

# Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 29 November 2016 in Committee Room 1 - City Hall, Bradford

Commenced      10.05 am  
Concluded        12.50 pm

**PRESENT**

**Members of the Board -**

<b>MEMBER</b>	<b>REPRESENTING</b>
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford Districts and City Clinical Commissioning Group
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Brian Hughes	Locality Director, West Yorkshire NHS England - North (Yorkshire and Humber)
Javed Khan	HealthWatch Bradford and District
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Bev Maybury	Strategic Director Health and Wellbeing Board
John Holden	Representative of the Main NHS Provider

Also in attendance: Victoria Simmons (HealthWatch), Sarah Muckle on behalf of Anita Parkin, Jennie Cryer on behalf of Michael Jameson.

Apologies: Anita Parkin, Michael Jameson and Nicola Lees

**Councillor Hinchcliffe in the Chair**



19. **DISCLOSURES OF INTEREST**

No disclosures of interest in matters under consideration were received.

20. **MINUTES**

**Resolved-**

**That the minutes of the meeting held on 19 September and 19 October 2016 be signed as a correct record.**

**Action: City Solicitor**

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

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

22. **WORKING BETTER TOGETHER - UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLANNING**

The process of developing five year Sustainability and Transformation Plans (STPs) was mandated in NHS Planning Guidance for 2016/17, development started at a local level in Bradford District and Craven in early January 2016. This local plan forms one of six constituent parts of a wider West Yorkshire and Harrogate STP which is submitted to NHS England.

The local STP development process has included work between NHS Clinical Commissioning Groups, NHS providers, Local Authorities and the Voluntary and Community Sector to identify how the health and wellbeing of the population could be improved and how, and care and quality standards could continue to be improved within the financial resources available in the next 4-5 years. This work had built on and brought up to date the Five Year Forward View for the Bradford District and Craven Health and Care Economy 2014-19 and is also reflected by the Better Health - Better Lives priority of the new District Plan.

The Chief Officer Bradford Districts and Bradford City Clinical Commissioning Groups submitted **Document "K"** which provided an update on the Sustainability and Transformation Planning process for health and social care in Bradford District and Craven, the Clinical Commissioning Groups and health providers in Bradford District and Craven.

Board Members were informed that:

- The STP process had been built on the acknowledgment that there would be a significant gap between the available budget for health and social care services in the years to 2020/21 and the current level of spend created by high demand for health and social care services in the Bradford District and Craven.



- Efficiencies would need to be matched by shifting the emphasis of service provision further towards improving the health and wellbeing of the population – supporting people to become and remain healthy and independent for longer to reduce demand to delay the need for social care services as a result of ill-health.
- It was not clear when the STPs would be finalised, they were likely to be subject to continued revision to meet annual NHS planning guidance.
- An overview of the operational plans for providers and commissioners would be considered at the Health and Wellbeing Board’s development session next week.
- It was acknowledged that there had not been enough public engagement on the STP.
- As part of the STP planning process an operational plan for each NHS commissioner and provider organisation must be submitted to NHS England by 23 December. In addition we have committed to producing a cross-system operational plan to reflect the ambition for whole system working within the Bradford and Craven health system.
- Due to the timing of Local Authority budget decisions, assumptions have had to be made in the operational plans which would be submitted to NHS England in late December about resources which would require revision once the LA budget is agreed in late February.

Members agreed that operating a local control total for the Bradford District and Craven STP would be beneficial (i.e. a total budget for the Bradford and Craven health and care system rather than separate totals for each organisation). NHS England had not yet formally responded to this request. The Board agreed that it needed to write in support to the request to NHS England to agree to this.

**Resolved-**

- (1) **That the update on the Bradford District and Craven and West Yorkshire and Harrogate Sustainability and Transformation Planning processes be noted.**
- (2) **That the Chair write to NHS England on behalf of the Board to request NHS England to operate a local control total (ie an agreed total NHS budget) for the Bradford District and Craven STP.**

**Action: Strategic Director Health and Wellbeing**

**23. WORKING BETTER TOGETHER ON SAFEGUARDING: ANNUAL REPORTS**



## **OF THE BRADFORD SAFEGUARDING CHILDREN BOARD (BSCB) AND THE SAFEGUARDING ADULTS BOARD (SAB)**

The Strategic Director, Health and Wellbeing and the Strategic Director Children's Services submitted **Document "O"** which reported progress on plans made by the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adult Board (SAB) in 2015-16. The report outlined in brief the main areas covered by the annual reports and highlighted areas of focus where joint approaches to policy and practice were in operation or were being considered for development across children's and adults' safeguarding arrangements.

### Safeguarding Adults Board

The Chair of the Safeguarding Adults Board (SAB) referred to high numbers of referrals from care homes in 2015-16 and reported that SAB wished to focus on:

- Commissioning for quality across the sector, and may bring this issue back to Health and Wellbeing Board at a later date.
- It was acknowledged that there are safeguarding issues which overlap between children's and adults' safeguarding including managing risk as young people move into adulthood,
- SAB welcomes the Mazars report on the Southern Health Trust and its wider review of unexplained and premature deaths of people within mental health or learning disability services.
- The two Safeguarding Boards would be working together to respond to the areas of abuse outlined in the 2014 Care Act such as Female Genital Mutilation and modern forms of slavery.
- SAB would like to see the 2017 revision of the Health and Wellbeing Strategy describe what good personalised care services was, primary care and acute services looked like to ensure there was whole system understanding for staff ; so that the public and staff could understand what personalised care was.

Members made the following comments:

- The Chair of the Board emphasised the importance of providing good personalised care that meets needs as early as possible.
- Public Health acknowledged that the Joint Health and Wellbeing Strategy could provide tools to help commissioners decide what to provide and how best to provide it.
- It was reported that the Risk Enablement Panel was an open and transparent process to share issues and reduce alerts relating to personal care.
- It was acknowledged that we need to improve the quality of care and that personalised care is often the least risky for individuals but the most challenging to commission. Adult Social Care will be looking at ways to address care needs and concerns about care earlier, to pre-empt safeguarding alerts by working with people and providers to develop a



quality premium that goes beyond the Care Quality Commission judgements.

- Members expressed concern after reading the Mazars report on the enquiry into the Southern Health Foundation Trust that we need as a sector to ensure that vulnerable people were receiving appropriate healthcare and were not dying prematurely as a result of poor care.
- It was acknowledged that the District had a good track record on not using out of area placements for people with Learning Disabilities.

A detailed presentation was provided to the Board by the Director of Health at Mazars (External Auditors) on the findings of their enquiry into the deaths of people with learning disability or mental health at Southern Health Foundation Trust; she reported on the failure of the trust to investigate and learn from the deaths of patients; particularly those receiving care in its older people's, learning disability and mental health services; the Quality Care Commission's report due to be published on 12<sup>th</sup> December would highlight the failures of the Trust and would be a good tool for other Trusts to use to reflect on and improve their own response to premature and unexplained deaths, particularly to recognise that investigations need to be multi-agency.

The Board heard case studies of people with learning disabilities who had died and their deaths were ruled as natural causes but could have been avoided if appropriate care and healthcare processes had been in place; and on the following:

- The South Health Trust enquiry showed that the average age of death for people in its care was around 56 years old, for both people with learning disability and people with mental health needs.
- Mazars had also conducted a broader review of the NHS response to deaths in care and hospital settings and found that most deaths were judged to be as a result of natural causes, a relatively small percentage were properly investigated. Without proper investigation many opportunities to learn lessons, to improve practice and to improve health and wellbeing outcomes for vulnerable people were being missed.
- In Bradford District there were between 600-1000 deaths annually for people with learning disability or mental health needs, an increase from 500 per year several years ago (precise figures would be available from Mazars in the New Year). some would be for people aged 65 and over; some would be deaths from natural causes.

Questions and issues for the Board member organisations to reflect on included:

- Was the health and wellbeing sector clear about where the responsibility lied to investigate premature or unexplained deaths?
- Could the Local Authority and the CCGs identify how many clients with



learning disability died in any one year – as focusing on this issue and getting it right for people with learning disability would help to get it right for everyone else.

- Authorities needed to identify and report deaths accurately; investigate unexpected deaths properly and without delay; needed to look at meeting obligations to others; authorities needed to learn from deaths; organisations needed to be transparent and open in how cases were reported and investigated.

The representative from Mazars emphasised the importance of reading the CQC report when it was released as it would address a number of issues including system-wide issues that Local Authorities and NHS organisations would need to address, including to ask questions about how the health needs of people with mental health needs or learning disabilities were being met, particularly where challenging behaviour may be masking physical health needs where people could not for example say that they were in pain and that families and carers had the broadest knowledge of the health needs of vulnerable individuals and the longest view of the timeline of their life and health treatment.

Members thanked the representative from Mazars for the informative presentation and acknowledged that there was a huge amount of work that needed to be undertaken to ensure that we understood and learned from premature and unexplained deaths to improve healthcare for vulnerable people. This would be addressed by reviewing the current position and making recommendations for change, working better with families and ensuring that we had a robust system that shared information effectively. It was agreed the Integration and Change Board would lead a review and report back to the Health and Wellbeing Board at its meeting in May.

In response to a Member's question it was reported that information on the number of deaths within people with mental health and learning disability in the district compared with other authorities would be available after Christmas.

#### Bradford Safeguarding Children's Board (BSCB)

It was reported by the Chair of BSCB that Paul Hill, manager of the Children's Safeguarding Board had left the Authority and that post was vacant at the moment but interviews had taken place; there were currently 511 children subject to child protection plans; two Serious Case Reviews would be published shortly; and there was a national review being undertaken of Safeguarding Boards. Child Death Overview Panels and how they were organised would also be looked at; the legislative process was likely to be very slow so the work of the panel would continue as normal; the Board had good partnership working which added enormous value to its work.

In response to the Chair's question it was reported that the work of the Board was good in comparative terms but there was no room to be complacent as there was always room for improvement.



Members stressed the importance of all schools complying with child protection regulations and raised concerns that 20% of schools had not returned their welfare and training needs analysis.

A Member suggested that schools that did not respond to the analysis needed to be reported to the Regional Schools Commissioner.

**Resolved-**

- (1) That the Board receives the annual reports of the Bradford Safeguarding Boards.**
- (2) That the presentation from Mazars of its investigation of deaths of people with Learning Disability or Mental Health at Southern Health Foundation Trust be provided to Board Members.**
- (3) That the Integration and Change Board (ICB) consider the findings of the Care Quality Commission (CQC) Report on Southern Health Foundation Trust when it is published, and work with Mazars to consider the learning from information on deaths of people with Learning Disability or Mental Health in Bradford District. That the ICB undertakes this work in the context of: the report of the national Confidential Inquiry into Premature Deaths of People with Learning Disability (2013); the work of the District's Child and Adult Death Overview Panels and the work of the Coroner. That the ICB consider the role for person-centred care and advocacy in establishing good practice and report back to the Board in May 2017.**
- (4) That the Chairs of the Safeguarding Board for Children's and Adults and the Voluntary and Community Sector Representative be involved in considering the piece of work outlined in 3 above.**

**Action: Strategic Director, Health and Wellbeing**

**24. WORKING BETTER TOGETHER: MENTAL WELLBEING IN BRADFORD DISTRICT AND CRAVEN: A STRATEGY 2016-2021**

Members were reminded that progress updates on developing a Mental Wellbeing Strategy were received at Board meetings in July and again in September 2016 when it was agreed that the final strategy would return in November 2016. The Board 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.”



The Strategic Director of Health and Wellbeing and the Chief Officer of Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document “N”** supported by a presentation which reported that the Mental Wellbeing Strategy for Bradford District and Craven 2016 - 2021 had been developed through intensive collaborative work during April – October 2016. It was presented to the Health and Wellbeing Board for approval and to request views on the proposed approach to implementation.

It was reported that the Mental Wellbeing Strategy would be launched on 19 January 2017.

Members commented on the following:

- Needed to look at psychotherapeutic support for victims of abuse.
- Needed to look at physical health and mental health jointly, needed to try and alter funding arrangements; needed to look at mental health and autism.
- Commended the strategy; strategy could be updated as more current data was available.

It was reported that work was on going for children with autism; a separate autism strategy was being looked at which would come to the Board at some point in the future.

#### **Resolved-**

- (1) **That the Mental Wellbeing Strategy as the vision for the development of services and community assets to improve mental wellbeing in Bradford District and Craven be approved.**
- (2) **That the public launch of the strategy in January 2017 be supported.**
- (3) **That the Board note the priority areas for implementation and that the detail to support these will be published alongside the strategy at the January launch.**

**Action: Strategic Director, Health and Wellbeing**

## **25. CHAIRS HIGHLIGHT REPORT - COVERING BETTER CARE FUND,**





## **BRADFORD HEALTH AND CARE COMMISSIONERS AND INTEGRATION AND CHANGE BOARD, HEALTHY WEIGHT AND YOUNG CARERS**

The Health and Wellbeing Chair's highlight report (**Document "M"**) summarised business conducted between meetings: where for example reporting or bid deadlines fell between Board meetings or business conducted at any meetings not held in public where these were necessary to consider material that was not yet in the public domain.

Reporting through a highlight report meant that any such business was discussed and formally minuted in a public Board meeting.

The report covered:

- A brief outline of each schemes contained within the Better Care Fund for Bradford District and Craven to provide background information for Board members and performance against outcomes for Quarter 2 2016-17.
- Business conducted at the September and October meetings of the Bradford Health and Care Commissioners Group and the Integration and Change Board.
- A short update on establishing a whole system approach to Healthy Weight, reporting to the Health and Wellbeing Board.
- Update on an issue raised at Children's Overview and Scrutiny in respect of young carers.
- Progress on the West Yorkshire Sustainability and Transformation Plan.

**Resolved-**

**That the update be noted.**

### **26. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

The Strategic Director for Health and Wellbeing submitted **Document "L"** which reported that the Terms of Reference for the Health and Wellbeing Board had been reviewed, 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 and to ensure that Board membership remained fit for purpose.

Members commented on the following:

- Why not invite both GP Federations?
- Concerned the board would be too large; there were other organisations that were not represented such as Housing, Employment, Private Sector, Social Care Housing, but adding all of these would result in the Board becoming too large and it would be difficult to remain strategic.
- Care providers were not represented and should be.
- It was agreed that Primary Care was the most significant sector missing



from the current Board's membership in the current context of redeveloping our approach to health and social care services and that the two Community Interest Companies should be invited to agree which of them would represent the primary care sector on the Board.

**Resolved –**

- (1) That the amended Terms of Reference for Bradford and Airedale Health and Wellbeing Board be corrected to note that 'GP Federation' should read 'Community Interest Company (CIC)' and be agreed.**
- (2) That the amended Terms of Reference are submitted to Governance and Audit Committee and through Members own governance routes.**

**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.**

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

