housing and there needs to be further consideration of the impact of Universal Credit on people’s ability to pay for housing.

There was concern over the cessation of the air quality plan and in response it was reported that a budget was in place and discussions were underway to link environmental and health data. However, it was noted that local authority-wide data hid geographical discrepancies regarding air quality.

4.3 Pharmaceutical Needs Assessment (PNA)

Production of a Pharmaceutical Needs Assessment (PNA) is a statutory duty that transferred to local authorities under the Health and Social Care Act 2012 and is another responsibility of the Health & Wellbeing Board.

The PNA describes the location of, and services provided by, South Gloucestershire’s community pharmacies and those GP practices that dispense medicines. It assesses whether these services match the patterns of need. It also assesses likely future trends in population and whether additional services may be required to meet needs within the three year period of the PNA.

The PNA is primarily to inform the process of market entry for pharmaceutical providers (in which NHS England must approve, and help fund, new pharmacies) although it is not bound by any content.

PNA's cover a period of three years and the most recent version was approved in January 2018. The Council's Public Health & Wellbeing Division is responsible for maintaining the current PNA, on behalf of the Board, and reviews changes in local pharmaceutical services and population needs to ensure a proportionate response (reproduction of the PNA or the issue of a supplementary statement).

4.4 Better Care Fund (BCF) plan

The Better Care Fund (BCF) was established from 1 April 2015 under a Section 75 Partnership Agreement between South Gloucestershire Council and South Gloucestershire Clinical Commissioning Group. The Partnership Agreement set out the governance arrangements and BCF plan schemes.

Following the merger of the three local CCGs into one BNSSG CCG, there was a review of the BCF governance arrangements across the area. In March 2019 draft proposals for the governance structure for the monitoring of the South Gloucestershire BCF Programme, and an outline of the draft BCF plan for 2019/20, were presented to a Health & Wellbeing Board Development Session. Key points from the Development Session included:

- the review team had looked at the three BCF plans, considered areas of alignment and developed new governance proposals;
- there would continue to be three BCF Plans; three Health & Wellbeing Boards and three BCF funding pots;
- the proposed changes were to the BCF governance structures that report up to each Health & Wellbeing Board;
- it was proposed that BCF reports firstly go to the respective CCG Area Leadership Group, secondly to the BNSSG Partnership Board and lastly to the respective Health & Wellbeing Board;
- the new approach for the South Gloucestershire Area Leadership Group would commence from April 2019 and be wrapped around the existing South Gloucestershire Better Care Fund Delivery Group arrangements;
- the proposals adopted the best parts from the approaches taken to date in Bristol, North Somerset and South Gloucestershire;
- throughout the review of the South Gloucestershire BCF Plan, both the CCG and Local Authority had worked closely together, and the proposed draft plan and governance were approved by the South Gloucestershire Better Care Fund Delivery Group; and
- conclusions were in principle support for the changes to BCF governance, realignment across BNSSG made practical sense, and the CCG's South Gloucestershire Area Leadership Group and South Gloucestershire Better Care Fund Delivery Group had the same membership.

5 Formal reporting arrangements

5.1 South Gloucestershire Partnership

The Health & Wellbeing Board is formally a committee of Council, but in light of its partnership status it also formally reports to the South Gloucestershire Partnership (local strategic partnership).

The South Gloucestershire Partnership's objectives are:

- to develop the long-term strategic vision for the area;
- to act as a high-level strategic governance mechanism, bringing key decision makers together to work to deliver the vision for the area;
- to act as ambassadors for the area, lobbying other tiers of government for the necessary resources to deliver sustainable growth;
- to influence policy and policy changes;
- to keep abreast of and influence the work of the West of England Local Enterprise Partnership and West of England Combined Authority;
- to monitor and direct the activities of the strategic partnership bodies agreed by the partnership at its meeting on 12th July 2012:
 - Health and Well Being Board;
 - Safer and Stronger Communities Strategic Partnership.

5.2 Children, Young People and Families Partnership

The Health & Wellbeing Board has established a Children, Young People and Families Partnership to work on key priorities for children, young people and families in South Gloucestershire. These include reducing child poverty, supporting children to have the best start in life, early help, improving outcomes for children and young people with special educational needs and/or disability, improving mental health and wellbeing for all and closing achievement gaps in education.

In October 2018 the Health & Wellbeing Board received the Children, Young People and Families Partnership Annual Report and noted the Partnership's core aim to develop a much better understanding of being a young person and family in South Gloucestershire.

The Board heard that there had been more effective alignment and use of the partnership members, as well as better use of available data, such as the online pupil survey, and case studies to share practice.

5.3 Local Safeguarding Adults Board and Local Safeguarding Children's Board

During 2018-19 safeguarding arrangements were being reviewed, which meant that the Health & Wellbeing Board did not receive formal reports from the South

Gloucestershire Local Safeguarding Adults Board and Local Safeguarding Children's Board.

5.4 Safer & Stronger Communities Strategic Partnership

In May 2018 the Health & Wellbeing Board received the Safer & Stronger Communities Strategic Partnership's Delivery Plan for 2018-19. The Delivery Plan described how the Safer & Stronger Communities Strategic Partnership, and the individual organisations that make up the Partnership, worked together to reduce crime and disorder and to combat factors which contributed to crime and disorder in South Gloucestershire.

The report stated that although South Gloucestershire was in general relatively affluent (both in terms of average house prices and median annual earnings), alongside the areas of relative prosperity there were pockets of deprivation in terms of income; employment; education, skills and training; crime; health and disability; living environment; and barriers to housing and services. These pockets were in areas defined as 'Priority Neighbourhoods', for example, Patchway, Kingswood, Staple Hill, Cadbury Heath and west Yate / Doddington.

It was noted that crime had risen in South Gloucestershire in the last 12 months and there was a higher rate of dwelling burglaries and serious acquisitive crime. This mirrored national trends, although when compared with crime rates across Avon and Somerset, South West England and England and Wales as a whole, South Gloucestershire rates were lower.

The Health & Wellbeing Board was advised of a new risk assessment model called MORILE (Management of Risk Assessment in Law Enforcement), which had been used to undertake a Strategic Assessment of Crime and Disorder by the Strategic Partnership in order to establish detailed priorities for 2018/19. The operational priorities for 2018/19 were:

- Serious Organised Crime (incorporating Modern Slavery);
- Rogue Trading and Mass Marketing Fraud;
- Child Sexual Abuse/Child Sexual Exploitation and Serious Sexual Offences;
- Antisocial Behaviour;
- Domestic Abuse;
- Hate Crime

Actions to address these priorities were included in the overall Action Plan for the Strategic Partnership.

6 Updates from partnerships and groups that feed into the Health & Wellbeing Board

There are a number of partnerships and groups which feed into and/or undertake work on behalf of the Health & Wellbeing Board, for example by delivering actions

associated with the Joint Health & Wellbeing Strategy. The following sections contain updates from some of the partnerships and groups (listed at Appendix 3).

6.1 Adult Autism Planning Group

The multi-agency adult Autism Planning Group (APG) meets four times a year and has a range of partner agencies represented including families, carers and people with autism. The broad aims of the APG are to review and consider current guidance and policy at national and local level relating to autism. Map local needs, resources and gaps to inform the commissioning of future services for people with autism that deliver the requirements of the Autism Act and statutory guidance.

In 2018 the Council's Public Health Team completed an Autism Needs Assessment. The lack of an autism needs assessment had been identified as a gap by the APG. The needs assessment covered both adults and children and produced a number of recommendations on specific areas which need to be addressed, these are:

- improve access to diagnostic services;
- improve engagement and collaboration with service users and families; and
- increase autism awareness in the wider community.

The APG is working with the Children's Autism Planning Group to develop an action plan based on the recommendations of the local needs assessment.

In late 2018 the Department of Health and Social Care (DHSC) asked councils to complete the fifth national autism self-assessment exercise on the implementation of the 2010 Adult Autism Strategy. The purpose of the self-assessment is to enable local strategy groups to review their current progress in the implementation of the Autism Statutory guidance and Autism Strategy locally and to identify future priorities and plan in partnership with health partners, other key organisations and local autistic people and their families. The South Gloucestershire self-assessment identified some areas of progress including an improvement in access to local diagnostic services. The overall self-assessment results have yet to be published by DHSC.

In December 2018 The Government announced plans to introduce an updated national autism strategy, which will cover people of all ages who are autistic in England. This commitment is part of the Government's review of [the adult autism strategy](#), which launched almost ten years ago. The DHSC is currently undertaking consultation on the update to the national autism strategy.

The priority for the APG will be to develop and implement an action plan based on the recommendations on the South Gloucestershire autism needs assessment and informed by the recommendations from the national self-assessment and the updated national autism strategy when published.

Contact: [Kenny Braidwood, Service Manager \(Adult Social Care\), Children, Adults & Health, South Gloucestershire Council](#)

6.2 Adult Mental Health Partnership

During 2018-19 the local Adult Mental Health Partnership divided its work into two meetings. One is aimed at front line practitioners and aims to support networking and sharing of professional practice. The second meeting is more strategic and works to deliver the local priorities as set out in the South Gloucestershire mental health needs assessment and strategy. Key pieces of work during the year included refreshing the local suicide prevention strategy, feeding into the commissioning of the new Talking Therapies Service (IAPT) and promoting the local training offer to a range of workforces and volunteers who support people in the community. Priorities for the future include improving work with experts by lived experience and more focus on communities who have higher levels of mental ill health.

Contact: [Steve Spiers, Programme Lead for Mental Health & Emotional Wellbeing, Public Health & Wellbeing, South Gloucestershire Council](#)

6.3 Ageing Better Partnership Board

The Ageing Better Partnership Board (formerly the Older People's Programme Group) includes older people and representatives from statutory and voluntary organisations. It has an overview role, which aims to improve quality of life and support people to age well.

Over the last year the Partnership Board has developed and launched the Ageing Better Plan and created four task and finish groups to deliver outcomes. It shared information, which included: a tour of the Extracare Village at Stoke Gifford; health and care integration plans; refugee resettlement; predictive analytics; contracting and social value requirements; carers; the physical activities strategy; and the provision of complex dementia beds for South Gloucestershire residents. The Partnership Board also contributed to the development of the community based support contract.

In addition, the Partnership Board receives an annual update on the activities and action plans for the following groups: Dementia Planning Group; Carers Advisory Partnership; Low Vision Services Committee; Deaf, Deafblind, Deafened and Hard of Hearing Group; and Falls Prevention Group.

Contact: [Sue Jaques, Commissioning Manager, Children, Adults & Health, South Gloucestershire Council](#)

6.4 Carers Advisory Partnership

The Carers' Advisory Partnership (CAP) is a multi-agency forum that oversees the strategic approach, delivery and development of carers' services and support in South Gloucestershire, in line with the joint South Gloucestershire all age Carers' Strategy 2017 - 2020. Carers are equal and valued members of this partnership, and contribute to agenda setting, bringing their views and perspectives to how support develops in South Gloucestershire, and providing challenge where needed.

Over the year from April 2018 to March 2019, the work of the partnership has included:

- The group have received progress reports on the council Community Based Support model and have continued to provide feedback from carers on their experiences of support. As a result of feedback the council have committed to reviewing the impacts on self-funders of changes to services or commissioning arrangements.
- The group reviewed the National Carers Action Plan 2018 – 2020 against the local Carers Strategy and concluded that the local strategy encompassed all areas set out nationally.
- There has been a focus on mental health and wellbeing with carers representatives involved in the tendering for the Healthy Lifestyles Service. There has been greater integration of carers issues into the public health agenda and a focus on equalities issues for carers.
- The group oversaw changes to carers assessments, to introduce a Trusted Assessor Model for carers assessed by a voluntary sector organisation. This has now been implemented and carers wait a much shorter time to hear about the outcome of their assessment.

In terms of challenges, the all age Carers Strategy has a broad scope. Whilst progress has been made against the actions this is not at an ideal pace. Carer representatives of the Partnership have also raised the lack of a carers lead at the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group.

Contact: Denise Swain, Commissioning Manager, Children Adults & Health, South Gloucestershire Council

6.5 Children and Young People Autism Group

The Children and Young People (CYP) Autism Group meets four times a year and its membership includes: managerial, commissioner and clinical representation from:

- Child Health and Child Mental Health Services;
- Education, including Local Authority and Autism Advisor (Integra);
- 0-25 Social Care;
- 0-25 Service – Education;
- Parents, carers / service users;
- the voluntary sector – e.g. National Autistic Society South Gloucestershire;
- representative from the Adult Autism Planning Group;
- a Head Teacher for Specialist provision, and a Head Teacher for mainstream provision;
- and Public Health

The CYP Autism Group's priorities are to:

- contribute to the Autism Needs Assessment;
- support with coordinating the overall configuration and development of local services for children and young people with autism;
- support the smooth transition to adult services for young people;
- improve support for children and young people with autism; and
- contribute to the review of the Autism Pathway.

Some of the outcomes that the CYP Autism Group would like to achieve are:

- Autism Needs Assessment to be completed;
- waiting list for children referred for Autism Assessments to be reduced and review of process to problem solve to take place;
- links with the Autism Planning Group (adults) to continue;
- Autism Toolkit to be launched in Primary and Secondary Schools; and
- key themes in the Autism Pathway to be identified.

The CYP Autism Group has had a number of successes during 2018-19 include. The Autism Needs Assessment was finalised in September 2018 with contributions from, and collaboration with, key members of the CYP Autism Group, including, paediatricians, parent/carer representation and education.

Led by a local Paediatrician and in collaboration with members of the CYP Autism Group and other health colleagues, the process for Autism Assessment has been reviewed, and project management time secured to implement a new and more efficient process.

The South Gloucestershire Senior Education Psychologist attends the Adult Autism Planning Group and a member of the Adult Group attends the CYP Autism Group. Information is shared both ways and understanding of the needs of different groups and opportunities are clearer, with information being shared with relevant services by the representatives. In addition the Chair of the Adult Autism Planning Group and the Senior Education Psychologist have made links and sought views on further collaboration. A joint yearly meeting of the two groups is planned.

Autism Toolkits, obtained from Bristol and revised for South Gloucestershire, have been launched to Early Years Practitioners, Educational Psychologists, primary school Special Education Needs Coordinators (SENCOs) and Integra; and a session for secondary schools took place in the summer.

The review of the Autism Pathway led to various themes emerging, one of these was around the enablement of an ongoing training programme. Training opportunities currently available are being offered and barriers to accepting these are beginning to be explored.

Going forward the challenges that face the CYP Autism Group include:

- time – on the part of representatives to take initiatives forward, and in schools for staff to implement interventions;
- support for families outside of school/in the home; and
- demand for autism assessments.

Contact: Carys Marfleet, Senior Educational Psychologist, Children, Adults & Health, South Gloucestershire Council

6.6 Children and Young People Mental Health Group

During 2018/9 the Children and Young People (CYP) Mental Health Group has worked to deliver its local action plan with improvements in all parts of the system. Progress is captured in its annual performance scorecard, which has again shown high levels of take up for training and early intervention sessions for young people and information accessed via the newly developed [Mind You](#) website. However, whole population levels of CYP mental health are in decline (in line with the whole of England). One of the CYP Mental Health Group's responses to this is the Mental Health in Schools award - a first cohort of ten schools are currently taking part and another cohort of 28 schools is planned for cohort two. This programme aims to help schools develop an environment that supports positive mental health for all students and staff, potentially impacting on thousands of children and young people.

For those young people that use services, Child and Adolescent Mental Health Services (CAMHS) waiting lists have seen a significant reduction and Off the Record has provided extra capacity (particularly in secondary schools). In the first part of 2019, Kooth online counselling added further capacity to this part of the system.

A current challenge in the local system is how partners proactively support cohorts of children and young people who have risk factors for mental health. This issue has been acknowledged by the Health and Wellbeing Board and the CYP Mental Health Group is working in the context of the Early Help Review and Special Education Needs and Disabilities (SEND) Strategy to address this. This area of need is also addressed in the 2018/9 local CAMHS Transformation Plan and the associated funding which is increasingly being coordinated across Bristol, North Somerset and South Gloucestershire.

Contact: [Steve Spiers, Programme Lead for Mental Health & Emotional Wellbeing, Public Health & Wellbeing, South Gloucestershire Council](#)

6.7 Deaf, Deafblind, Deafened and Hard of Hearing Group

The aim of the Deaf, Deafblind, Deafened and Hard of Hearing Group (DDDHHG) is that people who are deaf, deafblind, deafened or hard of hearing and their carers have access to appropriate information, services and support, which helps them to lead their lives as they wish and to effectively manage their hearing loss.

The DDDHHG has refreshed its Action Plan; contributed to the Joint Strategic Needs Assessment section on hearing loss; provided a six monthly "Hearing Matters in South Gloucestershire" bulletin; discussed feedback regarding services and any gaps; and maintained a digital campaign of information, to increase awareness and continue to survey the accessibility of hearing loops in the community.

In addition the DDDHHG has shared information about: deafblind awareness week; the local Healthwatch 'GP online' paper; Alzheimer's Society; West of England Centre for Inclusive Living (WECIL); PREVENT (which is about safeguarding people and communities from the threat of terrorism); Job Centre Plus; Safe Places scheme (which helps people with learning disabilities if they feel anxious or they are faced with verbal abuse, bullying, or harassment when out in the community by providing them

with a safe place to go); the Celestine Home Adaptations Centre; and the Accessible Information Standard.

Contact: [Kim Lewis, Commissioning Officer, Children, Adults & Health, South Gloucestershire Council](#)

6.8 Dementia Planning Group

Following the creation of one Clinical Commissioning Group for Bristol, North Somerset and South Gloucestershire dementia became a mental health priority for the area. The South Gloucestershire Dementia Planning Group (DPG) ceased to exist from April 2018, however, the Service Users Representation Panel continues to meet to review sections of the Dementia Action Plan.

Contact: [Sue Jaques, Commissioning Manager, Children, Adults & Health, South Gloucestershire Council](#)

6.9 Falls and Bone Health Strategy Group

Due to organisational changes the Falls and Bone Health Strategy Group has not met during 2018-19. However, frailty and falls has been identified as a shared priority and will continue to feature in the Clinical Commissioning Group's (CCG's) work programme for 2019-20. Data analysis has been completed in 2018-19 to better understand the picture of falls-related admissions to hospital. Work is underway to develop a frailty model of care for the South Gloucestershire Locality, working within an overall programme of frailty transformation across the Healthier Together Bristol, North Somerset and South Gloucestershire (Sustainability and Transformation Partnership) system. A joint commissioning approach has been developed for the Rapid Response Service, providing equipment and training to enhance the capacity of the Service to assist people who fall at home and preventing unnecessary conveyance to hospital. The success of this service model will be monitored during 2019-20.

Contact: [Lindsay Gee, Head of Locality Planning – South Gloucestershire, NHS Bristol, North Somerset & South Gloucestershire CCG](#)

6.10 Food Plan Steering Group

The Food Plan Steering Group continues to meet quarterly and currently has three key priorities: public places, leading by example; developing a whole-system's approach to food in education settings; and food poverty.

Outcomes and successes in relation to each of these priorities have included:

Public places leading by example: the Council's Public Health & Wellbeing Division has strengthened partnerships with South Gloucestershire Council Procurement and are working towards healthier food procurement. Healthier and more sustainable procurement is also developing through membership of the West of England Food

Procurement Group, which stimulates project and funding opportunities for cross-boundary work.

Education settings: a school food action plan has been developed to create a culture and ethos of healthy eating as outlined in the national School Food Plan. Outcomes have included research with Bath Spa University on how to improve food education in schools; improved training for teaching staff on how to incorporate food in the curriculum (including cooking and growing); capital food related projects in schools through the Healthy Pupils' Capital Fund (from the national Sugar Tax on high sugar drinks); and a strengthened food element in the South Gloucestershire 'Health in School Programme'.

Food Poverty: a Food Poverty Action plan is nearing completion, which pulls together actions that address food poverty. This includes mapping the current local picture of food insecurity; promoting 'Healthy Start'; increasing free school meal uptake; addressing holiday hunger; increasing confidence in cooking in communities; and developing a better understanding of how food poverty can be linked to other welfare issues and services.

In relation to challenges, as a large employer South Gloucestershire Council has a responsibility for the health and wellbeing of its staff, but it has been difficult to identify appropriate people who can influence food provision and drive improvement. This includes food provision to staff canteens; school meals; community meals; and day centres.

Contact: [Elizabeth Le-Breton, Specialist Health Improvement Practitioner, Public Health & Wellbeing, South Gloucestershire Council](#)

6.11 Infant Feeding Strategy Group

The multi-agency Infant Feeding Strategy Group continued to meet quarterly during 2018-19. A key piece of work was carried out by a Public Health Registrar to explore barriers, challenges and enablers to implementing the Infant Feeding Plan. Focus groups and interviews were held and feedback from these will inform a refresh of the Plan. The Strategy Group agreed to identify breastfeeding champions at all levels within partner organisations so that it is seen as everyone's business. Within South Gloucestershire Council, the Director of Public Health has agreed to act as a champion to provide senior leadership and advocacy to promote, protect and support breastfeeding.

The breastfeeding support service, commissioned by the Council's Public Health and Wellbeing Division, provides 3-4 clinics per week, run by a Lactation Consultant. 163 women attended the clinics and 131 continued to breastfeed as a result of attendance at the clinic. Breastfeeding Counsellors and volunteer peer supports run seven community groups per week across South Gloucestershire. Parents can attend any or all of the groups and as frequently as they wish depending upon their need. The number of times the groups have been used throughout the year is 2,197 (note this is not the number of unique parents). Data collection remains both a challenge and a priority to ensure a robust data source is available and a measure of the success of service and interventions.

Contact: Lesley Causon, Programme Lead for Children & Young People (0-19), Public Health & Wellbeing, South Gloucestershire Council

6.12 Learning Difficulties Partnership Board

The South Gloucestershire Learning Difficulties Partnership Board (LDPB) works hard to make sure that people with learning difficulties have the same life chances as other people in society. This has involved the LDPB working in partnership with many different groups and organisations to support and develop new opportunities for people with learning difficulties ensuring that people with learning difficulties see a big difference in their lives and can lead the best lives for them.

In January 2019 the Health & Wellbeing Board received the LDPB's Annual Report for 2018. The report highlighted the work of the LDPB over the past 12 months and identified some of the work that it would focus on in the year to come. A key priority in the last year had been a review of the membership and effectiveness of the LDPB to ensure that it makes recommendations for positive changes that achieve the best outcomes for people with learning difficulties. The LDPB meets in public six times a year and further information can be found here: www.southglos.gov.uk/ldpbmeetings

Contact: Councillor Ben Stokes, Cabinet Member for Adults and Public Health, South Gloucestershire Council

6.13 Low Vision Services Committee

The aim of the Low Vision Services Committee (LVSC) is to raise awareness of eye health and visual impairment. Members include: residents with a visual impairment; and statutory and voluntary partners. The Committee ensures that people with a sight loss, and their carers, have access to the information, services and support they need, to be able to live the lives they wish to lead.

Highlights from 2018-19 included a resident-led project working with local businesses, to improve access to the Yate Cinema Complex, which resulted in the introduction of tactile parking and a zebra crossing.

The Committee also reviewed the low vision pathway; developed equalities links; published the half yearly "Sight Matters in South Gloucestershire" bulletin; refreshed and worked to the LVSC Action Plan; maintained a digital campaign to increase awareness of sight loss and promote services; and continued to develop partnerships through the six monthly Low Vision Summit.

In addition, the Committee shared information about: the Chipping Sodbury Macular Support Group; Community Connectors; My Guide from Guide Dogs for the Blind; West of England Centre for Inclusive Living (WECIL) activities; the role of Job Centre Plus; deafblind awareness week; glaucoma week; PREVENT (which is about safeguarding people and communities from the threat of terrorism); the Celestine Housing Adaptations Centre; local NHS changes, the Thomas Pocklington Trust; the review of RNIB rehabilitation services in England; and bus time table displays.

Contact: Kim Lewis, Commissioning Officer, Children, Adults & Health, South Gloucestershire Council

6.14 Oral Health Group

The oral health section of the Joint Strategic Needs Assessment (JSNA) was refreshed in 2018 and led to a series of recommendations which the Oral Health Group has taken forward and put into the refresh of the development plan. This plan, based on the objectives identified in the West of England Oral Health Strategy, has five key objectives which the Group continues to work towards:

- promote oral health through healthier food and drink;
- promote oral health by improving levels of oral hygiene;
- improve population exposure to fluoride;
- improve early detection, and treatment, of oral health conditions; and
- reduce inequalities in oral health.

The Group has added actions to look at embedding oral health into the new One You South Gloucestershire healthy lifestyles and wellbeing service and is working to reduce inequalities in oral health by collaborating with partners in drug and alcohol treatment services and embedding oral health in the new Infant Feeding Plan.

Through Public Health England, South Gloucestershire has been awarded the £3,268 to fund:

- two 2-hour oral health champion workshops, each for between 20-30 health visitors; and
- 400 tooth brushing packs to be given to families who require additional support, as identified by health visitors.

Arrangements are currently being made to roll this out through 2019.

Oral health continues to be good in South Gloucestershire Council but we continue to work to ensure that this continues. Our challenge is that there is not a dedicated resource for delivering the oral health agenda in South Gloucestershire but we are working across the partnership and in the West of England to deliver good oral health for everyone.

Contact: Helen Erswell, Specialty Registrar, Public Health & Wellbeing, South Gloucestershire Council

6.15 Partnership Against Domestic Abuse

During 2018-19 South Gloucestershire Partnership Against Domestic Abuse (PADA) adopted a new [Domestic Violence and Abuse \(DVA\) Strategy](#) following extensive consultation with partners, practitioners, and the public. The Strategy establishes aims and priorities for partners and communities to tackle DVA using a “whole system” approach to reduce duplication and ensure cooperation between agencies.

Domestic Violence and Abuse (DVA) is defined by the UK government as any incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial, or emotional abuse. The South Gloucestershire DVA Strategy goes further than this by incorporating the abuse of children under 16 years old.

Within South Gloucestershire it has been estimated that:

- 6,000 women aged 16-59 will have experienced DVA within the last 12 months and 800 of these will be young women aged 16-19;
- over 3,000 men aged 16-59 have experienced DVA in the past 12 months; and
- 20% of year 8, 10 and 12 pupils report they have witnessed DVA, 15% of these reported the abuse was still going on and 6% that it happened quite often or on most days.

The DVA Strategy presents the current picture of support service delivery, and establishes the following priorities for development:

- preventing DVA by working with individuals and communities to develop and promote healthy relationships; and by dealing with causes of DVA;
- identifying and supporting those most at risk of being victims of DVA (communities and individuals);
- dealing with perpetrators of DVA;
- protecting victims of DVA;
- improved training for practitioners in identifying and responding to DVA; and
- use of data.

South Gloucestershire PADA agrees and implements an annual multi-agency delivery plan to tackle the issues linked to DVA violence and abuse. For 2019-20 the priorities in the delivery plan are:

- communications;
- perpetrators and preventing DVA; and
- a third agreed priority, practitioner development, which will be progressed as soon as capacity permits.

Contact: [Robert Walsh, Head of Safe Strong Communities, South Gloucestershire Council](#)

6.16 Physical Activity Strategic Partnership and Healthy Weight and Obesity

During 2018-19 a combined action plan was developed for three South Gloucestershire strategies: Physical Activity; Healthy Weight and Obesity; and the Food Plan. This has streamlined the reporting of targets, actions and outcomes for the full range of key priorities across the three strategies. A large number of partners are engaged, including Circadian Trust (who run South Gloucestershire's active centres; Wesport; specialist/clinical services; as well as various teams across the Council.

A new member of the Partnership is HMP Leyhill, where the first prison parkrun in the South West was launched this year. Another is South Gloucestershire & Stroud College (SGS), which has recently received a grant from the Big Lottery Fund to launch a Staying Steady (self-referral) falls prevention exercise programme. This good news from SGS follows the earlier achievement by Southern Brooks Community Partnership (SBCP), which has received a grant from Sport England's Tackling Inactivity and Economic Deprivation, leading to the launch of the Active in Life project.

These new initiatives from SGS and SBCP build upon the groundwork laid by the Partnership, which has focused on three population groups: families; the Just About Managing (JAMs); and older people. These foci are complemented by those of the Food Plan (Leading by Example, Education Establishments and Food Poverty) and the Healthy Weight and Obesity (National Child Measurement Programme, NHS Health Check, REACH child weight management, Raising the Issue of Weight training and Tier 3 & 4 adult weight management). Finally, a common focus of all three strategies is the new One You South Gloucestershire integrated healthy lifestyles and wellbeing service.

Contact: [Brian Gardner, Team Leader Healthy Lifestyles, Public Health & Wellbeing, South Gloucestershire Council](#)

6.17 Prevention and Self Care Network

The Network's Terms of Reference were approved by the Health & Wellbeing Board in October 2018. Its objectives are to:

- Obtain an overview of the range of prevention and self-care initiatives and activities across South Gloucestershire.
- Develop relationships to ensure that prevention and self-care activities are coordinated, lessons are learned and duplication is reduced in South Gloucestershire.
- Share and promote South Gloucestershire prevention and self-care information and updates with relevant stakeholders within South Gloucestershire and across BNSSG.
- Work together on campaigns and share best practice across South Gloucestershire.
- Develop a South Gloucestershire prevention and self-care priorities list.
- Produce South Gloucestershire prevention and self-care resources / case studies to highlight work and present to the South Gloucestershire Health & Wellbeing Board.
- Develop links with the Healthier Together Prevention Plan Implementation Groups (for Tobacco; Alcohol; Obesity and Physical Activity; Cardiovascular Disease; and Public Mental Health) to enable information sharing and learning, both up and downstream.

The Network's membership includes: the local Clinical Commissioning Group; South Gloucestershire Council (Public Health specialists, Children, Adults and Health commissioners and social care, Environment & Community Services officers and Corporate Communications); Primary Care (South Gloucestershire Locality Provider

Forum GP); The Care Forum; Curo; Avon Local Pharmaceutical Committee; Bromford Housing; Circadian Trust; Southern Brooks Community Partnership; Avon and Wiltshire Mental Health Partnership NHS Trust; Sirona care and health; North Bristol NHS Trust; Healthier Together (local Sustainability and Transformation Partnership (STP)) Programme Management Office; and the West of England Nature Partnership.

In May 2018 the Board resolved to advocate and lead on prevention in the Healthier Together STP, and use the South Gloucestershire Prevention and Self Care Network as the local delivery mechanism. Detail of this work can be found in section 3.2 of this report.

Contact: Claire Rees, Partnership Officer – Prevention, Public Health & Wellbeing, South Gloucestershire Council

7 Agenda items 2018-19

7.1 Board meetings

Details of all the items considered at formal Board meetings during 2018-19 and the main outcomes / recommendations are set out below:

25 May 2018 – Board meeting	
Agenda Items:	Outcomes / Recommendations:
Healthier Together Sustainability and Transformation Partnership (STP) Prevention Plan.	<ul style="list-style-type: none"> • That the Prevention Plan strand of Healthier Together (five Prevention Principles and five priority areas of focus) be supported in principle by the Board; • That Prevention (and the STP) be added as standing items on the Board agendas; • That regular updates on the topic areas be brought to the Board.
<p>Progress report regarding Joint Health & Wellbeing Strategy Areas for Collective Action 1 and 2:</p> <ol style="list-style-type: none"> 1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations. 2. Promote and enable positive mental health and wellbeing for all. 	<ul style="list-style-type: none"> • Note the baseline data and challenges related to each collective action; • Note the updates on progress with the two collective actions since the action plan was developed in January 2018; • Agree that the Board will support the implementation of the collective actions in the following ways: <ul style="list-style-type: none"> ○ Member organisations of the Board will champion a model for promoting and supporting workplace action to promote, protect and improve mental health and wellbeing by signing up to write a Time to Change Action Plan.

	<ul style="list-style-type: none"> ○ Ensure that organisations contribute data and information to the adult and children and young people mental health and wellbeing scorecards. ○ Member organisations of the Board engage and contribute to the Early Help Review. ○ Ensure commitment of Board organisations to the Special Education Needs & Disabilities (SEND) strategy. ○ Ensure the Board provides a response to the recommendations in the report outlining the challenges faced by primary schools in improving student mental health and emotional wellbeing. ○ Ensure that those involved in the CYP Whole System Mental Health Group are active members to ensure that CYP needs are identified earlier and there is a co-ordinated early mental health support offer to improve outcomes.
Adoption of West of England Nature Partnership Statement of Intent	That the Board agrees in principle to working formally with the West of England Nature Partnership with specific details and a report being brought to a future meeting via the Senior Officer Group.
Children, Adults & Health Department Commissioning Priorities 2018-19	That the Children, Adults and Health Commissioning Priorities 2018-19 report, as endorsed by Cabinet at its meeting on 23 April 2018, be noted.
Safer & Stronger Communities Strategic Partnership Business Plan	That the officer be thanked for the report and the position be noted.
Health & Wellbeing Board and Senior Officer Group Terms of Reference.	That the updated Terms of Reference for the Senior Officer Group and, following the Council's Annual General Meeting, the Health and Wellbeing Board, be agreed.
3 October 2018 – Board meeting	
Agenda Items:	Outcomes / Recommendations:
Children, Young People and Families (CYP&F) Partnership Annual Report	<p>The Board noted the Annual Report of the CYP&F Partnership and the Partnership's core aim to develop a much better understanding of being a young person and family in South Gloucestershire.</p> <p>The Board heard that there had been more effective alignment and use of the partnership members, as well as better use of available data, such as the online pupil survey, and case studies to share practice.</p>

	<p>In receiving the report, the Board was asked to pay particular regard to the following:</p> <ul style="list-style-type: none"> • Do all relevant partner agencies know about and/or use Online Pupil Survey data to support / target their work areas? • Child Poverty - there is an opportunity to work on a slightly larger geographical footprint across the West of England Combined Authority Area (WECA) to support skills and employment and ensure that the needs of families with children play a pivotal role in how that support develops • Mental Health and Wellbeing - How can we support young people with multiple risk factors and work with multiple services in the most effective way? Mental Health does not exist in isolation and this should be reflected in our approach to improving it. • Mental Health and Wellbeing - How we support front line professionals to hold risk? • How do we support providers to address current waiting lists for specialist services? • We need to be creative in how agendas like Mental Health, Special Education Needs & Disabilities (SEND), Early Help, Positive Activities and School Improvement work together to pool resources and own joint performance measures. Can the Health and Wellbeing Board facilitate cross agenda funding and performance reporting? <p>The Board welcomed the format of the presentation. It was also noted that in November the Board would be having a development session on Adverse Childhood Experiences (ACEs), which would be an opportunity to explore some of the issues raised in the report in more detail.</p>
<p>Progress report regarding Joint Health & Wellbeing Strategy Area for Collective Action 3: Promote and enable good nutrition, physical activity and a healthy weight for all.</p> <p>There were four key areas requiring the Board's support:</p> <ul style="list-style-type: none"> • How can the Board help deliver against the Food Plan priority areas and action plans? • Could the Board support the work to move to a more integrated Tier 3 Adult Weight Management Service? 	<p>The Board noted that while sufficient resources were essential for successful delivery, it was also necessary to look at ways of working, particularly the added value that can be achieved system-wide through collective action.</p> <p>The Board flagged the issue of school holiday hunger and was advised that the mapping of relevant work/services was in its early stages and a more joined up approach was being sought.</p> <p>The Board noted the 'quick win at zero cost' opportunities that formal social prescribing would bring in primary care.</p>

<ul style="list-style-type: none"> • Board member organisations to ensure staff are involved in the work to review and align the work around healthy weight, obesity, physical activity, and nutrition. • Board members to encourage staff to raise awareness and promote the importance of good nutrition in children and young people, and the availability of (free and paid for) school meals. 	<p>It was concluded that all members would reflect on the action plan and ensure necessary work is implemented within their organisation.</p>
<p>Progress report regarding Joint Health & Wellbeing Strategy Area for Collective Action 4: Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.</p> <p>There were five key aspects requiring the Board's support:</p> <ul style="list-style-type: none"> • Give due regard to the role that good quality housing and reduced homelessness play in improving health and wellbeing. • Ensure relevant staff take up the offer of free training in fuel poverty awareness and referral. • When reviewing policies and commissioning services, consider the impact on air quality. • Encourage staff and patients/service users to adopt active travel. • Work to secure greater alignment of strategic plan making and resource allocation to better integrate needs of the population. 	<p>The Board discussed the links between poor quality housing and health conditions and noted a key way to help address this was through enabling GPs and others to signpost if a person's health was being impacted by their housing. However, it was suggested that the wording in the recommendation should be amended to read "appropriate regard" rather than "due regard".</p> <p>The Board welcomed the offer of free training in fuel poverty awareness and referral and asked that it is made available to all staff.</p> <p>It was commented that there needs to be an adequate supply of accessible housing and there needs to be further consideration of the impact of Universal Credit on people's ability to pay for housing.</p> <p>There was concern over the cessation of the air quality plan and in response it was reported that a budget is in place and discussions are underway to link environmental and health data. However, it was noted that local authority-wide data hid geographical discrepancies regarding air quality.</p>
<p>Joint Strategic Needs Assessment (JSNA) process review</p> <p>The proposed principal changes to the current system were:</p> <ul style="list-style-type: none"> • Clear and timely incorporation of the key messages from updated chapters into the executive summary document to inform local commissioning cycles; • Including a process for scoping chapter reviews to ensure that the 	<p>The Chair welcomed this work, noting the national variance in the nature and usefulness of these assessments and their importance as a core referencing document and in commissioning.</p> <p>The following points were made:</p> <ul style="list-style-type: none"> • The JSNA may, in future, be reviewed on a five yearly cycle rather than three; • The Executive Summary would form the heart of the commissioning context, and the Executive Summary synthesis would be an additional element in order to meet a request from the CCG;

<p>final output covers the information needs of key stakeholders;</p> <ul style="list-style-type: none"> • Prioritisation of chapter reviews and less frequent reviews for lower priority topics and alignment with BNSSG CCG commissioning plans; • Publication of annual local data profiles alongside chapter updates; • Adoption of a process to evaluate impact in parallel to reviewing content. 	<ul style="list-style-type: none"> • The 'joint' aspect of the JSNA was key, as was a refresh of the Steering Group; • There was a need to differentiate between the Steering Group and Delivery Group; • There was a commitment to having ward and cluster profiles with data sets in the plan; • Further work was needed across BNSSG but it was confirmed that the CCG was looking at emerging priorities drawn from JSNA.
<p>South Gloucestershire Ageing Better Plan 2018-2023</p> <p>The 65 and older age group is predicted to grow and will make the largest proportional population increases.</p> <p>The Ageing Better Plan brings together the outcomes and priorities that will guide our work to support older people, the way we will measure our progress and how we will work to realise our ambitions.</p> <p>It is based on data, evidence and consultation, with older people and wider partners, across the area.</p> <p>The document sets out the guiding principles that all organisations working with older people in South Gloucestershire commit to.</p>	<p>The Ageing Better Plan was approved by the Board.</p> <p>It was noted that this was an umbrella strategic plan for adoption as part of the Board's priorities and to set a direction for the Ageing Better Group. Other Plans, for example for dementia and falls would sit underneath the Ageing Better Plan.</p> <p>Appropriate reporting mechanisms need to be in place from the Task & Finish groups to the Ageing Better Group and through to the Health & Wellbeing Board.</p> <p>Board members need to share the Plan within their organisations.</p>
<p>Prevention and Self Care (P&SC)</p> <p>Update on the work of the Healthier Together (STP) Prevention Plan Implementation Groups for mental health, tobacco, cardiovascular disease risk factors, obesity/physical activity and alcohol.</p> <p>Consideration of the South Gloucestershire Prevention and Self Care Network Terms of Reference 2018-19, which to ensure alignment, contained the same five guiding prevention principles as the Healthier Together Prevention Plan.</p>	<p>The Board welcomed the Prevention Plan's focus on smoke free sites and acknowledged the issue with smoking on hospital estates.</p> <p>It was important to ensure that a South Gloucestershire focus continues to be nuanced in the wider Healthier Together prevention work.</p> <p>In relation to the South Gloucestershire P&SC Network's Terms of Reference, it was commented that the areas of greatest focus for the five priority areas were individually-themed, but the objectives were health professional-oriented. It was explained that the five priority areas came from the Healthier Together Prevention Plan and the objectives were specific to the South Gloucestershire P&SC Network. The document would be reformatted to make this</p>

	clear and subject to this amendment the Board approved the Terms of Reference.
Health & Wellbeing Board Annual Report 2017-18	The Annual Report was noted
<p>Discussion on the future direction of the Health & Wellbeing Board</p> <p>The Board received a presentation on how the local authority works with Healthier Together partners and within the aspirant Integrated Care System (ICS). Comments were sought on what integration means; governance proposals; population outcomes; and workstreams to develop the role of the Health & Wellbeing Board.</p>	<p>Board members' comments included:</p> <ul style="list-style-type: none"> • The JSNA identifies where there is support and where there is challenge; • A key part of integration is around the community health services reprocurement, in which the Board should be engaged; • Commissioning, joint commissioning and integration were key areas for the Board; • Rather than following a deficit-based model and focusing on inequalities (which are greater in neighbouring authorities) South Gloucestershire should drive innovation towards success; • It is essential that local democratic structures are effectively used for moves towards integration.
<p>South Gloucestershire Education Plan update</p> <p>The Board received, for information, an update on the new Education Plan following sign off by the Local Schools Standards Board. The plan had been submitted to the meeting for its relevance following the Board's discussion on 18 May, when the Head of Education, Learning & Skills attended and spoke about collective action area 1 "improve educational attainment of children and young people and promote their wellbeing and aspirations".</p>	This report was for information only.
23 January 2019 – Board meeting	
Purpose / Aims:	Outcome / Recommendations:
<p>Future of the Health & Wellbeing Board, which covered:</p> <ul style="list-style-type: none"> • National policy and background regarding the changing landscape for health and local authority collaboration (namely integration, the development of Integrated Care Systems and the role of Health and Wellbeing Boards); 	<ul style="list-style-type: none"> • That national policy and impact on the Board be noted; • Joint Health & Wellbeing Strategy priorities for action and progress be noted; • South Gloucestershire Council priority population outcomes be noted; • Revision of the Board terms of reference, membership and forward plan to include a Board member leadership agreement and alignment with

<ul style="list-style-type: none"> Local health and care system including a summary of the Joint Health and Wellbeing Strategy priorities for action; South Gloucestershire Council priority population outcomes and associated examples of areas of focus within the above context; Ways of working to maximise the impact of the Health & Wellbeing Board in light of the above. 	<p>Sustainability and Transformation Partnership governance.</p>
<p>Prevention and Self Care, which covered:</p> <ul style="list-style-type: none"> NHS Long Term Plan; Department of Health and Social Care's 'Prevention is better than cure' vision for prevention; Bristol, North Somerset & South Gloucestershire (BNSSG) Healthier Together Prevention Plan, principles, priority areas, wider determinants focus; South Gloucestershire Prevention & Self Care Network; South Gloucestershire 'showcases': new South Gloucestershire Healthy Lifestyles & Wellbeing Service; Active in Life; Alcohol Strategy; and Making Every Contact Count (MECC); Challenges: ensuring the South Gloucestershire Prevention & Self Care workstream is aligned with national prevention priorities, Healthier Together activities, and the South Gloucestershire Joint Health & Wellbeing Strategy. 	<ul style="list-style-type: none"> The work was welcomed; Governance for BNSSG prevention work rested with the STP and for the South Gloucestershire Prevention & Self Care Network, it reported to the Health & Wellbeing Board; There was a need for specific requests of Board member organisations about how they could contribute, for example around MECC training; Joint Health & Wellbeing Strategy priorities need to reflect prevention work and there needed to be clear delivery plans; A map of what is available in each of the six clusters in South Gloucestershire would be helpful; Board to be kept updated via an annual report and case studies.
<p>School-based Mental Health Improvement, which covered:</p> <ul style="list-style-type: none"> Current issues in Children & Young People's (CYP) mental health and the wider impact of declining levels of CYP mental health; The key role schools and school-based services play in delivering our local vision for CYP mental health, and the challenges they currently face; 	<ul style="list-style-type: none"> The current gaps in provision (particularly for CYP with emerging needs and CYP with risk factors for poor mental health) and the need for alignment of strategy and resourcing were noted; The need for clear governance for whole system CYP mental health, at both a South Gloucestershire and BNSSG level were noted; The Board recommended that the STP establish a CYP workstream. Board members would commit named senior officers to join discussions about how to address current gaps in provision for CYP with emerging

<ul style="list-style-type: none"> • Current system leadership and governance arrangements for CYP mental health; • CYP mental health was getting worse locally and nationally; there was a confusing governance picture; and there was a real lack of provision for two CYP groups in particular, CYP with emerging needs and CYP with risk factors for poor mental health. 	<p>needs and CYP with risk factors for poor mental health.</p>
<p>Thrive South Gloucestershire</p> <p>Thrive' is a model that began in New York City, and has more recently been brought to the West Midlands, London and Bristol. Thrive takes an area-wide population health and all systems approach to improve mental health and wellbeing. At its core is a recognition that as little as 10% of the population's health and wellbeing is linked to access to healthcare. As such, rather than beginning with treatment, its focus is on the role schools and universities, employers, housing organisations, businesses and the police can play, and on the importance of our relationships, our surroundings and our access to good food, money and wider resources in achieving good mental health. 'Thrive' focuses on prevention and early intervention and works by mobilising public, private and third sector collaboration and leadership (and resources) across the area. It also aims to simplify and strengthen leadership and accountability across the whole system.</p>	<p>Board support for 'Thrive South Gloucestershire', and agreement that Public Health and other partners be supported in developing Thrive locally as well as inputting into the development of the BNSSG-wide programme.</p>
<p>Health Protection Assurance Group Annual Report and update</p>	<p>The report was for information.</p>
<p>Learning Difficulties Partnership Board Annual Report</p>	<p>The Annual Report was noted.</p>
<p>Bristol, North Somerset & South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) Ethical Framework for Decision-making</p>	<p>The CCG was asked how it would be assured that the Framework was effective, and was advised that there would be development days and partners would hold each other to account.</p> <p>The Framework was noted.</p>

7.2 Board Development

In addition to the formal Board meetings, members were also invited to attend Development Sessions during 2018-19. These sessions were held in private and consisted of briefings to provide information and broaden members' knowledge on particular topics, followed by workshop-style sessions to discuss issues and develop thinking. The Board also received briefing notes on relevant topics during the year.

Briefing note September 2018	South Gloucestershire Food Plan
Briefing note October 2018	Early Help offer
Development Session 3 October 2018	The purpose of this Development Session was to consider and comment on the 'Looking Forward' review of adult social care in South Gloucestershire.
Development Session 14 November 2018	This Development Session was on Children & Young People, and Adverse Childhood Experiences (ACEs).
Development Session 6 March 2019	Alcohol Needs Assessment and Strategy Better Care Fund

8 Resources

South Gloucestershire Council's Democratic Services section undertakes the formal committee administrative duties for the Board meetings. There is a dedicated Democratic Services Officer who sets the meeting dates, requests reports, publishes agenda papers and produces the minutes.

The Public Health & Wellbeing Division, through the Director of Public Health (DPH) and the Health & Wellbeing Partnership Officer for Prevention, oversee and coordinate the work of the Senior Officer Group; work with the Board Chair to agree the Board's Forward Plan and priorities; provide advice and support to Board members; and organise the Board's development sessions.

9 Managing Risk

Managing risk is an important part of good performance. The Board completes an annual assessment using South Gloucestershire's Guidance for managing risk and

opportunities in partnership, which is monitored by the Council's Corporate Strategy and Partnership Team throughout the year. The Board's Risk Assessment for 2018-19 is enclosed at Appendix 4.

10 Looking ahead

10.1 Forward Plan

The Board is going to hold four formal meetings in 2019-20, with each one having a focus topic linked to the relevant Joint Health & Wellbeing Strategy area for Collective Action. In addition, the Board is going to have, on the same topic, a development session ahead of each Board meeting, which will provide an introduction to the subject, enable informal discussion and start members thinking about what 'asks / pledges' the Health & Wellbeing Board could consider at the subsequent Board meeting.

10.2 New South Gloucestershire Children's Partnership

The Board looks forward to developing its relationship with the new South Gloucestershire Children's Partnership and its sub-groups (Best Start for Children with Complex Needs; Best Start for Vulnerable Children; and Best Start in Life), which replaces the previous local Children, Young People and Families Strategic Partnership and Safeguarding Children's Board.

The new arrangements for safeguarding children and young people in South Gloucestershire have arisen from the Government's 'Working Together 2018' report, which set out changes in the way agencies are required to work together to safeguard children and young people. Local Safeguarding Children Boards are no longer required in their current form and are to be replaced by more flexible arrangements determined locally. South Gloucestershire has taken this opportunity to streamline and simplify wider partnership arrangements and looked across a number of boards to reduce duplication, improve focus on the key issues and increase efficiency.

10.3 Bristol, North Somerset and South Gloucestershire Health and Wellbeing Board Seminars

Following the success of the joint seminar for Bristol and South Gloucestershire health and wellbeing boards in March 2019 (see section 3.4) it was agreed that there would be further events for BNSSG boards during 2019-20 on matters of common interest, particularly in terms of how the boards can work together to influence the BNSSG Five Year System Plan, which is being developed in response to the national NHS Long Term Plan. Further seminars took place in June and September 2019 and will be reported on in next year's Annual Report.

Author

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South Gloucestershire Health & Wellbeing Board Chair

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Terms of Reference
(Agreed at Annual Council, 16 May 2018)

Preamble

The Health and Wellbeing Board is constituted pursuant to S.194 of the Health and Social Care Act 2012 (the Act) and operates as a formal Committee of the Council (pursuant to S.102 LGA 1972) as from the 1 April 2013.

Purpose and Aims

- The Board will provide leadership to achieve, for all ages, improvement to the health and wellbeing of the local population, including children young people and vulnerable adults.
- Although a statutory committee of the council the Board functions as a partnership board and its work will inform and be part of the Local Strategic Partnership and the Sustainable Community Strategy.
- The Board will ensure that high quality, person centred integrated care and support is a reality for the population of South Gloucestershire including but not limited to children's care, mental health, and learning disability as well as elderly care. The board will have regard to and challenge commissioners to work collaboratively, align priorities with each other and with the JSNA and JHWBS, and be evidence based.

Functions

The Board will:

- Identify needs and priorities across South Gloucestershire and publish and refresh the South Gloucestershire Joint Needs Assessment (JSNA) and the Pharmacy Needs Assessment (PNA).
- Prepare and publish the Joint Health and Wellbeing Strategy (JHWS) that identifies the priority issues emerging from the JSNA requiring a whole system response.
- Prepare and submit the Better Care Fund Plan that sets out the local vision for health and care services.
- Advocate and lead on the delivery of the *Healthier Together* Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP) Prevention Plan in South Gloucestershire
- Ensure that the JHWS has regard to the national outcome frameworks for health and social care; in particular, for those outcomes where the requirement is for a system response wider than single organisation delivery.

- The Board through the Chair, will report on the work of the Board to the Health Scrutiny Committee.
- Maintain an overview and receive annual reports on the safeguarding system for children, young people and vulnerable adults.
- Ensure effective mechanisms are in place that enable all age active participation in planning for and improving the health and wellbeing of the local population.
- Ensure that effective linkages are maintained to both the aligned partnership bodies and to the wider LSP partnership configuration.
- Establish a Children, Young People and Families Partnership and to agree the Terms of Reference of the Partnership, to support the implementation of the Sustainable Community Strategy and strategies as directed that relate to children, young people and families.
- Receive and consider recommendations from the Children, Young People and Families Partnership, maintain an overview of its work in respect of multiagency planning and service delivery to improve outcomes for safeguarding and wellbeing of all children and young people.
- Receive an annual report from the Children, Young People and Families Partnership including progress of the implementation of the partnership strategy for children and young people (formerly the Children and Young People's Plan) and renewal at the end of the strategy period.
- Members will comply with the South Gloucestershire Code of Conduct for Members, which is set out in the Council's Constitution in Part C, pages 240-246: <http://www.southglos.gov.uk/documents/CouncilConstitution.pdf>, or their own organisation's code (where there is duplication).

Process

Voice and Vote Members Consisting of statutory members pursuant to s.194(2) (a)–(g)	Voice and No-vote Members
Executive Member for Adult Care	Chief Executive, NBT
Executive Member for Children & Young People	Chief Executive, Sirona care & health
Executive Member for Housing Delivery and Public Health	Clinical Director for South Gos, AWP
Director of Adult Social Services and Housing	Avon & Somerset Police & Crime Commissioner
Director of Children and Young People	
Director of Public Health	
South Gos Clinical Lead / nominated clinician, BNSSG CCG	
Area Director for South Gos, BNSSG CCG	
Member, Healthwatch South Gos	

Chief Executive, The Care Forum	
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Meetings will be held at least 6 times per year (mix of Board and closed development sessions).

- Agreement will normally be by consensus but if a vote is required voting rights will be limited to voting members of the Board.
- The Board will elect a chair from its members at the start of each year.
- Meetings will be quorate if 5 members are present including at least one member from the CCG and the council.

Review

The Board will formally review these terms of reference every 12 months and make any recommendations to amend these to full Council.



Senior Officer Group (SOG) Terms of Reference
(Approved at HWB on 250518)

Purpose

The purpose of the Health & Wellbeing Board (HWB) Senior Officer Group (SOG) is to actively manage the business of the HWB, and provide oversight and guidance on behalf, of and as directed by, the HWB.

Objectives

The objectives of the HWB SOG are to:

- On behalf of the HWB, actively manage the HWB Forward Plan.
- Produce and maintain the Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS) and the Pharmaceutical Needs Assessment.
- Through effective sharing and co-ordination of work programmes, raise awareness of and seek the better integration of actions which support the achievement of health and wellbeing objectives and outcomes within relevant project and programmes being delivered by HWB partners.
- On behalf of the HWB, receive reports from the Better Care Fund Delivery Group and provide oversight of the governance arrangements and financial mechanisms on behalf of the HWB.
- On behalf of the HWB, receive reports from the Prevention and Self-care Network and provide oversight and guidance.
- Further develop HWB communications and linkages with other relevant health and wellbeing workstreams to ensure effective information sharing and improve efficiency between projects.
- Ensure effective accountability to the Local Strategic Partnership through the development of the HWB's Annual Report and Risk Register.

Scope

The SOG is accountable to the HWB.

Meetings and reporting

The SOG will usually meet six times a year, prior to each HWB meeting.

The SOG will be chaired by the Director of Public Health.

Members will represent their organisations on the SOG and will be accountable through their respective organisation governance processes.

Agreement will normally be reached by consensus.

Quoracy

Six members: one Clinical Commissioning Group; one Council; one provider; and three other members.

Membership

South Gloucestershire Council:

Director of Adult Social Services & Housing, Children Adults & Health (CAH)

Head of Commissioning, Partnerships & Performance, CAH

Head of Integrated Children's Services, CAH

Head of Education, Learning and Skills, CAH

Consultant in Public Health, CAH

Head of Strategic Planning & Housing, Environment & Community Services (ECS)

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG):

Head of Locality Planning – South Gloucestershire

Sirona care and health:

Director of Business Development

North Bristol NHS Trust:

To be confirmed

Avon & Wiltshire Mental Health Partnership NHS Trust:

To be confirmed

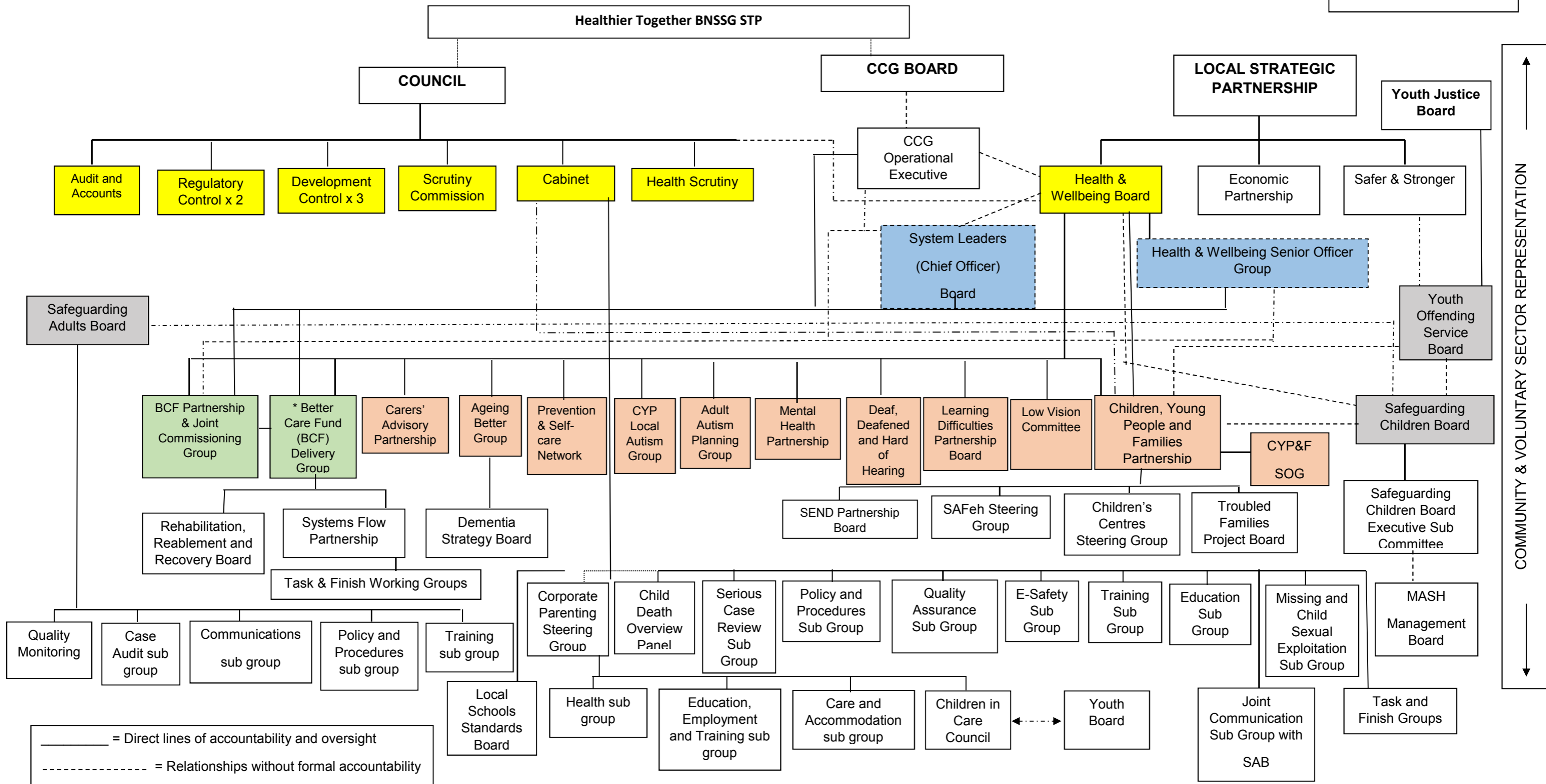
The Care Forum and Healthwatch South Glos:

Director for Communities

Plus all members of the HWB (or their representatives):

Review

The SOG will formally review its Terms of Reference annually (or more frequently if required).



	Council Bodies and Committees
	Advisory Bodies
	Planning and Delivery Groups monitored by HWBB but which act independently and are not constrained by any formal reporting requirement
	BCF Groups accountable to the CCG Board, Council Service Committees and HWBB
	Independent Partnership Boards

- The Children, Young People and Families Partnership and Better Care Fund Board, whilst not sub-committees of the Health and Wellbeing Board, are bodies formally accountable to the Health and Wellbeing Board. All other bodies that are monitored by the Health and Wellbeing Board but act independently and are not constrained by any formal requirement to report to the Health and Wellbeing Board

Health & Wellbeing Board Risk Assessment 2018/19

Key:

I	Impact
L	Likelihood
S	Score (I x L)

3	high
2	medium
1	low

Risk rating:

1	to	3	=	low
4	to	6	=	medium
7	to	9	=	high

Ref	The Risk What/how can risk happen	Consequence of this happening	Inherent Risk			Mitigating Actions / Opportunities	Further Action Required	Risk owner	Target Date
			I	L	S				
R1	Partners unclear of vision and of what they want to achieve jointly for residents within South Gloucestershire	Failure to deliver on the new Joint Health and Wellbeing Strategy (JHWS)	2	1	2	Board approved the new JHWS and monitoring arrangements are in place	Partners to undertake actions associated with each JHWS collective action area and provide input into the monitoring reports	All	Ongoing
R2	Lack of shared understanding of needs across South Glos	Inconsistent approach to service delivery Gaps and overlaps not known	2	1	2	Established a rolling programme to update JSNA chapters and ensure used in all needs assessments		All	Ongoing
R3	JHWS priorities and targets not being met	Failure to deliver on targets Detrimental impact population health and wellbeing Inefficient use of resources Lack of integrated working	2	2	4	Ensure JHWS performance monitoring, action plans and management arrangements are robust	Partners to implement actions in the action plans associated with each JHWS collective action area and provide input into the monitoring reports	All	Ongoing
R4	Change in key agencies impacts adversely on performance	Loss of focus Too much organisational change impacts adversely on performance Delayed progress	3	2	6	Well managed change process and induction with new HWB members Ensure HWB has a clear strategic direction and communication	1:1s and induction meetings with new HWB members as required	All	Ongoing
R5	Partnership working is not well co-ordinated with little evidence of it making a difference	No added value Gaps and duplication of effort between boards/partnerships Partner resources diverted	3	2	6	Updates on related partnerships / groups to be included in the HWB Annual Report. Appropriate inductions and Board development sessions / training Development sessions with other partnership boards and neighbouring HWBs	Ensure Development Sessions relate to subsequent Board meeting topic sessions and continue to hold BNSSG HWB seminars during 2019-20	All	Ongoing Ongoing
R6	Some partners not committed to attending meetings	Unproductive meetings Not able to make consensual recommendations	3	2	6	Commitment to regular attendance by partnership members Varied agenda to reflect interests of different partners	Continue to encourage all partner organisations to attend or send subs.	All	Ongoing

Ref	The Risk What/how can risk happen	Consequence of this happening	Inherent Risk			Mitigating Actions / Opportunities	Further Action Required	Risk owner	Target Date
			I	L	S				
		Loss of expertise and contribution of particular sectors Loss of credibility				HWB Development Sessions to be scheduled a few weeks prior to Board meetings on dates when most members can attend			
R7	Reduced capacity within Local Authority and partner organisations to support partnership	Inability to provide sufficient democratic services officer support and coordination Lack of attendance at meetings and work not being undertaken	3	1	3	Ensure early involvement of support staff and co-opt other resources if required		All	Ongoing
R8	Partners do not meet the requirements of equality legislation	Failure to address the breadth of issues and understand the diversity within the HWB Failure to understand the impact of HWB work	2	1	2	Ensure equalities impact assessments are carried out on all HWB plans and strategies HWB makes use of and provides feedback on good practice Relevant training		All	Ongoing
R9	Not all partners are able to commit resources to meet priorities, or resources are withdrawn	Loss of balance in work of HWB Limitations to sustainability of initiatives and delivery of targets Lack of high quality input into joint activities	3	2	6	Scrutiny and challenge by the HWB itself and by the Health Scrutiny Committee		All	Ongoing
R10	Commitments in the Healthier Together BNSSG Sustainability and Transformation Partnership (STP) and local 5 year system plan (in response to the NHS Long Term Plan) are not realised Prevention Plan principles and priorities not implemented in South Glos	Failure to deliver on commitments and inconsistency across BNSSG Principles and priorities not met and inconsistency across BNSSG	3	2	6	Regular HWB updates on STP progress BNSSG HWB seminars on local 5 year system plan and areas of mutual interest Frequent evaluation and review of performance HWB oversight of Prevention and Self-care in South Glos via reports to SOG and HWB	Continue to have STP progress reports to HWB Build on progress made at BNSSG HWB seminars in March and June 2019 South Glos Prevention & Self Care Network priority development in 2019-20	All	Ongoing