

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Monday 8 February 2016 at Margaret McMillan Towers, Bradford

Commenced 1405
Concluded 1640

Members of the Board -

MEMBER	REPRESENTING
Councillor David Green (Chair)	Leader of Bradford Metropolitan District Council
Councillor Ralph Berry	Portfolio Holder for Health and Social Care
Councillor Simon Cooke	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Helen Hirst	Bradford City/ Bradford Districts Clinical Commissioning Groups
Dr Akram Khan	Bradford City Clinical Commissioning Group
Brian Hughes	Locality Director, West Yorkshire
Anita Parkin	Director of Public Health
Bernard Lanigan	Interim Strategic Director of Adult and Community Services
Michael Jameson	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Simon Large	Bradford District Care Foundation Trust

Also in attendance: Sue Pitkethly on behalf of Dr Philip Pue

Apologies: Sam Keighley, Andy Withers

Councillor Green in the Chair

24. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

25. **MINUTES**

Resolved -

That the minutes of the meeting held on 24 November and 9 December 2015 be signed as a correct record.

The Strategic Director, Children's Services provided a short update in relation to the issues discussed at the November Board meeting and reported that progress was being made in relation to the system to flag up children at risk of exploitation; arrangements were being reviewed in relation to the communication issues with the Health Service and the Child Sexual Exploitation (CSE) Hub and that robust systems were being put into place in relation to that; work in relation to therapeutic support for victims of exploitation was ongoing and would also be addressed through the review of the CSE Hub.

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

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

27. **WORKING BETTER TOGETHER - A WHOLE SYSTEM FOR HEALTH AND SOCIAL CARE**

Previous Reference: Minute 23 (2015/16)

The interim Director of Adult and Community Services and the Chief Officer of the Bradford City and Bradford Districts Clinical Commissioning Groups presented **Document "L"** which updated the Board on the work to develop a whole system approach to health and social care.

Members were reminded that the Health and Wellbeing Board on 24 November 2015 resolved:

"That a further report be provided to the Board in February 2016 which requests:

- (1) That the Finance Directors of the Council and the Clinical Commissioning Groups provide information to the Board on the funds available for joint commissioning and what Service areas are applicable for commissioning.
- (2) That the report also includes information on:
 - (a) resolving governance issues (outlined in the Legal Appraisal section of Document G").
 - (b) the risks associated with pooling budgets."

The Board agreed in November that an in-depth report should return to the board exploring these matters in relation to the two areas of Mental Health and Learning Disability. It was felt that this approach would help to identify barriers to progress, assist the Board in agreeing how to progress joint commissioning for these areas of provision and could provide valuable learning for other areas of joint commissioning and provision that might be developed.

Accordingly a detailed presentation was made to the Board outlining how Mental Health and Learning Disability services were currently funded and to propose options for the development of shared priorities and intentions and the joint commissioning of Learning Disability and Mental Health services.

It was reported amongst other things that:

- Mental health issues would affect about 155,000 people in Bradford at some time during a person's life.
- Approximately 6,200 people would be in need of and in contact with specialist mental health services at any given time.
- The incidence of probable psychotic, neurotic and personality disorders were all expected to increase at a rate which was broadly in line with the projected general population increase.
- Bradford was seen as a leading economy for its work on Crisis Care, Dementia and the Physical / Mental Health interface / Parity of Esteem agenda.
- The District was below the national benchmark in relation to Mental Health spend.
- The Mental Health Taskforce would shortly publish its guidance for the commissioning of mental health services, in order to achieve its objective of developing a Five Year All Age 'Life Course' Mental Health Strategy for England, currently on track to publish its findings in early 2016.
- In terms of learning disability it was forecasted that there would be a 30% increased demand for specialist provision over next 5 years; there was a growing number of young people with physical, sensory and cognitive impairment.
- Mild learning disability accounted for 2.3% of the population; moderate or profound learning disability accounted for 0.3% of the population.

Areas for Debate included

- Strategy development – did the partnership boards provide the best opportunity to engage commissioners, service users and providers?
- Commissioning decisions – was Bradford Health and Care Commissioners the right forum for collective decision making and is it empowered to act?
- Was the pooling of budgets essential to implement the strategies and have a method of taking binding decisions?
- How did the delivery model of accountable care organisations support the improvement in outcomes for people (with mental ill health, learning disabilities) and should this be the main area of focus in terms of the 'form' that reorganised and integrated health, care and wellbeing services should take in future? Is this compatible with the pooling of resources just for Learning Disabilities and Mental Health?
- What steer would the Health and Wellbeing Board provide to commissioners with regard to allocation of resources and increasing spend in Mental Health in particular to create parity of esteem and address the known shortfalls in funding?
- To what extent did the Health and Wellbeing Board intend mandating commissioners to align their activities to deliver the overarching strategies?

Board Members commented on the following issues:

- Were our outcomes similar to other authorities; what was the reason for our spend in mental health and learning disability being lower than the national average spend on such services.
- There was a strategy gap in mental health and the way services were commissioned; a piece of work was being undertaken to pull that strategy together, provider driven rather than commissioner driven.
- Needed to focus on what the outputs and shared strategic outcomes for mental health and learning disability were rather than the amount of spending compared to the average spend and then work out how much it would cost to deliver those outcomes.
- Should be exploring more innovative ways to support people and new ways of providing services; needed to look at people and what they wanted.
- Needed a clear set of principles against joint outcomes and reducing funding.

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- The challenge was to get the outcomes agreed and to establish whether joint commissioning could take place if budgets and resources were aligned rather than pooled.
- A proposed framework would be brought to the board after the results of the National Mental Health Task force had been published.
- There needed to be a common strategy across Bradford that achieved consistent outcomes for people with learning disabilities, autism and behavioural problems.

The Strategic Director, Adult and Community Services reported that partners were working better together to provide services in areas such as diabetes; work was ongoing to further improve services in the community.

Resolved -

- (1) **That a report be presented to the Board on progress to develop joint strategies to deliver health and wellbeing outcomes and specifically to report back on the recommendations at the 8th February Board Meeting:**
 - (I) **That the role and function of the partnership boards in developing the strategies for mental health and learning disabilities be endorsed.**
 - (II) **That there be a common strategy across Bradford and Airedale that seeks to achieve consistent outcomes for people with learning disabilities, autism and behavioural problems.**
 - (III) **That there be a common strategy across Bradford and Airedale that seeks to achieve consistent outcomes for people with mental health problems and for the wider population's mental wellbeing.**
 - (IV) **That commissioners align their activities and resources to deliver those strategies including the plans to commission for all people through accountable care operating models.**
 - (V) **That the view that actual pooling of resources is not critical to the achievement of a common strategy and that the development of the operating model of accountable care should take precedent.**
 - (VI) **That the proposal that Bradford Health and Care Commissioners should have delegated authority from constituent members to take decisions on the commitment of resources where these are shared decisions be supported.**
 - (VII) **That Commissioners, Clinical Commissioning Groups and the Council do everything possible to maintain current spend in mental health and learning disabilities and where possible increase it in line with average spend.**
- (2) **That regular updates are provided to the Board on the above, and, following progress on the above a report be presented to the Health and Social Care Overview and Scrutiny Committee.**

ACTION: *Interim Strategic Director, Adult and Community Services/
Chief Officer Bradford City and Bradford Districts Clinical Commissioning
Groups*

28. CHAIR'S UPDATE

The Chair's progress report (**Document "M"**) provided updates on business arising between Board meetings or at the Board's sub-groups as follows:

- 1 Letter from the Independent Chair of the Safeguarding Adults Board
- 2 Progress on Child Sexual Exploitation tasks

- 3 Updates from Board Subgroups
 - Integration and Change Board update
 - Bradford Health and Care Commissioners – update provided through separate report

It was reported that the letter from the Independent Chair of the Safeguarding Adults Board would be considered as part of the budget process. Progress on item 2 was reported under the previous minutes above.

No Resolution.

29. UPDATE ON WORK TO ADDRESS HEALTH INEQUALITIES THROUGH HOUSING, EMPLOYMENT AND HEALTH IMPROVEMENT

The Director of Public Health, Interim Strategic Director of Adult and Community Services and the Director of Children's Services submitted **Document "N"** supported by presentations which provided an update on the work to address health inequalities through housing, employment and health improvement.

Members were informed that on 13 January 2015 a report on the Health Inequalities Action Plan was presented to the Executive. This gave detail on progress in relation to all 18 priorities and recommended that from these, 6 be adopted as specific 'areas of action' due to their wide ranging nature and the District's poor performance against tackling them in comparison to national performance data. It was resolved that all 18 priorities remained but 6 would be used to focus increased activity.

These 6 were:

- Infant Mortality
- Healthy Ageing
- Smoking
- Alcohol and Violence
- Excess Winter Deaths and Fuel Poverty
- Tuberculosis

Each of the six priorities affected the most deprived areas of the community and contributed to health inequalities overall.

The background paper, presentations and discussion focussed on:

- How we live – our behaviour – what we eat, our levels of physical activity, how use of tobacco and alcohol was affecting the local population's health?
- Where we live – how did the supply of housing and the condition of the housing stock, our neighbourhoods and the built environment influence the population, health and wellbeing?
- What we do – what was our current jobs and skills profile, what were the trends in relation to wages and unemployment, and what will we need for the future.

Presentations were provided by:

Adrienne Reid, Deputy Director of Incommunities on current housing need and how the recent changes on welfare reform affected the social housing sector and individuals, and the potential effects of national welfare benefit and housing policy changes on demand and affordability of social housing and the potential impact on demand in the private rented sector which can be characterised by lower housing standards.

Kim Shutler-Jones, Chief Executive of the Cellar Trust and David Harper of Bradford District Care Trust who reported on two mental health and employment projects working with clients with moderate to severe and/or enduring mental health needs; supporting people to access training and employment.

The Interim Assistant Director, Client Services, Children's, reported on the education, training and employment issues in the District and how these were being progressed locally and at the sub-regional level.

Members commented on a number of issues which included:

- Were more detailed facts and figures available on mental health in relation to employment? What was the effect on mental wellbeing if someone became unemployed and did being in employment improve health and wellbeing?
- Needed information on outcomes of health and housing and the effects of poor private rented accommodation.
- Health and wellbeing in the work place was critical; stress and anxiety were the main sickness issues; would be good to build on what the Cellar Trust did.
- Were public sector human resource teams working together?
- People in private housing had no support – needed joined up working with social housing and owner occupied etc.
- Important to have integrated commissioning and focussing on outcomes.
- Impact of poor housing on health should be considered - needed to work closely with Housing and the NHS.
- Needed to look at prevention and early intervention.
- Needed further information on partnership working in relation to economic development and planning and to harness the potential of these areas of work to improve wellbeing outcomes and reduce health inequalities.
- What were the outcomes for people with mental health issues, the challenges and the development of a strategy to deliver it?

In response to Members' questions it was reported that:

- There was an opportunity to engage with employers in relation to Health and Wellbeing.
- Adult and Children's Social Care were working well together in respect of Learning Disability, with a new joint Preparing for Adulthood team in development.
- A piece of work was being undertaken by the government on how the benefit system influenced people's work; would be useful to see how that worked for Bradford.

Resolved -

That further presentations and reports be provided to the Board as necessary on the development of joint strategy and partnership working in relation to economic development and planning in addition to housing, employment and health issues to improve health and wellbeing outcomes and reduce health inequalities.

ACTION: Director of Public Health/Interim Strategic Director Adult and Community Services/Strategic Director Children's Services

Chair