

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Thursday 23 January 2014 at City Hall, Bradford

Commenced 1000

Concluded 1115

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
Dr Andy Withers	Bradford District Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Jane Hazelgrove	Bradford District Clinical Commissioning Group
Sue Cannon	NHS Area Commissioning Team Director
Janice Simpson	Strategic Director, Adult and Community Services
Kath Tunstall	Strategic Director, Children's Services
Andrew Jones	HealthWatch Bradford and District
Natasha Thomas	Bradford Assembly representing the Voluntary, Community and faith sector

Also in attendance: Greg Fell (Consultant in Public Health)
Councillor Gibbons

Councillor Green in the Chair**35. DISCLOSURES OF INTEREST**

Councillor Green disclosed an interest in Minute 38 as his partner undertook research.



36. MINUTES

Resolved -

That the minutes of the meeting held on 26 November 2013 be signed as a correct record.

37. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

38. NHS CALL TO ACTION

Previous Reference: Minute 20 (2013/14)

The NHS Call to Action was a programme of engagement that aimed to provide an opportunity for local people to contribute their views to the debate about health care provision in England.

The Strategic Director, Adult and Community Services and the Director of Collaboration NHS Airedale, Wharfedale and Craven (Bradford City and Bradford District Clinical Commissioning Groups) submitted **Document "P"** which gave an update on how the NHS Call to Action programme was being implemented across Bradford District following the presentation to this Board in September 2013 by NHS England.

It was reported that responses on people's use of NHS services had been collected since August 2013, though the main activity for Bradford Call to Action coverage was undertaken during mid October to end November 2013. The survey had remained open until 10 January to allow for additional feedback.

Members were informed that to ensure full representation all stakeholder groups were considered and targeted activity was carried out to engage with under-represented and marginalised communities. Those included disabled people, older people, people from Eastern European and south Asian backgrounds, women and users of maternity and mental health services.

Members commented on the following:

- What was the total number of people across the whole district that had replied to the survey?
- What would happen to the information gathered?
- the consultation undertaken was not adequate enough to base a five year plan on.
- Would be useful to consider all the research and consultation undertaken so far by various partners on views of the public on health care provision; needed to combine information with other patient opinion data that was already available.
- Needed to look at how any future research and consultation could be better co-ordinated across health and social care.

- All the CCGs (Clinical Commissioning Groups) had initiatives in place to get better engagement.
- Needed to contact Members of the Public who did not use the health service.
- Commended HealthWatch for the information in the report.
- There were useful findings in the report such as 78% of people had come up against barriers when trying to access health services and difficulties in getting GP appointments.
- The report did not contain enough quantitative information.

In response to Members questions it was reported that;

- about 1000 people had given their opinions on what was good and bad about local health services, the findings would help shape the CCG's five year plans.
- Patient engagement events were scheduled across the district for January – as part of the ongoing engagement with local people, groups and communities, to ensure views can be incorporated into the three CCGs strategy and commissioning plans.
- The information gathered, as well as the proposed engagement initiatives with patients, carers and the third sector would be analysed by the CSU (Commissioning Support Unit) Engagement Team in February 2014, uploaded onto the CCGs public website and fed back to NHS England. This would include output from two joint events held by Bradford Metropolitan District Council and the three CCGs in December 2013.
- Whilst there were national timescales aligned to a Call to Action, the CCGs were committed to the principles on an ongoing basis as part of their delivery of the duties required under the Health and Social Care Act 2012.
- the report presented was part of wider engagement and that Call to Action was only one element of it.

Resolved -

- (1) That the Health and Wellbeing Board be kept advised of the findings of the Call to Action engagement.**
- (2) That a further report be presented to the Board which includes information on:**
 - (a) all the research and consultation undertaken so far by various partners on views of the public on health care provision**
 - (b) how any future research and consultation can be better co-ordinated across health and social care**

**ACTION: Director of Collaboration NHS (Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs)/
Strategic Director of Adult and Community Services**

39. HEALTH CARE ALLOCATION FORMULA

Previous Reference: Minute 29 (2013/14)

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 considers 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 at the Boards meeting on 26 November 2013. The Board 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.

The Chief Officer and Chief Clinical Officer of NHS Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document "Q"** which provided an update on the outcome of NHS England's proposed allocation of resources and summarised the impact of the new formula on the three CCGs within Bradford.

It was reported that NHS England considered a number of proposals at its Board meeting on 17 December 2013.

The accepted proposal sought to move towards a funding formula that balanced the three main factors in healthcare needs: population growth, deprivation and the impact of an ageing population.

The Leader emphasised that a re-think on the NHS Allocation Formula was welcomed but the importance of continuing to raise the issue in relation to funding to Central Government needed to be maintained.

Resolved -

That the update and information provided on health care allocations as detailed in Document "Q" be noted.

ACTION: Chief Officer and Chief Clinical Officer of Bradford City and Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups

40. **BETTER CARE FUND (PREVIOUSLY KNOWN AS THE INTEGRATION TRANSFORMATION FUND)**

Previous Reference: Minute 30 (2013/14)

At the November Health and Wellbeing Board members were informed of the purpose of the Integration Transformation Fund.

On 20 December 2013 NHE England published planning guidance, Everyone Counts: Planning for Patients 2014/15 to 2018/19, and within this it set out details on Better Care Fund planning. The Better Care Fund (BCF) was integral to the NHS Strategic and operational planning process and local government planning. CCGs were required to submit a 5 year strategic plan including operational and financial plans, with the first two years at an operational level of detail.

The Director of Collaboration NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District CCGs submitted **Document "R"** which updated Health and Wellbeing Board Members in light of recently issued planning guidance on the changes to timescales for submission of the plan and the specific requirements of the Better Care Fund.

It was reported that the Better Care Fund Plan requires local areas to formulate a joint plan for integrated health and social care and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social care services.

Members were informed that the Better Care Fund Plan needed to demonstrate how it met all the national Better Care Fund conditions such as:

- Protecting social care services.
- 7 day service to support discharge.
- Data sharing and the use of NHS Number.
- Joint assessments and accountable lead.

It was reported that CCGs and local authorities were expected to engage from the outset with all providers likely to be affected by the use of the Better Care Fund so that plans were developed in a way that achieved the best outcomes for local people.

Members were informed that the draft Better Care Fund was due by 14 February 2014; the final Better Care Fund Plan was due by 4 April 2014.

It was reported that to work towards developing the draft BCF plan and to meet the requirements of the guidance in engaging providers likely affected by the use of the Better Care Fund, a session with provider trust representation would take place after today's formal Health Wellbeing Board meeting. This would allow Health and Wellbeing Board members an opportunity to fully contribute to the detail of draft BCF plan. The final cut of the BCF plan required sign off by the Health and Wellbeing Board, this could either take place at the meeting on 18 March 2014 or through a separate extraordinary meeting closer to the final submission date in April.

In response to Members' questions it was reported that the Better Care Fund was not new money, it was pooling available budgets together to show how services can be transformed and improved.

The Leader requested that the draft Better Care Fund Plan be sent to all necessary parties for their comments

Resolved -

- (1) That the Better Care Fund Plan update be noted.**
- (2) That the Leader in consultation with the Strategic Director, Adult and Community Services be given delegated authority to sign off the draft Better Care Fund Plan.**
- (3) That the final Better Care Fund Plan be submitted to the Board's meeting on 18 March 2014 for approval.**
- (4) That an extraordinary Health and Wellbeing Board meeting be provisionally booked in early April in case the Better Care Fund Plan is not ready for approval on the 18 March 2014.**

ACTION: Director of Collaboration NHS (Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs)/Strategic Director Adult and Community Services

41. REVIEW OF TERMS OF REFERENCE AND MEMBERSHIP FOR THE HEALTH AND WELLBEING BOARD

The Terms of Reference and Membership for the Health and Wellbeing Board were due for review and a paper would be presented to the meeting on 18 March 2014 to ratify them for the forthcoming year 2014/15.

The Strategic Director, Adult and Community Services submitted **Document "S"** which presented the Board with the current Terms of Reference it was working to, together with the issues raised over the year, for the Board's consideration. The views of the Board would inform the paper that would come to the March Board meeting seeking ratification of any amendments to the current Terms of Reference.

The Strategic Director, Adult and Community Services reported that a number of suggestions had been made to consider changes to the existing membership as follows:-

- Councillor Imran Hussain, as Chair of the Bradford Community Safety Partnership (CSP), had requested that the CSP had formal representation on the Health and Wellbeing Board. Councillor Hussain cited a Home Office report regarding Gangs and Youth Violence that recommends strengthening links between the Health and Wellbeing Board and CSP Board and highlights the role of the Health and Wellbeing Board in delivering sustainable interventions in relation to the harmful impact of drugs, gang and serious youth violence.

- The office of the Police and Crime Commissioner (PCC) had suggested that the PCC should have a place on the Health and Wellbeing Board in their commissioning role.
- The major NHS providers namely Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust and Bradford District Care Trust had consistently felt they should have a seat at the Health and Wellbeing Board having such a significant influence on health and wellbeing within the District and key stakeholders in the integration agenda. Integration and Change Board had recommended that to address this issue one of the three local NHS provider trust should join the Board membership to represent all providers.
- The Chief Executive of the Council to become part of the membership, given the key strategic role of the CEO in relation to health and wellbeing and in his role as chair of the Integration and Change Board.
- To review the representation of the Voluntary Sector through the Bradford Assembly. This could be seen as provider representation and currently the Health and Wellbeing Board represents Commissioners only.
- In considering the above issues, the Board would need to consider the balance within the make-up of the Board between NHS and Local Authority representation.

Members commented on the suggestions detailed above and felt that there was a danger of the board becoming too large; those providing health services such as hospitals could be included.

The representative for the Voluntary Sector emphasised the importance of the third sector being on the board.

The Leader emphasised the importance of focussing on what the board should be doing rather than rubberstamping what had been sent through by Central Government.

Resolved -

That a further report on the Review of Terms of Reference and Membership for the Health and Wellbeing Board be presented to the Board's meeting on 18 March 2014 which, brings options for the Board to consider and agree based on the discussions arising from the report presented.

ACTION: Strategic Director, Adult and Community Services

42. NHS PARTNERS JOINT RESPONSE TO THE COUNCIL'S TWO YEAR BUDGET PROPOSALS 2014/15 AND 2015/16

The Strategic Director, Adult and Community Services submitted **Document "T"** which requested that the Health and Wellbeing Board considered the response of NHS Partners, who were members of the Integration and Change Board (ICB), to the City of Bradford Metropolitan District Council's draft budget proposals for 2014/15 and 2015/16, and to ensure that the response was considered by the Council as part of the on-going consultation process.

In accordance with Paragraph 9.4 of the Access and Information Procedure rules of the Council's Constitution, the chair of the meeting (Health and Wellbeing Board) considers that by reason of special circumstances the item should be considered as a matter of urgency. Given the timing of the Health and Wellbeing Board in relation to the full council meeting on 20 February 2014 which would determine the budget for 2014/15 and 2015/16, the meeting of the Health and Wellbeing Board on 23 January was the final opportunity to consider the response from NHS partners. The ICB received the paper on 17 January 2014, which necessitated this urgent item.

Resolved -

That the NHS Partners response to the draft budget proposals be considered as part of the Council's on-going public consultation.

ACTION: Finance Director/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