

# City of Bradford Metropolitan District Council

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## Minutes of a meeting of the Shadow Health and Wellbeing Board held on Tuesday 18 October 2011 at City Hall, Bradford

Commenced 1000

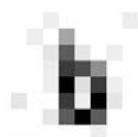
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### PRESENT –

MEMBER	REPRESENTING
Councillor Ian Greenwood (Chair)	Leader of Bradford Metropolitan District Council
Councillor Amir Hussain	Portfolio Holder for Social Care
Councillor Glen Miller	Bradford Metropolitan District Council
Linda Pollard	Chair of the NHS Cluster
John Lawlor	Chief Executive of the NHS Cluster
Dr Chris Harris	Bradford Clinical Commissioning Group
Dr Graeme Summers	Airedale, Wharfedale and Craven Clinical Commissioning Group
Tony Reeves	Chief Executive of Bradford Metropolitan District Council
Anita Parkin	Director of Public Health
Moira Wilson	Strategic Director of Adult and Community Services
Kath Tunstall	Strategic Director of Children and Young People's Services
Sam Keighley	Bradford LINK
Caroline Schwaller	Bradford Assembly representing the Voluntary and Community sector

Also in attendance:

Councillors Gibbons and Lee and Pam Essler (Non-Executive Director, NHS Bradford and Airedale).



Suzan Hemingway - City Solicitor

## 10. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Berry and Griffiths, Dr Jude Danby and Dr Philip Pue.

## 11. **DISCLOSURES OF INTEREST**

The Chair announced that the City Solicitor would be reminding Members of the Council to update their declarations of interest to add which GP practices they were registered with.

**ACTION:** *City Solicitor*

## 12. **MINUTES**

In relation to minutes 6 and 8 the City Solicitor confirmed that the Shadow Board's Terms of Reference would be finalised and circulated.

**Resolved –**

**That the minutes of the meeting held on 23 September 2011 be signed as a correct record.**

**ACTION:** *City Solicitor*

## 13. **INSPECTION OF REPORTS AND BACKGROUND PAPERS**

There were no appeals submitted by the public to review decisions to restrict documents.

## 13. **JOINT COMMISSIONING STRATEGIES FOR ADULTS**

The Strategic Director, Adult and Community Services presented **Document “D”** containing joint commissioning strategies prepared by NHS Bradford and Airedale and Bradford Council covering four important groups of vulnerable people. The Integrated Commissioning Group, comprising senior managers from both agencies, had overseen the preparation of and consultation on the strategy documents.

The commissioning strategy documents covered older people; people with physical disabilities, sensory needs and long-term conditions; people with autism; and carers. The local NHS and the Council were taking an integrated, strategic approach to improving outcomes and use of resources for these groups of vulnerable adults.

The Health and Social Care Bill stated that each responsible local authority and its local NHS commissioning partners, would have a duty to prepare a local Joint Health and Wellbeing Strategy. The four joint commissioning strategies presented reflected this integrated approach for the health, well-being and care for vulnerable groups of local people.

The report would be considered by the Council's Health Overview and Scrutiny Committee on 3 November 2011 and the Executive on 11 November 2011.

Members of the Shadow Board commented as follows:

- Entering a care home was no longer the model for older people. It was clear that older people wanted to stay independent and be enabled to do activities for themselves.
- Any belief that there is one solution to the needs of people with disabilities is deeply offensive. There had to be a move away from an institutional view of this client group.
- Carers are a priority for the NHS partners. Traditionally the NHS had not played a full part. An early planning process for carers was essential and the challenge was not to think we know what carers want.
- Clearly defined timescales needed to be added for the implementation of the strategies.
- An overarching statement should be provided for the strategies that care arrangements would change over a period of time.
- Each strategy had an action plan at the end of the document. With partners these actions would be turned into business plans. The strategies provided the overall direction of travel. It was about delivering personalised services for the individual. However, the financial situation provided a challenge.
- The strategies were building on a strong position in the Bradford District. Focus had to be on the service user and achieving a step change in partnership working.
- Consultation on the strategies shouldn't be a one-off. Service users had a role in measuring the action plans but their contribution should have a wide base and broader level of involvement rather than relying upon a small group of representatives.
- A single point of access for people with complex needs was an improvement as patients had been falling between services.
- The strategy for autism placed emphasis on local diagnosis.
- The strategies would provide an effective framework. Although the commissioning groups would take on different approaches early intervention would be key.

A representative of the Older People's Partnership was in attendance and provided a perspective from an older person's viewpoint. She indicated that those at the higher levels in organisations should meet with older people to hear their views and act upon those views.

#### **Resolved –**

- (1) **That the Executive be recommended to accept the four joint commissioning strategy documents as Council policy. The Strategic Director for Adult and Community Services to work with local NHS commissioners and local partnership arrangements to ensure the strategies are implemented.**
- (2) **That a charter be drawn-up which sets out what a user can expect from Health and Social Care services.**

***ACTION: Strategic Director Adult and Community Services/NHS Bradford and Airedale***

#### **14. ARRANGEMENTS FOR THE TRANSFER OF RESPONSIBILITY FOR PUBLIC HEALTH**

The report of the Director of Public Health (**Document "E"**) indicated the arrangements for

the transfer of responsibility for Public Health. The Health White Paper *Equity and Excellence: Liberating The NHS*, published in July 2010, set out plans for the transition of the current Public Health function within Primary Care Trusts to transfer to Local Authorities by April 2013.

In Bradford and Airedale, a local Transition Plan for Public Health had been drawn up and agreed by the Public Health Senior Management Team, with discussions taking place with colleagues at the Local Authority and across the region through existing networks. A comprehensive local consultation exercise was undertaken in respect of the plans set out in the White Paper, and the results of this had also been used to inform transition planning. It was anticipated that the Public Health function would begin its transfer in early 2012. Joint working between Public Health and the Local Authority was already well established and ongoing discussions between both had underpinned the approach taken.

Members of the Shadow Board commented as follows:

- Piecemeal transition was not effective and there needed to be a clear indication from the Government that transition would take place at the same time. Transition would be a difficult task and clarity was needed on the financial scoping.
- On 24 November 2011 the Department of Health was intending to publish the operating framework. It needed to be understood how resources were to be transferred. The operating framework should provide detailed information on the running costs of the clinical commissioning groups.
- It would be a challenge to shape arrangements locally given the number of contributors.
- Leadership for the future would be pivotal. By showing this leadership in Bradford and deciding what is to be delivered here there was an opportunity to shape national thinking.

**Resolved –**

**That the progress that is taking place be noted and the approach taken be endorsed.**

***ACTION: Director of Public Health***

## 15. THE JOURNEY TO INTEGRATION

The report of the Strategic Director Adult and Community Services (**Document “F”**) considered a shared vision and commitment to the integration of health and social care in Bradford and Airedale. The Health and Social Care Bill to Parliament recommended changes to the health and social care system. In order to achieve these changes and improve outcomes for users and patients representatives from the sector developed a shared vision to enable organisations to begin discussions with staff at all levels of the organisations in readiness for change in the future.

Members of the Shadow Board commented as follows:

- For client’s the process needed to be seamless and clients’ experience should be used.
- Need to move on to the next step and accelerate the proposal.
- The mandate from the Shadow Board for this was important. For residents there needed to be a single pathway.
- ‘The Journey to Integration’ provided the overarching statement that has been

looked for.

- The voluntary sector should be a signatory to the document. A skills analysis and transfer needs ought to be looked at in further detail.
- It is about the level at which decisions are taken, about the localisation of decision making and empowering decisions at a local level.
- This is a journey in the right direction. There will be a fundamental role to play in bringing services together and the model should engage social care. Duplication will be taken out.

#### **Resolved –**

- (1) That the work on developing ‘The Journey to Integration’ be noted.**
- (2) That the use of the document internally with staff as part of the preparations for integration including the signatories be endorsed.**
- (3) That the Shadow Board endorses the position that decisions will be taken at the most local level appropriate to the issue being dealt with.**
- (4) That integration be taken forward and an implementation plan be submitted to the Shadow Board in accordance with the timeline shown in ‘The Journey to Integration’.**
- (5) That the voluntary sector be included in the list of signatories to ‘The Journey to Integration’.**

**ACTION:** *Strategic Director Adult and Community Services/ NHS Bradford and Airedale*

#### **16. DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) IN THE BRADFORD DISTRICT**

The report of the Strategic Director Adult and Community Services (**Document “G”**) informed the Shadow Health and Wellbeing Board about the Joint Strategic Needs Assessment (JSNA) in Bradford. The paper described how the JSNA in the Bradford district has developed since its inception, how it is viewed now following a recent review, and how it needed to change going forward to be fit for purpose in the future. The JSNA had to change and develop in the light of the formation of the Health and Wellbeing Board, the Clinical Commissioning Groups, local Healthwatch, the transfer of local public health functions to the local authority, the integration agenda and other key changes in outcome frameworks and commissioning arrangements.

Members of the Shadow Board commented as follows:

- Care has to be taken in prescribing solutions as a solution may not be appropriate for every locality. Have to look at inequalities but the base level of health provision that everyone receives is the more important factor.
- Access to data is crucial and need to move further on data sharing agreements. The JSNA needs to drive rather than reflect, shape commissioning rather than directing. Age of death in areas is a factor in identifying where inequalities exist but additional funding won’t necessarily be enough to tackle those inequalities.
- The JSNA ought to be meaningful in terms of commissioning intentions.
- An outcomes based focus for the JSNA is essential that delivers accountability.
- How would the public be consulted? Would this be through the VCS or direct with

the public? A discussion was needed on the consultation mechanisms to be used to ensure that all views are heard not just the most vocal. The public had to be engaged in the debate on changes to be made.

- The voluntary sector has a role to play as the provider of services. Also the views of hospitals and GPs should drive and shape.
- Early intervention was important particularly so in ensuring a child's health during its first five years.
- It had to be understood that debt has a massive effect on a person's mental and physical health.

**Resolved –**

- (1) That the progress of the JSNA in the Bradford district to date and the changing context for the future development of the JSNA be noted.
- (2) That option 1 be approved, including the expansion of membership of the JSNA Steering Group, the ongoing refresh and update of data to be completed by the end of 2011, and the longer term reappraisal and redesign workstream to make the JSNA fit for purpose for the Health and Wellbeing Board in the future.
- (3) That the Shadow Health and Wellbeing Board receives a future report on the direction and progress of JSNA development, at a time identified by the Board.

**ACTION:** *Strategic Director Adult and Community Services/Director of Public Health/Strategic Director Children's Services*

**17. DATE AND TIMES OF FUTURE MEETINGS**

**Resolved -**

**That the next meeting of the Shadow Board take place at 1000 on Tuesday 6 December 2011 in Committee Room 1, City Hall, Bradford.**

**ACTION:** *City Solicitor*

Chair

**Note: These minutes are subject to approval as a correct record at the next meeting of the Board.**

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THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER