

Minutes of an Inquorate meeting of the Bradford and Airedale Health and Wellbeing Board held on Wednesday 9 December 2015 at City Hall, Bradford

Commenced 1015

Concluded 1220

PRESENT

MEMBER	REPRESENTING
Councillor Simon Cooke	Bradford Metropolitan District Council
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford Districts and City Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Bernard Lanigan	Interim Strategic Director, Adult and Community Services
Michael Jameson	Strategic Director, Children's Services
Javed Khan	HealthWatch Bradford and District
Sam Keighley	Bradford Assembly representing the Voluntary, Community and faith sector
Simon Large	Representative of the main NHS Provider

Also in attendance: Neil Smurthwaite on behalf of Dr Philip Pue

Liz Barry on behalf of Anita Parkin

Apologies: Kersten England, Councillor Green, Councillor Berry, Brian Hughes

Dr Akram Khan in the Chair



20. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

21. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

**22. BUSINESS CONDUCTED UNDER CHAIR'S ACTION:
- INTEGRATED EARLY YEARS STRATEGY - OUTCOME FRAMEWORK
- DISTRICT PLAN 2016-20**

The report of the Chair (**Document "J"**) provided short updates on business arising between Board meetings or at the Board sub-groups including an Outcome Framework for the Integrated Early Years Strategy and proposals for the development of the District Plan 2016-20.

Board Members noted the progress.

23. WORKING BETTER TOGETHER – 2016-18 BUDGETS FOR HEALTH, SOCIAL CARE AND WELLBEING

The report of the Strategic Directors of Public Health, Adult and Community Services, Children's Services, Director of Collaboration and Chief Officers (**Document "K"**) presented the Council's budget proposals for 2016-18 for discussion at the Health and Wellbeing Board.

The report was supported by a power point presentation.

The Council's Finance Manager reported on the contents of the report and stated that:

- Out of the net Council budget of £400m, 51% was spent on Adults' and Childrens' services.
- The new savings proposed in Appendix 1 totalled £17.7m for 2016/17 and £24.4m for 2017/18. Together with the £27.4m of savings already agreed by Council in February 2015, they produced a balanced budget for 2016/17 and reduced the 2017/18 funding gap to £6.3m.
- By April 2020, it was estimated there would be a further £100m reduction in central government support, i.e. a 25% cut.
- There would be a proposed increase in Council tax of 1.6% in both 2016/17 and 2017/18; there was a Council tax cap on how much could be raised; an increase over 2% involved holding a referendum. However, the Spending Review did offer Councils the ability to raise additional funds for adult social care through a 2% precept on Council Tax. The Council was consulting on applying the 2% social care precept which could raise an additional £3m p.a.
- The Council faced significant financial uncertainties which would need to be dealt with in setting the final budget for 2016/17 and in planning the final 2017/18 budget; many of these uncertainties related to the Spending Review and the impact of the National Living Wage.

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- Whilst the Council was not planning on new money from Better Care Fund (BCF) it is relying on the additional £4.6m that was redirected to the Council in 2015/16. The Spending Review made reference to an additional £1.5bn of BCF by 2020 but this was likely to be £800m redirected from New Homes Bonus and £700m redirected from other local government funding. If the Council did not receive any new allocations in the same proportion to any money lost through the redirection this would place additional strain on the Council's finances.
- It was announced in the Spending Review that the funding for Disabled Facilities Grant will rise nationally from £220m to £500m by the end of Parliament. It was likely that this was included in the £1.5bn increase in the BCF.
- In relation to the announcement that by the end of Parliament councils would be able to retain 100% of business rates this would come with additional burdens. The government had not confirmed what those additional burdens would be but had indicated that Public Health and administration of Housing Benefit for Pensioners could form part of those burdens.
- Public Health grant was likely to be cut in cash terms by 2.5% p.a. over the next four years, this equates to an average real terms cut of 3.9% p.a.
- The Council still had a wide spectrum of services to provide, many of them statutory. In order to generate more income there was a need to continue to increase the Council tax and business rate bases but these initiatives did come with infrastructure costs and additional demand on education, social care and health. With 51% of the current net budget being spent on Adults' and Childrens' services it was inevitable that these services would feature in budget proposals.

The Interim Strategic Director, Adult and Community Services reported on the budget proposals for the Department which included a total of £14.6m of savings during 2016/18 of which £4.3m were proposed in 2016/17 and £10.3m in 2017/18, the full details were included in Appendix 1 of the report (pages 20-29).

The Strategic Director, Children's Services reported on the budget proposals for his service (detailed in pages 29-35 of Appendix 1) which included a total of £6.089m of savings during 2016/18 of which £2.2m were proposed in 2016/17 and £3.8m in 2017/18.

Members of the Board stressed the importance of considering further information such as the consequences of budget decisions for partners and system wide impact assessments in areas such as Children's, Older People, Mental Health and Learning Disability. The budget reductions were a huge challenge and conversation needed to take place on what equivalent service could be undertaken by the Health, Voluntary Sector etc.

There was a discussion on the type of support provided by Vanguard which included technology rather than hoists etc.

Members of the Board reiterated the importance of having further information in terms of the impact of the Council's budget proposals had on partners. Members understood the reality of the Council's budget position but needed to know the consequences of decisions for partners.

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In terms of Public Health it was reported that the 2016/17 budget had not been released; work was being undertaken with a number of providers to look at co-designing/redesigning services; could report the likely change of impact in January; the service was looking at affordability and efficiencies which would have minimum impact on the end user.

It was reported that the Clinical Commissioning Groups would not know how much money the NHS would receive until December. The NHS England Board would be meeting on 17 December 2015 to set out how the additional £3.8bn would be distributed and what the NHS was expected to deliver. The Clinical Commissioning Group would be notified week commencing 21 December 2015, efficiencies required to balance the budgets was included in the presentation.

The Airedale, Wharfedale and Craven Clinical Commissioning Group reported on their Financial Recovery Plan for 2015/16 onwards; a significant financial impact on the CCG's financial position was the introduction of the "Better Care Fund" in April 2015 to promote greater integration between Health and Social Care.

A Member felt it would have been useful and easy to understand if the Health Service could provide details of their budget proposal similar to the way the Council had provided.

Members agreed that a workshop be arranged before the Board's meeting in February 2016 which focuses on the issues raised at this meeting, including consequences of budget decisions for partners, system wide impact assessments and mitigating this impact in areas of Children's, Older People, Mental Health and Learning Disability.

ACTION: Programme Manager – Health and Wellbeing

Chair

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