Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 31 January 2017 in Committee Room 1 - City Hall, Bradford

Commenced 10.00 am
Concluded 12.30 pm

PRESENT

Members of the Board -

MEMBER	REPRESENTING
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 Districts Clinical Commissioning Group
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Anita Parkin	Director of Public Health
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
Bev Maybury	Strategic Director Health and Wellbeing
Nicola Lees	One Representative of the Main NHS Provider

Also in attendance: Liz Allen and Sue Pitkethly for Helen Hirst, Helen Borner for Bridget Fletcher and John Holden for Clive Kay, Sarah Muckle, Public Health, Anna Middlemiss – Public Health – Wakefield Council

Apologies: Brian Hughes

<u>**Councillor Hinchcliffe in the Chair**</u>

27. **DISCLOSURES OF INTEREST**

In the interest of transparency Dr Withers and Dr Akram Khan disclosed an interest as they worked in Primary Medical Care.

Action: City Solicitor

28. **MINUTES**

Resolved –

That the minutes of the meeting held on 29 November 2016 be signed as a correct record (previously circulated).

29. **WORKING BETTER TOGETHER: A WHOLE SYSTEM APPROACH TO HEALTH AND WELLBEING: ENSURING SUSTAINABLE, HIGH QUALITY PRIMARY MEDICAL CARE SERVICES**

In April 2016 NHS England published the General Practice Forward View and through it committed to an additional £2.4billion additional investment by 2020/21 to improve patient care and access and develop new ways of providing primary care.

The Chief Officer of Bradford and Craven Clinical Commissioning Groups submitted **Document "P"** supported by a presentation which set out the challenges facing general practice and asked Clinical Commissioning Groups to submit plans to address those challenges.

It was reported that the three CCGs had strategies in place to secure sustainable, high quality primary medical care. Airedale, Wharfedale and Craven CCG had concentrated its approach on the role of general practice within new models of care, particularly the enhanced primary care approach. Bradford City and Districts had developed a stand alone strategy which was appended to the report.

The Deputy Director of Public Health in Wakefield gave a presentation on the Wakefield approach to accountable care and the success they had with it.

She also reported that:

- Wakefield had been developing an accountable care system for a number of years.
- Wakefield only had one CCG and was not as complex as Bradford.
- Bradford had a well-developed voluntary and community sector compared to Wakefield.
- Wakefield's key principles of accountable care approach included promoting health and wellbeing, reducing inequalities and preventing ill-health and illness progression at individual and community level; ensuring fast, responsive access to care and preventing avoidable admissions to

care settings; proactive co-ordination of care, particularly for people with long term conditions.

Board Members made the following comments on the presentation:

- When did Vanguard start and how much funding did Wakefield receive?
- Who were partners accountable to: patients, government or NHS? Concerned about governance issues; who made decisions and where governance sat was an important consideration.
- What was the population of Wakefield?
- Impressed that Wakefield's accountable care developed as quickly as it did.
- How was Wakefield's relationship with NHS England and NHS Improvement?
- Mental health issues and under 18's were not mentioned in the presentation.
- Reducing cost involved looking at things such as fewer buildings but not necessarily fewer people; people would be doing jobs in a different way.
- Needed to control costs to meet the rising demands.
- Needed to look at cost efficiency rather than cost cutting.
- Achieving 50% outcomes after 15 years, was this the right route to take?
- Needed to look at what worked for Bradford; effective use of money and resource; tackle prevention; for example enabling people to stay at home where needs could be better served.

In response to the above comments the Deputy Director of Public Health (Wakefield) reported that:

- The vanguard (developing new care models) Multispecialty Community Provider (MCP) started 3 years ago and the care home vanguard started a year ago; received £3.6million to deliver MCP and care home vanguard.
- Accountability lied with NHS England ultimately.
- Wakefield's governance was through the Connecting Care Executive.
- The population of Wakefield was 320,000.
- It took a length of time for integration to start to develop, agreeing who held integrated budgets and how they were managed, and having strong leadership were essential considerations.
- Wakefield had a good relationship with NHS England; although they have had to challenge some unrealistic timescales for submitting information to them.
- In relation to Mental Health, it was confirmed that SWIFT (mental health provider) were fully involved with the MCP.
- MCP Vanguard was for people aged 18+ but children were included in the integration programme.
- Wakefield's data sharing was not felt to be an area of strength by comparison with Bradford, it was up to Bradford to decide the timescale to achieve the required outcomes.

The representatives for the three Bradford District and Craven Clinical Commissioning Groups gave a presentation on their development of accountable care in which they reported that:

- Bradford had been working towards establishing accountable care for a number of years by developing strong partnership working.
- Bradford and Airedale had applied for funding through the integrated care vanguard but did not want to decide upfront that a Multispecialty Community Provider was the right model and did not receive the funding but continued to develop integrated care anyway, the impetus to work together was already there.
- Bradford's large geographical footprint incorporating significant deprivation, some affluence, urban, rural and city living was noted.
- Bradford's population was the most diverse nationally with significant health inequalities across the different areas of the district.
- Bradford's development of accountable care had focussed on prevention and early intervention with a specific focus on children, obesity, type 2 diabetes, cardio vascular disease, cancer, respiratory and mental wellbeing, support self care and prevention.
- Improvements included:
    - Structured collaboration to agree a new integrated model of care for diabetes prevention and treatment for implementation during 2017/18.
    - Working to achieve an Alliance Agreement (Commission and Provider Partners) during 2017.
    - Formation of a Bradford Accountable Care Board to lead and oversee progress towards a new system.
    - Structured collaboration for an Out of Hospital integrated health and social care model for adults with complex care needs with the intention to agree one contract by April 2018.
    - Delivery of the other transformational programmes – self care and prevention planned care, urgent and emergency care – each contributing to the sustainability of the broader system.
    - Aiming for a total population coverage of accountable care by 20/21.

Airedale, Wharfedale and Craven's development of accountable care had included:

- National and international research and learning exploring the potential to develop integrated models of care through the Pioneer Programme.
- Testing the commissioning of new models of care through a range of initiatives focussed on specific cohorts eg Enhanced Care/Complex Care/Integrated Community Services/Integrated Diabetes.
- Work was underway to understand the size of the potential budget for commissioning population based care through a single contract.
- A system wide vision for accountable care had been approved.
- Jointly agreed the roadmap that identified the high-level activities required to move the current health and care system to the desired system as described in the vision.
- Established a new "accountable care programme" as a vehicle for delivery

of the vision supported by a joint governance structure.

The difference the new systems had made included:

- The Bradford and Airedale health, care and wellbeing system compared favourably with others in terms of their financial position.
- Delayed transfer of care being the lowest in the Comparator group.
- Emergency admissions and A&E attendance had increased at a lower rate than national rates.
- GP out of hours appointments reduced by 2% in Airedale, Wharfedale and Craven.
- Enhanced primary care had offered a range of additional clinical and broader support services including physio first (in which GP's could refer people directly to physiotherapy), social prescribing; care home support and care navigation, dermatology, minor surgery, additional pharmacy services etc.
- 90% of the work undertaken by Airedale would be included in their approach to accountable care.

Members were informed that the CCG's were aiming to continue to work in partnership to develop the accountable care work throughout 2017 in order to have an accountable care system established in shadow form by April 2018 and becoming live in April 2019.

In response to Members' questions it was reported that Bradford Teaching Hospitals computer system which would go live in Summer would not be using SystemOne but the hope was that it would be compatible with the systems used by primary care and Airedale Hospitals.

The Chair of the Board queried whether the Board's agreement to support the CCG's request to NHS England to operate a single control total for the health and wellbeing budget would still be helpful. It would be worth having a discussion with NHS England, the chair of the Integration and Change Board agreed to look into this.

It was reported that NHS England were not ruling out the Board's request for a control total but had requested further information such as the risks to operating a shared control total.

A Board Member stressed the importance of looking at why some people were using services more than others and looking at their specific health needs and how their needs could be reduced through prevention etc.

There was a discussion on having someone from the private care home sector being on the Board and the difficulty of inviting private organisations to the table as even if these were umbrella organisations there would still be a number of them relevant to different issues.

The Chair stressed the importance of the public being kept informed about the

development of accountable care in terms that were understandable to them ie how services were now and how services would change and asked officers to seek opportunities to engage with the public.

It was concerning that there were not enough GP's and not enough people were going into the profession: 20% of GP's were reported to be over 55; needed to look at how services currently being provided by GP's could be delivered differently, including by a wider range of primary care professionals such as nurses or physiotherapists rather than seeing a GP.

A Member stressed the importance of looking at outreach from primary care delivery into services such as housing; social housing and how it worked with care system; a development session should be arranged to consider housing related issues and a future Board item could include the wider determinants of health including social housing and its relationship with the care system. It was noted that the Board had agreed that all items at the Board should consider both health inequalities and the wider determinants of health.

Resolved-

(1) That officers identify opportunities to provide information to members of the public on the development of 'accountable care' - a new approach to meeting health and social care needs. Accountable care focuses on people's health needs more than services and sees people as being at the centre of their care; it thinks about people's physical and mental health needs, and aims to deliver the 'right care, in the right place, first time' through closer integration across health & social care and across community & hospital services.

(2) That further discussion relating to shared risks of operating a local control total (ie an agreed total NHS budget for the Bradford and District and Craven Sustainability and Transformation Planning) be considered at a future development session.

(3) That a future development session include an item on the wider determinants of health including the influence of housing on health and wellbeing.

(4) That the Board notes and supports the actions being taken to ensure sustainable, high quality provision of GP services as being key to the delivery of the Board's Joint Health and Wellbeing Strategy.

Action: Strategic Director, Health and Wellbeing

30. THE 2017-19 BUDGET PROPOSALS OF CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL

At the September 2016 Health and Wellbeing Board meeting, members received a presentation from the Directors of Finance Group (Finance Directors from the Clinical Commissioning Groups, the main health providers and the Local Authority) that outlined a four year financial forecast for the Health and Wellbeing sector and placed the forecast in the context of high and growing demand for services as a result of demographic changes, for example an ageing population.

On the 6th December 2016 Council budget proposals for 2017-19 were approved for public consultation.

The Strategic Director Health and Wellbeing submitted **Document "Q"** supported by a presentation on the Council's 2017-19 budget proposals.

It was reported that the report provided an overview of the financial changes; the Executive's 2017/18 and 2018/19 budget proposals; highlighting the Council's long term financial position (4 year view).

The report was presented to ensure what the proposals mean and encourage views to be submitted through online questionnaires.

It was reported that the Budget Consultation closed on 12 February 2017.

Board Members stressed the importance of acknowledging the unintended consequences to services from the budget cuts ie cutting certain services would impact on social isolation which contributed to people's wellbeing; importance of focusing on impact of decisions being made did not want unintended health inequalities getting worse.

No resolution passed on this item.

31. CHAIRS HIGHLIGHT REPORT: BETTER CARE FUND QUARTER 2 PERFORMANCE: UPDATES FROM BRADFORD HEALTH AND CARE COMMISSIONERS AND THE INTEGRATION AND CHANGE BOARD: HEALTHY WEIGHT DELIVERY BOARD UPDATE

The Health and Wellbeing Chair's highlight report **(Document "R")** 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:

- Better Care Fund - Quarter 2 Performance
- Business conducted at the November and December meetings of the Bradford Health and Care Commissioners Group and the Integration and Change Board.
- A further update on establishing a whole system approach to Healthy Weight from the Healthy Weight Delivery Board.

Resolved-

(1) That the Terms of Reference for the Integration and Change Board be approved.

(2) That the 2016-17 Quarter 2 Performance of the Better Care Fund and the preparation of the Better Care Fund Plan 2017-18 be noted.

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