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Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday 17 March 2015 at City Hall, Bradford

Commenced 1000
Concluded 1245

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 Amir Hussain	Portfolio Holder for Adult Services and Health
Councillor Simon Cooke	Bradford Metropolitan District Council
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford City/ Bradford District 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
Javed Khan	HealthWatch Bradford and District
Simon Large	Representative of the main NHS Providers

Nancy O'Neil attended for Dr Philip Pue (Airedale, Wharfedale and Craven Clinical Commissioning Group)

Apologies: Suzan Hemingway (Interim Chief Executive of Bradford Metropolitan District Council)

Observer: Councillor Andrew Thornton (Environment, Sport and Sustainability/Public Service Transformation Portfolio Holder)

Councillor Green in the Chair

34. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

35. **MINUTES**

Resolved -

That the minutes of the meeting held on 3 February 2015 be signed as a correct record.

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

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

37. **POOLED BUDGET ARRANGEMENTS – BETTER CARE FUND**

Previous Reference: Minute 30 (2014/15)

The Directors of Finance for Bradford Metropolitan District Council, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District Clinical Commissioning Groups submitted **Document "S"** which reported on the Better Care Fund - a pooled budget across health and social care to facilitate and support integrated services to improve care for patients. The plan was formally approved by the Health and Well Being Board on the 3rd February 2015 and work had been underway to establish hosting arrangements in respect of the management of the £37.3 million fund.

It was reported that the option proposed was for individual Clinical Commissioning Groups to host their element of the pooled budget in line with their individual allocations and funds transferred to the individual areas of spend (such as the local authority); the reporting of financial performance of the fund would be to the Integrated Change Board and Health and Wellbeing Board.

The above option was based on factors such as:

- Over 50% of the fund was for the local authority for existing schemes and current arrangements were agreed by all parties. There was no benefit in changing these.
- A significant proportion of schemes were commissioned by the NHS.
- The majority of NHS schemes were currently funded from existing resources.
- It was recognised that the Better Care Fund (BCF) was not new money.
- A significant intention of the NHS organisations hosting the pooled budget was to reduce the complexity of the management arrangements.
- A guidance change resulted in the performance fund being paid into the BCF based on performance and solely linked to total emergency admissions.
- Recognised that hosting arrangements were not seen as tax avoidance but recognised the need to assess the VAT implications of all schemes as good tax planning and not avoidance.
- Management of the fund by the NHS organisations was in line with guidance on hosting arrangements. Cash movement would be clearly documented in the Section 75 between NHS organisations and the Council.

Members commented on a number of issues which included:

- How was service provision co-ordinated?
- Care fund monitoring should be reported to this Board; this Board needed to be the accountable body for ensuring that the funds were being spent appropriately; System wide monitoring of performance needed to be reported to this Board.
- This Board needed to monitor that performance was meeting the targets and expectations of the Care Fund.
- More detail was needed in terms of delivery, co-ordination and monitoring arrangements of the pooled budget arrangements.

Resolved -

(1) That the ongoing work on the Section 75 for the pooled arrangements be noted and the recommendation for NHS bodies to host the Better Care Fund pooled budget be approved.

(2) That a report be submitted to the Board in July 2015 which details the co-ordination and monitoring arrangements on the delivery of the pooled budget arrangements.

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

38. **SYSTEM-WIDE COMMISSIONING INTENTIONS 2015/16**

Previous Reference: Minute 5 (2014/15)

In 2014/15, the Commissioning organisations of Bradford and Airedale presented their commissioning intentions to the Board for the first time. Whilst these intentions outlined the requirements of each organisation in line with their own strategic goals, they lacked coherence in terms of the overall combined impact upon the health and care system for Bradford and Airedale.

The Director of Public Health, Strategic Director of Adult and Community Services and Director of Collaboration, NHS Airedale, Wharfedale & Craven, Bradford City and Bradford District Clinical Commissioning Groups submitted **Document "T"** supported by a powerpoint presentation which reported that following development of the 5 year Forward View (2014-19) for the Bradford District and Craven Health and Care Economy, presented to the Board last July, commissioners had reviewed their 2015/16 commissioning intentions in line with this combined vision to develop a sustainable health and care economy. The report presented the work to date to provide assurance that commissioners were aligning plans to secure delivery of the vision.

Members commented on a number of issues which included:

- Commissioning should also be recognising activities that needed to be undertaken and future planning of services.
- Self care and illness prevention was a priority which would reduce demand on the service and help in future planning.
- More joined up commissioning was needed.

- Needed to look at what the population of Bradford needed in terms of acute and self care and how this would be approached.
- Commissioning priority needed to be what was locally important and not nationally.
- How were the joint commissioning opportunities identified? What changes would the mentioned commissioning arrangements make?
- Had self care been promoted enough?
- It would be useful to see evidence of the progress being made on the commissioning arrangements.
- When areas of joint commissioning had been identified they needed to be aligned in a timely manner based on outcomes.
- Needed to see a list of joint commissioning taking place and details on joint commissioning opportunities.
- What other commissioning opportunities could be planned for the future?
- Must not lose sight of key objectives and commissioning needed to be aligned to those priorities.
- What was joint commissioning and what opportunities did it offer?
- Recognise that progress was being made in commissioning but there was a long way to go, better joint commissioning was needed.
- There was a lot of commissioning areas that needed looking at; this Board should be prioritising commissioning arrangements.
- Commissioning should be based on priorities.
- Needed to be made aware of joint commissioning work already taking place such as dementia and domestic violence.
- Could not understand why particular joint commissioning opportunities had been chosen.
- The three Clinical Commissioning Groups, Local Authorities and Public Health needed to look at the wider issues such as dementia pathways, dental and oral health promotion and the pressure it was putting on services.
- A small group of people should be tasked to pull a bigger joint commissioning list together with background information and other commissioning arrangements that could be looked at including what joint commissioning looked like.

In response to Members' questions it was reported that:

- The NHS had more flexibility in terms of changing timescales of commissioning.
- Work was already being undertaken in relation to joint commissioning relating to dementia care.
- Agreed with the comments made that the 11 items mentioned as joint commissioning opportunities were not an exhaustive list; It was clear that the Board wished to consider more joint commissioning opportunities.

Resolved -

(1) That the ongoing work to align commissioning intentions be noted.

(2) That a further report be submitted in July 2015 which takes on board the comments made at the meeting and includes further details on commissioning intentions, alignment with new models of care work and Better Care Fund, governance and better arrangement on timescales of commissioning.

ACTION: Director of Public Health/Strategic Director Adult and Community Services and Director of Collaboration, NHS Airedale, Wharfedale and Craven, Bradford City and Bradford District Clinical Commissioning Groups

39. **NEW MODEL OF CARE FOR BRADFORD, AIREDALE, WHARFEDALE AND CRAVEN (RIGHT CARE, RIGHT PLACE, FIRST TIME)**

A presentation was made on work being led by senior leaders across health and social care to develop an ambitious new model of care. The presentation would explain that collective experiences were being pooled and that there was a united determination to break new ground to take forward the shared vision - One where healthy people lived as independently and safely as possible; and those who needed support were able to access health and social care in a timely way.

- A programme needed to be in place to action the new model of care for Bradford.
- Services should be looked at it in terms of population rather than based on geography, an integrated approach to actions needed to alleviate poverty would have better outcomes.
- This Board should lead and drive this piece of work.
- More focus was required on outcomes.
- Clarity of the implementation plan was needed and what would be delivered in 12 months; consideration should be give to what needed to be achieved and what priorities were.
- Needed to be specific on what was being undertaken and the changes being proposed needed to be sustainable.
- A further report was required which gave an indication of the resources needed to make the changes across the social and care economy to meet the new model of care.

Resolved -

That a further report be submitted to the Board alongside the commissioning paper in July which provides an indication of how to progress with the new models of care for Bradford with particular regard to any gaps in resources to deliver the required changes, the associated costs and proposals to address these gaps.

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

40. IMPROVING HEALTH THROUGH PHYSICAL ACTIVITY AND REDUCING PHYSICAL INACTIVITY

Previous Reference: Minute 12 (2014/15)

A report to the Health and Wellbeing Board (HWBB) in September 2014 outlined how physical activity was a key contributor of a healthy lifestyle and aimed to point out the breadth of impact physical activity could have on improving health.

The HWBB requested a further report to the Board 3 months on, addressing the issues highlighted at the meeting – the resources available for physical activity and health including the third and private sector, the range of physical activity on offer, how to address inequalities in health and the benefits of working jointly.

In accordance with the above the Director of Public Health and the Strategic Director of Environment and Sport submitted **Document "U"** supported by a powerpoint presentation which reported that the aim of the paper was to initiate the development of an integrated strategy to increase the physical activity of Bradford's citizens, both through participation and in normal daily life.

It was reported that the lack of inactivity to the Bradford local authority was £24 million per year; increasing physical activities in adults in Bradford by just 10% could save the district £4.8 million per year; lack of exercise was shown to cause 17% of premature deaths; inactive lifestyles contributed to more than 20 diseases and that too many people were leading inactive lifestyles.

Members commented on a number of issues which included:

- Urban areas needed to be turned into safer places for families to walk, play or cycle to combat the district's worse than average inactivity rates, even if the changes inconvenienced drivers.
- Solution was not necessarily getting people involved in organised sports but to build activity into their day to day lives.
- Needed to respond to people's interests, whether that be gardening or walking to the local library.
- Sometimes people were not getting out and about more often because they felt that neighbourhoods were not perceived to be safe or welcoming.
- Encouraging people to do more walking, running etc in designated areas that were safe, family-friendly and car free would help in getting people to be more active.
- What were the barriers in getting people to increase activity?
- Needed to make people aware of what was available and break down barriers such as affordability, not feeling safe; activity in parks was something more people would join in.
- Where did physical activity fit in the Clinical Commissioning Groups (CCGs) priorities?
- Needed to improve linkages between CCG and the Council in the promotion of increasing activity.
- Encouraging members of the public to recognise the importance of being active and making it achievable was vital.

In response to Members' questions it was reported that:

- Barriers to increasing activity included access to affordable transport, cultural issues for women, females were less likely than males to increase activity.
- It was not just about whether there were sports clubs, swimming pools etc nearby but about daily life and becoming more active such as walking the children to school etc.
- Physical activity featured heavily in programmes such as Bradford Beating Diabetes, Healthy Hearts etc.

Resolved -

(1) That the Board members be requested to review policies and practices of their respective agencies that might impact physical activity and to work together to improve these practices and develop policies to increase daily physical activity in the district.

(2) That the Board considered the key factors set out in Section 3.6 of Document "U" to increase physical activity in the whole population through joint work across all relevant sectors.

(3) That the Director of Public Health and the Strategic Director of Environment and Sport be requested to develop a vision of how a more active district will look in the future and an integrated overarching strategy to achieving this vision.

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

41. **FORWARD PLAN**

Due to lack of time in considering this item Members of the Board were asked to make any comments in relation to the future Forward Plan for the Board direct to the Strategic Director, Adult and Community Services.

Resolved -

(1) That any comments in relation to proposals for the Board's Forward Plan be submitted to the Strategic Director, Adult and Community Services.

(2) That the Strategic Director, Adult and Community Services having taken regard of any comments, presents a draft forward plan to the next meeting of the Board.

ACTION: Strategic Director, Adult and Community Services

Chair

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