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Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 3 February 2015 at City Hall, 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
Suzan Hemingway	Interim Chief Executive of Bradford Metropolitan District Council
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
Janice Simpson	Strategic Director of Adult and Community Services
Michael Jameson	Strategic Director of Children's Services
Javed Khan	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 and Helen Hirst

Also in attendance: Duncan Cooper (Police Crime Commissioners Office)
Superintendent Vince Firth

Councillor Green in the Chair



26. **DISCLOSURES OF INTEREST**

- (1) In the interest of transparency Councillor Berry disclosed an interest as he was a Hospital Manager.
- (2) Dr Akram Khan disclosed an interest in Minute 32 as he was a Director of a pharmacy in Bradford.

ACTION: *Assistant City Solicitor*

27. **MINUTES**

Resolved -

That the minutes of the meeting held on 25 November 2014 be signed as a correct record.

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

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

29. **MENTAL HEALTH, PUBLIC MENTAL WELLBEING**

Previous Reference: Minute 21 (2014/15)

The Director of Public Health submitted **Document “N”** which reported on the areas of particular current focus relating to mental health. The concept of mental wellbeing, particularly in a population health context, had been a growing influence on thinking and policy in a number of sectors over recent years.

The report also updated the board in relation to progress on jointly managed aftercare arrangements under Section 117 of the Mental Health Act 1983, across the Local Authority and Clinical Commissioning Groups.

It was emphasised that it was important to understand the distinction between mental wellbeing and mental health/illness. It was possible to have high levels of subjective wellbeing despite having a mental illness, and vice versa. For example, a person with well controlled schizophrenia, functioning well in society with a happy home life could have a high level of mental wellbeing, whereas a person with no mental illness who had chronic rheumatoid arthritis, was in constant pain and could not work, could have a very low mental wellbeing.

Members were informed that there was a growing and increasingly robust need for the effective interventions in public mental wellbeing; improved mental wellbeing had a positive effect in the workplace through reduced absenteeism and presenteeism and increased productivity.

Locally, meetings had taken place with Occupational Health Specialists at Morrison's Supermarkets. Morrison's had undertaken mental wellbeing based workplace interventions with some success and were happy to share learning with the Council.

It was reported that the Crisis Care Concordat (CCC) was launched in 2014 following a declaration by a number of national agencies to work together to improve crises services for people with a mental health problem.

Members were informed that in response to the Crisis Care Concordat a number of local agencies were working together to improve crisis services for people with a mental health problem. The main targets of Crisis Care Concordat for Bradford included no young people under 18 should be held in police cells and a major reduction in the number of adults held in police cells, prevent people going into crisis and improve services for people in crisis.

It was reported that the local Crisis Care Concordat Working Group was a multi-agency partnership that had been meeting regularly to provide an overview and forum for local agencies to discuss how to develop crisis services in Bradford and Airedale/Craven.

Improvements were being made through a number of measures such as an integrated 24 hour "First Response" Service that would support people in crisis and also divert people from police custody. The service had been developed by the Bradford District Care Trust in partnership with the local authority, Public Health and the Police and Crime Commissioner.

A representative of the Police spoke on the positive improvements that had been made through CCC in supporting people suffering from mental ill health. He reported that there was a lot of problem solving taking place with various agencies which was making a real difference.

Members of the Board commented on the following issues:

- What was the evidential link between mental wellbeing and mental health?
- If mental wellbeing was improved what effect would that have on time and budgets?
- Focus needed to be on improving mental wellbeing.
- Vital information was lacking in the report such as the effectiveness of the various programmes; what services were available to people suffering mental health; the report did not contain sufficient information about the work being undertaken.
- A further report should be submitted to the board which includes information on key areas that needed addressing.
- HealthWatch were undertaking work to engage adults in treatment of mental health.
- Importance of supporting people before they became ill; needed a more effective and pro-active system in dealing with mental health problems.
- Police cells should be the last place someone in crisis should be in.
- It would be useful to have a further report on mental wellbeing and the work Morrison's had undertaken with their workforce and the support available in terms of mental wellbeing.
- Further information would be useful on the progress made with CCC around vulnerable children and adults.
- More integration was needed in terms of work being undertaken with GP's on mental wellbeing.
- Early prevention work on mental health was essential.
- Needed a report back that gave a detailed picture on mental wellbeing and people needing hospital care.

A representative from the Police and Crime Commissioner's Office highlighted the Importance of accessing good quality care. He felt that the third sector had a lack of involvement in Crisis Care Concordat which needed exploring and that continuing care after prison needed looking at.

In response to the questions raised by Board Members it was reported that:

- If patients were diverted to the right service at the right time it would create access for people who needed it.
- Crisis Care Concordat uses resources more efficiently taking the pressure off the police.
- A number of third sector organisations had been involved in the Crisis Concordat programme such as MIND; suggestions raised by the Board would be part of the ongoing work.
- A Section 117 After Care Joint Policy Agreement had been developed and agreed between the Council, Bradford District Care Trust and the 3 Clinical Commissioning Groups. It provided a clear position on eligibility for Section 117 after care and clear guidance on when and how the arrangements for after care could be ended. This policy was being considered to be adopted across West Yorkshire as it felt to be of such a high standard.
- Fewer people suffering mental health crisis were being kept in the district's police cells.
- There had already been a reduction in people going into police cells and staying in police custody a much shorter time.
- On rare occasions when someone had to be placed in a police cell a member of the mental health team would support them.
- The 24 hour First Response Service would support people in crisis and divert them from police custody.

Resolved -

- (1) That adopting a strategic approach whereby Public Mental Wellbeing is considered as a strategic theme in light of both tangible and indirect benefits be endorsed.**
- (2) That ongoing work to develop this across Council workforce, working with Morrison's and other local providers be supported.**
- (3) That a further detailed report on Public Mental Wellbeing and the work being undertaken in this area be submitted to a future meeting of the Board.**

ACTION: Director of Public Health

30 BRADFORD DISTRICT BETTER CARE FUND – PROGRESS TOWARDS INTEGRATION

Previous Reference: Minute 15 (2014/15)

Members were reminded that the Board at its meeting on 9 September 2014 deferred consideration of a report on Health and Social Care Integration and Transformation (Document "G").

The Strategic Director, Adults and Community Services submitted a revised report (**Document “O”**) which set out the current arrangements/status of the Bradford District Better Care Fund. The report also provided an outline of the progress towards integration across the district.

Members commented on the importance of co-ordinated patient engagement and performance monitoring of the areas listed in the Bradford Care Fund Plan.

It was reported that progress had been achieved to integrate health and social care but it was acknowledged that it needed to achieve more sufficient pace to address the future financial pressures.

Members were informed with the progress made and areas for further development with Continuing Health Care since the Council's internal audit service undertook an audit of the Continuing Healthcare System in 2012.

Resolved -

That the Bradford Better Care Plan submitted for approval on the 19th November 2014 and authorised by the Chair of this Committee be ratified.

31. FEEDBACK AND RECOMMENDATIONS FROM THE NOVEMBER 2014 PEER CHALLENGE OF HEALTH AND WELL-BEING CARRIED OUT BY THE LOCAL GOVERNMENT ASSOCIATION

From the 25th to 28th November 2014 the City of Bradford Metropolitan District Council hosted a team of external health and wellbeing experts who were invited into the authority, to carry out a Local Government Association Peer Challenge in relation to the authority's arrangements for Health and Wellbeing and the functioning of the Health and Wellbeing Board.

The Director of Public Health submitted **Document “P”** which detailed what the purpose of the peer challenge was and the feedback and recommendations received from the review team.

It was reported that the Peer Review Team found evidence of good understanding of the wider determinants of health, and praised the knowledge and commitment of staff and the evident commitment to developing the Health and Wellbeing Board.

The Challenge Team had also noted that the District had well established partnership working supported by good individual relationships. It noted that the District was now working from a strong base for improving Health and Wellbeing and that further improvements could see the District become a national beacon or system leader for health and wellbeing arrangements.

The key recommendations of the Challenge Team were listed at paragraph 2.2.3 of the report.

Members commented on a number of issues which included:

- The improvement plan should be developed in consultation with the various organisations represented on the board.

- The implementation of the Peer Review Recommendations should be undertaken in consultation with partner organisations represented on the board.
- The peer review did not address a number of questions raised and did not go far enough; the review highlighted issues the board was already aware of.
- The Board should be considering financial reports to see how resources were being used and looking at reports on performance against targets; no benchmarking had been undertaken by the Peer Review; issues such as public engagement and accountability were more important than where the board met; needed to look at key strategies and reporting of these.
- The Board needed to be more challenging and needed to drive integration.
- Joint ownership of everything was the added value that the Health and Wellbeing Board brought.
- The Board should look at resources and how they were used to promote health and wellbeing of the District.
- A report back was needed identifying action taken across all organisations in 12 months time.
- Relationship between Health and Wellbeing Board, Integration Change Board and Overview and Scrutiny needed looking at.
- All organisations needed to work together to take the Peer Review recommendations forward.

Resolved -

- (1) That the Health and Wellbeing Board endorses the findings and key recommendations of the 7th January Letter of Feedback from the Local Government Association, in respect of the November 2014 Peer Challenge of Health and Wellbeing in Bradford District and will lead the implementation of the recommendations.**
- (2) That the Health and Wellbeing Board requests the Council's Department of Public Health in consultation with partnerships from other Member organisations represented on the Board to develop an improvement plan on behalf of the Board that will take forward the recommendations of the peer challenge, and will develop a performance management framework for the plan that will track the impact of high-level actions against the 6 key priorities of the Health Inequalities Action Plan and that this be submitted to the Board at its first meeting of the new Municipal Year.**
- (3) That the Health and Wellbeing Board develop and publicise a 12 month forward plan to enable the Voluntary and Community Sector to consult with its members and local communities and to better represent their views at Board meetings, and will increase its involvement with HealthWatch and area-based structures for consultation, holding some of its future meetings in community settings.**

ACTION: Director of Public Health

32. PHARMACEUTICAL NEEDS ASSESSMENT

Pharmacies represent an important component of NHS care, and there may be an argument that the pharmacy sector was currently underutilised in terms of the skills and capacity within it.

Pharmaceutical Needs Assessments had been used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies.

The Director of Public Health submitted **Document “Q”** which gave a summary of the revised Pharmaceutical Needs Assessment (PNA) for Bradford. The previous version of the PNA was published in 2011 with a short supplementary statement in 2012.

It was reported that PNAs were relevant when deciding if new pharmacies were needed.

Resolved -

That the Board accept that the Pharmaceutical Needs Assessment (PNA) has been updated according to the regulations and that the PNA as it is presented is agreed as current for Bradford.

ACTION: Director of Public Health

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

The Director of Collaboration, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District Clinical Commissioning Groups submitted **Document “R”** which reported on the Integration and Change Board.

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 October, November and December 2014.

Members stressed that the report was extremely difficult to understand and that a public document needed to be in a format that was easy to read and understand.

The Leader reported that when a report on the new model of care was submitted to the board it needed to be written in a way that people could understand it.

Resolved -

That the Board receives the minutes of the Integration and Change Board (October, November and December 2014).

Chair

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