



Annual Report 2020-21



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1 Introduction

This is the Annual Report of the South Gloucestershire Health & Wellbeing Board for the period May 2020 to April 2021. The report provides background information on the Board's purpose, aims and functions; the Board's main achievements during 2020-21; details of how the Board has met its statutory duties; Board resources; and a risk assessment for 2021-22.

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 and 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 (JSNA) and Joint Health & Wellbeing Strategy (JHWS) 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 2020-21, agreed at Annual Council in May 2020, 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 for 2020-21 can be found at Appendix 2.

3 Statutory functions

The Health & Wellbeing Board's statutory functions include the production of a Joint Strategic Needs Assessment (JSNA), a Joint Health & Wellbeing Strategy (JHWS), a Pharmaceutical Needs Assessment (PNA) and a Better Care Fund Plan.

3.1 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.

The JSNA is updated via a rolling programme of chapter reviews, which aligns with local authority and CCG commissioning cycles and priorities. Due to the Covid-19 pandemic this rolling programme of reviews did not take place during 2020-21. However, this work will recommence in early 2021-22.

3.2 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). As with the JSNA, the JHWS is a joint responsibility of the Local Authority and Clinical Commissioning Group (CCG).

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 JHWS should be used by community

organisations and other partners to identify and align actions, influence decision making and enable them to work closely with the Board.

During 2020-21 the Board established a Task & Finish Group to update the 2017-21 JHWS. The Task & Finish Group included Board and Senior Officer Group members from the Council, CCG, Sirona care and health, Healthwatch and The Care Forum. The Task & Finish Group recommended that the updated JHWS should focus on reducing inequalities and a place-based approach, which is owned by all members of the Board. This is set out in the proposed vision:

All people in South Gloucestershire have the best start in life, live healthy and happy lives and age well in health-promoting communities. People will feel encouraged and enabled to take responsibility for their own health and wellbeing whilst being supported by accessible and compassionate health and care services that reflect their needs when required.

*We will take a place-based, system approach and work across South Gloucestershire to recognise and reduce inequalities. This will help us to do the best for our communities and support people to lead their best, healthiest lives.
Eliminating inequalities will be everyone's business.*

The Group also supported the refreshed JHWS maintaining a focus on the four previous collective areas of action, renamed to Strategic Objectives.



These proposals were supported by the wider Health & Wellbeing Board and the draft JHWS is out for public consultation from 24 May to 19 July 2021, with planned sign off by the Board in October 2021.

3.3 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.

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). The next review was scheduled for April 2021, however, the Department for Health and Social Care announced that, due to pressures across all sectors in response to the Covid-19 pandemic, the requirement to publish renewed PNAs would be suspended until October 2022. In the meantime, health and wellbeing boards retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.

3.4 Better Care Fund (BCF) plan

Nationally, the £5.3bn Better Care Fund (BCF) was announced by the Government in June 2013, to ensure a transformational change in integrated health and social care. The BCF has been described as "one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and Local Authorities to work more closely together around people, placing their well-being as the focus of health and care services."

Each year, the CCG and BNSSG local authorities are required to jointly submit BCF plans to NHS England. These plans set out local targets, advise how funds are to be spent and are formally agreed through the Health and Wellbeing Boards.

In 2020-21 it was agreed that due to Covid-19 the BCF would be paused, and no planning would take place. The expectation nationally was that the previous year's plan and budget would roll forward.

4 Board highlights 2020-21

During 2020-21 the Health & Wellbeing Board had to meet virtually due to the Covid-19 pandemic. There were four formal meetings, which all took place online and were live streamed via the Council website; and four closed development sessions, which also took place virtually, to discuss subjects in more depth and develop proposals for agreement at subsequent Board meetings.

During 2020-21 the Board devoted a lot of time to developing the new Joint Health & Wellbeing Strategy and considering reports on the local outbreak management plan.

The Board approved three South Gloucestershire strategies on alcohol; relationships and sexual health; and drugs. The Board also received an update on the implementation of the Suicide Prevention Strategy and Action Plan for 2019-21. In particular, the Board noted the work on zero suicide and members agreed to promote and encourage all staff to complete the 20-minute Zero Suicide training, available here: [Suicide prevention training from the Zero Suicide Alliance – Mental Health At Work.](#)

Towards the end of the year the Board focused its energy on the evolving health and care system – the establishment of a BNSSG Integrated Care System, the Integrated Care Partnerships which would sit beneath the ICS, and the role of Health & Wellbeing Boards in this new landscape, particularly how they would work with the new ICPs.

4.1 Board meeting, 25 June 2020

Joint Health & Wellbeing Strategy (JHWS)

The Board reviewed the JHWS 2019-20 Action Plan and noted that some work was being fast tracked because of Covid-19 and the need to reduce inequalities. The Board was informed that whilst it had its own responsibilities it was part of a broader system and that there was an opportunity to join up work streams. Areas highlighted included:

- The direct and indirect impacts of Covid-19 were not felt equally across society.
- The risk factors amongst the disproportionately affected groups included poor housing, unstable work conditions, inability to work from home and underlying health conditions.
- There were economic impacts as well as physical and mental health impacts, particularly for those who were shielding.
- There were longer term impacts on children, particularly those unable to access school or home learning. Those with learning difficulties were also disproportionately affected.
- There were positives to build on, for example the development of community mutual aid groups – several hundred of these had arisen, providing a range of support in the community, including shopping, social contact. Some of these might formalise into a real community asset longer term. Other positives included increased active travel and improved air quality.

- The JHWS needed to take account of the new Council Plan, which was out for consultation and a new Inequalities Strategy and action plan, which was under development.

The Board considered the following:

- Was the Board membership correct?
- Should the new JHWS continue with the existing 4 areas of collective action?
- How should inequalities be referenced, particularly in light of Covid-19?
- How should the Board position itself in relation to constituent organisations' planning for reset and recovery, following Covid-19?
- Could the Board maintain focus, at least in the short to medium term, of the Covid-19 impacts on the first two priorities of the JHWS (education attainment and mental health)?
- The importance of the Board being sighted on and formally aligned with the CCG's work with communities.

Comments included:

- A need to consider the differential impacts of Covid-19 on wider determinants of health.
- Important to recognise the impact of Covid-19 on the VCSE sector, particularly smaller groups; and the independent care sector to ensure sustainability.
- Broader membership was likely to be necessary but the tension between commissioners and providers was recognised as a possible issue.
- Smaller Task & Finish Groups could bring back matters to the full Board.
- Should continue with leads for areas of collective action, but move away from detailed reporting towards dynamic live discussions.
- Need to establish closer links with other partnerships, for example the Safer and Stronger Communities Partnership.
- Building on the collective action by partners over recent months would be a good way forward.
- Identifying tangible actions and outcomes was key, taking the best aspects of the old strategy and particularly pinpointing where to add value in terms of the inequalities strategy.
- Important to align the new JHWS with new health structures, the South Glos locality and the new primary care networks (PCNs) and the developing work on population health management.

In conclusion, it was agreed bring forward the review the JHWS, realign it to reduce inequalities and retain collective actions flagged as important by Board members. This would also enable a greater understanding of the added value across system, the wider determinants of health and population need; and capture the strains and tensions among partners resulting from Covid-19.

Outbreak Management Plan

The Outbreak Management Plan was presented to the Board as an information item.

It was explained that considerations for partners included: preparing for local responses to surveillance data; data integration/flow; co-ordinated working on operational aspects; impact on patients/staff, communities and place; cross border working; locality role in working with public health on outbreaks.

The meeting papers can be viewed here: [25 June 2020 Board papers](#)

4.2 Development Session, 3 September 2020

The session focused on the Joint Health & Wellbeing Strategy (JHWS) 2021-25 and community-centred approaches to address inequalities. The aims of the session were to:

1. Introduce the draft South Glos Inequalities Strategy and Framework.
2. Develop members' understanding of the structure of inequalities and community-centred approaches to reduce them.
3. Discuss options for the new JHWS (JHWS) 2021-2025.
4. Health & Wellbeing Board members to start to develop a JHWS Action Plan and agree initial actions that their organisation, and the Board as a whole, could undertake.

The Board focused its discussion on two areas of collective action in the JHWS: improving educational attainment and mental health and wellbeing and reached the following conclusions:

- It was important to link to the Healthier Together inequalities workstream.
- There was a need universal primary prevention and proportional scaling up according to disadvantage.
- The Adverse Childhood Experiences (ACEs) approach had moved onto a more trauma informed, protective factor approach.
- It was important to take account of the impact of Covid-19, for example on mental health and isolation.
- Board members could easily identify the issues, but the challenge was around finding solutions.
- It was important to make use of national mental health resources and tailor them to suit South Gloucestershire, for example 'Every Mind Matters' and the 'IThrive' model – resilience building for young people.
- There was a need to be more effective at sharing inequalities data and analysis in order to address gaps.

4.3 Board meeting, 21 September 2020

Joint Health & Wellbeing Strategy and Inequalities Strategy Next Steps

This item built on the discussion at the previous Board meeting. Members received a presentation on the development of the Inequalities Strategy and how it was relevant to the refresh of the JHWS. It was agreed that a Task and Finish Group would be established to develop the JHWS; there would be a Development Session for all Board members in November and an outline JHWS produced for consideration at the Board meeting in December.

Quarterly Local Outbreak Management Plan / Health Protection Update

The Board received a verbal update on local outbreak management work, which included latest case numbers and rates, testing, proactive work with schools, care homes and businesses, and mapping of high risk communities to better understand community transmission.

South Gloucestershire Place-Based Outcomes Framework

The Board noted the development of a South Gloucestershire Outcomes Framework, which was being developed in tandem with the new JHWS and would also link into a new overarching Outcomes Framework for the wider Bristol, North Somerset and South Gloucestershire Integrated Care System.

Board members commented that the South Gloucestershire Outcomes Framework would be a means by which partners could hold each other to account; help highlight challenges in the system; and enable a move toward a more preventative agenda.

Alcohol Strategy and Action Plan

The Board approved the draft South Gloucestershire Alcohol Strategy 2020-25 for launch during Alcohol Awareness Week in November 2020. It was noted that the strategy culminated from a needs assessment and engagement exercise that took place pre-Covid, therefore, the impacts of Covid would be considered in the next phase of action planning. All Board members were reminded to consider the impacts of alcohol misuse on their services, for example, hospital attendances and the police's response to disturbances, and consider what preventative work could address this.

Relationships and Sexual Health Strategy

The Board approved the draft South Gloucestershire Relationships and Sexual Health Strategy 2020-25 and the development of a Sexual Health Governance Partnership Board to monitor progress. During the presentation the following points were emphasised:

- The strategy encompassed the whole area of healthy relationships.

- Data suggested that sexually transmitted infections (STIs) were lower in South Gloucestershire than the national average, but rates were slowly rising, alongside concerns about antimicrobial resistance.
- It was too early to know the long term impacts of the Covid-19, but opportunities taken to move services online and to focus more on prevention may become permanent.
- Whilst lockdown measures had a positive impact on STI transmission, lockdown had disrupted service provision and early evidence also suggested that there was an increase in domestic violence, grooming and sexual exploitation.

Care Home Support Plan

The Board received a presentation on the Department of Health and Social Care's Covid-19 care home support package, which included funding for infection prevention and control, stepping up clinical support, comprehensive testing, support with workforce issues, building scientific understanding and sharing best practice across the sector, and oversight and compliance.

The meeting papers can be viewed here: [21 September 2020 Board papers](#)

4.4 Development Session, 24 November 2020

The purpose of this session was to further develop the new Joint Health & Wellbeing Strategy (JHWS), agree the narrative and key messages regarding inequalities; and refine and confirm actions ahead of formal consideration at the next Board meeting.

4.5 Board meeting, 14 December 2020

Joint Health & Wellbeing Strategy (JHWS) Next Steps

The Board received an update on the Task & Finish Group's work to develop the new JHWS and Action Plan. The following points were covered:

- The new JHWS built on the existing strategy using an inequalities lens.
- The new strategy would provide direction for the strategic working of the Board, highlighting where the Board could add value and use its influence across the wider system, whilst also informing partner organisations and the wider public on its work.
- Whole system buy-in was needed to progress this work. Involvement of Board members to date was pleasing and it was hoped that this would continue.
- Engagement with residents with protected characteristics would be ensured not only through the communications team but also through the community

conversation model which engaged trusted voices from a wide range of community leaders during the Covid response. The Local Outbreak Management Plan had also facilitated greater reach than previously was the case. Board members were asked to advise the Task & Finish Group of any further groups that could be approached.

The Board noted the progress; agreed that a further update would be received in March 2021, and a period of 8-week public consultation would take place May-July 2021 with a view to the new Strategy being ratified by the Board in the autumn.

South Gloucestershire Drugs Strategy 2020-25

The Board approved the draft South Gloucestershire Drugs Strategy 2020-25. During its consideration, the following points were covered:

- The strategy was based on outputs from a needs assessment to understand the impact of drugs misuse on individuals and communities, and to identify gaps in meeting local needs.
- The trend amongst adults was fairly stable, but there was increased dependency on prescribed opioids for chronic pain – those involved were less likely to access traditional drugs services in their current form, so required a tailoring of services.
- For young people, groups most likely to be affected by drug misuse were young people who smoked tobacco, armed forces children and Looked After Children.
- Mental health was a key theme from the needs assessment – this had a close and complex relationship with drug use requiring work across the system to join up services to address this.
- There would be more emphasis on harm reduction, blood borne virus testing and treatment support. There were national and local goals around eliminating HIV and Hepatitis C.
- The needs assessment and strategy were undertaken during the Covid-19 pandemic, when services were rapidly reconfigured, which presented huge challenges. This was being turned into an opportunity to consider how best to support going forward.
- It was hoped that a new drug stakeholder group would be established, and, as this would have some overlap with the alcohol group, the two would be brought together where appropriate.
- There was confidence that the strategy covered long standing themes beyond the demands arising from Covid.
- In response to a question about Adverse Childhood Experiences (ACEs), it was explained that ACEs involved wider determinants of health, inequalities and poverty; not just drugs and alcohol and, therefore, required a whole system trauma informed, full life course and prevention approach, which included holistic work with families to mitigate impacts.

Quarterly Local Outbreak Management Plan / Health Protection Update

The Board received an update on local outbreak management work, which included the latest publicly available dashboard on Covid-19 cases and rates in South Gloucestershire; headline rates for the South West and England; the establishment of a local contact tracing service; a rapid lateral flow testing pilot in a South Gloucestershire college; community engagement work with local 'trusted voices'; an update on vaccination roll out; and planning for the impact of the relaxation of restrictions over Christmas and what Covid-19 tier South Gloucestershire was going to be placed in.

Relationships and Sexual Health Strategy

Further to the presentation to the September Board meeting and the subsequent public consultation, members received the updated Relationships and Sexual Health Strategy 2020-25 for sign off.

During its consideration, the following matters were covered:

- While there was a history of working with faith organisations delivering youth services, in terms of courses on healthy relationships, and work with churches on the cCard scheme (offering condoms with advice and guidance in youth settings), a more proactive approach, with online options, was needed, particularly given the diminution in youth services.
- Officers would follow up on a suggestion to include relevant indicators from the Public Health Outcomes Framework. In addition, an implementation plan to accompany the strategy would include more easily measurable elements to determine success. It was suggested that this work should be captured within the South Gloucestershire Population Outcomes Framework and the new Joint Health & Wellbeing Strategy.

Warm and Well – Affordable Warmth



FREE energy advice line
Monday – Friday 9am to 5pm
0800 500 3076

Board members were informed of South Gloucestershire Council's partnership with the Severn Wye Energy Agency to deliver Warm and Well, a free energy advice line to the general public, which also delivered other short term projects that provided energy efficiency improvements in the home. Health issues such as chest conditions could be exacerbated by cold, damp homes, therefore, the key message to Board

members was to promote the scheme with their service users, customers and partners. In addition, the Avon Fire and Rescue Board member reported that it was involved in 'Safe and Well' scheme, which focused on slips, trips, falls, dementia and social isolation as well as winter warmth, and it would be helpful to link up the two schemes in terms of signposting. Board members were asked to promote the services within their organisations to raise awareness and consider how they could ensure signposting to it became mainstream.

The meeting papers can be viewed here: [14 December 2020 Board papers](#)

4.6 Development Session, 26 February 2021

This session explored Integrated Care Partnerships and the role of the Health & Wellbeing Board. The Board considered what role it could play in the ICP development; what it could contribute to ICP delivery and its expectations and views on governance.

To illustrate the opportunities brought by the new ICP, the Board was taken through the development of a new community mental health service model. Aspirations for the new ICP were used as a way to ensure local oversight of adult mental health, a joined up approach and an opportunity to embed prevention, with each BNSSG ICP (locality) asked to respond to the process.

Historically, South Gloucestershire has had a Mental Health Partnership, jointly chaired by the CCG and Public Health, with membership from strategic and delivery partners for adult mental health, including social care, the police and VCSE sector. The development of the South Gloucestershire ICP meant the Mental Health Partnership would move into a more transactional space, enabling the ICP to have strategic oversight, with actions reported up through the Health & Wellbeing Board.

During the discussion about the role of Health & Wellbeing Boards and ICPs, it was acknowledged that it was a complex picture with governance still under development. However, the White Paper refers to the ongoing and reinforced role of Health & Wellbeing Boards within the new system arrangements, placing them at the centre, between the overarching ICS and ICPs working at a place level, to reinforce understanding of local population needs.

As a first step it was felt important for the Board and new South Gloucestershire ICP to focus on what unites them and be able to deliver on goals, such as the community mental health work, to build confidence across the system and enable other programmes to do the same.

4.7 Board Meeting, 23 March 2021

Reflections from the Development Session

During his opening remarks, the Chair reflected on the recent Development Session, which focused on the creation of new statutory Integrated Care Systems (ICS) and Partnerships (ICPs). The Chair explained that ICSs brought together providers and commissioners of NHS Services, across a geographical area, with local authorities and other local partners to collectively plan and integrate care to meet the needs of the local population. A White Paper proposed statutory ICSs and two forms of integration, firstly within the NHS to remove barriers to collaboration, and secondly a duty for collaboration between the NHS, local government and wider system delivery partners to deliver improvements in the health and wellbeing of local people.

The ICSs would include:

- An ICS Health and Care Partnership, bringing together systems which would support integration and develop plans to address health, public health and care needs.
- An ICS NHS Body, responsible for the day-to-day running of the ICS.

Sitting beneath the ICSs would be:

- Health & Wellbeing Boards
- Local ICPs

The Vice Chair went on to explain that ICPs were an alliance of providers and delivery vehicles of the ICS, working at a place level through partnership arrangements, to deliver comprehensive proactive preventative health care according to local need. There would be one ICP for South Gloucestershire aligned to the footprint of this Health & Wellbeing Board. The Healthy South Gloucestershire Collaborative was currently working on the maturity matrix in respect of this work, and one of the first pieces of work for the ICP was the delivery of the new Community Mental Health Framework.

A Memorandum of Understanding was being developed, which would set out the governance framework for the new system arrangements, and the Board would be kept informed on developments and receive final details in the autumn.

Joint Health and Wellbeing Strategy (JHWS): Overall Review and Progress

The Board received an update on progress with the four collective actions within the existing JHWS and how the new strategy was developing. The Board noted the principles underlying the new strategy and that public consultation would commence from 22 May. It was also noted that the new strategy needed to respond to the significantly changing landscape and the emerging Bristol, North Somerset and South Gloucestershire ICS and South Gloucestershire ICP. It was recognised that the future relationship between the Health & Wellbeing Board and South Gloucestershire ICP was yet to be determined, but we were fortunate in that we would be able to build on the strong foundations already in place through the Board and the existing South Gloucestershire Collaborative.

Healthier Together Integrated Care System (ICS) Population Health Outcomes Framework

The Board received an update on the development of the Healthier Together (Bristol, North Somerset and South Gloucestershire) ICS Population Health Outcomes Framework and considered opportunities to make links with the refresh of the South Gloucestershire Joint Health and Wellbeing Strategy.

The Board was informed that the advent of the ICS provided an opportunity to focus much more on population health and wellbeing rather than service-based activity and the Board would have a role in providing oversight of the local population and receiving updates from the South Gloucestershire ICP.

The population outcomes framework was one of the key documents, setting the vision for the ICS development plan, and was a tool for linking desired outcomes to activities on the ground, and needed to evidence the journey from operational activity to improved population health.

The Board noted the importance of understanding data and outcomes to properly address inequalities, and it was agreed that the Board's Development Session in April would consider the draft outcomes framework in more detail.

Quarterly Local Outbreak Management Plan / Health Protection update

The Director of Public Health provided an update on local outbreak management and referred the Board to the recent health protection update report. The Board was advised that the outbreak management plan had been refreshed for 2021, highlighting five new priorities for the coming months:

- Local testing*
- Local contact tracing*
- Vaccination
- Ongoing community engagement and insights
- Enduring transmission and living with Covid

*Linked to the national Test and Trace service

Learning Difficulties Partnership Board Annual Report

The Board received the Learning Difficulties (LD) Partnership Board's Annual Report for 2019. It was noted that the report was being presented later than usual due to the Partnership Board not being able to meet as frequently during 2020, due to Covid-19, to finalise the report.

The following points were made:

- The development of the new LD Strategy was progressing but had been delayed due to the pandemic.
- 40% of Adult Social Care spend related to LD.
- The pandemic had impacted on people with LD, particularly in relation to access to healthcare.
- There was an increasing population of older people with LD, with numbers over 70 years of age expected to double by 2030.
- Employment levels for those with LD had worsened and employers generally were struggling to provide continuing employment support to employees with LD.
- The Partnership Board held themed meetings during 2019 (derived from the 2010 Valuing People Now strategy). Themes covered were: health; transport and safety; housing; education and employment; personalisation; and the LD Development Fund.
- Partner attendance at the Learning Difficulties Partnership Board remained an issue. There was a need to ensure appropriate provider organisation representatives routinely attended to build relationships and develop a better understanding of key themes.

The Board noted the report and agreed that partner organisation members would raise the issue of attendance at the Learning Difficulties Partnership Board with their respective organisations to ensure that representative are supported to attend the meetings.

Suicide Prevention Strategy 2019-21 and Action Plan



The Board received a presentation on the progress of the South Gloucestershire Suicide Prevention Strategy Implementation Group's work and was asked to endorse the promotion of [Zero Suicide training](#) across South Gloucestershire and the wider Bristol North Somerset & South Gloucestershire Clinical Commissioning Group area.

The following areas were highlighted to the Board:

- The current suicide rate in South Gloucestershire was 9.1 per 100,000, which was amongst the lowest in the South West and below the England average. However, over the most recent period there had been a slight rise locally and nationally, and it was expected that there would be a delayed impact arising from the 'long shadow' of the pandemic.
- A new strategy from the end of 2021 onwards would reflect the risk factors associated with the pandemic and be informed by the JSNA and the new JHWS.

- The current strategy had produced significant gains in supporting high risk groups, for example through the Movember campaign, upskilling workforces to identify those most at risk and intervene, improving data quality to respond quicker, and through grants to community groups supporting work on suicide prevention.
- In development were the primary care training pilot for GPs and a specialised suicide bereavement service. There was now a real-time suicide surveillance partnership officer, additional resource had been secured for the HOPE project, a Suicide Prevention Summit was planned for June 2021 (covering BNSSG and partners) and Zero Suicide Alliance training would be discharged as widely as possible.

Board members were asked to promote and encourage all staff to complete the 20-minute Zero Suicide training. In response representatives from Healthwatch and the CCG confirmed their commitment to doing this. Further information can be found here: [Suicide prevention training from the Zero Suicide Alliance – Mental Health At Work](#)

The meeting papers can be viewed here: [23 March 2021 Board papers](#)

4.8 Development Session, 11 May 2021

The purpose of this session was to explore a population health approach and understand opportunities for use of data to inform priorities to improve health and wellbeing in South Gloucestershire.

The objectives of the session were to:

1. Understand what we meant by population health.
2. Consider how quantitative and qualitative data were currently being used by the Board to inform priorities to improve health and wellbeing, and opportunities for further development.
3. Be aware of, and have the opportunity to contribute to, the development of the Integrated Care System (ICS) Outcomes Framework.
4. Consider how the ICS Outcomes Framework and Joint Strategic Needs Assessment (JSNA) could be used to inform BNSSG, South Gloucestershire and board members' own organisational priorities.

Members received information on:

- Population health – an approach that aims to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across an entire population.
- The developing ICS Outcomes Framework – which would provide a platform to oversee key outcomes and transformation metrics across the Partnership using peer ICS and national benchmarks; and enable actions to be taken and celebrations of success.
- Using data to inform priorities and a changing role for JSNAs following the development of population health management approaches.

In relation to the ICS Outcomes Framework, members primarily focused their feedback on the draft goal 'Our communities are healthy, safe and positive places to live'. Recommendations included the development of outcomes to address safety, such as safeguarding and domestic violence, as well as outcomes around security, for example food and financial security. In addition, it was felt that to deliver on all of the goals and ensure access, structural elements, such as good public transport, needed to be in place.

During the discussion about the use of data, the following points were made:

- The JSNA needed to be refreshed so that it linked with outcomes and interventions and became more of a 'go to' document.
- We need to be better at sharing data and best practice and could learn from the work of the local safeguarding boards, and this had the knock-on benefit of enabling earlier intervention.
- A dashboard summary of the JSNA would help the Board review progress.
- We need to consider how we build on population health management at a place level and link these approaches to make the JSNA a live document.
- Important not to overlook the use of qualitative data, which could provide immediate intelligence and enable a quicker response as a system.

The session concluded with actions for the Healthier Together Health and Care Partnership to consider how it linked to the three health and wellbeing strategies in BNSSG; members to send further feedback on the draft Outcomes Framework and Public Health to ensure alignment between system outcomes and South Glos JHWS actions.

5 Joint work with Bristol and North Somerset Health & Wellbeing Boards

The three Health and Wellbeing Boards continued to meet during 2020-21 to consider areas of mutual interest and discuss their role in system development.

5.1 BNSSG Health & Wellbeing Boards, June 2020

In June 2020, the three boards focused on the new BNSSG Mental Health Strategy and discussed the impacts of Covid-19 on future planning. Members highlighted the importance of linking into community and VCSE sector work; ensuring good access to lower-level mental health support was crucial to relieve pressure on specialist services; and having a consistent approach around access points, for example, working with pharmacies. Continuing to engage with Public Health teams was also acknowledged.

5.2 BNSSG Health & Wellbeing Boards, October 2020

In October 2020, the three Boards had an introductory session on population health, prevention and inequalities (PHPI); and received a presentation on optimising the value and contribution of the VCSE sector. Members' reflections included a need to reinforce links with community engagement; learning from the impacts of Covid-19; and building on the contribution of the VCSE in response to Covid-19. It was agreed that draft frameworks would be considered in more detail at individual Board meetings.

5.3 BNSSG Health & Wellbeing Boards, April 2021

In April 2021, the three Boards reviewed population health, prevention and inequalities (PHPI) activity, discussed action planning to reduce health inequalities and received an update on Integrated Care System (ICS) development. During the PHPI item members had an opportunity to comment on the developing draft Outcomes Framework and discuss the importance of Boards and the new Integrated Care Partnerships delivering on local actions, as they were best placed to know the needs of their communities. In relation to health inequalities, members received information on the development of reverse care pathways, a process which was initially data driven, identified health inequalities and considered upstream opportunities and targeted prevention interventions.

6 Engagement by partners

Attendance at formal HWB meetings and development sessions during 2020-21:

Partner/Organisation	Board Meetings attended	Development Sessions
Board Chair and Executive Member for Adults and Housing	4 of 4	4 of 4
Board Vice Chair and CCG Area Directorate for South	4 of 4	4 of 4
Executive Member for Children & Young People	2 of 4	1 of 4
Exec Member Public Health and Equality of Opportunity	2 of 2	2 of 3
CCG Clinical Lead	0 of 4	0 of 4
Director of Public Health / Consultant of PH, SGC	4 of 4	4 of 4
Director of Children Adults and Health, SGC	1 of 4	3 of 4
Director of Adult Social Care, SGC	2 of 4	1 of 4
South Glos Locality Provider Forum	0 of 4	0 of 4
Healthwatch	3 of 4	4 of 4
The Care Forum	1 of 4	1 of 4
Avon & Wiltshire Mental Health Partnership	0 of 4	1 of 4
North Bristol Trust	4 of 4	4 of 4
Sirona care and health	4 of 4	3 of 4
Avon & Somerset Police	3 of 4	2 of 4
Healthier Together	2 of 4	0 of 4
South West Ambulance Service	0 of 4	0 of 4
Bromford	2 of 4	0 of 4
Avon Fire & Rescue	1 of 4	0 of 4
Head of Community Support, SGC (joined HWB mid-way through 2020-21)	1 of 2	4 of 4

7 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), a Consultant in Public Health and the Health & Wellbeing Partnership Officer for Prevention, lead work on the JSNA and JHWS; manage the work of the Senior Officer Group; work closely 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.

8 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 the year ahead, 2021-22, is enclosed at Appendix 3.

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South Gloucestershire Health & Wellbeing Board Chair

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**Terms of Reference 2020-21
(Agreed at Council October 2020)**

Preamble

The Health and Wellbeing Board (HWB) 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 Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS), and be evidence based.
- The Board will work with the other HWBs in the Bristol, North Somerset and South Gloucestershire (BNSSG) area, to develop a place-based approach and shared priorities in order to strengthen the HWB voice in the 'Healthier Together' BNSSG Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) and influence the design and delivery of the BNSSG system response to the NHS Long Term Plan (LTP).

Functions

The Board will:

- Identify needs and priorities across South Gloucestershire and publish and refresh the South Gloucestershire Joint Strategic Needs Assessment (JSNA) and the Pharmacy Needs Assessment (PNA).
- Prepare and publish the Joint Health & Wellbeing Strategy (JHWS) that identifies the priority issues emerging from the JSNA requiring a whole system response.

- Ensure that JHWS collective actions have a named Board member lead and shared delivery arrangements are put in place to ensure that the Board works collectively to improve health and wellbeing 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.
- 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 Population Health, Prevention, and Inequalities workstream in South Gloucestershire.
- Structure the HWB Forward Plan so that each meeting has a theme and the preceding Development Session agenda provides an introduction to the topic, with invitations extended to relevant groups/stakeholders so that they can add breadth to the discussion.
- Establish joint seminars with Bristol and North Somerset HWBs on areas of common interest with the aim to agree shared priorities and strengthen the HWB voice in the STP/ICS.
- Contribute to the development of a population outcomes framework for South Gloucestershire and BNSSG.
- Report, via the Chair, 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 Local Strategic Partnership configuration.
- Oversight of the South Gloucestershire Children's Partnership, with a particular focus on the work its three sub-groups: Best Start for Children with Complex Needs; Best Start for Vulnerable Children; and Best Start in Life. This will involve the receipt of reports and recommendations in relation to multi-agency working to improve the health and wellbeing outcomes for children and young people.
- Receive updates from the South Gloucestershire Health Protection Assurance Group COVID-19 function on controls and assurances against identified health protection risks and issues in the area.

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 and Public Health	Chief Executive, North Bristol NHS Trust
Executive Member for Children & Young People	Chief Executive, Sirona care & health
Director of Adult Social Services and Housing	Operations Manager, Avon & Wiltshire Mental Health Partnership NHS Trust
Director of Children and Young People	Local Policing Area Commander – South Gloucestershire, Avon & Somerset Police
Director of Public Health	South Glos Locality Chair, BNSSG CCG
South Glos Clinical Lead / nominated clinician, BNSSG CCG	Head of Locality (Integration), Bromford
Area Director for Bristol and South Glos, BNSSG CCG	Area Manager, Risk Reduction, Avon Fire & Rescue
Member, Healthwatch South Glos	County Commander BNSSG, South West Ambulance Service NHS Trust
Chief Executive, The Care Forum	Programme Director, Healthier Together BNSSG STP
	Head of Community Support, South Glos Council

Meetings will be held 8 times per year (alternating between Board meetings (in public) and private 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 membership at the start of each civic year (which runs from May to April).

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 2020-21
(Approved by the HWB, September 2020)

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:

- Produce and maintain the South Gloucestershire Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS) and the Pharmaceutical Needs Assessment (PNA).
- On behalf of the HWB, actively manage the HWB Forward Plan so that each meeting is themed around a South Glos Joint Health & Wellbeing Strategy (JHWS) collective action and the preceding Development Session agenda provides an introduction to the topic, with invitations extended to relevant groups/stakeholders so that they can add breadth to the discussion.
- 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 South Gloucestershire Area Leadership Group on the Better Care Fund Plan 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.
- Support the HWB in undertaking work with the other HWBs in the Bristol, North Somerset and South Gloucestershire (BNSSG) area, to develop a place-based approach and shared priorities in order to strengthen the HWB voice in the 'Healthier Together' BNSSG Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) and influence the BNSSG system response to the NHS Long Term Plan.

Scope

The SOG is accountable to the HWB.

Meetings and reporting

The SOG will usually meet four 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

Five members: one from the Clinical Commissioning Group; one from the Council; and three others.

Membership

All members of the HWB and the following:

South Gloucestershire Council:

Director of Public Health

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)

Head of Community Support, CAH

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

Head of Locality for South Gloucestershire

Sirona care and health:

Associate Director, South Gloucestershire Locality

North Bristol NHS Trust:

Director of Corporate Governance and Trust Secretary

Avon & Wiltshire Mental Health Partnership NHS Trust:

South Glos Manager

The Care Forum:

Chief Executive

Healthwatch South Glos:

Manager

Healthier Together:

Programme Director

Review

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

Appendix 3

Health & Wellbeing Board Risk Assessment for the year ahead – 2021-22

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 Joint Health and Wellbeing Strategy (JHWS)	2	1	2	Board to approve new JHWS for 2021-25, and agree member organisation and collective Board priorities.	Development Sessions and themed Board meetings to implement and monitor new JHWS and partner/overall Board actions	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	Refreshing South Glos JSNA and specific needs assessment processes and ensuring it aligns with system population health management work	Project to review JSNA to be established in 2021-22	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 new JHWS has robust performance monitoring, action plans and management arrangements in place that are agreed by all Board members.	Monitoring/delivery arrangements to be part of discussion at Development Sessions and Board meetings	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	Consider joint development sessions with other partnership boards. Continue to hold BNSSG HWB seminars on agreed system priorities.	All	Ongoing Ongoing
R6	Some partners not committed to attending meetings	Unproductive meetings	3	2	6	Commitment to regular attendance by partnership members	Continue to encourage all partner organisations to	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				
		Not able to make consensual recommendations Loss of expertise and contribution of particular sectors Loss of credibility				Varied agenda to reflect interests of different partners HWB Development Sessions to be scheduled a few weeks prior to Board meetings on dates when most members can attend	attend or send subs. Contact regular non-attendees to find out reasons.		
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	Issues developing a relationship with the new Healthier Together BNSSG Integrated Care System and South Gloucestershire Integrated Care Partnership Population health, prevention and inequalities 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	Updated HWB and SOG terms of reference and membership to include ICS and ICP representation Regular updates and work with HWB to develop relationships and working arrangements BNSSG HWB seminars on agreed system priorities Frequent evaluation and review of performance to SOG and HWB	Continue to have ICS items at HWB meetings Regular ICP reports to HWB Continue to have BNSSG HWB seminars	All	Ongoing
R11	Response to Covid-19 pandemic reducing capacity to focus on health and wellbeing priorities	Loss of balance in HWB work; failure to deliver on health and wellbeing priorities; widening inequalities.	3	2	6	Regular briefing on Local Outbreak Management Plan and Health Protection Assurance Group Impact of Covid-19 on inequalities to be part of new JHWS	Continue to receive LOMP and HPAG reports at HWB	All	Ongoing