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Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 23 July 2013 at City Hall, Bradford

Commenced 1005
Concluded 1220

PRESENT –

MEMBER	REPRESENTING
Councillor Amir Hussain (Chair)	Portfolio Holder for Adult Services and Health
Councillor Simon Cooke	Bradford Metropolitan District Council
Dr Akram Khan	Bradford City Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford City/ Bradford District Clinical Commissioning Group
Anita Parkin	Director of Public Health
Janice Simpson	Strategic Director, Adult and Community Services
Kath Tunstall	Strategic Director, Children's Services
Javed Khan	Healthwatch Bradford and District
Natasha Thomas	Bradford Assembly representing the Voluntary and Community sector

Apologies: Councillor David Green, Councillor Ralph Berry and Sue Cannon.

10. **DISCLOSURES OF INTEREST**

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

Councillor Simon Cooke worked for a voluntary sector organisation that provided services in relation to Minute 12.

ACTION: City Solicitor

11. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

12. WINTERBOURNE VIEW STOCKTAKE

The Interim Assistant Director, Operational Services presented **Document "E"** which outlined the Bradford District stock-take. It was explained that it was a national requirement and would identify the progress made in relation to the implementation of the recommendations from the review. The stock-take had been signed off by the Leader of Council and the Chief Executive and had been submitted to The Board, along with the Changing Lives Progress Report from March 2012.

The Interim Assistant Director, Operational Services then gave a presentation that covered the following areas:

- Bradford's action plan
- Partnership working
- Scrutiny
- Safeguarding

The Board was informed that the Council was working closely with Clinical Commissioning Groups (CCGs), the Voluntary Sector, families and carers and there were many checks within the system, however, work was still required in order to modernise the service. Consideration also need to be given to behaviour support services.

Members of the Board made the following comments:

- The Council needed to start supporting those with learning difficulties as best as possible. The issues needed to be understood by everyone and it was disconcerting that the start and end point were not clear.
- What about the budget and integration?
- What about personalisation?
- How was it ensured that the services accessed were safe?
- Was the framework open to all organisations that wanted to provide care? Was the Council restricting the market?

In response Members were informed:

- The purpose of the stock-take was for it to be completed and approved and the areas included were required in relation to policy.
- The Council had to report what had been spent and it was specifically looking at people with complex needs to share costs. Some of the money received from the Health budget had been used, however, the packages were expensive and it was hoped that the Council and Health organisations could work together in order to provide better outcomes for people. There was potential for more efficient services.
- 60 people were placed out of area, which was not a high number. The Council had progressed with regard to this issue, however, there was still much to be done and pilot work was being undertaken.
- There were opportunities for personal budgets to be implemented during the transition form children's to adult services and the amount of direct payments was increasing year on year. It was more difficult with regard to people over 40 years of

age as they were not used to direct payments and there was a need to develop the infrastructure to support them to have direct payments.
- There was a specification for the provider frameworks and providers had to meet the requirements before they were accepted onto the list.
- The Council would have to decide whether it would follow the same process again. The framework was closed and if the Council wanted to develop it consideration would have to be given to creating a new way forward, however, there was an issue surrounding the offering of assurance.
- The stock-take was a national requirement and the information provided gave an essence of the work that the Council was undertaking.

Resolved –

That the initial stock-take of progress against Winterbourne View Concordat Commitment be endorsed.

ACTION: Interim Assistant Director, Operational Services

13. INTEGRATED CARE FOR ADULTS PROGRAMMES IN AIREDALE, WHARFEDALE AND CRAVEN AND BRADFORD

The Clinical Chief Officer, NHS Airedale, Wharfedale and Craven Clinical Commissioning Group, presented a report (**Document "F"**) that outlined the progress made to date on achieving the integration of health and social care services across the Bradford District. The Head of Service Improvement, Bradford City/Bradford District Clinical Commissioning Group, explained that the report provided an overview of the work to date in relation to what had been done, why it was being done and the way forward. The Board then received a presentation that covered the following points:

- The context: why we need to do this
- The experience
- The solution … joined up local services
- Main aims
- Tiered service model
- Where are we so far?
- King's Fund core components of successful integrated care strategy: how are we doing?
- Things to make some decisions about
- Moving money around the system
- Where does it need to go next?
- Are we making a difference?

In conclusion the Head of Service Improvement stated that progress had been made, however, The Board would need to help drive the integration forward.

The Clinical Chief Officer confirmed that the work needed to move on further now and agreed that The Board's assistance would be required. He stated that an understanding of the way forward was required and that more work would need to be undertaken. There were issues in relation to estates, the integrated care record and predictive risk stratification and projects were ongoing in these areas. It was hoped that community profiles could be developed and the issue of how the money was moved around the system along with how the funds could be made better use of needed to be researched. Another consideration was the integration of children's services, as the service had been

more adult focused in the past. The Clinical Chief Officer reported that a national offer had been received from the Department of Health in relation to a Pioneer scheme that would provide support to ten Pioneer sites and share learning with others. He confirmed that the expression of interest had been submitted in June 2013 and it may or may not be successful, though the integration of health and social care services would need to be progressed whatever the outcome.

Members of The Board stated the following:

- The scale and pace of the integration needed to be increased. A system of teamwork was required along with the ownership of the challenges facing the District.
- A great deal of work had been undertaken over the years and a lot of it had been beneficial. Expertise was now required and investment in Information Technology (IT) was very important. However an increase in the number of managers was not a good point from the public's perspective.
- It was pleasing to note that savings were not expected to be made.
- What was a 'virtual ward', how many people had gone through the process and what was the next area to be followed up?
- The integrated care record system appeared to be a long way off. At what stage could the third sector access and start to input onto the system?
- There was a difference in record keeping in relation to public and private information and legal restrictions regarding data transfer.
- A coordinated approach to the integration was welcomed, however, it was concerning that it would be undertaken at pace.
- Could additional information about the integration of care be provided?
- The Children's Act 2004 set in place a model and made it a statutory requirement for agencies to work together. The new Children and Families Bill 2013 required a single assessment and it maybe useful to submit a report to a future meeting. With regard to the model, work needed to be undertaken as to how it could apply to children's services.
- The requirements of communities needed to be provided and decisions had to be made as to where to support them. A map of the needs across the District would be required.
- If the public were to be involved then consultation would be required. What would be done about those people that did not engage in any consultation? It may not be necessary to involve the public now, but they would need to be consulted as to what they would want fro the future. The consultation had to be done properly.
- With regard to the health inequalities issue there would need to be a different approach of engagement.
- Evidence was being compiled as to how the funds could be used and this information would be reported to a future meeting. It was important to understand people's experiences and ask for feedback on the work being undertaken.
- A business case was being developed in relation to the possibility of the adoption of a system and The Board would be kept updated.
- What was being done about the waiting times for hospital and doctor appointments and the waiting time in Accident and Emergency Departments.
- A wider discussion was required in relation to the integration and engagement of the public. Further work was also required at the appropriate time.

In response it was reported that:

- There would not be any additional managers. The Case Manager was not a manager, but was involved in the provision of care and could provide support. The benefit of IT was acknowledged and work was already ongoing in this area.
- The best example of a 'virtual ward' was in Airedale, as they had only just started in Bradford and they had impacted on the reduction in admissions.
- It was early days in relation to the integrated care system. The voluntary sector would be involved, but it was not known when that would be. The core patient records would need to be sorted and input in the first instance.
- The integration of care was a complex process and good work was being undertaken at ground level. The aim was to not stifle what was currently happening and create a culture for a way forward. The focus was on the outcomes that wanted to be achieved but the methods would be different in each area. Integration was a means to an end. It would not save any money but the funds could be dealt more efficiently. Overall it was about meeting the demands that had to be faced.
- The issue did not just relate to the integration of care, it covered the whole aspect and things needed to be done differently in order for the situation to progress. Work would need to be undertaken jointly by the Local Authority and Clinical Commissioning Groups (CCGs) and the public engaged. Real participation with people in their own homes would need to be undertaken.
- The Board needed to understand how to effectively use the money from the integrated transfer fund and decide how it should be utilised.
- Discussions were ongoing in relation to what could be done about waiting times with the Scrutiny Team and a report on doctor appointments would be submitted to a future meeting. With regard to Accident and Emergency waiting times improvements had been made, however, information about people's experiences would be beneficial.
- Communications had started about integration but needed to be improved.

Resolved –

(1) That the progress to date regarding the integration of services for adults be noted.

(2) That a mandate to local statutory health and social care organisations to drive forward integration of care at scale and pace be provided.

(3) That formal support of the Expression of Interest to become health and social care integration pioneers and the model of integration described within it be approved.

(4) That a mandate to statutory partners to develop community profiles be provided.

ACTION: Clinical Chief Officer/Head of Service Improvement

14. FRANCIS REPORT UPDATE

The Director of Quality presented a report (**Document "G"**) which summarised the work being led by Bradford City and Bradford Districts Clinical Commissioning Groups to implement the recommendations of the "Francis Report". The report had been published in February 2013 and the aim of the recommendations was to help prevent the recurrence of such a situation in the NHS in the future.

The Director of Quality then gave a presentation which covered the following issues:

- Patients' comments
- The position so far
- What next?
- Suggestions from the 26 June 2013 workshop
- National and local themes
- Future national initiatives
- Our local next steps

Members of The Board raised the following points:

- What had been done about the comments from patients?
- The reluctance to speak about providers specifically was concerning. If issues needed to be addressed to specific hospitals then this should be undertaken. The Francis Report was about the standard and quality of care on hospital wards. The issue needed to be addressed through open and honest discussions with feedback and this should all be made available to the public.
- There was a need to be more open and honest and specifics should be provided. The NHS should be transparent and more proactive in notifying the public about the improvements carried out and those to be undertaken.

In response it was confirmed that:

- More could be done with the experiences shared by patients and some had been translated into changes in services. The issue was about the response to the experiences and information would be placed onto websites. The NHS needed to be honest about the information and The Board needed to provide support.
- Mechanisms were already being undertaken by the Clinical Commissioning Groups (CCGs).
- Providers could be invited to a Board meeting in order for them to report on the improvements they were undertaking. More public interest had been generated in issues and people were now attending meetings, however, the NHS also needed to report on the areas where they were doing well.

Resolved -

That the introductory report be noted.

ACTION: Director of Quality

Chair

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