

City of Bradford Metropolitan District Council

www.bradford.gov.uk

(mins.dot)

Minutes of a meeting of the Shadow Health and Wellbeing Board held on Tuesday 20 March 2012 at City Hall, Bradford

Commenced 1000
Concluded 1230

PRESENT –

MEMBER	REPRESENTING
Councillor Ian Greenwood (Chair)	Leader of Bradford Metropolitan District Council
Councillor Amir Hussain	Portfolio Holder for Social Care
Councillor Mike Gibbons	Bradford Metropolitan District Council
Councillor Alun Griffiths	Bradford Metropolitan District Council
Dr Chris Harris	Bradford Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Graeme Summers	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Ishtiaq Gilkar	Bradford City Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Tony Reeves	Chief Executive of Bradford Metropolitan District Council
John Lawlor	Chief Executive of the NHS Cluster
Anita Parkin	Director of Public Health
Janice Simpson	Interim Strategic Director Designate Adult and Community Services
Emmerson Walgrove	Bradford LINK
Natasha Thomas	Bradford Assembly representing the Voluntary and Community sector

Also in attendance:

Councillor Kelly and Pam Essler (Lay Member of the Shadow Airedale, Wharfedale and Craven Clinical Commissioning Group).



Suzan Hemingway - City Solicitor

33. **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.

Councillors Berry and Griffiths declared a personal interest in the item on the Bradford District Care Trust as Members on the Board.

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

ACTION: *City Solicitor*

34. **MINUTES**

Resolved –

That the minutes of the meeting held on 17 January 2012 be signed as a correct record.

ACTION: *City Solicitor*

35. **INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

36. **PROGRESS REPORT ON THE IMPLEMENTATION OF THE LEARNING DISABILITY COMMISSIONING FRAMEWORK “CHANGING LIVES THOROUGH REAL PARTNERSHIP**

The learning disability strategic commissioning framework “Changing lives through real partnership“ was agreed by Bradford Council ,NHS Bradford and Airedale and Bradford District Care Trust (BDCT) in 2007 .The change programme to implement the recommendations was established in September 2008. The strategy recommended a range of changes to services. This report (**Document “M”**) outlined the changes which had been delivered and the areas which required more joint work in order to complete implementation of the strategy.

Representatives of the Learning Disability Partnership Board were in attendance and contributed their views to the meeting. It was reported that the Changing Lives programme had been a positive development and the health checks undertaken by GPs were working well. However, there were issues on enabling carers/relatives to stay in hospital whilst the person with learning disabilities was there receiving treatment; vulnerable adults were having to wait far too long for assessment; the Government forms were difficult to complete; there needed to be more counsellors for people with learning disabilities; and improvements needed to be made to the arrangements for the transition between children’s and adults services, including the person being introduced to the consultant before the transfer took place.

Members of the Shadow Board commented as follows:

- The comments made on the transition from children's to adult services were endorsed.
- The designated officer was a significant role.
- Given the number of persons with learning disabilities using services it was enquired if some were not taking up their entitlement. Did GPs pass on information to patients about entitlement to services and could the system cope?
- Access to services depended on the assessment; unaware of significant unmet demand. Health Facilitators developed an action plan for individuals.
- Many people with learning disabilities were in employment and education.
- The needs of people with learning disabilities should have equal access through commissioning plans.
- A conversation can be had about implementing a protocol covering carer involvement with people with learning disabilities using hospital services.
- Reassurance was needed that a person's mental capacity was respected.
- It was advised that the scrutiny function lay elsewhere and not with this Board.
- Community Matrons providing case management for people with learning disabilities who had complex health needs were proving effective.
- Support was being provided for people with learning disabilities who were experiencing hate crime.
- The Healthier Lives reference group chaired by a person with a learning disability was operating and developing a plan.
- Working Together for Change had been a positive event and had enabled views to be heard.
- The strategy needed taking forward so that people with learning disabilities were treated equally. There had been massive improvements but more could be made.

Resolved –

- (1) **That the report be noted and it be noted that the scrutiny function does not lay with this Shadow Board but will be undertaken through the scrutiny arrangements that are in place.**
- (2) **That the outstanding work to be undertaken over the next year including the inclusion of Learning Disability Services in the Health and Wellbeing Strategy be approved.**

ACTION: Interim Strategic Director Adult and Community Services

37. VISION FOR HEALTH AND SOCIAL CARE INTEGRATION IN THE DISTRICT

A presentation was given by the Chief Executives of Bradford Metropolitan District Council and NHS Bradford, Airedale and Leeds on the vision for Health and Social Care integration and how it was to be driven forward.

Key features of the presentation were: the strategic approach to integration; the role of the Transformation Change Board; the finalisation of a clear vision though the umbrella strategy; moving the focus away from own organisations to a shared vision; front line commissioning and empowering of providers; alignment of resources and more effective deployment; the challenging financial environment integration was taking place in; the Health and Wellbeing Board would provide challenge.

Members of the Shadow Board commented as follows:

- Consideration needed to be given to when was the right time for service users to be involved in the process.
- Issues such as IT and information management had to be unblocked to enable the agenda to move.
- The integration agenda was supported and it provided a good vision. However, structures for areas like IT and Finance had to be in place and provided at the right level of support.
- Input from the voluntary sector into the process was necessary.

No resolution

ACTION: *Chief Executives of Bradford Council and NHS Airedale, Bradford and Leeds*

38. HEALTH AND WELLBEING STRUCTURES

The report (**Document “N”**) of the Joint Director of Public Health and the Interim Strategic Director Designate Adult and Community Services reviewed the Health and Wellbeing groups and partnerships that sit beneath the Shadow Health and Wellbeing Board (SHWBB). The report made recommendations on how these could be developed. The overarching aim was to develop a Health and Wellbeing Structure that supported the SHWBB and coordinated the effort and expertise of all partners and communities to make real improvements to the health and wellbeing of citizens, including reducing health inequalities.

Members of the Shadow Board commented as follows:

- Needed to be clear about the functions of the Shadow Health and Wellbeing Board and the other groups in the structure before moving forward on this proposal.
- At this stage the Shadow Board could only make observations to the Bradford District Partnership. This Shadow Board had not yet formally been constituted as a Health and Wellbeing Board.
- The proposed structure is complicated and doubt whether the recommendations would work.
- Clarification was necessary on how reports were to be taken through the structure and in which order to the various bodies.
- Progress needed to be made on developing a work programme for the Shadow Board.

Resolved –

- (1) That the views of the Health and Wellbeing Partnership on the structures be noted and the views inform further discussions on the partnership arrangements.**
- (2) That the structure be revisited when clarification is obtained on the functions of the Boards and other bodies in the structure.**
- (3) That a development session for Members of the Shadow Health and Wellbeing Board be arranged.**

ACTION: *Joint Director of Public Health/Interim Strategic Director Designate Adult and Community Services*

39. **APPLICATION FOR THE BRADFORD DISTRICT CARE TRUST TO BECOME AN NHS FOUNDATION TRUST**

The Director of Business, Planning and Compliance, Bradford District Care Trust gave a presentation on the plans for the Care Trust to take forward an application to become an NHS foundation trust, a status the Trust aimed to achieve in the early months of 2013.

It was explained that one of the benefits of becoming a foundation trust was that trusts get the chance to plan services and finances on a longer term basis and so, as part of the requirement of the application process the Trust was currently producing a five year integrated business plan for the Trust. The production of a five year business plan would provide the essential long term strategic direction for the Trust. Building on the vision, values and strategic objectives of the organisation, the plan defined the Trust's longer term strategic direction and how the Trust would go about achieving its aims taking account of its current position. The plan needed to be sufficiently visionary and far-sighted to provide a real vision for the development of services over the next five years but also be sufficiently detailed and specific to allow for the production of a long term financial model.

As the integrated business plan and long term financial plans were refined the Trust wished to take every opportunity to share with partners in the health and social care economy the emerging picture and seek engagement in the finalisation of plans.

Members of the Shadow Board commented as follows:

- The Chief Executive of the Bradford District Care Trust should have been in attendance.
- Contained within the presentation was a proposal that looked like a comprehensive bid for the delivery of services. Conversations were needed to ensure a collective design of services and the effective deployment of resources. It should not be assumed that other organisations would be taking over the services currently delivered by the Council.
- Trust and relationships needed to be built between the partners and a look systemically at the relationship between providers. The bigger goal was the most important.
- If the Trust wanted to move towards integration then there would be implications for the Council.
- The integrated care pilots would raise awareness of issues on organisation and structures.
- In applying for Foundation status the organisation has to be robust yet no basic financial modelling had been presented.
- Want to support the application for Foundation status but there were concerns about detail and whether it can be delivered.
- The application would be supported but urgent discussions with the Care Trust were essential.

Resolved –

That the application by the Bradford District Care Trust to become a NHS Foundation Trust be supported.

ACTION: *Chief Executive, Bradford District Care Trust*

40. **CLINICAL COMMISSIONING GROUPS (CCGs) PRESENTATION**

A joint presentation was given by the representatives of the Clinical Commissioning Groups (Bradford/Airedale, Wharfedale and Craven/ Bradford City) providing an update on the CCGs and draft plans. Doctors Chris Harris, Akram Khan and Philip Pue gave the presentations which included the following:

CCG Structures

- There 3 CCGs – Bradford/Airedale, Wharfedale and Craven/and Bradford City.
- Board membership included GPs, lay people, nurse, secondary care consultant, Chief Finance Officer, Accountable Officer and Chair roles.
- Shadow organisations were in place with delegated budgets and responsibilities from 1 April 2012.
- Council of Representatives made up of Member Practices.
- A constitution setting out arrangements
- CCGs would be statutory organisations from April 2013.

CCG Roles

- Commissioning services for the local population
- Planning, agreeing and monitoring services
- Working in partnership
- Reduce health inequalities
- Keep within budget
- Governance requirements
- Duty to co-operate with legislation and with clients such as carers
- Public body duties such as human rights and safeguarding

Bradford Shadow Clinical Commissioning Group

Our Vision

- “Better health for the people of Bradford”

Our Mission

- “Bradford Clinical Commissioning Group is passionate about making a positive difference. We will achieve our vision through genuine clinical drive and leadership in everything we do.
- We will work in partnership with our members, our population and our stakeholders to achieve real integration and service transformation that makes a tangible difference to health and social care services in Bradford.
- Our CCG will be clinically led and professionally managed to ensure we make the very best use of resources to deliver safe and high quality services for our population.”

Our Strategic Approach

- Tackling health inequalities through prevention, integration and partnerships
- Improving primary care quality and ensuring genuine engagement
- Transformation of services
- Improving outcomes for people with long term conditions

- Transforming urgent and intermediate care
- Improving patient safety and the patient experience

To have the greatest impact on our strategic objectives we will focus on:

- Reducing health inequalities
- Transformation of services to improve efficiency and health outcomes
- Much greater integration of services across health and social care
- A focus on preventative care and on early diagnosis
- Using the evidence base and taking a systems based approach
- Improving safety and the patient experience
- Maintaining a grip on contracts and delivery of QIPP
- Successful establishment and development of our CCG to make a real difference to how services are commissioned and delivered.
- Improve the way services are delivered in: acute, urgent and intermediate care; long term conditions; primary care quality; dementia care; support to carers; alcohol, obesity and smoking; preventative strategies that start with children and young people.

Bradford City Shadow NHS Clinical Commissioning Group

Our Vision

- Be a premier CCG that commissions innovative, effective, value for money services

Our Mission

- Improve the services available to patients
- Reduce health inequalities
- Ensure engagement and communication with patients and clinicians that informs our priorities
- Be creative in the way we design safe and effective value for money services
- Ensure strong partnership working

Our Key Objectives

- Improve provision of preventative health and earlier detection and management of illness
- Improve child and women's health outcomes
- System transformation in Acute, Urgent and Planned Care
- Deliver our QIPP plan

Service Priorities

- Work with partners to reduce health inequalities
- Support QIPP through the transformation of services
- Develop closer inter agency working
- Continue to engage practices in managing contracts and performance
- Support the development and improvement of Primary Care

Organisation priorities

- A representative organisation

- A new approach to improving services
- A lean system organisation
- Work in partnership with the whole system
- Develop clinical leaders
- Effective Board
- Robust governance

Airedale, Wharfedale and Craven Shadow NHS Clinical Commissioning Group

Vision

- To be recognised as a leading CCG through the successful integration and transformation of health and social care, the introduction of innovative, improved clinical pathways, sound financial management and a model employer which develops future clinical leaders.

Mission

- The CCG will provide clinically led, innovative commissioning of efficient and effective health care informed by patients, carers and clinicians. This will be achieved through close working relationships with relevant health, social care and voluntary organisations. Resources will be utilised responsibly, efficiently and collaboratively to ensure high quality, integrated health and social care for all.

Principles

- We will ensure the local provision of care wherever appropriate
- In transforming services we will understand the impact on the range of providers within the context of a sustainable local health and social care economy
- We will work towards the integration of the commissioning and provision of health and social care
- We will engage with the Council of Members, patients and the public, other professionals and stakeholders

Values

- Wise use of money – right care, right place, right time; improve productivity and Value For Money; reduction in duplication and waste
- Better Health – long life, disease prevention; better quality of life; fair access for all; reduce health inequalities
- Excellent Patient Experience – safe care, effective care, high quality, patient choice, equal access

Objectives

- Transform urgent care
- Transform planned care
- Transform mental health services
- Achieve excellence in prescribing and medicines management
- Reduce health inequalities and promote health
- Maintain safe, high quality effective care
- Develop the CCG

Members of the Shadow Board commented as follows:

- The representatives of the CCGs were thanked for the presentation.
- The importance of CCG's commissioning services was emphasised and it needed to be understood how this interacted with the activities in other parts of the health sector.
- Discussions were taking place with the Commissioning Support Organisation on the size of CCGs and the extent of the commissioning role.
- Bradford LINK was closely working with CCGs sharing information on providing support to patients.
- It was requested that the presentation be circulated electronically to members of the Shadow Board.

As there were now three CCGs it was proposed that the Terms of Reference for the Shadow Board be formally amended to ensure that the City CCG has the same level of representation on the Shadow Board.

Resolved –

- (1) **That all three CCGs be complimented on their impressive progress.**
- (2) **That the Shadow Board's Terms of Reference be amended to enable two clinicians from each of the three CCG's to be Members of the Shadow Board.**

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

41. DATE AND TIMES OF NEXT MEETING

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 15 May 2012.

ACTION: City Solicitor

Chair

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

minutes\shwbb20Mar

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