

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 26 July 2016 at Committee Room 1 - City Hall, Bradford

Commenced 1000
Concluded 1230

PRESENT

Members of the Board -

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Bradford Metropolitan District Council (BMDC)
Kersten England	Chief Executive (BMDC)
Dr Andy Withers	Bradford District Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
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
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Clive Kay	Representing the main NHS provider

Apologies: Helen Hirst and Brian Hughes

Councillor Hinchcliffe in the Chair

OPENING REMARKS

Board Members noted that Simon Large was leaving the Care Trust and thanked him for the valuable work he had undertaken while being on the board.



1. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

2. MINUTES

Resolved-

That the minutes of the meeting held on 6 April 2016 be signed as a correct record.

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

4. WORKING BETTER TOGETHER - A WHOLE SYSTEM FOR HEALTH AND WELLBEING - JOINT MENTAL HEALTH AND WELLBEING STRATEGY DEVELOPMENT

The Working Better Together report was a standing item at the Health and Wellbeing Board that brought regular updates on development of a whole system approach to health, social care and wellbeing; for example supporting further integration between health and social care organisations and processes and directing the health and wellbeing system to develop integrated strategies.

The Interim Strategic Director of Adult and Community Services and the Director of Collaboration Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document "A"** supported by a power point presentation which gave an update on the development of a Mental Health and Wellbeing Strategy for Bradford, Airedale and Craven for discussion, and for Board members to provide strategic direction.

It was reported that Bradford was seen as a leading economy for its work on Crisis Care, Dementia and the Physical/Mental Health interface and the Parity of Esteem agenda.

Members commented on a number of issues which included:

- Were all agencies/partners working together to achieve the joint Mental Health and Wellbeing Strategy development
- Airedale had not been adequately engaged with the process; needed a more joined up approach; more acute providers could offer to help other organisations.
- Although the district spent below national spend on mental health but it was more important to ensure that investment focussed on where it was needed.
- The budget involved in providing joint mental health services was 9.1% of



the health economy money but what was needed was a more detailed analysis of the spend on mental health in areas such as primary care; what care pathways there were and what the outcomes were? Outcomes not being achieved needed more investment; a greater emphasis was needed on outcomes.

- Were we given a model by NHS England to follow in terms of the funding?
- A timeline for achieving the objective and outcomes for the joint mental health strategy was needed.
- A simple way of patients accessing mental health services needed looking at.
- Welcomed the holistic approach but needed to be clear on what the outcomes and objectives were.
- How would this strategy link into the West Yorkshire Mental Health work.
- Voluntary Sector was a key player in providing mental health services and all concerned needed to ensure the VCS was involved.

In response to Members comments it was reported that:

- All agencies and partners involved were working together and the support from the Bradford District Care Trust as a provider was very impressive especially around planning clinical pathways.
- Acute Care was being looked at; joined up work was happening; more work would be undertaken with teaching hospitals.
- A formula for the funding was given by NHS England; there was a piece of work that was being undertaken on where the income flows were; voluntary sector organisations provided direct mental health services; some services were funded by the Local Authority; some funded through health and some through a charity.
- Officers were working on a set of figures which included public health spend; Adult and Social Care and the three CCG's.
- The Strategy would be integrated with work at a West Yorkshire level.
- Further progress would be reported to the Integration and Change Board in September.

Resolved-

That a further report be submitted to the Board in 2016 which addresses the comments made at the meeting and includes the following information:

- **The outcomes and objectives of the joint mental health and wellbeing strategy.**
- **The timeline for achieving those outcomes and objectives**
- **The budget involved in providing joint mental health services**

Action: Interim Strategic Director Adult and Community Services/Director of Collaboration Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups



5. SEND LOCAL OFFER ANNUAL REPORT 2015-16

The Strategic Director, Children's Services and the Interim Strategic Director Adult and Community Services submitted the SEND Local Offer Annual report (**Document "B"**) which provided an overview of activity undertaken through the Local Offer which supported children and young people with Special Educational Needs or Disability and their families or carers.

Board Members were informed of the developments achieved during 2015/16 and the feedback that had been received. The report identified the next steps that would be undertaken arising from the feedback received.

Board Members made the following comments:

- Pleasing to see the uptake of the Local Offer; how could young people and families be engaged in designing the service?
- How did the issues link with the previous item on the agenda on the Mental Health and Wellbeing Strategy? SEN impacted on the mental wellbeing of parents and children; needed to see how much is being spent on all the different services.
- Was there engagement with schools in relation to the local offer?
- What came out of the peer review of the service?

In response to the comments made by Members it was reported:

- There was a crossover between this item and the previous one discussed; needed to ensure services were integrated.
- The service worked closely with schools; it was statutory that all schools published an SEN Offer; the Bradford Local Offer website provided a direct link to the published local offers for individual schools.
- The report on the peer review was available on the local offer website; there was an issue of the sufficiency of specialist places in the District; needed to improve on paediatric availability etc. by September the service would have options on how these issues could be resolved in the interim period.

Resolved –

That the SEND Local Offer 2015/16 Annual report be endorsed and the Foreword be signed by the Chair.

Action: Strategic Director, Children's Services and Interim Strategic Director Adult and Community Services

6. CHAIRS HIGHLIGHT REPORT - BETTER CARE FUND, SUSTAINABILITY



AND TRANSFORMATION PLANS, LEARNING DISABILITY TRANSFORMING CARE PLAN

The Health and Wellbeing Chair's highlight report summarised business conducted between meetings and business conducted at development sessions or informal meetings where these were necessary to consider material that was not yet in the public domain.

The report (**Document "C"**) also provided updates from the sub groups - Bradford Health and Care Commissioners and the Integration and Change Board.

The items covered in the report were:

- Development of the Sustainability and Transformation Plans (STP) for West Yorkshire (WY) plus Craven and for Bradford and Craven
- An update on work by the Bradford Health and Care Commissioners Group to expand and develop the 2016-17 Better Care Fund prior to its signoff by the Board Chair for submission to NHS England, the findings of an internal audit of the District's Better Care Fund and quarter 4 performance for 2015-16 (Appendix 1)
- Learning Disability Transforming Care Plan update.

It was reported that in terms of the Learning Disability Transforming Care Plan the District was already making good use of community placements, with a low number of residential beds which were rarely fully occupied and made lower than average use of out of area placements.

Members were informed that the Integration and Change Board continued to oversee the development of the Sustainability and Transformation Plan (STP) for Bradford District and Craven and the progress towards and content of the latest version of the local STP and links with the West Yorkshire STP.

Alongside the STP the Local Digital Roadmap had been reviewed by the ICB to ensure this connects with the local STP. The national Five Year Forward View made a commitment that by 2020, there would be 'fully interoperable electronic health records so that patient's records were paperless'. This was supported by a Government commitment in 'Personalised Health Care 2020' that 'all patient and care records would be digital 2020.

Bradford Health and Care Commissioners (BHCC) had overseen the development of the Better Care Fund for 2016/17 and its current status was 'approved with support' by NHS England. Work had been undertaken for the final submission, 30th June 2016 to address feedback and be clearer about metrics and milestones.

Resolved-

- (1) That the Board accepts and supports the Better Care Fund Plan for 2016/17 and Quarter 4 performance 2015-16 and receives further progress and performance reports at future Board meetings.**
- (2) That the Board notes the Draft Learning Disability Transforming Care**



Plan (previously circulated for 20th June Informal Board meeting and submitted to NHS England on the 24th June) and that a progress report be submitted to the November 29th Health and Wellbeing Board meeting which focuses on:

- **Improvement in outcomes**
- **Budget – current spend /best use**
- **Wider context – population/level of need**

Action: Interim Strategic Director Adult and Community Services/Director of Public Health

7. A WHOLE SYSTEM APPROACH TO ACHIEVING HEALTHY WEIGHT FOR THE POPULATION OF THE BRADFORD DISTRICT

The Director of Public Health, the Interim Strategic Director of Adult and Community Services and the Clinical Chair of Bradford Districts Clinical Commissioning Group submitted **Document “E”** supported by a power point presentation which outlined the challenges posed by overweight and obesity to health outcomes.

Board Members made the following comments:

- The approach presented was not targeted enough on interventions that would reduce the impact on health; location of fast food takeaways did not make a difference to obesity; there was no evidence to support this; there was no evidence that sugar tax would work; focus should be on people who are obese rather than a whole population issue.
- It was not appropriate to spend 2 million on anti-obesity campaign when there was little evidence that it turned round the districts high obesity rates.
- There was a relationship between poverty and obesity; level of obesity in certain wards with a high ethnic population needed looking at, more focussed work needed to be undertaken in those areas; it was important that the right outcomes were looked at.
- Needed to look at why a higher proportion of children in year 6 were obese?
- Focus needed to be on early years and not just on people who were obese; focus should be on outcomes that achieved the best results; the focus should be on stopping people becoming obese in the first place.
- The report was not clear on where the focus should be; research on Born in Bradford was missing.
- The ethnicity element was not simplistic; some of the ethnic population lived in the most deprived areas; the evidence showed that as populations move into urban areas the obesity rate increased but that was not the case in rural areas; therefore it was also about urban lifestyles not just culture.



- Royds had a high level of obesity but not did not have a lot of BME population in the ward; it was more about peoples lifestyles and genetics.
- Some schools in the district were promoting a pilot project for pupils to walk a mile a day; would be good to see results of the programmes Better Start Bradford was also running to help families in high deprivation areas achieve healthy weight.
- Planning and transport infrastructure around cycling needed looking at.
- Needed to speak to children in school and with their families; concerned about the number of dessert parlours being opened up; needed to encourage young people to exercise.
- What were the reasons for improvements in the obesity rate of 4 and 5 year olds compared to children in Year 6?
- It would be useful to see the number of people and their ages in each tier of the pyramid on page 105 of the report; would like to see spend based on age; when was the last time work in this area was reviewed? What was the spend by other organisations around the table; target should be prevention rather than cure.
- The focus should be on preventing children becoming obese rather than trying to change the habits of an adult.

In response to Members comments it was reported that:

- It was important not to pick and choose a few interventions but to address a wide range of factors through a range of interventions; could not continue to keep waiting for more and more evidence but needed to take action based on the current level of evidence or risk the situation getting worse.
- Needed to get the message to parents about issues on child obesity before children started school; the obesity rate of 4 and 5 year olds fluctuated year on year.
- 6 million school meals were provided by the Council which had low salt, provided nutritional value and operated within legislation; majority of meals were prepared at schools on site; academies did not have to follow the same legislation; as most of the secondary schools had academy status the rules were different for the majority of secondary school population.
- Getting people into employment was important as people in work generally had better health.
- Investment in cycling was being made such as the super cycle highway from Bradford to Leeds; there had been a huge increase in cycling.

Resolved-

- (1) That the Board leads a system-wide approach to healthy weight for the population of the District.**



- (2) That a Programme Delivery Board be established to develop an action plan for an integrated system wide approach to healthy weight; the Programme Delivery Board to comprise of representatives from the Local Authority, Clinical Commissioning Groups, Health Providers, and the Voluntary and Community Sector and led by the Portfolio Holder for Health and Wellbeing and the Director of Public Health.
- (3) That the Terms of Reference for the Programme Delivery Board be submitted to the Health and Wellbeing Board in 2016.

Action: Director of Public Health/Interim Strategic Director Adult and Community Services/Clinical Chair of Bradford Districts Clinical Commissioning Group.

8. BRADFORD AND AIREDALE HEALTH AND WELLBEING BOARD FORWARD PLAN 2016/17

The Director of Public Health submitted **Document “D”** which reported on the Boards draft Forward Plan for 2016/17.

Resolved-

That the draft Forward Plan be agreed subject to some items being moved to alternative dates to ensure that lead officers can attend for their items.

Action: Director of Public Health

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Bradford and Airedale Health and Wellbeing Board.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER

