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Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 14 May 2013 at City Hall, Bradford

Commenced 1000
Concluded 1145

PRESENT –

MEMBER	REPRESENTING
Councillor David Green (Chair)	Leader of Bradford Metropolitan District Council
Councillor Amir Hussain	Portfolio Holder for Adult Services and Health
Councillor Ralph Berry	Portfolio Holder for Children and Young People's Services
Dr Andy Withers	Bradford District Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Helen Hirst	Bradford City/ Bradford District Clinical Commissioning Group
Sue Cannon	NHS Area Commissioning Team
Janice Simpson	Strategic Director of Adult and Community Services
Anita Parkin	Director of Public Health
Emmerson Walgrove – Interim Member	Healthwatch Bradford and District
Natasha Thomas	Bradford Assembly representing the Voluntary and Community sector

1. **APPOINTMENT OF DEPUTY CHAIR**

Resolved –

That Councillor Amir Hussain be appointed Deputy Chair of the Committee.

2. DISCLOSURES OF INTEREST

The following disclosures of interest were received in the interests of clarity in respect of items on the agenda:

Dr Philip Pue practiced at a General Practitioner's (GP) practice that provided a diabetes service.

Dr Andy Withers practiced at a General Practitioner's (GP) practice that provided a diabetes service.

Emmerson Walgrove was the Chair of the Ridge Mann Practice Patient Participation Group (PPG).

ACTION: City Solicitor

3. MINUTES

Resolved –

That the minutes of the Shadow Health and Wellbeing Board meeting held on 19 March 2013 be signed as a correct record.

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

5. DIABETES SERVICES

The Consultant in Public Health presented a report (**Document "A"**) which provided an update on diabetes care and data on the process measures for the three Bradford Clinical Commissioning Groups (CCGs). He reported that approximately 38,000 people in the District had diabetes, of which 32,000 people had been diagnosed as having the disease and were registered on the Quality and Outcomes Framework (QOF). The majority had type 2 diabetes. The number of people on the register had grown and it was estimated that there would be approximately 56,000 with diabetes in 2030. There were a number of important indicators on the QOF and its data was used to provide information on Bradford's diabetic population.

The Consultant in Public Health informed the Board that the National Diabetes Audit answered four key questions based on the National Service Framework. The findings for Bradford identified that a low proportion of patients with type 2 diabetes received both treatments. He confirmed that Bradford District had performed well on seven out of the nine indicators and the data was currently being updated.

An independent review had been requested and would be undertaken by the three CCGs. The scope of the review would cover all diabetes care services and the endpoint may include a re-specification of the levels of services. It was explained that there would be a growth in the prevalence of diabetes and there currently was not an agreement of how to deal with the disease as a District. Options would not be known until the review had been completed and the financial implications would have to be considered.

As an associated issue, the Consultant in Public Health reported that work was ongoing in Keighley with the South Asian community in relation to diabetic eye care and this would be rolled out across Bradford in due course.

Members of The Board raised the following points:

- The review had not indicated that users of the service would be consulted. Where would the information come from?
- Could the implications be broken down so that they could be considered?
- There wasn't a systematic approach in relation to the involvement of the third sector. How would they be involved?
- The work to be undertaken would be a challenge and the third sector should be involved.
- Children's lives would be affected and it was hoped that the community engagement process would be beneficial.
- Healthwatch was an independent organisation and could support the work to be undertaken.
- The voluntary sector had a key role in relation to awareness campaigns about prevention.
- What work was being done with the education services?
- What was being done to educate the homeless in the District about diabetes?
- The prevention and treatment of diabetes needed to be collectively agreed. What was the timescale for an action plan to be submitted to the Board?
- Homeless people could not register with a General Practitioner (GP) if they did not have a passport, so how would they be treated?
- A local led initiative was required.
- The information was based upon Local Authority and primary health areas. Where did Acute Trusts fit in?
- What was the third sector involvement in the process?
- Prevention and treatment should be differentiated.
- A systematic approach was required.

In response it was confirmed that:

- The review had been commissioned to look at three issues; past experience, targeted focus work on current services and to engage in the design of new services.
- With regard to the CCGs, there was a well established care model in place in some practices, however, there was a need to ensure that it was installed in all practices. It was too early to identify the implications. The implications for the Local Authority were in relation to population based interventions.
- There were a range of services for homeless people, though it was not known how engaged they were in the diabetes service.
- The recommendations would be submitted to the next National Health Service (NHS) commissioning round. The National Institute for Care and Excellence (NICE) guidelines would need to be worked out for the prevention agenda and this would be undertaken over the next month approximately. The review was not required to make improvements, but it was required for services. The prevention requirements were being looked at, however, they would not be available before the autumn.
- There were wider implications in relation to homelessness and the matter would need to be fully considered at a later point.
- Bevan House Practice provided a homelessness service.
- The Acute Trusts were part of the review as was the whole of the diabetes pathway.

- There were initiatives being undertaken regarding children's pathways.
- Bradford City CCG had invited patients to comment on third sector involvement.

Resolved –

That further reports on the prevention and treatment of diabetes be submitted to a future meeting of the Health and Wellbeing Board.

ACTION: Director of Public Health

6. **JSNA REVIEW**

The report (**Document "B"**) provided a summary of the results from the Joint Strategic Needs Assessment (JSNA) Steering Group and requested that the four main themes outlined; scope, format, process and use of data were endorsed by The Board. It was noted that the Steering Group had stated that The Board's input was vital in relation to the scope of the JSNA, its re-structure, to outline any sections missing, recommendations in respect of the Steering Group's role and membership and the level of geography that should be used in the description of the JSNA.

Members of The Board made the following comments on the scope of the JSNA:

- The scope would need to include Public Health, which was now part of the Council.
- The information did not conclude how the budget affected the role of the JSNA.
- What was the role of the JSNA and how did it sit with the Health and Wellbeing Board?
- Should the priority be with the Health and Wellbeing Board and not the JSNA?
- There was an issue as the roles were already defined and concerns would be raised if the JSNA became something more than an information provider.
- There was a lack of clarity of what fitted information fitted in where.
- A strategy would need to be developed.
- How much information would be required in the JSNA?
- Could the data be broader?
- The reports needed to be clear and understandable.
- The state of the District work was useful.
- The JSNA organised the data to enable decisions to be made.
- Good evidence was required.

The following points were made in relation to the structure of the JSNA:

- The service user's aspect of Health and Social Care services needed to be understood.
- The information should be qualitative, not quantitative.
- Was there an easy read version and how well had it been received?
- Could an easy read version be produced?
- The patient's general experience could be looked at by The Board.
- It was important that the experience and ease of process was known.
- Engagement with communities was already undertaken.
- There were existing mechanisms that could be used better.
- The issue of market research needed to be addressed in some way.
- Who were the members of the Steering Group?
- It was important that The Board supported the JSNA.

With regards to the provision of an easy read version of the JSNA, it was explained that the Steering Group had considered the matter, however, the issue could be re-visited. It was confirmed that the membership of the Steering Group covered a wide range of areas and that a strong steer was required, however, it was not defined by the Terms of Reference. The Board were informed that there may be scope to formally constitute the Steering Group and it was requested that options in respect of the membership were submitted to a future meeting.

The following comments were made with regards to the JSNA Steering Group:

- Too much consultation could be carried out and a balance was required. Discussions should be undertaken in order to make the consultation more relevant.
- Guidance was required as to whether the Executive Summary should be refreshed every two years.

The Board provided the following comments regarding the level of geography to be used:

- How large was the area covered?
- Ward areas were too large.
- Could Clinical Commissioning Group (CCG) boundaries be used?
- The CCG boundaries were a practical point to start at, though communities would need to be included.
- Areas with higher health inequalities needed to be considered.

The Board agreed that the CCG boundaries should be used, however, if they were not adequate then the matter would need to be re-visited.

Resolved -

That the conclusions of the JSNA Steering Group set out in Document "B" be endorsed.

ACTION: Director of Public Health

7. HEALTH INEQUALITIES ACTION PLAN

The Strategic Director, Adult and Community Services presented a report (**Document "C"**) which provided a progress update on the development of the Health Inequalities Action Plan (HIAP).

The Partnership Lead (Health and Wellbeing) reported that the HIAP contained commitments and it was proposed that a lead partnership would be identified from the Local Strategic Partnership (LSP), who would take responsibility for agreeing the commitments. A report would be submitted to The Board in July 2013 when further work had been completed.

Members of The Board noted that Bradford and Airedale Mental Health Advocacy Group (BAMHAG) were providing support in relation to mental health and other work was ongoing with regards to diabetes, amongst other things, which could have an impact on The Board in the future.

The Strategic Director, Adult and Community Services confirmed that the Plan had been discussed at the Health and Wellbeing Partnership where concerns had been raised with

regard to the influence of the Partnership Boards and that actions were taken forward. Further discussions were to take place with the Partnership Boards to ensure that they were content with the roles that they were being asked to fulfil.

The Chair indicated that the priorities had changed and the focus needed to be concentrated on The Board's priorities and what could be delivered and achieved. A great deal could be agreed directly and a clear path was required to ensure that a difference was made.

Resolved -

That the progress in the development of the Health Inequalities Action Plan and the expectation that a final draft with recommendations will be presented at the meeting to be held on 23 July 2013 be noted.

ACTION: Strategic Director Adult and Community Services/ Director of Public Health

8. COLLABORATIVE COMMISSIONERS

The Director of Collaboration presented **Document "D"** which described the approach of the collaborative commissioners' arrangements and included the draft Terms of Reference. It was explained that at the meeting in March 2013, The Board agreed to the establishment of collaborative commissioners and that their function would be to support the delivery of the Health and Wellbeing Strategy and deliver its intentions.

Members of The Board were informed that at the first meeting of the Collaborative Commissioning Group discussions were undertaken as to how value could be added and five work-streams were identified, which were set out in the report. With regard to the funding transferred under the Section S256 Agreement, it was noted that a plan would be submitted to a future meeting.

The Director of Collaboration queried how The Board would like issues to be reported back in relation to collaborative commissioning and if timescales should be established for the five work-streams.

Members of The Board made the following comments:

- The Terms of Reference should include the other broader work-streams that were ongoing.
- The timescales needed to be in line with the commissioning calendar.
- Work-streams were currently being funded on different timescales and everything needed to be on the same timeline.
- The Council had not been included in the discussions regarding Voluntary Sector Commissioning (VCS).
- Requirements needed to be understood in order to enable the VCS to respond.
- More engagement was required in respect of the outcomes and added value.
- Other options needed to be considered.
- The objective was to undertake the correct work with the appropriate communities.
- There would be other demands on the non-recurrent funding.
- Commissioning undertaken by the Local Authority could be looked at.

The Strategic Director, Adult and Community Services stated that reference had been made to the Local Authority and the points raised were acknowledged. The key issue was how an integrated approach could be supported, as there were more challenges for an integrated way forward and how best value for money could be achieved.

Resolved -

That further update reports be submitted to the Health and Wellbeing Board.

ACTION: Strategic Director Adult and Community Services

9. DATES OF FUTURE MEETINGS

The dates of meetings during 2013/14 to be held at 1000:

Tuesday 23 July 2013
Thursday 19 September 2013 commencing at 9.30 am
Tuesday 26 November 2013
Thursday 23 January 2014
Tuesday 18 March 2014
Tuesday 13 May 2014

Chair

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