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Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Thursday 19 September 2013 at City Hall, Bradford

Commenced 0935
Concluded 1210

PRESENT

MEMBER	REPRESENTING
Councillor David Green (Chair)	Leader of Bradford Metropolitan District Council
Councillor Ralph Berry	Portfolio Holder for Children and Young People's Services
Councillor Amir Hussain	Portfolio Holder for Adult Services and Health
Councillor Simon Cooke	Bradford Metropolitan District Council
Dr Chris Harris	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford City / Bradford District Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Rashid Razaqat	Bradford City Clinical Commissioning Group
Sue Cannon	NHS Area Commissioning Team Director
Anita Parkin	Director of Public Health
Janice Simpson	Strategic Director of Adult and Community Services
Kath Tunstall	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Natasha Thomas	Bradford Assembly representing the Voluntary and Community sector



Observing: Emmerson Walgrove, Bradford District Disabled People's Forum
Damien Kay, Bradford City / Bradford District Clinical Commissioning Group
Andrew Jones, HealthWatch
Councillor G Thornton

Councillor Green in the Chair

15. DISCLOSURES OF INTEREST

Dr Philip Pue and Dr Chris Harris disclosed an interest in Minute 24 as their practices provided Sexual Health and Advice Services and left the meeting during consideration of that item.

Action: City Solicitor

16. MINUTES

Resolved -

That the minutes of the meeting held on 14 May and 23 July 2013 be signed as a correct record.

17. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

18. REFERRAL FROM THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

The following referral was made by the Health and Social Care Overview and Scrutiny Committee on 8 May 2013:

That the Health and Wellbeing Board be requested to investigate the issue of General Practitioner (GP) Practices using "0844/0845" telephone numbers.

It was reported that since the referral was made the Health and Social Care Overview and Scrutiny Committee had decided to look into the matter itself.

This referral was therefore only for noting.

19. CHAIR'S OPENING REMARKS

The Leader requested that the work on Commissioning and Adult Services be placed on a future agenda of the Board.

ACTION: Strategic Director, Adult and Community Services

20. THE NHS BELONGS TO THE PEOPLE: A CALL TO ACTION

The NHS Call to Action was a programme of engagement that would allow everyone to contribute to the debate about the future of health and care provision in England. Views, data and information would be used by clinical commissioning groups, NHS England and partners to develop 3-5 year commissioning plans setting out the commitments to patients and how services would improve.

The purpose of the Call to Action was to initiate an honest and realistic debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients.

The Director (West Yorkshire) NHS England submitted **Document “H”** which requested the Health and Wellbeing Board’s participation in the development of a long term strategy for the Call to Action.

He reported that improving the current health and care system alone would not be sufficient for the future. There were a number of trends that threatened the sustainability of the health and care system: an ageing society, a rise in long-term conditions, lifestyle risks among young people, and rising expectations. Combined with the increasing costs of providing care and limited financial resources, these trends posed significant challenges.

It was reported that without major transformational change to how services were delivered, a free at the point of delivery health service may not be available to future generations.

Members were informed that the aim of the Call to Action was to:

- Build a common understanding about the need to renew the vision of the health and care service, particularly to meet the challenges of the future.
- Gave people an opportunity to tell the NHS on how the values that underpin the health service could be maintained in the face of future pressures.
- Gather ideas and potential solutions that informed and enabled CCG’s (Clinical Commissioning Groups) to develop 3-5 year commissioning plans.
- Gather ideas and potential solutions to inform and develop national plans, including levers and incentives, for the next 5-10 years.

He reported that the Call to Action would offer a number of ways for everyone to engage with the development of a renewed vision for the health service including:

A digital Call to Action

Staff, patients and the public would be able to contribute via an online platform hosted by NHS Choices. This platform would enable people to submit their ideas, hold their own local conversations about the future of the NHS and search for engagement events and other interactive forums.

“Future of the NHS” surgeries with NHS staff, patients and the public

Local engagement events would be led by clinical commissioning groups, health and wellbeing boards, local authorities and other local partners such as charities and patient groups. These workshop-style meetings would be designed to gather views from patients and carers, local partner groups and the public.

Town hall meetings

Held in major cities across the NHS, these events would engage local government, regional partners, business and the public. These regional events would give people who had not contributed locally a chance to participate in regional discussions.

National engagement events

A number of national events focusing on national level partner organisations to the NHS would be held. These would include Royal Colleges, patient groups and charities, the private sector and other stakeholders.

It was reported that all the data, views and information would be collected by CCGs and NHS England. This information would then be used by CCGs to develop 3-5 year commissioning plans, setting out commitments to patients about how services would be improved.

This information would also be used by NHS England to shape its direct commissioning responsibilities in primary care and specialised commissioning.

Members of the Board commented on the following:

- Further attention should be given to dementia care which included rapid diagnoses and referral.
- There should be more information on addressing health inequalities in the report.
- Focus should be placed on long term conditions and the elderly.
- There needed to be a balance between treatment and work on prevention; more needed to be done to prevent long term conditions.
- Money should be invested up front to do preventative work with young people.
- Needed long term plans and not just 3-5 years in order to see full benefits of such strategies.
- Bradford had a number of plans and work needed to be undertaken to bring these together so that it was one cohesive strategy.
- There was duplication in services being provided between Social Services and the Clinical Commissioning Groups which needed to be addressed.
- It was important that the NHS met local needs as well as having a national framework; all cities were unique and needed to have freedom on where resources should be spent.
- There needed to be a better way of engaging the public and how they could input into the strategy; large population of Bradford were not engaged.
- More attention should be given to preventative work.
- There was a lack of information in the report on families at risk and how they could be supported which also needed to be reflected in any joint strategy.

Resolved -

- (1) That the NHS Call to Action (Document “H”) be placed on the Council’s website which allows members of the public to contribute to the debate about the future of health and care provision.**
- (2) That the Strategic Director, Adult and Community Services consult with colleagues representing HealthWatch Bradford District, Clinical Commissioning Groups etc on the best way to engage members of the public in this consultation process and how the Bradford and Airedale Health and Wellbeing Board can contribute/participate in the development of a long term strategy for the Bradford District from the Call to Action.**

ACTION: Strategic Director, Adult and Community Services

21. FUNDING TRANSFER FROM THE NHS TO SOCIAL CARE IN 2013/14

The Strategic Director Adult and Community Services submitted **Document “J”** which outlined the proposals to use the funding transfer from the NHS to social care and to seek agreement from the Health and Wellbeing Board on the funding proposals.

The report also alerted the Health and Wellbeing Board to the forthcoming Integration Transformation Fund.

In response to a Member’s question, the Strategic Director, Adult and Community Services reported that the 8.2 million outlined in paragraph 3 of the report would be used to support existing mainstream Adult Social Care and the reablement fund would be used for continued work that started in previous years.

Resolved -

- (1) That the funding proposals be endorsed.**
- (2) That further progress on the Funding Transfer from the NHS to Social Care in 2013/14 be included in the broader integration reports that are submitted to the Board.**
- (3) That the forthcoming arrangements that need to be put in place regarding the Integration Transformation Fund be noted.**

ACTION: Strategic Director Adult and Community Services/Assistant Director, Operational Services, Adult and Community Services

22. JOINT HEALTH AND WELLBEING STRATEGY AND THE HEALTH INEQUALITIES ACTION PLAN

In December 2011, a meeting of the Council noted the high level of health inequalities that existed in Bradford Metropolitan District and recognised that improving health outcomes for residents was one of the most important challenges the district faced. The Council called on the Shadow Joint Health and Wellbeing Board (JHWB) and its successor body to develop a HIAP (Health Inequalities Action Plan) for the Bradford District.

The Director of Public Health submitted **Document “K”** which contained the final draft of the Health Inequalities Action Plan (HIAP) to be incorporated within the Joint Health and Wellbeing Strategy (JHWS) for the Bradford District.

It was reported that the purpose of the HIAP was to identify and implement priority actions that had the potential to reduce inequalities in health outcomes experienced between different populations within Bradford district, and between Bradford district and other parts of the UK.

Members commented on the following:

- A lot of work was needed on the needs of children; work being undertaken with Commissioning Groups in this area was important.
- It was essential to recognise the boundaries of addressing inequalities such as poor quality housing; poverty led to ill-health.
- Why people drank in the first place, why they were overeating, smoking etc should be considered.
- the action plan be commended.
- Priority 11 and 12 of the action plan did not detail all the partners involved.

Members were informed that an event was being held on 20 November 2013 by HealthWatch Bradford and District on Health Inequalities.

There was a discussion on whether the Health and Wellbeing Board should be the overseeing body for priority 18 (Reduce mortality from cardiovascular disease, respiratory disease and cancer) of the Action Plan but it was felt that the relevant parties listed should remain and consideration would be given to this matter in the future.

Resolved -

That the Health Inequalities Action Plan (Appendix 1 to Document “K”) be approved as the final version.

ACTION: Director of Public Health

23. HEALTH AND SOCIAL CARE INTEGRATION PIONEERS

The NHS and social care partners in Bradford, Airedale, Wharfedale and Craven had submitted an expression of interest to the Department of Health to become health and social care integration pioneers. The Health and Wellbeing Board supported the expression of interest at the meeting on 27 July 2013 when they heard a presentation outlining the programme.

Board members now saw a DVD that partners had commissioned introducing the Integrated Care programme. The DVD formed part of the communications plans for the programme.

The outcome of the expression of interest would be known by mid October 2013; however partners had agreed to continue to deliver the programme at scale and pace regardless of the outcome of the pioneer bid.

***ACTION: Director of Collaboration (Airedale, Wharfedale and Craven)
Bradford City and Bradford District Clinical Commissioning Groups***

24. SEXUAL HEALTH

Sexual health was an important part of physical and mental health and social wellbeing. The consequences of poor sexual health could be serious.

The Director of Public Health submitted **Document "I"** which reported that from the 1 April 2013 local government was required under the Health and Social Care Act 2012 as one of its five statutory Public Health functions to commission sexual health services including HIV prevention and sexual health promotion, open access genitourinary medicine and contraception services for all age groups.

A Board Member emphasised that the number of people using such services had increased and that there needed to be a focus on preventative work.

Members reiterated that any contract that was commissioned needed to be carefully thought out and fit for purpose.

Resolved -

That the current sexual health contracts due to end 31 March 2014 be extended for a further 12 months to ensure that a fully integrated sexual health service can be procured to be in place from 1 April 2015. This would allow for full consultation on the proposed model and allow for the full timescale for EU procurement including any TUPE implications.

ACTION: Director of Public Health/Head of Public Health

Chair

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