

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 18 March 2014 at City Hall, Bradford

Commenced 1005
Concluded 1225

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 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
Sue Cannon	NHS Area Commissioning Team Director
Anita Parkin	Director of Public Health
Janice Simpson	Strategic Director, Adult and Community Services
Michael Jameson	Strategic Director, Children's Services
Javed Khan	Healthwatch Bradford and District
Caroline Schwaller	Bradford Assembly representing the Voluntary and Community sector

Apologies: Natasha Thomas

Also in attendance: Nancy O'Neill (Director of Collaboration, NHS) and Dermot Pearson (Assistant City Solicitor)

Councillor Green in the Chair

43. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.



44. **MINUTES**

That the minutes of the meeting held on 23 January 2014 be signed as a correct record.

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

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

46. **COMMISSIONING INTENTIONS UPDATE**

The Board received a presentation that covered the following points:

- What the Health and Wellbeing Board needed to do today
- Strategic and Operational Planning
- Context for Strategic Plan
- Strengths, Weaknesses, Opportunities, Threats
- What are we trying to achieve
- Where we are on that journey
- Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups (CCGs) 2014/15
- CBMDC Children's, Adults and Public Health services 2014/15
- NHS England Primary Medical Care, Dental and Public Health services 2014/15
- Quality Premiums
- Key Questions

The Chair stated that the role of the Board was unclear, as the presentation just outlined a list of organisations and the action they were taking. He indicated that the information provided did not detail where integration within the services was occurring and that The Board's priorities were required. In response the Chief Officer, Bradford City and Bradford District CCGs reported that the complete document had not been finalised and a Strategic Plan for the Bradford District was required. This would be discussed at a development session on 15 April 2014 and the presentation only reflected the current position. The Strategic Director, Adult and Community Services confirmed that the new NHS structure had been established and an understanding of the situation was becoming apparent. In light of this a decision had been made to provide The Board with an update on the status quo.

Members then made the following comments:

- The presentation appeared to be a shopping list and it would have been beneficial to outline the challenges faced.
- A Strategy could be attained.
- An understanding of the financial environment was required.
- The achievements required needed to be established.
- Mental health, poor housing and debt were key factors that contributed to health issues and they had not been identified.
- Links between organisations needed to be identified.
- A set of priorities were required that informed practitioners.
- There was no shared sense of solutions and what were the design principles?
- Demand management needed to be embedded.
- Was there a more thematic response?

- The key outcomes should be the focus of the session to be held on 15 April 2014.

The Chief Officer, Bradford City and Bradford District CCGs acknowledged that insufficient emphasis had been placed on the linking of organisations and confirmed that the discussion had been beneficial.

The Chair questioned the flexibility within NHS England's guidelines to allow Bradford District to digress. He was informed that there was little leeway as NHS England was one organisation. Bradford was one of five key places within the West Yorkshire area and the NHS England Area Team would endeavour to be flexible in order to make the system work for the residents. It was noted that NHS England was committed to the process and relationships were being forged with Healthwatch and other organisations.

The Chair recognised that there were still barriers between the Council and health services that needed to be resolved. He stated that further work was required in order to establish a health and social care service for the Bradford District. A member indicated that The Board needed to understand what its priorities were and then look at the wider health and social care issues and the resources required.

In relation to the reconfiguration of services in Bradford, the Chief Officer, Bradford City and Bradford District CCGs stated that Bradford was in a good place. The Strategic Director, Adult and Community Services reported that two discussion days had been planned in April and May for members and an Integration and Change Board had been established. The structure was in place and work now needed to be undertaken to progress the matter.

In conclusion the Chair agreed that the discussion sessions were important for the direction of Health and Social Care in the District. He stated that a clear way forward was required, however, this may not be deliverable immediately. The sessions would provide The Board with an opportunity for a full and frank debate and the comments made today offered a starting place.

47. IMPACT OF WELFARE REFORM ON THE HEALTH AND WELLBEING OF BRADFORD'S RESIDENTS

The Strategic Director, Adult and Community Services presented **Document "V"** which detailed a summary of the key issues and focussed on specific areas of attention.

The Senior Strategy Officer explained that the report provided a summary of the reforms and highlighted their impact across the Bradford District. He reported that there had been an increase in the number of people attending food banks in the District and major changes had taken place in relation to claimant sanctions. In relation to health and wellbeing, Members were informed that there had been a large increase in the cardiovascular and health inequalities. Food poverty was a risk that would have an impact upon people and mainly affected low income households, though it was noted that there was a great deal of support in the Bradford District. The Senior Strategy Officer suggested that The Board may wish to focus on groups that suffered from mental health issues, as they were at the highest risk of being sanctioned from claims and requested that consideration was given to ways that these groups could be supported.

The Chair reported that he had recently written to all CCGs regarding people receiving disability benefits and agreed that The Board should concentrate on low level mental health issues. He stated that the loss of a job could be a major issue for some people and getting back into work may be more beneficial than health interventions.

Members of The Board made the following points:

- Discussions regarding low level mental health issues and the assistance that was available had been undertaken. It had been identified that service providers were not aware of the existing services and they needed to be highlighted in order for them to be commissioned.
- General Practitioners (GPs) were not fully aware of all the services, especially the Council's, however, they could signpost patients to people that were more aware.
- Mental wellbeing and the prevention of mental health problems needed to be addressed in conjunction with how communities could be supported.
- Work on mental wellbeing had been undertaken and a report would be submitted to a future meeting.
- Schools needed to be progressing the matter, though some had demonstrated excellent work with families. There were concerns in relation to the concentrated impacts of mental health issues on children and a holistic approach to work was required.
- Healthwatch was to undertake some work in relation to this issue in April. It had identified that the information on the available services was not being communicated and further work would need to be carried out with GP practices.
- Mental health services had to be considered as a recurrent resource against the Health and Wellbeing Board's strategy and budget.

The Chair confirmed that money was currently being spent on recurrent and non-recurrent services, but not everyone was aware. He suggested that a central point for information was required that would be branded by The Board and the third sector.

In response the Senior Strategy Officer reported that some work was currently happening and the aim was to have one point of call in order to find an appropriate service. He added that there was also a local support service framework and it may be able to address issues. The Strategic Director, Adult and Community Services stated that the Welfare Reform Strategic Co-ordination Group would need to have an overview of the matter and look at what practical help could be provided. The issue of what support would be given to staff who dealt with people with mental health problems would also need to be considered.

The Chair explained that Bradford needed to create 3,000 jobs per year in order to keep ahead of the number of school leavers and unemployment. He stated that with regard to poverty the District was working hard to increase employment, however, this was a long term plan that needed to be delivered, not a short term fix. Child poverty and health inequality also needed to be considered.

Members were then informed that the Schools Forum had worked on child poverty issues and further work could be undertaken in relation to how the pupil premium could be used in respect of the matter.

Resolved –

- (1) That the comments provided by the Board during the discussion be noted and reported back for any action through the Welfare Reform Strategic Co-ordination Group.**
- (2) That a report on Public Mental Wellbeing be presented to a future meeting.**

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

48. **TERMS OF REFERENCE AND MEMBERSHIP FOR THE BRADFORD AND AIREDALE HEALTH AND WELLBEING BOARD**

A report (**Document “U”**) was presented that provided options in relation to the membership and principal duties of The Board that required ratification by Members. The Chair explained that initially it had been agreed that the membership of The Board would be balanced between Health bodies and the Council. He confirmed that it had been decided that the Acute Services would not be included on the membership, however, numerous requests that they became members had been received. The argument in favour of the Acute Trusts being represented on The Board was acknowledged, though only one representative for the entire sector was required. The Chair reported that as the Chief Executive of the Council was the Chair of the Integration and Change Board, it was logical for him to be a member of The Board. He added that the police, the Police and Crime Commissioner, housing bodies and the private sector had made approaches in relation to becoming members, although it was noted that the care home sector had approached the local press but had not formally written to the Chair requesting membership.

During the discussion Members raised the following issues:

- Some Boards had NHS members others did not.
- It would be simpler for the membership to remain as it was.
- Two service providers were represented on the CCGs.
- It would be helpful to have representatives of the Acute Services on the Board as the majority of resources were spent by them. The Acute Services should be represented as a body, not as individual providers.
- The Acute Trusts should be members as they were a part of the solution and the discussions undertaken during meetings were incomplete.
- Would the representatives be voting or non-voting members of the Board?
- All members had signed the Local Authority Code of Conduct and if any person had an interest in an agenda item they should not take part in the discussion.
- One representative from the three major providers was preferable.
- The Chief Executive should be a member of the Board.
- The original rationale for the membership was from the Integration and Change Board.

The Assistant City Solicitor reported that changes to the membership could be undertaken by The Board and at Full Council meetings. He stated that if The Board were minded to amend the membership then a recommendation would need to be submitted to Council.

In light of the discussion, the Chair proposed that a recommendation be submitted to Full Council that the membership aspect of the Terms of Reference be amended to include the Chief Executive of the Council and a representative of the NHS Acute and Community Health Trusts, both with voting rights. He acknowledged that the membership of The Board could be enlarged, however, it was more important that it was cohesive and managed. It was important that Board members continued in their role outside of meetings, as the strategy needed to be explained to the wider public.

Resolved –

That the revised Terms of Reference and Membership for the Bradford and Airedale Health and Wellbeing Board be approved, subject to the following amendments:

- (i) That the principal duties 3.4 and 3.6 be extended as detailed within Document “U” and that 3.6 be further amended to include the wording “system leadership”.
- (ii) That the existing Membership of the Health and Wellbeing Board be retained and extended to include Bradford Council’s Chief Executive and one representative of the main NHS providers.
- (iii) That the position of Deputy Chair be appointed from the NHS membership of the Board.

ACTION: Strategic Director, Adult and Community Services

49. INTEGRATION AND CHANGE BOARD AND BRADFORD HEALTH AND CARE COMMISSIONERS

The Chair requested that any comments be reported to the Director of Collaboration, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District CCGs.

Resolved -

- (1) That the key messages from the Bradford Health and Care Commissioners be noted.
- (2) That the Board notes the minutes of the Integration and Change Board of November 2013, December 2013 and January 2014.

ACTION: Director of Collaboration, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District CCGs

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

Previous Reference: Minute 40 (2013/14)

The Director of Collaboration NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District CCGs explained that a report had been submitted to the Health and Social Care Overview and Scrutiny Committee meeting held on 6 March 2014, where amendments had been suggested and positive feedback received. It was noted that a report would be presented to the meeting of the Board to be held on 1 April 2014 and that the final Plan would then be submitted to NHS England.

No resolution was passed in respect of this item

Chair

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