

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Monday, 19 September 2016 in Committee Room 1 - City Hall, Bradford

Commenced 2.05
 Concluded 4.30

PRESENT

Members of the Board -

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe (Chair)	Leader of Bradford Metropolitan District Council
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Bradford Metropolitan District Council
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Anita Parkin	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector

Also in attendance: Victoria Simmons on behalf of Javed Khan (Health Watch Bradford District), John Holden representing NHS Provider

Apologies: Kersten England (Chief Executive (BMDC), Dr Andy Withers (Bradford District Clinical Commissioning Group), Helen Hirst (Bradford Districts and Bradford City Clinical Commissioning Groups), Brian Hughes (Locality Director, West Yorkshire, NHS, England) and Michael Jameson (Strategic Director, Children's Services)

Councillor Hinchcliffe in the Chair

9. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

10. MINUTES

Resolved-

That the minutes of the meeting held on 26 July 2016 be signed as a correct record (previously circulated).

11. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

12. JOINT FINANCIAL PLANNING UPDATE

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The Director of Finance (Bradford Metropolitan District Council (BMDC)) and Director of Finance for Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document "F"** which provided an update on joint financial planning and budget discussions for health and social care between BMDC, the Clinical Commissioning Groups and health providers in Bradford District and Craven.

The Chief Finance Officer of the three CCG's (Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG) and the Director of Finance Bradford Council gave a joint presentation which included the following points:

- The NHS needed to close a £22 billion deficit by 2020/21, which meant a £1 billion funding gap for West Yorkshire and a £221 million gap for the district.
- The CCG's had £800 million to spend each year, although that amount was not being cut, it was not keeping pace with demand, expectation and technology.
- Health organisations had already found ways to save £106 million.
- Health organisations were anticipating £18 million of extra funding via the Sustainability and Transformation Plan process to plug part of the gap but now needed to come up with a plan to close the rest of it.
- Hospitals had already identified around £47 million of savings they could make, through reduced spending on drugs, controls on agency staff, reducing administration costs and boosting workforce productivity; similar sums still needed to be found and more drastic changes may need to be made.
- The districts three CCG's still needed to find £17 million of savings and the trusts which provided acute care – mainly hospitals – needed to find £46 million of extra savings.
- Local Authorities were seeing significant budget reductions in addition to increasing demand for social care.
- The Local Authority was looking at cuts of around £35 million to the amount it spent on Health and Social Care.
- The Local Authority had managed to make the required savings but it was getting more and more difficult to continue to make further savings.
- In closing the funding gap the Local Authority would need to undertake a comprehensive review of all Council activity using an outcome based approach – seeking to improve health and wellbeing as well as to reduce demand, supporting people to choose healthy lifestyles, personalised support and care, joined up health and social care provision; safeguarding people from abuse.
- The Council had to make approximately a 5 % cut in net spending each year for the past few years and every year for the next 4 years.
- The commitment needed from all organisations in the health, care and wellbeing sector was to maximise every £ that was spent.
- Needed to look at solutions that where possible did not impact on quality and inequalities.
- Needed to engage and consult where required.
- A commitment was required by all leaders across the Health and Social System to make bold changes.

Rob Webster Senior Responsible Officer, West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) reported on the linkages with the West Yorkshire and Harrogate STP, outlining the planning process and the broad priorities for a West Yorkshire wide approach.

He stated that the next step would be to submit a credible plan to NHS which outlined where the savings would be made; acknowledging that some decisions that would need to be made would be difficult.

He reported that West Yorkshire and Harrogate was one of 44 footprints across the

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Country working to address the gaps set out in the NHS's Five Year Forward View; the Sustainable Transformation Plan was about Health and Wellbeing, Care and Quality, Finance and efficiency etc. The six West Yorkshire/Harrogate STP's had broadly similar priorities as the overarching STP; STP's did not replace statutory functions of individual organisations; final submission of the draft West Yorkshire Transformation Plan to NHS England would be on 21 October 2016.

Members stressed the importance of appropriate engagement with local people and all stakeholders.

The Chair of the Board queried where the funding was for the transformation agenda.

In response Rob Webster reported that it was a long term view of how much money there was and the difference it would make; there were political choices and consequences; difficult choices would spell these out; it was now clear that national Sustainability and Transformation Fund monies were meant for sustainability and not transformation.

A Member queried why there were no politicians involved in the STP; the Local Authority had a Statutory responsibility for looked after children; although it had input from NHS and Local Authority Officers there was no political input from the authority.

In response he reported that Chairs of Health and Wellbeing Boards were briefed at regular meetings as well as Councillors being engaged through the Health and Wellbeing Board; Health and Wellbeing Boards (H&WBB's) made decisions on local STP's; most political input was through H&WBB's; a West Yorkshire wide meeting had been held to look at what could be further undertaken to have input from local politicians in a more visible way.

A Member commented that there was a difference between being involved and being consulted.

It was reported that priorities in the STP could be reshaped if they did not add benefit.

Members stressed the importance of focussing on local priorities in the STP.

A Member raised concern that the whole process was quick and did not allow sufficient time for consultation.

In response it was reported that engagement could begin and that the local STP had been developed and would be delivered locally; a lot of work had been undertaken on the finance and efficiency gaps; focus now needed to be on other issues such as health and wellbeing and care and quality of services; needed to be clear where West Yorkshire fitted.

It was reported that even without the STP there would have been an issue with funding.

The Chair of the Board reported that there were already plans in place to deliver planned budget reductions but now other priorities had to be considered where further savings had to be made.

A Member stressed that although a lot of discussion had taken place about saving money; organisations also needed to look at using money differently to save money in

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the long term; for example through Self Care without Voluntary Sector support more people would be unable to look after themselves, needed to understand the value of volunteer support etc; need to be undertaking bold steps; not only did this approach make people healthier but saved money.

Members stressed the importance that any STP going forward should be based on local needs and priorities.

It was confirmed that the CCG's were clear on the important role of the voluntary sector and where money worked best.

Members stressed the importance of input from politicians in the STP process and being fully informed in advance; Councillors had a lot of experience in engaging Members of the public.

It was reported that the Local STP also included broader local issues such as housing, employment, education, environment etc and what was going to be undertaken to improve lives of local people; it was an opportunity to grasp the STP agenda and work together to make things happen.

Members felt that the draft local STP should be submitted to the board before it was submitted to NHS England.

Resolved-

That the draft local Sustainability and Transformation Plan be submitted to an additional meeting of the Board for approval before it is submitted to NHS England on 21 October.

Action: Strategic Director Health and Wellbeing

13. CHAIR'S HIGHLIGHT REPORT - BETTER CARE FUND, BRADFORD HEALTH AND CARE COMMISSIONERS, INTEGRATION AND CHANGE BOARD AND HEALTHY WEIGHT UPDATES

The Health and Wellbeing Chair's highlight report (**Document "G"**) summarised business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings or business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain. Reporting through a highlight report means that any such business was discussed and formally minuted in a public Board meeting.

The report focused on:

- Quarter 1 performance of the 2016-17 Better Care Fund
- Business conducted at the August meetings of the Bradford Health and Care Commissioners Group and the Integration and Change Board
- A short update on progress on action to establish a Healthy Weight Delivery Board

In terms of the Better Care Fund update it was felt that it would be more appropriate to report by exception ie where there was an issue on the Better Care Fund Summary Dashboard rather than reporting on all schemes. Members also felt it would be helpful to

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have a description of each objective and what it would achieve.

Members requested that the Terms of Reference for the Delivery Board for the Healthy Weight Programme should be circulated to Members. Members also requested that the voluntary sector be involved in this piece of work.

Resolved-

- (1) That the Board notes the Better Care Fund Performance report for Quarter 1 of 2016-17 and receives further progress and performance reports at future Board meetings.**
- (2) That the draft Terms of Reference for the Healthy Weight Group be circulated to Board Members.**

Action: Strategic Director Health and Wellbeing

14. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Director of Public Health submitted **Document “H”** which proposed a review of the Terms of Reference for the Health and Wellbeing Board, last reviewed in March 2014, in order to reflect changes in the scope of the Board’s responsibilities and recent changes to the Council Directorships and Portfolios as currently referenced in the Terms of Reference.

This would allow Members to consider whether the stated purpose, membership and duties of the Board should be amended to reflect recent developments in relation to new ways of working in the health and care sector and integration of health and care services.

Resolved-

- (1) That the Terms of Reference for Bradford and Airedale Health and Wellbeing Board be updated to reflect changes to Council Portfolios and Strategic Directorships and the additional duties noted at section 3.3.2 of Document “H”.**
- (2) That further comments and submissions in respect of updating the Terms of Reference are received by 30th September 2016 and that a final proposal is developed and circulated for consultation and brought to the November 2016 Board meeting for agreement.**

Action: Strategic Director, Health and Wellbeing

15. 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 Chief Officer Bradford City and Bradford Districts Clinical Commissioning Groups submitted

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Document “I” supported by a presentation which provided a further update on the development of a Mental Health and Wellbeing Strategy for Bradford, Airedale and Craven and assurance that good progress was being made and drew out themes from the draft strategy.

It was reported that extensive consultation had taken place on the Joint Mental Health and Wellbeing Strategy Development.

Members were informed that the Bradford District were recognised for its work on crisis care concordat, dementia as well as not placing people outside the district and the range of community services available.

It was reported that the Council Plan and District Plan acknowledged how wider society could address peoples mental health, good affordable housing, good employment and removing barriers that made people unwell.

It was reported that the current mental health spend including CCG’s and the Local Authority was £87, 834,623.

A Member suggested that safeguarding issues should be included in the report as well as consulting adults and the children’s safeguarding board.

Members were informed that many people on the safeguarding board would have contributed, specific reference to safeguarding and vulnerable adults could be incorporated into the strategy; this strategy was integral to the local STP.

A suggestion was made to look at the West Yorkshire Vanguard on Mental Health Services which showed good practices that had been adopted in other areas.

It was reported that Bradford was diverse and services had to be designed to meet the challenges of Bradford.

Members felt mental health and physical health needed to be looked at jointly.

Resolved-

That the Board receives the update and provides feedback to further shape the strategy and encourages wide participation in consultation on the draft strategy through its constituent organisations.

Action: Strategic Director, Health and Wellbeing

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.