

# Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 28 March 2017 in the Ernest Saville Room, City Hall, Bradford

Commenced      10.00 am  
Concluded        12.20 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
Kersten England	Chief Executive of Bradford Metropolitan District Council
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)
Michael Jameson	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Bev Maybury	Strategic Director Health and Wellbeing Board
Nicola Lees	NHS Provider

Also in attendance: Councillor Jackie Whiteley for Councillor Simon Cooke; John Holden for Clive Kay; Kim Shutler-Jones for Sam Keighley; Sarah Muckle for Anita Parkin; Helen Bournier for Bridget Fletcher  
Nicola Lees (NHS Provider)  
Dr Chris Harris, Dr Yousef Beanni and Kath Helliwell (Cardiovascular team)

Apologies: Councillor Simon Cooke, Bridget Fletcher, Brian Hughes, Clive Kay, Sam Keighley, Anita Parkin, Andy Withers

### Councillor Hinchcliffe in the Chair



**32. DISCLOSURES OF INTEREST**

No disclosures of interest in matters under consideration were received.

**33. MINUTES**

**Resolved –**

**That, subject to verification of the list of attendees, the minutes of the meeting held on 31 January 2017 be signed as a correct record.**

***ACTION: City Solicitor***

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

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

**35. CHAIRS HIGHLIGHT REPORT: BETTER CARE FUND QUARTER 3 PERFORMANCE: UPDATES FROM BRADFORD HEALTH AND CARE INTEGRATED COMMISSIONERS GROUP AND THE INTEGRATION AND CHANGE BOARD**

Members were reminded that the Health and Wellbeing Board Chair's highlight report (**Document "T"**) 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 and which considered material 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 March report covered:

- Better Care Fund - Quarter 3 Performance and update on development of the 2017-18 Better Care Fund Plan
- Business conducted at meetings of the Bradford Health and Care Integrated Commissioners Group, and the Integration and Change Board.

In response to questions from the Chair, it was confirmed that guidance on the Better Care Fund was still being awaited and that a workshop on governance arrangements for the Bradford Health and Care Integrated Commissioners Group was shortly taking place. It was also stressed that there were still unknown factors in respect of moving to the new model, including funding arrangements but that there was collective will among the Board to achieve the necessary changes.

The Chief Executive also stated that the Integration and Change Board was undertaking discussions on bringing resources together to provide a consolidated



approach to the necessary changes.

The Board noted that Bradford achieved extremely good results in terms of delayed discharge, diagnosis of dementia and the prevention of admission to long term care and commented that it was important to recognise good work such as this.

A Member queried the possibility of overspend and was advised that in future the budget would be re-profiled and spent to better effect, such as on equipment for people leaving hospital to support their return home. Issues of resourcing would be addressed through cross sector discussions in the new budget for the next year.

**Resolved-**

- (1) That the position as of the end of Quarter 3 be noted.**
- (2) That the position in relation to the Better Care Fund Planning Guidance 2017/18 and 2018/19 be noted.**
- (3) That due to the delays in publication of the Planning Guidance, that budget uplifts will be applied in line with the guidance once published with 1.8% in 2017/18 used as the indicative level of uplift, be noted.**

***ACTION: Health & Wellbeing Programme manager***

**36. WORKING BETTER TOGETHER - A WHOLE SYSTEM APPROACH TO HEALTH AND WELLBEING: HOME FIRST**

The Strategic Director, Health and Wellbeing submitted **Document “S”** which set out the rationale, key aims and ambitions for the new vision (Home First) for wellbeing in the Bradford District and the new operating model for the Department of Health and Wellbeing.

The draft vision (Home First) was centred around the belief that where possible, people in the Bradford District who were in receipt of health and social care services should be supported to stay in their own home, so that they could continue to enjoy relationships with their family and friends and be active members of their local community while being able to participate in activities in the wider District.

The report also provided an update on the development process for the new vision and operating model and outlined key next steps for the consultation and approval of the final documents.

The Strategic Director stressed to the Board that it was clear that most people wanted to remain in their own homes, accessing care where necessary. The input of colleagues in the voluntary sector would be essential to the new vision as would ensuring that people did not become isolated. A personalised approach



based on wellness and well-being would be key to the operational model.

In response to questions in respect of consultation, she stressed that discussions had been undertaken with many groups but that it was not yet concluded and that, although the Executive would be asked to endorse the overarching approach the model would continue to develop. Her priority was to engage front line staff from the outset.

A representative from the voluntary sector highlighted that there was already some very good practice in existence within the voluntary sector and that should provide a good practical level of input in terms of engaging front line staff.

A Member commented that, in the current financial situation, it was important to look at doing things differently, both for financial reasons and for improvement of service provision. She stressed the good work that was underway in different arenas including moving towards outcome based work instead of time and task based. She also highlighted that there would be an issue of trust with both providers and commissioners needing to understand each others requirements.

Another Member expressed some concern that personal budgets may not meet the true cost of care requirements and that an unintended result of that may be an increase in loneliness and an overreliance on voluntary services.

In response, the Strategic Director accepted that there was such a risk if services continued to be provided in a traditional way, however if resources were concentrated where necessary and a culture of supporting wellbeing was developed, better services would be provided.

The Board also discussed the issue of outward facing discussions with stakeholder groups and the need to balance transparency against topics becoming too complex to progress successfully.

A representative of the voluntary sector noted that the sector could mobilise very quickly if necessary but cautioned that any group of volunteers required a lot of management and that work was usually not funded.

The Chief Executive stated that she considered that the Home First vision was based on strong principles; that it put individuals at the centre of their own care; that it involved a cultural shift in respect of working with people and would require a wider infrastructure. She stressed that in instances where community infrastructure was in place it had already made a real difference.

In response to a question, it was confirmed that hospitals were fully supportive of the vision, especially in terms of workforce development and linking up information.

The Chair concluded the discussion by summing up that there was broad support for the vision amongst Board Members; that there was need for continued consultations with the voluntary sector; that mapping of what was already in place would be important; that the core principle put the individual concerned at the centre of the vision and that considerations such as resourcing, the quality of intervention and workforce development were highly important.



The Strategic Director also added that high quality initial intervention would be a key issue as investing in home care would reduce resources used in hospitals and care homes.

**Resolved-**

- (1) That the progress made towards the development of the new Home First Vision and the new operating model for the Department of Health and Wellbeing be noted.**
- (2) That the approach set out in the vision (Home First) and the new 'To be' operating model be endorsed and that respective organisations support the implementation plans.**

***ACTION: Strategic Director, Health & Wellbeing***

**37. CARDIOVASCULAR DISEASE - UPDATE**

The Chief Officer of the Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document "V"** which provided an overview of the challenges Bradford Districts Clinical Commissioning Group faced with regards to cardiovascular disease (CVD), the actions it had taken and the outcomes seen to date.

It also described the lessons learned and next steps in the programme and sought support from the Board to deliver its longer term aims.

Three representatives of the cardio-vascular team attended the meeting and gave a detailed PowerPoint presentation on the "Bradford Healthy Hearts" initiative.

The Board then discussed the initiative in detail, congratulating the team that it had saved the lives of 211 people across the District. In response to questions, it was confirmed that letters sent to patients who required statins were sent out on a targeted basis and that the postal drop had been co-designed with GP practices in order to utilise the trust in place between GPs and their patients.

The representative of the Bradford Districts and City Clinical Commissioning Group stressed that patient groups involved in the process had urged the team to be bold with the information that they provided. One of the team concurred with that and highlighted that the public appetite for good quality clinical information was huge.

A Board Member also queried whether there was available investment and was informed that as the evidence showed that such projects were very successful it created an appetite for investment and encouraged taking that risk in other areas. The next initiative to be launched would be in respect of "Bradford Breathing Better".



Members were advised that additional work was also being planned in collaboration with the British Heart Foundation to find more people with blood pressure issues and to work on other aspirations in respect of that treatment and of dealing with heart failure.

In response to questions about how the initiative had proved so successful, the Board was informed that a specific decision had been taken to have a single focus on one issue that would make a big difference. The initiative had been slow to start but all resources had been aligned and directed to achieve one outcome. The Chair noted that there was a lesson to be learned in respect of the success that could come from focussing on a big issue.

The Deputy Chair highlighted that the initiative had won awards and that part of that success had been a result of knowing the community well. A problem with extending the work to the City Centre CCG area to identify at-risk individuals who may not be known was that elements of the population were more transient and that, therefore, it could be difficult to identify at-risk people as they were not necessarily known to services, therefore a different approach would be needed. This could include approaching appropriate faith centres, the voluntary sector, pharmacists and taxi firms.

Members of the Board also noted that they were encouraged to try the same principles as had been used in the healthy hearts initiative in other areas of operation as it had been so successful.

The Chair concluded the discussion by summing up that the presentation had highlighted the usefulness of engaging with peoples' desire to change; the positive outcomes that could come from shock tactics to alert people to the high level of risk they faced; the benefits to focussing on one major issue; the benefit of knowing the community well and the positive relationship between risk and reward.

She noted that the Board had been asked to consider how the lessons learnt from the Bradford Healthy Hearts programme could be applied to the priorities of the revised Health and Wellbeing Strategy 2017-2022 and stated that the Board would be discussing that strategy in the next item.

***ACTION: Chief Officer, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups***

**38. A PROPOSAL FOR THE DEVELOPMENT OF A JOINT HEALTH AND WELLBEING STRATEGY FOR 2017-2022**

The Strategic Director, Health and Wellbeing submitted **Document "U"** which reported that the current Joint Health and Wellbeing Strategy (JHWS) was due to expire at the end of March 2017. The report put forward a proposal for the development of a new strategy following a Health and Wellbeing Board development session held in February 2017.



The representative of the Director of Public Health stressed that, in the new strategy, the aim was to deliver priorities that had already been identified and to create a tool for their deliverance rather than developing additional priorities.

The Board considered the development of the new strategy to be a significant piece of work. It was noted that the last strategy had run for a period of five years and continuing that model would fit with the budget.

In response to a question in respect of monitoring performance, it was explained that the tool already referred to would involve a set of questions for each commissioning decision and that there would be a performance framework involving reports to this Board on a regular basis.

Members noted that the process of replacing the old strategy and its various strands with a new one was a complex process and considered that a visual aide memoire would be useful. It was also noted that the strategy would have a small number of priorities that needed a particular focus and leadership from the Health and Wellbeing Board, although other elements of health and wellbeing practice would be on-going. The representative of the Director undertook to produce a single page précis for the Board's information.

The Board discussed the timeline for the new strategy, noting that the first draft would be presented by June and that a small number of priorities would be key to the success of the strategy. All Members of the Board concurred that a tightly focussed approach would engender better results than a scattergun approach. Members also agreed that the process of embedding the strategy once it had had been established would be a major part of its success.

In response to a question, the representative of the Director agreed to circulate a timeline for the project.

**Resolved-**

- (1) That the proposed approach to developing the Joint Health and Wellbeing Strategy as outlined in the report be agreed.**
- (2) That the Board agree that the Joint Health and Wellbeing Strategy focus on delivering the priorities for the health and wellbeing elements of the District Plan and the local Sustainability and Transformation Plan.**

***ACTION: Strategic Director, Health & 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

