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Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 9 September 2014 at Douglas Mill, Bradford

Commenced 1000
Concluded 1220

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
Councillor Simon Cooke	Bradford Metropolitan District Council
Tony Reeves	Chief Executive of 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
Sue Cannon	NHS Area Commissioning Team Director
Anita Parkin	Director of Public Health
Michael Jameson	Strategic Director of Children's Services
Andrew Jones	HealthWatch Bradford and District
Natasha Thomas	Bradford Assembly representing the Voluntary and Community sector
Simon Large	Representative of the main NHS Providers

Apologies: Dr Andy Withers, Javed Khan and Janice Simpson

Observer: Councillor Andrew Thornton

Councillor Green in the Chair



10. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

11. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

12. PHYSICAL ACTIVITY AND HEALTH IN BRADFORD

A report was brought to the shadow Health and Wellbeing Board in 2012 outlining the development plan for physical activity and sport strategy, and a method for monitoring the work to be progressed was agreed. With increased understanding for each department's objectives the work had continued and developed, delivering a range of strategies, activity and commissioning work. Examples of this work included the Cycling Strategy; Breeze rides, BEEP (Bradford Encouraging Exercise in People), physical activity for overweight children, new gyms and volunteer schemes.

The Director of Public Health and the Strategic Director Environment and Sport submitted **Document "F"** which reported that since the development of the strategy new policies and evidence had been developed to further strengthen the case for physical activity.

It was reported that a recent report from the All-Party Parliamentary Commission on Physical Activity, which was set up in 2013, was published in 2014. It set out a series of recommendations with regards to integrated approaches to create and implement a framework for increasing physical activity, suggesting a collaborative approach to funding, commissioning, policies and interventions.

Members were informed that the current strategy on sport and physical activity was due to end in 2015.

Members commented on a number of issues which included:

- It was concerning that a large number of people were not doing any kind of physical activity; the strategy was not doing enough in terms of talking to people on the importance of taking up physical activity such as walking.
- Information needed to be communicated to parents on the benefits of physical activity.
- What was being done to maximise opportunities for cycling?
- Where were the safe routes for people to cycle?
- Needed to address inequalities.
- How was the strategy going to target people that were not undertaking any physical activity?
- What was happening in this area in other Authorities?
- The strategy seemed to be focussing on sport rather than other activities such as walking.
- Needed to increase the number of people being referred through the district wide Exercise Referral Scheme – BEEP.
- Were the right people being targeted; needed to look at who was accessing the current services?

- Had members of the public been asked what physical activity they wanted to do; what else was being offered?
- Did the data collected for annual reports show who used the service?
- Needed to look at children in disadvantaged areas getting involved into activities such as cycling.
- Could not see whether Public Health had made a real difference – needed a joined up strategy.
- What initiatives were in place to get more people active?
- What was being spent on increasing physical activity in this area?
- It was not appropriate to wait for the national strategy and needed something that would work for Bradford in terms of the resources that were available.

In response to Members' questions it was reported that:

- Bradford was the first Council to have Sky Ride in the region; annual sky rides were proving very successful; the Council was five years into the cycling strategy.
- The service worked with British Cycling and were involving communities to work together; 4th sky ride event had taken place last year.
- Various cycling events had taken place such as Big Breeze, disability cycling and go cycling events.
- The service had 32 sky ride leaders; 9 active breeze female champions; there were 13 social cycling groups and all events had excellent participation.
- Data was collected in annual reports on information such as who used the service.
- The service did work with the One in a Million project.
- Participation in physical activity had increased since the run up to the Olympics, had to ensure that the momentum continued; the new strategy comes into place in 2015 and it was important that there were enough funds to deliver the various activities.
- Work was being undertaken with Public Health and Children's Services on tackling obesity.
- A range of physical activity was being offered in high schools as young people were not getting involved in physical activity.
- £7 million was being spent by Sport and Leisure which included physical activity.
- A scheme allowing GP's or practice nurses to refer people to exercise classes was helping 1,000 people and would hopefully be increased to 5,000 within a year.
- In other authorities across the country public health work linked to sport and active recreation providers had increased in recent years, with services being offer to whole communities in identified areas which had historically been identified as being at high risk of developing health issues e.g. coronary heart disease, diabetes, mental health issues, etc. This new approach moved away from the traditional public health approach of treating individuals who had an identified existing condition, to offering services as preventative activities to the whole community in geographical areas of historical high risk, which was hoped would reduce the number of people developing conditions and entering the health system with the associated cost of treatment.

The Environment, Sport and Sustainability/Public Service Transformation Portfolio reported that lack of physical activity had enormous issues and had not been grasped as well as other issues the Council had dealt with. He reported that the Authority;

- Needed to address highest deprivation areas which were the most inactive.
- Needed to have a joined up strategy.

- Needed to address Physical activity across the board, most health interventions seemed to focus on obesity.
- Needed more activities such as cycling and walking.

He reported that more than half of the people in Bradford did absolutely no exercise costing the district nearly £24.7 million a year as inactive people were more likely to need treatment for heart disease, type 2 diabetes, cancer and obesity.

Members were informed that nationally far less public health money was ploughed into tackling this issue than with other health risks such as alcohol abuse.

Resolved -

That the Strategic Director Environment and Sport and the Director of Public Health in consultation with the Portfolio for Environment, Sport and Sustainability/Public Services Transformation submit a further report to the Board in 3 months time, which addresses the issues highlighted at the meeting such as resources available for physical activity and health including third and private sector; range of physical activity on offer; addressing inequalities in health; benefits of working jointly with Public Health; have the public been asked what kind of physical activity they wanted to do; what initiatives were in place to get more people active.

ACTION: Strategic Director, Environment and Sport and the Director of Public Health

13. URGENT AND EMERGENCY CARE STRATEGY 2014-19

The Head of Service Improvement, Bradford City and Bradford District CCGs provided a presentation on the Urgent and Emergency Care Strategy 2014-19, which set out how urgent and emergency care services in the district would be developed over the next 5 years. It reflected the plans of all NHS and social care organisations across the District and had a strong focus on joined up care, self care, prevention and improved management of long term conditions.

It was reported that the three local Clinical Commissioning Groups were inviting members of the public to have their say on plans to transform urgent and emergency care services across Bradford, Airedale, Wharfedale and Craven. The strategy outlined development of urgent and emergency services over the next five years.

Members were informed that NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG were consulting on a joint strategy for the district. The aim of the strategy was to provide services which met people's needs, were high quality, clinically safe and affordable, were easy to understand and use, were responsive and joined up with other health and social care services.

It was reported that the strategy had a strong focus on joined up care, self care, prevention and improved management of long term conditions. The Clinical Commissioning Groups were looking at ways to use resources more effectively to match increasing patient demand and expectations of immediate access to services that met their needs.

The strategy had 8 priority themes which included:

Access and Convenience

- GP access
- Enhanced NHS 111
- West Yorkshire Urgent Care Review
- Review Walk in Centre
- Urgent Care Centres

Acute and Specialist Services

- Emergency Department at Bradford Royal Infirmary
- Emergency Department at Airedale General Hospital
- Case for Major Emergency Centre
- Ambulance Handover

Managing Demand and Flow

- Self Care
- Integrated Care
- Care Homes
- Technology
- Intermediate Care
- Rapid Diagnostics
- Ambulance Conveyance

It was reported that an 8 week public engagement was being undertaken by a variety of methods via telephone, email, letter, online and public meetings.

Comments made by the Health and Wellbeing Board Members would be used as part of the engagement.

Members commented on the following issues:

- How was health and social care integration going to improve?
- How would the urgent and emergency care be responsive to local needs?
- Needed to look at issues around Accident and Emergency – it was not an appropriate place for someone suffering from mental health.
- Needed ambulances that were fume free.
- Not clear on what was being proposed or how services were going to improve.
- Not sure what Members were being asked and what was the purpose of bringing this to the board; there were no options to consider.
- There was no evidence saying this was the right way forward; what was the reality about how and why people were using Accident and Emergency.
- Needed to be clearer on what this meant for the public and who was being consulted.
- How services would meet public need and how resources were deployed needed considering?

In response to Members' questions it was reported that:

- The aim of the new strategy was to simplify the services being provided and would meet people's needs.
- No decision had been made on the proposals for the urgent and emergency care services; it was merely about engaging with members of the public on how they will access services and if they agreed with a certain approach.
- Services offered would be joined up with other health and social care services.
- Comments such as making the sections within the strategy on mental health services more robust; pharmacies being used more; more joined up work had come back as suggestions as part of the engagement.
- Engagement with the public was being undertaken earlier rather than later as it was important to engage throughout whole process.

ACTION: Head of Service Improvement, Bradford City and Bradford Districts CCG

14. THE BRADFORD LOW EMISSIONS STRATEGY

Previous Reference: Executive Minute 57 (2013/14)

The Executive at its meeting held on 5 November 2013 considered the Bradford Low Emissions Strategy; it was resolved amongst other things that the Health and Wellbeing Board monitor progress on the strategy on a periodic basis.

In accordance with the above the Principal Environmental Health Manager and the Pollution Control Officer provided a presentation that showed how the strategy related to the wider responsibilities of Departments and partners and, how the work could be progressed through a more integrated, partnership approach to make improvements to the health and wellbeing of the citizens of the District.

The Principal Environmental Health Manager reported that:

- Air pollution was a major hidden killer in Bradford, causing problems such as heart attacks, strokes, respiratory disease, cancer and asthma development and neuro developmental problems for children.
- One in 20 deaths among over 25's could be attributed to harmful particles in the air.
- UK was now facing large fines (estimated to be £300 million per annum) from Europe for failing to meet air quality targets in a number of areas, including West Yorkshire, a clause in the Localism Act 2013 allowed these fines to be passed down to responsible authorities.
- Heavy duty diesel engines were a major contribution to the level of harmful nitrous oxides in the air, the Department of Transport has this week awarded £5 million to various projects across the UK which aimed to curb the problem.

- Bradford Environmental Health Services had now quantified the huge impact on the reduction of health issues such as child asthma, low birth weight babies and coronary events by interventions such as cleaner buses, less diesel cars and reductions in vehicles overall. This work had been carried out in partnership with Public Health, Public Health England, Leeds Council and the Bradford Institute of Health Research (NHS).
- Air quality was monitored 365 days a year with annual reporting to the Department for Environment, Food and Rural Affairs (DEFRA).
- The Bradford Low Emissions strategy was adopted in 2013 involving Public Health, Highways, Development Control, Fleet, Procurement and Energy and Climate Change.
- School bus emissions had been reduced due to the successful bid in 2013.
- Another 23 buses would be improved this year.
- £200,000 had been awarded yesterday to clean up WYAS (West Yorkshire Ambulance Service) responder vehicles.
- Needed the Health and Wellbeing Board to raise the profile of the issues and health impacts of poor air quality; there was a need for growth in this area.
- The Bradford Low Emissions Strategy was awarded the Sustainable City Award and highly commended for its work on air quality and was shortlisted for sustainable travel and transport; shortlisted for air quality, environmental and regulatory services.
- The service was successful in 4 DEFRA grants totalling £326,000.
- The service had secured £50,000 from the Bradford Institute of Health Research BIHR (Born In Bradford) and there was lots of examples of joint working between BIHR and the Council.
- The service had received £70,000 from local Transport Plan match funding.
- The service had received £1 million to improve school buses.
- A gas trial on fleet had taken place – and a feasibility study had been carried looking at putting in a compressed natural gas station for the Council which would be a cheaper and cleaner fuel, the study showed significant cost savings that could be achieved. This could be further enhanced by joint working with the bus companies.
- Looking at lowering transport emissions across Yorkshire.
- Valuable data held was being used with a variety of organisations including NHS, Public Health and Born in Bradford etc.

It was reported that a bid by Bradford Council and bus firms First and Transdev to the Department of Transport proved successful, securing the third biggest funding grant in the country of £400,000. This was seen as a really positive step as it was going to be cleaning up 25 of the district's buses that would have been kept in service over the next few years and would not have been replaced.

Members were informed that the project in Bradford would see 25 of the district's oldest and most polluting buses, classed as "Euro 111" under European Standards, fitted with exhaust gas treatment technology to cut their nitrogen oxide emission by more than 80 per cent.

Members commented on a number of issues which included:

- Congratulated the service for successfully attracting grant funding.
- Praised the bus companies for working in partnership.
- The negative impact of diesel engines and the negative impact such fumes have on health and the environment.

- Recognised the hard work, commitment and success of the Low Emissions Team in getting the information and input into the wider agenda was recognised.

The Leader requested information on the most deprived areas/communities on major routes that suffered from high emissions.

Resolved -

- (1) **That the Board thanks and recognises the hard work, commitment and success of the Low Emissions Strategy Team.**
- (2) **That a progress report be presented to the Board in six months time.**
- (3) **That the West Yorkshire Low Emissions Strategy and the Low Emission Zone Feasibility Study be submitted to the Board before it is considered elsewhere.**

Action: Strategic Director, Environment and Sport

15. HEALTH AND SOCIAL CARE INTEGRATION AND TRANSFORMATION

The Board agreed to defer consideration of this item to a future meeting.

Resolved -

That the report (Document “G”) be deferred to a future meeting.

ACTION: Strategic Director, Adult and Community Services and the Director of Collaboration NHS Airedale, Wharfedale and Craven Districts

Chair

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