

# City of Bradford Metropolitan District Council

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## Minutes of a meeting of the Shadow Health and Wellbeing Board held on Tuesday 17 January 2012 at City Hall, Bradford

Commenced 1000  
Concluded 1140

### 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
Councillor Alun Griffiths	Bradford Metropolitan District Council
John Lawlor	Chief Executive of the NHS Cluster
Dr Chris Harris	Bradford Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Ishtiaq Gilkar	City Clinical Commissioning Group
Dr Akram Khan	City Clinical Commissioning Group
Tony Reeves	Chief Executive of Bradford Metropolitan District Council
John Lawlor	Chief Executive of the NHS Cluster
Linda Pollard	Chair of the NHS Cluster
Anita Parkin	Director of Public Health
Moira Wilson	Strategic Director Adult and Community Services
Kath Tunstall	Strategic Director Children's Services
Sam Keighley	Bradford LINK
Caroline Schwaller	Bradford Assembly representing the Voluntary and Community sector

Also in attendance:

Pam Essler (Lay Member of the Shadow Airedale, Wharfedale and Craven Clinical Commissioning Group) and Natasha Thomas (representative elect for the Voluntary and Community sector).



Suzan Hemingway - City Solicitor

## 26. DISCLOSURES OF INTEREST

The following disclosure of an interest was received:

Councillor Griffiths disclosed a personal interest as a NHS General Practitioner and Member of the Local Medical Committee.

Caroline Schwaller disclosed that she was Chief Executive of Keighley and Ilkley Voluntary and Community Action that managed the contract for Bradford LINK.

It was disclosed in relation to the presentation on NHS Finance that the Council received funds through various contracts with the NHS.

As the interests were personal and not prejudicial the Members remained in the meeting during consideration and voting on the items.

**ACTION:** *City Solicitor*

## 27. MINUTES

**Resolved –**

- (1) **That the minutes of the meeting held on 6 December 2011 be signed as a correct record.**
- (2) **Pam Essler confirmed that she is now a Lay Member of the Shadow Airedale, Wharfedale and Craven Clinical Commissioning Group.**

**ACTION:** *City Solicitor*

## 28. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

## 29. NHS FINANCE

A presentation (**Document “J”**) was given by the Director of Finance, Bradford and Airedale NHS on the finance regime and financial duties placed on the NHS. This included a look back on the spending plan for 2010-11, the current plan for 2011-12 and the future Medium Term Plan. It was explained that funding was allocated to each PCT through a formula and PCTs had a statutory duty to maintain expenditure within budget. The cash settlement in ‘real’ terms was not sufficient to meet the demand for growth from demographic pressures, NHS inflation, patient expectations and changes in technology/improved medical science.

Members of the Shadow Board commented as follows:

- It was necessary to understand the financial context to work towards the huge challenges such as the demographic pressures on spending for social care.
- Duplication had to be avoided and the vision for integration accelerated to achieve savings.

- It was necessary to work smarter, more effectively, to meet service pressures.
- Clarity was needed around priorities and the services that benefited the most people. Positive interventions for a few could proportionately have a larger effect.
- The importance of the evidence base was stressed to be able to prioritise.

The Director of Finance was thanked for her informative presentation.

## **NO ACTION**

### **30. DEVELOPMENT OF FURTHER INTEGRATION BETWEEN SERVICES TO IMPROVE OUTCOMES FOR CHILDREN**

The Assistant Director Children's Specialist Services, Bradford Council and the Director of Quality and Governance, Bradford NHS presented a report (**Document "K"**) on the business case for further integration of children's services and health services in order to improve outcomes for children and young people.

Members of the Shadow Board commented as follows:

- The proposal presented the right travel direction, building on what's happening and accelerating the process.
- Health problems in the older population were often a direct consequence of what happened to those people during childhood so it was important that we concentrate on children's health.
- Evidence suggested that if services for children were the right ones then service costs would be reduced for adults.
- A close working relationship was needed between the Council's Children's Services and acute services in the Health sector.
- There should be more involvement from the third sector to contribute to outcomes.
- Consideration should be given to inviting representatives of the major Health Trusts to attend meetings of this Board in an observer capacity to feed information in to those organisations and make connections.
- The workstream on the transition to adulthood was welcomed. It was particularly important that young people with disabilities had access to opportunities.
- Integration was a means to an end and it was the outcomes that are important though some outcomes were difficult to measure and could take longer to achieve.
- Access to respite care services was necessary for families with health disabilities but there was only limited respite care services.
- The Children's Trust framework was outcome based; the education service coming back within the Council was driving forward integration.
- A more in depth conversation with the public on the reconfiguration of services in the public sector would be welcomed to enable the shaping of services.
- Part of the integration process should be a properly structured consultation process.
- The approach to integration was welcomed.

## **Resolved –**

### **(1) That the proposal be supported to in:**

**Phase 1 - To develop a targeted change management programme which will develop integrated ways of working to improve outcomes for children from 0-19, (0-25 for disabled children) in three areas of practice in 2011-13. The work will be carried out alongside the re-organisation of the NHS, public health and local authority services. The integration will be developed across all relevant**

services for the agreed areas of practice and/or lines of business. Lessons learned will inform phase 2.

**Phase 2 – To work towards a full change management programme to embed integrated ways of working based on aligning of resources and budgets.**

- (2) That the Children’s Trust be given responsibility for taking forward integration.
- (3) That the Chief Executives of Bradford Metropolitan District Council and Airedale, Bradford and Leeds NHS deliver a paper to the next meeting of the Shadow Board on the wider vision for integration for the District and how it will be driven.
- (4) That an engagement strategy for the Board should be considered as part of the Board’s business planning for the coming year.
- (5) That the NHS Trusts be invited to attend meetings of the Shadow Board as observers.

**ACTION: Chief Executives/Strategic Director Adult and Community Services/NHS Airedale, Bradford and Leeds**

### 31. JOINT STRATEGIC NEEDS ASSESSMENT

On 13 December 2011 the meeting of Council approved the following resolution:

“This Council notes the significant health inequalities that exist in the Bradford Metropolitan District and believes that improving health outcomes for residents is one of the most significant challenges that we face.

This Council notes the establishment of a Shadow Health and Wellbeing Board bringing together Bradford Council and partners in the National Health Service, that is charged with this task.

This Council therefore calls on the Shadow Health and Wellbeing Board, and its successor Board to develop a Health Inequalities Action Plan for Bradford MDC, and requests the Council members on this Board to ensure that this takes place.”

The report of the Director of Public Health (**Document “L”**) indicated that the Department of Health had mandated the production of Joint Health and Wellbeing Strategies to complement and sit alongside Joint Strategic Needs Assessments at local level. The purpose of this was to underpin commissioning plans for 2013-14 and to give all local partners a set of jointly agreed priorities to work on together in the new health and social care system. The Joint Health and Wellbeing Strategy should support Shadow Health and Wellbeing Board members in making the step from the Joint Strategic Needs Assessment focus on assessing needs and available assets, to planning the delivery of integrated local services based upon those needs and assets, and collectively addressing the underlying determinants of health and wellbeing. An accompanying paper set out the issues and local context, and included a summary framework and timescales for the production of the Bradford and Airedale Joint Health and Wellbeing Strategy.

Members of the Shadow Board commented as follows:

- The document will form part of the Council's strategic framework and will need to be approved by Full Council.
- Everyone has a right to good health and differences such as variations in life expectancy between different Wards and the youngest children in school classes living less long ought to be eradicated.
- The approach to drafting the strategy was welcomed and this strategy was the most important task that the Board would undertake.
- A statement of general principles should be added to the document.
- In Section 7: 'Ensure a healthy standard of living for all' clarification was sought on the thinking behind the concept of volunteering. Liaison with the Bradford Assembly should take place on this.
- Being a good citizen and supporting neighbours was more important than the notion of volunteering.
- In the sections relating to children there should be reference to vulnerable children.
- The strategy could change how organisations behave and connect with citizens though it was a challenge to deliver solutions at a time of reduced resources.
- Improving services will make a difference to removing inequalities. There should be more integration around services for mental and physical health. Commissioning through the third sector could fill gaps in service provision.
- More verbs were needed in the document to show what is going to be done.
- Need to address difficult problems such as healthy eating and stopping smoking without being afraid of causing upset.
- Users had to be involved in the process and their views listened to.
- The NHS was good at tackling the consequences of health inequalities but had to get better at tackling the health inequalities themselves.

**Resolved –**

- (1) **That the indicative timeline and draft framework for a Bradford and Airedale Joint Health and Wellbeing Strategy be approved subject to the comments made during the discussion.**
- (2) **That a statement of general principles that guide the approach being taken be added at the front of the document.**

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

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

**Resolved -**

**That it be noted that the next meeting of the Shadow Board will take place at 1000 in Committee Room 1, City Hall, Bradford on 20 March 2012.**

**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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