

## **Minutes of a meeting of the Health and Wellbeing Board held on Tuesday 29 July 2014 at Jacobs Well, Bradford**

Commenced 1010

Concluded 1225

### **Members of the Board -**

<b>MEMBER</b>	<b>REPRESENTING</b>
Councillor David Green (Chair)	Leader of Bradford Metropolitan District Council
Councillor Jackie Whiteley	Bradford Metropolitan District Council
Tony Reeves	Chief Executive of Bradford Metropolitan District Council
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
Dr Akram Khan	Bradford City Clinical Commissioning Group
Anita Parkin	Director of Public Health
Janice Simpson	Strategic Director of Adult and Community Services
Michael Jameson	Strategic Director of Children's Services
Andrew Jones	HealthWatch Bradford and District
Helen Speight	Bradford Assembly representing the Voluntary and Community sector

Apologies: Councillor Ralph Berry (Portfolio Holder for Children and Young People's Services), Councillor Amir Hussain (Portfolio Holder for Adult Services and Health) and Sue Cannon (NHS Area Commissioning Team Director).

### **Councillor Green in the Chair**



1 **DISCLOSURES OF INTEREST**

No disclosures of interest in matters under consideration were received.

2 **DEPUTY CHAIR**

**Resolved –**

**That Dr Akram Khan be appointed Deputy Chair of the Board for the 2014/15 Municipal Year.**

3 **MINUTES**

**Resolved -**

**That the minutes of the meeting held on 13 May 2014 be signed as a correct record.**

4 **INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

5. **BRADFORD DISTRICT AND CRAVEN 5 YEAR FORWARD VIEW**

On December 20 2013, NHS England published planning guidance, which set out its proposals for how the NHS budget was invested in order to secure sustainable models of care over the next five years. The guidance included a requirement for NHS commissioners to work together to co-design a five year strategy on a wider health and social care economy footprint, that set out a clear plan on how commissioners, local authorities and NHS providers would work together to deliver services over the next five years within financial constraints.

The 5 year forward view for the Bradford District & Craven health and care system was designed to deliver the collective vision to create a sustainable health and care economy that supported people to be healthy, well and independent. It described how health and care services for the people of Bradford District & Craven needed to change over the 5 years from 2014 to 2019, and how it would be achieved.

The Chief Officer Bradford City and Bradford District CCGs (Clinical Commissioning Groups) and the Chief Clinical Officer Airedale, Wharfedale and Craven CCG submitted **Document “A”** which described the development of the 5 year forward view document, the key focus areas and the next steps. The full document was attached as Appendix 1 to the report.

The Health and Wellbeing Board was recommended to approve the 5 year forward view as a footprint of the transformation needed across the health and care system in order to deliver the shared vision.

Members of the board discussed the 5 year forward view and made the following points:

- The 5 year forward view marked the start of doing things differently and not just doing things the way they had been done for years.
- Service users should be encouraged to actively participate in their own care.
- The relationship between citizen and state would have to change to reflect the reductions in public sector finance. There was a need to be bold in considering how to deploy fewer resources for the benefit of the district as a whole.
- Consideration had to be given to how the totality of resources were deployed across the district rather than coming up with a list of savings.
- The Health and Wellbeing Board could assist in improving the perception of Bradford to attract health professionals into the area.
- The five year forward view provided a greater opportunity to make measureable progress. However consideration had to be given to disseminating the strategy and delivery plan.
- A request was made to add the workforce issues that had been raised at this meeting to the agenda for the next meetings of the Bradford Employment and Skills Board and the Leeds City Region Employment and Skills Board.
- Marketing teams in the Council and Health Authorities could take on board the comments about the perception of Bradford to health professionals. It was suggested that there should be an emphasis on a common marketing approach to promote Bradford. It was stressed that the Health and Wellbeing Board and the District Partnership should articulate what Bradford had to offer talented people such as leadership development, clinical excellence, strong links with the University, breakthroughs in the University and Bradford Royal Infirmary in the treatment of cancer, and close working relationships with the council and the NHS.
- Health Watch welcomed the Strategy and acknowledged the changing relationship with the public. It was noted that there was less money available for engagement. Consideration was being given to how to connect the engagement work which was being undertaken. A five year engagement plan was needed alongside the strategy.
- Making the document understandable to the public presented a challenge.
- It was noted that reports would be presented to the Health and Wellbeing Board in September on the sport and leisure element of the strategy and also on air quality.
- It was necessary to identify the lead agency responsible for different aspects of the strategy.
- There was a need to adopt a less paternalistic approach to health by supporting citizens to take responsibility for improving their own health.
- Achieving a wider public understanding that increased clinical outputs were being delivered by concentrating services in specialist centres was a challenge.
- NHS England would produce its forward view in October 2014.

**Resolved -**

**That the 5 Year Forward View (2014-19) for Bradford District & Craven Health & Care Economy be ratified and that the further steps identified in Document “A” be noted.**

***ACTION: Chief Officer Bradford City and Bradford District CCGs  
Chief Clinical Officer Airedale, Wharfedale and Craven CCG***

## 6. **INTEGRATION AND CHANGE BOARD AND BRADFORD HEALTH AND CARE COMMISSIONERS**

Previous reference: Minute 49 (2013/14)

The Director of Collaboration submitted **Document “B”** which reported that in line with the established governance arrangements, and the requirements of the Health and Wellbeing Board terms of reference, the report updated 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 April and May 2014.

In November 2013 and March 2014 a report was provided for the Health and Wellbeing Board on key work streams overseen by Bradford Health and Care Commissioners and Document “B” was a further update in line with the required reporting arrangements.

As part of the required governance arrangements, the annual review of Bradford Health and Care Commissioner Terms of Reference needed to be endorsed by the Health and Wellbeing Board.

The Board discussed the increasing numbers of children attending A&E with infections due to poor of dental care. It was noted that more information was required from NHS England to identify whether there was any action that the Board could take in relation to this issue. Health Watch confirmed that dental care was a significant concern in terms of enquires to them.

It was noted that part of the delay in instigating joint commissioning for Learning Disabilities had been that a national support team had been commissioned to undertake a review on people with challenging behaviour. However progress would now be made in respect of this issue.

### **Resolved-**

- (1) **That the Bradford Health and Care Commissioners Terms of Reference be endorsed.**
- (2) **That the minutes of the Integration and Change Board (April and May 2014) be received.**

***ACTION: Director of Collaboration***

## 7. **PARTICIPATION AND ENGAGEMENT**

Previous reference: Minute 38 (2013/14)

At the January meeting of the Health and Wellbeing Board (HWB), partners in the health and care economy were asked to provide an update on their engagement strategies and ongoing approach to consultation and engagement with the citizens of the Bradford District.

The Strategic Director Adult and Community Services and the Director of Collaboration submitted **Document “C”** which summarised the current progress to date across the health and care economy with participation and engagement and provided the Board with an update on the intentions for future cross-partnership working, and future potential to work even more closely together.

It was confirmed that with regard to the financial challenges faced by the public sector it was appropriate to review the current engagement model illustrated at figure 4.

Members of the Board discussed engagement as followings:

- A discussion took place on how to improve engagement with hard to reach groups.
- The Board noted an innovative means of engaging through the use of a community pharmacy.
- Close working relationships were required with primary schools to engage with parents and carers taking and collecting children from school.
- The need to use multiple approaches to engage with hard to reach groups was noted as one size did not fit all.
- Reductions in funding were having an impact on consultation and engagement.
- A discussion was required on managing demand and promoting self help in times of reducing resources.
- When commissioning voluntary organisations, consultation needed to be holistic and not just an add-on.
- There was a need for public service providers to begin discussions with the public on the role of the citizen and the public sector.
- A report was required on infrastructure and how public sector organisations worked together to use resources.
- Discussions were required to take place between the Engagement and Participation leads and the 5 Year Forward View leads and senior managers to develop key messages for stakeholders on the key priorities of the Bradford District and Craven 5 Year Forward View.

#### **Resolved-**

- (1) That the recommendation that respective organisations continue to work collaboratively on engagement be supported.**
- (2) That the Engagement and Participation leads liaise with the 5 Year Forward View leads and senior managers to develop key messages for stakeholders on the key priorities of the Bradford District and Craven 5 Year Forward View**
- (3) That the respective organisations support the establishment of the engagement leads group.**
- (4) That the engagement leads group be required to recommend a framework of shared working.**
- (5) That the respective organisations and members ensure they share the responsibility and accountability for engagement.**

**ACTION:** *Strategic Director Adult and Community Services*  
*Director of Collaboration*

## 8. THE HEALTH INEQUALITIES ACTION PLAN (HIAP)

Previous reference: Minute 22 (2013/14)

The Health Inequalities Action Plan (HIAP) aimed 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. Addressing health inequality required action over the short, medium and long term.

The Director of Public Health, Strategic Director Adult and Community Services, Strategic Director Children's Services and the Director of Collaboration submitted **Document "D"** which focused on areas within the domain of influence of the Health and Wellbeing Board.

The following amendments to Document "D" were noted:

Paragraph 3.2 last line delete "mean"

Paragraph 3.5 first line delete "presentable" and insert "preventable"

A request was made for the report, or a version of it, to be presented to the Executive and that NHS organisations represented at the Board take the report through their own internal governance structures.

A discussion took place on oral health care in children during which it was pointed out that significant improvements had been made in the previous five years by aligning activities to improving children's dental health. However it was noted that a change in commissioning had been a significant factor in reducing progress in this area. Board members were concerned that under 5s had the worst dental health in West Yorkshire. The issue of accountability was raised and the fact input was needed from NHS England to improve the situation. A request was made to invite representatives of NHS England and Public Health England to a future meeting of the Health and Wellbeing Board to discuss new ways of working together.

In response to a question about the number of road traffic collisions in children and young people, it was stressed that the number of child casualties were disproportionately higher in more deprived than affluent wards and that figures were also linked to inequality. It was acknowledged that the absolute numbers were small but in terms of life expectancy they were significant. It was pointed out that there was a need to identify successful interventions such as the introduction of 20 MPH Zones.

A Board Member stressed that there was a need to economically empower people to take control of their whole lives. He added that a shift was required in the public sector, to move to a role of empowering and enabling.

### **Resolved-**

- (1) That while the responsibility for addressing health inequalities rests primarily with the Health and Wellbeing Board (HWBB), it acknowledges that in order to reduce health inequalities in the long term, socioeconomic determinants of health must be addressed. Addressing the wider determinants of health is a responsibility of a wider range of partners than the Local Authority and the NHS. Work on the 18 priorities in the HIAP being undertaken through the Bradford District Partnership (BDP) structure should continue and be supervised by the BDP.**

- (2) That the HWBB recognises and promotes the opportunity to bring the work of the HWBB and the BDP together in their common aim to reduce health inequalities by working on the areas where each has the most influence and ability to make a difference.
- (3) That the Health and Wellbeing Board requires officers across the local authority and the NHS to initiate, consolidate or accelerate action where reductions in health inequalities may be achieved in the shorter term for the areas highlighted in Section 3.6 of Document “D” and summarised in Section 9 of the report.
- (4) That representatives of NHS England and Public Health England be invited to a future meeting of the Health and Wellbeing Board to discuss new ways of working together.
- (5) That this report (or as revised) be presented to the Executive and that NHS organisations represented at the Board take the report through their own internal governance structures.
- (6) That officers consider how to better co-ordinate the actions required against the priority areas identified and report back progress to the Integration and Change Board and the Health and Wellbeing Board.

**ACTION:** *Director of Public Health  
Strategic Director Adult and Community Services,  
Strategic Director Children’s Services  
Director of Collaboration*

**Note:** *The following item had not been included on a publicly available agenda however in accordance with paragraph 38.5 of Part 3A of the Constitution the Chair was of the opinion that it was a matter of urgency. The special circumstances were that a revised deadline had been issued for submission of Bradford’s Better Care Fund Plan which would not allow the item to be considered at the next scheduled meeting of the Health and Wellbeing Board.*

## 9. BETTER CARE FUND – NEW GUIDANCE

The Director of Collaboration advised the Health and Wellbeing Board that new guidance had been issued by the national Programme Director for the Better Care Fund (BCF) providing a revised deadline which was 19 September 2014. The letter was attached to **Document “E”** which was tabled at the meeting.

There was a requirement for the Health and Wellbeing Board to sign-off Bradford’s BCF plan, before it was submitted to NHS England. The Health and Wellbeing Board would need to consider how best to carry this out and whether this could be achieved outside of the Board. The next Board meeting was 9 September, however because of the tight schedule, it was not be possible to finalise the BCF plan by then.

In addition, the letter noted that between 25 July and the 19 September, ‘...there will be 3 check points conducted by LATS/Local government with each HWBB to assess where you think you need to make greatest improvement, then access appropriate support to address

*these issues (some of which will be provided nationally, some of which you will be best placed to work on locally) and track progress as your plan develops over this two month period.'*

The Health and Wellbeing Board was asked to consider whether this could be managed by delegation to officers.

**Resolved -**

**That the Better Care Fund Plan be circulated to all members of the Health and Wellbeing Board for comment and that authority be delegated to the Strategic Director Adult and Community Services, the Chief Officer Bradford District and City Clinical Commissioning Groups and the Chief Clinical Officer Airedale, Wharfedale and Craven Clinical Commissioning Group in consultation with the Chair and Deputy Chair of the Health and Wellbeing Board to approve the Plan for submission to NHS England.**

***ACTION: Director of Collaboration***

Chair

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

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