

## Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 26 November 2013 at City Hall, Bradford

Commenced 1005  
Concluded 1220

### 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
Councillor Simon Cooke	Bradford Metropolitan District Council
Helen Hirst	Bradford City/Bradford District Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Anita Parkin	Director of Public Health
Janice Simpson	Strategic Director of Adult and Community Services
Javed Khan	HealthWatch Bradford and District
Natasha Thomas	Bradford Assembly representing the Voluntary, Community and faith sector

Also Present: Richard Falls (Bradford District Clinical Commissioning Group)  
Ian Currell (NHS Area Commissioning)  
Mick James (Bradford District Clinical Commissioning Group)

Observers: Andrew Jones (HealthWatch)  
Judith Hurcombe (Local Government Association)  
Cllr Gibbons

Apologies: Sue Cannon, Kath Tunstall and Andrew Withers



**Councillor Green in the Chair**

**25. DISCLOSURES OF INTEREST**

No disclosures of interest in matters under consideration were received.

**26. MINUTES**

**Resolved -**

**That the minutes of the meeting held on 19 September 2013 be signed as a correct record.**

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

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

**28. NATIONAL JOINT LEARNING DISABILITY HEALTH AND SOCIAL CARE SELF-ASSESSMENT FRAMEWORK 2013 SUBMISSION**

The Strategic Director, Adult and Community Services submitted **Document “L”** which reported on the joint health and social care self assessment framework (JHSCLD SAF). The framework was intended to become the main source of intelligence and data for people with learning disabilities and services.

The JHSCLD SAF would be a single delivery monitoring tool that supported Clinical Commissioning Groups and Local Authorities and provided assurance to NHS England, the Department of Health and Association of Directors of Adult Services. The report informed the Board on the intended submission from Bradford which would be made on the 30 November to the Public Health Observatory. The Board were expected to monitor the progress of action plans in response to the self assessment and this was included in the report.

The Assistant Director, Operations outlined the contents of the report.

The Chair raised concerns that there was no indication of what action was being taken on the various issues highlighted in relation to the red, green, amber ratings listed in Appendix 1 of the report.

In response to the concerns raised by the Leader it was reported that when the Joint Learning Disability Health and Social Care Self-Assessment Framework was formally submitted a review process would take place with the NHS England Local Area Teams and regional ADASS (Association of Directors of Adult Social Services) Leads. Formal feedback would be provided which would lead to the development of a formal local action plan for delivery of identified improvements.

Members were informed that the report was the result of working with a variety of different bodies including the voluntary sector, care groups and carers themselves who all gave vital information on people with learning disabilities in the Bradford area.

Members commented on the following:

- Reiterated that actions being taken to address the issues raised in the report should have been included in the Joint Health and Social Care Learning Disability Self-Assessment Framework.
- There was a large amount of technical language in the report; reports needed to be easy to read with acronyms explained in full.
- Needed to increase the number of people with a learning disability receiving annual health checks.
- What influence this board could have should have been clearer in the report.

Members of the board then discussed the need to prioritise the work on the agenda for future meetings. It was highlighted that there was a need to work out what the collective responsibility of the Bradford Health and Wellbeing Board should be and how it should exert its influence in the area. The Board highlighted that although their agenda was largely set by National Government there was a need to set a local agenda to work on policies that were relative to the delivery of health in Bradford; it was of the utmost importance to be proactive. The Board felt there was a need to develop strategies and policies that would deal with local issues and help local people.

**Resolved -**

**That the Health and Wellbeing Board note the Joint Learning Disability Health and Social Care Self-Assessment Framework 2013 submission to the Public Health Observatory.**

***ACTION: Janice Simpson (Strategic Director Adult and Community Services) and Nancy O'Neill (Director of Collaboration for the Clinical Commissioning Groups)***

## **29. HEALTH CARE ALLOCATION FORMULA**

The Council at its meeting held on 22 October 2013 considered an item on Health Care Funding and expressed deep concerns at the NHS proposals to redistribute health funding from the North to other parts of the country. The Council resolved amongst other things that the Health and Wellbeing Board considered the implications of these proposals as a matter of urgency.

In accordance with the above a verbal update was provided by a representative of the Bradford District Clinical Commissioning Group on the Health Care Allocation Formula.

She reported that:

- In December 2012 NHS England Board commissioned a review of the NHS resource allocations policy. The scope of this review intended to include the local allocation of resources to Clinical Commissioning Groups and the budgets available for direct commissioning functions in Area Teams.

- The initial outcome of this work was made public and published in October 2013. The results for West Yorkshire demonstrated that the Clinical Commissioning Groups (CCGs) in Bradford and Airedale (including Craven) would lose £12.674m (1.9% of resource) compared to CCGs across West Yorkshire would lose £210.604m (8.04% of resource).
- The reason for this change was driven by changes to the underlying NHS funding formula. The most significant change was the removal of an adjustment made to the previous formula that was applied to account for health inequalities (deprivation).
- The other major change in the formula was a move to a registered list based population from a resident based formula. This meant unregistered patients were not accounted for in the formula.
- NHS England were still looking at the results of the proposed changes and were still considering whether a further adjustment is required to account for health inequalities.

Members were informed that the outcome of the changes to the NHS funding formula had not been finalised and may still improve upon the current planned reduction. The pace of change was likely to be very slow. A final decision would be taken at the NHS England board meeting in December 2013 and the results would be published on the 16 December 2013.

Members commented on the following:

- The removal of health inequalities and disparities from the allocation formula would be a challenge for the district due to the amount of unmet demand for health care
- Preventative and earlier interaction with health care professionals would not only help residents in Bradford but would also have less of an impact on the health care budget
- The sectors of unmet demand in Bradford were resulting in the most complex and expensive interventions often coming from those in the most vulnerable parts of society due to the lack of preventative care
- There was a need to be creative with funding that would be available in the future to deliver a localised form of health
- In light of the concerns regarding the changes to the funding formula for health it was important for the Board to have a greater grasp of the funding streams available for the area
- Bradford was inadequately funded in the first place.
- There was a need to campaign for funding to be secured for the area by lobbying NHS England by sending a letter outlining the boards concerns regarding the funding changes proposed and the current funding levels

**Resolved -**

**That the Strategic Director, Adult and Community Services in consultation with a representative from the Bradford District Clinical Commissioning Group draft a letter to NHS England on behalf of the Board outlining its concerns on the funding changes proposed and the current funding levels.**

***ACTION: Janice Simpson (Strategic Director, Adult and Community Services) and Representative from Bradford District Clinical Commissioning Group***

**30. INTEGRATION TRANSFORMATION FUND**

The Director of Collaboration (Airedale, Wharfedale and Craven, Bradford City and Bradford District Clinical Commissioning Groups) gave a verbal report on the Integration Transformation Fund.

The Strategic Director, Adult and Community Services reported that:

- The Integration Transformation Fund was a single pooled budget for Health and Social Care based on a plan agreed between the NHS and local authorities.
- Each locality would have a plan jointly developed by Clinical Commissioning Groups and Local Authorities by 15 February and signed off by the Health and Wellbeing Board.
- That the value of the fund would be £3.8 billion.
- Half of the fund would be paid on 2 April 2015 and would be related to performance in 2014/15.
- The other half would be paid in the second half of 2015/16 – dependent on in year performance.

A pooled budget which could be deployed locally across social care and health. To include:

- Protecting social care services (not spending).
- 7-day working in health and social care.
- Better data sharing between health and social care using the NHS number.
- Ensure a joint approach to assessment and care planning.
- For any agreed integrated packages of care – there is an accountable professional.
- Agreement on the consequential impact on the acute sector.
- Risk sharing/contingency planning if targets were met.

Members requested that further information be provided to the Board on what difference the ITF made to the current budget system; there was a need to have a strategy planning session so that all those who had an interest can have an input into it.

It was reported that the ITF was not new money; it was pooling available budgets together.

**Resolved -**

- (1) That a seminar be held with partners including NHS providers early in the new year to support the preparation of the 5 year strategy for health and care services so that all those who have an interest can have an input into it.**

- (2) That a further report be presented to this Board in January 2014 that presents options for the Board to consider in preparing the Integration Transformation Plan for the District.

***ACTION: Nancy O'Neill (Director of Collaboration for the Clinical Commissioning Groups) and Janice Simpson (Strategic Director Adult and Community Services)***

### 31. 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 saw a DVD that partners had commissioned introducing the Integrated Care programme at the Board's meeting in September. The DVD formed part of the communications plans for the programme.

Members were informed that Bradford, Airedale, Wharfedale and Craven had not been successful in the expression of interest to the Department of Health to become Health and Social Care integration pioneers but would continue with the work that had started.

**Resolved -**

**That the update be noted.**

***ACTION: Director of Collaboration for the Clinical Commissioning Groups***

### 32. INTEGRATION AND CHANGE BOARD AND BRADFORD HEALTH AND CARE COMMISSIONERS – (COLLABORATION BETWEEN BRADFORD AND AIREDALE CCGS, LOCAL AUTHORITY AND NHS ENGLAND WEST YORKSHIRE AREA TEAM)

In May 2013 the Health and Well Being Board received a report on the role of collaborative commissioning arrangements (now known as Bradford Health and Care Commissioners) including key work streams. As part of that report in line with its terms of reference, it was confirmed Bradford Health and Care Commissioners would report into the Health and Well Being Board as part of the groups and partnerships across the district to support the delivery of the Health and Well Being Strategy.

In line with the reporting arrangements previously agreed the Director of Collaboration, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford CCGs submitted **Document "M"** which updated the Health and Well Being Board on the progress being made within the key work streams overseen by Bradford Health and Care Commissioners.

Members commented on the following:

- Further information was required on the options and opportunities for joint commissioning and procurement activity
- There was a need to look at optimising joint resources and achieving better value for money.
- Important to procure services that everyone could have an opportunity to apply for.
- Needed a report back on the legality issues relating to commissioning.
- Any commissioning undertaken needed to be fit for purpose.

**Resolved -**

- (1) **That the Board considered the progress being made on the five work-streams identified in the report.**
- (2) **That the Board noted the additional areas of work being overseen by Bradford Health and Care Commissioners.**
- (3) **That the Board requests a future report on the opportunities for the use of pooled budgets across Health and Social Care**
- (4) **That the Board agrees that the Bradford Health and Care Commissioners report be submitted to the Board on an annual basis.**
- (5) **That the Board receives the minutes of the Integration and Change Board (September and October 2013).**
- (6) **That the Board endorses the terms of reference of the Integration and Change Board.**
- (7) **That a further report be presented to the Board that considers the options, obstacles, possible solutions and opportunities for joint commissioning and procurement activity within the VCS (Voluntary and Community Services) and other areas of traditional public sector activity with health and social care commissioning and grant funding in order to optimise the joint resources and achieve better value and efficiency.**

**ACTION:** *Nancy O'Neill (Director of Collaboration for the Clinical Commissioning Groups)*

### 33. **AUTISM SELF EVALUATION ASSESSMENT**

The Strategic Director, Adult and Community Services submitted the Autism Self Evaluation Assessment (**Document "N"**) for sign off by the Board. The purpose of the Self Evaluation was to enable Local Authorities to measure progress against the five key priorities of the 2010 adult autism strategy 'Fulfilling and Rewarding Lives'.

The Chair emphasised that any progress being made in this area needed to be publicised on the website.

Members reiterated the importance of having local accessible support for people with autism.

**Resolved -**

- (1) That it be noted that the Self Evaluation Assessment has been agreed and 'signed off' by the Autism Partnership Board.**
- (2) That the content and ratings of the Self Evaluation Assessment be agreed as a true and accurate record of local progress against the priorities identified within the national autism strategy.**

***ACTION: Strategic Director, Adult and Community Services***

**34. HEALTH AND WELLBEING BOARD WORK PROGRAMME 2013-14**

The Strategic Director, Adult and Community Services and the Director of Collaboration Airedale, Wharfedale and Craven, Bradford City and Bradford District CCGs submitted **Document "O"** which presented the Board's Work Programme for the remainder of the 2013-14 Municipal Year.

- It was essential to reconsider what items needed to come to the Board; there was a large number of items listed on the Work Programme.
- Should be focussing on issues that made improvements to people's health.
- Needed to look at agenda items that added value to the work of the Health and Wellbeing Board.

**Resolved -**

- (1) That the Work Programme continues to be regularly reviewed during the year.**
- (2) That any additional items Board Members wished to be included on the work programme be communicated to the Strategic Director Adult and Community Services.**

***ACTION: Strategic Director, Adult and Community Services***

Chair

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

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