

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 13 May 2014 at City Hall, Bradford

Commenced 1000
Concluded 1130

Members of the Board -

| MEMBER | REPRESENTING |
|--------------------------------|---|
| Councillor David Green (Chair) | Leader of Bradford Metropolitan District Council |
| Councillor Ralph Berry | Portfolio Holder for Children and Young People's Services |
| Dr Andy Withers | Bradford District Clinical Commissioning Group |
| Helen Hirst | Bradford City/ Bradford District Clinical Commissioning Group |
| Dr Philip Pue | Airedale, Wharfedale and Craven Clinical Commissioning Group |
| Ian Currell | NHS Area Commissioning Team Director of Finance |
| 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 and Community sector |

Apologies: Dr Akram Khan (Bradford City Clinical Commissioning Group)
Michael Jameson (Strategic Director, Children's Services)

Councillor Green in the Chair



54. **DISCLOSURES OF INTEREST**

- (1) In the interest of transparency all those who delivered diabetes services disclosed a personal interest in Minute 57.
- (2) All those who were in receipt of diabetes services or knew someone who received the service disclosed a personal interest in Minute 57.

ACTION: *City Solicitor*

55. **MINUTES**

Resolved -

That the minutes of the meeting held on 18 March and 1 April 2014 be signed as a correct record.

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

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

57. **DIABETES UPDATE**

Previous Reference: Minute 5 (2013/14)

The Chief Officer NHS Bradford City and NHS Bradford Districts Clinical Commissioning Groups submitted **Document “Y”** which provided an update (as requested by the Board at its meeting on 14 May 2013) regarding diabetes developments within NHS Bradford Districts CCG, NHS Bradford City CCG and NHS Airedale, Wharfedale and Craven CCG and considered potential next steps for the district.

The report detailed the outcome of the Diabetes Review undertaken by West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU), the next steps following the review, and the NHS Bradford City CCG ‘Bradford beating diabetes’ programme. The report also covered the longer term approach to prevention of diabetes within City of Bradford Metropolitan District Council and the role prevention could play in future across the district.

The review documented and identified how the current model of care for patients with diabetes across Bradford, Airedale, Wharfedale and Craven district performed. The key areas reviewed were the public health and economic burden of diabetes within the three CCGs, screening and prevention of diabetes and the analysis, comparison and overview of the current system of care for patients with diabetes.

The services reviewed included the Community Diabetes Service, Podiatry, Psychology and retinal screening services, as well as GP providers of care and enhanced diabetes services. The views of patients, the work of local Voluntary and Community Sector (VCS) and links with secondary care were also explored.

It was reported that the total known costs from a commissioning perspective for the diabetes system for 2012/13 was approximately 13.9 million. The average cost per patient to manage diabetes control was £264 per annum.

The report had identified that there was confusion regarding the roles and responsibility of services delivered under the terms of GP contracts (level 1) and enhanced diabetes service (level 2 and 3). Specifications were unclear, contract monitoring poor and there was a lack of robust data.

Three options were identified as a result of the review as follows:

- Option A: retain the enhanced services in their current state but improve contract monitoring.
- Option B: amendments to the existing specifications, to focus enhanced services on management of CVD (cardio vascular disease) risk as well as glycaemic control, and establish a minimum data set, robust contract monitoring, audit and formal evaluation of the service.
- Option C: whole system redesign.

Board Members were informed that CCGs had agreed to take forward Option B in the short term, but aim for Option C at an appropriate point in the future. The CCGs considered that improvements regarding the current service could be implemented whilst establishing a better system in the long term.

It was reported that the Airedale, Wharfedale and Craven Clinical Commissioning Group had opted for Option C.

Members were informed that the Clinical Commissioning Groups launched a new programme called Bradford Beating Diabetes in November last year. One of the aims was to identify all diabetics who had not yet been diagnosed

In terms of preventative work it was reported that Phase one was currently being delivered and involved persons already known to be at risk, identified through blood results in the last 12 months. Patients were invited to attend an appointment by a letter from their GP practice for further assessment to determine their current level of risk of developing type 2 diabetes or whether type 2 diabetes had developed and then managing interventions and/or care appropriately; about 1300 people had attended GP practices and approximately 400 of them were identified with diabetes.

Phase two was being launched in May 2014. Patients who were deemed of being at increased risk of developing diabetes would be invited to a GP practice to undertake a risk assessment. Dependent on their risk they would then be placed on the appropriate pathway and be offered managing interventions. This would identify a large number of patients who were also believed to have a higher risk of developing the condition based on factors such as age, weight or ethnicity.

All 27 City CCG practices had supported the project fully which had uncovered a huge number of undiagnosed diabetics.

Members of the Board commented on a number of issues which included:

- How involved were the third sector in this review?

- Not reassured about how data on patients with diabetes was going to be pulled together from the various organisations; information needed to be available, monitored and updated by all agencies.
- Information on people who went to hospital for diabetes checks rather than GPs and Diabetes Nursing Services needed to be updated onto a system where relevant agencies had access to it.
- Communication between hospitals and GPs needed to be improved; hospital data should have been included as part of this review; needed better integration between the various services.
- Schools needed to be more aware on how to support children with diabetes.
- Early intervention with the public was crucial in preventing diabetes.
- It was important not to stigmatise diabetes as a condition caused by lifestyle choices; type one diabetes was not linked to factors such as obesity.
- Preventative work needed to include work on how children were managed at home, their lifestyles and what can be done to prevent diabetes.
- Now that more patients had been discovered with diabetes was there a sufficient budget to manage the number of people with type 2 diabetes?
- When will it be known whether there was sufficient financial resources to cope with the extra pressure on managing people with diabetes?
- Needed to be in a position to make budget adjustments by February 2015 if there was a lack of resources; may need to lobby Government to tackle the problem.
- Should invest in preventative work now so that savings could be made in the future.
- Consideration needed to be given to setting up a working group to look at integration between various agencies on work that needed to be undertaken to improve the prevention of diabetes.
- Reiterated relationship between doctors, hospital, other agencies needed to improve.
- Any preventative work undertaken needed to be district wide.

In response to the comments raised it was reported:

- Hospitals would be consulted at the next stage of the review.
- The increase in people with diabetes and the demand it placed on the services was identified in the financial plans.
- Diabetes prevention and improved care of people with diabetes was a key focus for improvement.
- There was also a media campaign to support the Beating Diabetes Programme
- The importance of talking to patients and getting their views was known to all service providers

Resolved -

- (1) That the Board receive the report as assurance that appropriate commissioning arrangements are in place for the clinical treatment of diabetes and that outcomes are expected to improve as a result.**
- (2) That the Board champion and provide leadership to the work that needs to be undertaken to improve the prevention of diabetes.**

- (3) **That the Director of Public Health be tasked to lead a working group across partners, providing a report to the board in 6 months outlining opportunities, activity and outcomes for diabetes prevention using an integrated approach across health improvement, lifestyle and treatment.**

ACTION: *Director of Public Health/
Chief Officer NHS Bradford City and NHS Bradford District CCG's*

58. **INFORMATION GOVERNANCE STRATEGY**

Previous Reference: Executive Minute 95 (2013/14)

The report of the Director of Finance (**Document "Z"**) brought to the attention of the members of the Board the newly developed Information Governance Strategy for the Council.

The Strategy demonstrated the Council's commitment to protecting information and ensuring data was used effectively to benefit citizens without compromising confidentiality or quality.

The Executive considered the Information Governance Strategy at its meeting on 4 February 2014 and resolved that the Strategy be referred to the Health and Wellbeing Board for their adoption.

It was reported that taking care of confidential, sensitive and people's personal information was a fundamental responsibility for Bradford Council. Data about service users, staff and elected Members, the Council's business, partners and suppliers needed to be kept safe, handled with integrity and made available only when appropriate.

There was a discussion on obtaining an individual's consent for information and the importance of the consent form being explicit.

In response to a question raised on whether the work on information governance was joined up with other organisations such as health providers, social care, commissioners etc the Assistant Director Information Assurance reported that it was extremely difficult identifying appropriate people who had responsibility for this area.

The Leader stressed the importance of working with various partners and agencies taking on board the values of the Information Governance Strategy and requested that Board Members representing various organisations help to identify the appropriate people to work with in this area.

A Member stressed the importance of training all involved on information governance including front line staff and that it was essential to have a consistent approach to information governance that everyone was aware of.

Resolved -

- (1) **That the Information Governance Strategy as set out in Appendix A to Document "Z" be adopted.**

- (2) That the Information Governance Strategy be referred to the Integration and Change Board so that appropriate individuals can be identified as a priority to work on information governance across the organisations.

ACTION: *Assistant Director Information Assurance/
Director of Collaboration, NHS Airedale, Wharfedale and Craven
(Bradford City and Bradford District Clinical Commissioning Groups)*

59. INTEGRATION AND CHANGE BOARD

The Director of Collaboration, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District Clinical Commissioning Groups submitted **Document “AB”** which in line with the established governance arrangements, and the requirements of the Health and Wellbeing Board terms of reference updated the Health and Wellbeing Board on the key messages emerging from, and the main work areas being progressed through, the Integration and Change Board through receipt of the minutes of the meetings held in February and March 2014.

Resolved -

That the Board receives the minutes of the Integration and Change Board of 21 February and 21 March 2014.

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

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