

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 25 July 2017 in Committee Room 1 - City Hall, Bradford

Commenced 10.05 am
Concluded 12.40 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	Leader of the Conservative Group
Dr Andy Withers	Bradford Districts Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Laura Smith	Head of Transformation (North), NHS England
Bev Maybury	Strategic Director Health and Wellbeing Board
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
Bridget Fletcher	Representative of the main NHS Providers
Clive Kay	Representative of the main NHS Providers

Also in attendance: Julie Lawreniuk alternating for Helen Hirst and Sarah Muckle alternating for Anita Parkin

Apologies: Kersten England, Helen Hirst, Dr James Thomas, Anita Parkin and Nicola Lees

Councillor Hinchcliffe in the Chair

1. DISCLOSURES OF INTEREST

No disclosures of interests were received.

2. MINUTES

Resolved-

That the minutes of the meetings held on 28 March 2017 be signed as a correct record (previously circulated).

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

4. PROPOSALS FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) TRANSFORMATION 0-25

The Strategic Director, Children's Services submitted **Document "A"** which asked the Board to:

- Take note of the proposals for SEND Transformation 0-25
- Support the SEND transformation to provide additional capacity within the Early Years Enhanced Specialist Provisions (EYESP) to meet the complex health needs of some children with SEND, for example, through providing additional capacity from school nursing.

A powerpoint presentation was also provided to support the report. Board Members were informed that the current position was:

- There was both a growing population of children and young people in Bradford and a growing population of children and young people with SEND
- The complexity of special needs in Bradford was increasing – as a result there was a need for more specialist places in early years and education settings but Bradford was a highly inclusive local authority; only 1% of the school population was in Special Schools
- Increasing the number of specialist places for SEND alongside a predicted population growth would still only result in around 1% of SEND pupils attending specialist provision
- Working in a challenging and changing financial and educational landscape
- With this came the opportunity to transform delivery of specialist provision and support for SEND in the District – intervening early to reduce costly intervention later in the life of a child or young person



The proposed model would continue to make a range of specialist services available across the district for children and young people with SEND and had been based on the evidence and findings of the SEND Strategic Review in Bradford 2016. Formal consultation received 79 responses containing a total of 16 comments and 144 questions.

The aim of the proposal was to improve outcomes and life chances for all children and young people in Bradford by ensuring the following:

- Early identification, early assessment and early intervention of children with SEND
- Increase in high quality places to meet a growing need for SEND
- Effective use of the outstanding practice and provision across the district
- Use of specialist knowledge, skills and expertise in meeting the need of children and young people with SEND.

A proposal was outlined based on a two-locality model. Each locality providing 50 early years specialist places across two locations for children aged 2-5 years, with capacity for children aged up to 7 where appropriate; located in geographically accessible areas to serve the highest areas of SEND across the District further places would continue to be provided in mainstream early years and educational settings. A SEND Specialist Centre of Excellence would be co-located with one provision in each locality.

The SEND Specialist Centres of Excellence would comprise a range of SEND specialist practitioners, for example specialist teachers of autism, cognition and learning and behaviour, family support workers, portage home visitors, who would provide consultation, support, training and outreach work for all SEND early years children across all types of early years setting.

It was reported that there were currently 3 nursery schools (Canterbury, St Edmund's, Strong Close across the District already providing integrated early years SEND and mainstream places; Through an expression of interest process a 4th provision had been identified as Abbey Green Nursery School.

Members were informed that it was crucial to ensure there was sufficiency of places for children with SEND; identifying and assessing children with SEND early with appropriate provision for children within the district. Delivery of the new offer would start in April 2018 and a simplified fact sheet had been prepared for parents' consultation. The report was before the Board to highlight the growing population of SEND and the increase in children with more complex health needs; additional capacity/resources would be needed from school nursing teams.

Members commented on a number of issues which included:

- Location of Early Years Enhanced Specialist Provisions?
- Sufficiency of involvement of health professionals including community paediatricians and school nursing and processes for assessments before the age of five?



- Who could refer to provision and what was the capacity in the system to do early assessments and could demand for places be met?
- Services for 16-25 year olds, life time planning, employment, housing etc.
- Voluntary and private sector role in holiday provision, and inclusive time with siblings?
- What were the connections with and arrangements for information about access to private and voluntary sector provision?
- It was crucial that parents were informed about the changes and consulted early on; there had been a lack of responses from parents to the initial consultation; needed to look at how parents were consulted; was there anything GP's/hospitals could do with engagement with parents?
- Needed to get better at ensuring that Members of the public know about changes being proposed to services; Parents Forum was an area that could be used; BDSL (Bradford Disability Sport and Leisure) could put officers in contact with other voluntary and community sectors who would be keen to help contact more parents.
- Could officers recirculate the local offer annual report to the Board, and how many people were using the local offer site.
- Needed to look at how organisations could further integrate their services around children and young people with SEN.
- Undertaking assessments for 0-5 year olds needed to be undertaken by Specialist Service from Paediatricians.

In response to Members' questions it was reported that:

- The EYESP Centres would be located in: Strong Close Nursery (Keighley East); Canterbury Nursery (Great Horton and Lidget Green); St Edmund's (Girlington) and Abbey Grove Nursery (Manningham); officers would illustrate the centres on a map and send them to Board Members.
- Further discussions would need to take place with community paediatricians regarding the impact for community paediatrics
- Special schools did not have enough places so needed to build on the capacity of good and outstanding nursery schools to host additional places.
- The referral system would be changing and referrals would now come from schools, GPs etc
- There had been a backlog of referrals. Systems and capacity were continually being looked at.
- Prior assessments would not be needed now, only referrals, which could be supported in schools; health advice and how reports could be accessed from paediatricians was being looked at.
- Further dialogue was needed with the health sector in terms of community paediatric input and how health expertise to the new specialist provisions would be provided.
- The model proposed was not looking at 16-25 year olds; there was still a lot of work to do around that group including building the independence and resilience of young people.
- Specialist centres of excellence would work with different settings who had children with SEN and in future could better meet children's needs.



- The Local offer website provided information on private and voluntary sector provision.
- For pupils who were on the SEND register, the schools received up to £10,000 per pupil; for pupils with an Education, Health and Care Plan schools receive additional funding of £990 to £7,500 per annum per pupil.

Resolved-

- (1) **That the proposals outlined in Document “A” be noted and that Board Members and their organisations be asked to contribute to the formal consultation.**
- (2) **That the Board notes that the Strategic Director, Children’s Services in consultation with the Portfolio Holder is authorised to consider consultation findings from partners, stakeholders, staff, children and their families and implement the proposals.**
- (3) **That the Board Members consider how their organisations can further integrate their services around children and young people with special educational needs in order to further improve outcomes for children young people and their families.**

Action: Strategic Director, Children’s Services

5. CHAIRS HIGHLIGHT REPORT: BETTER CARE FUND, 2016/17 HEALTH AND WELLBEING ANNUAL REPORT, DRAFT JOINT HEALTH AND WELLBEING STRATEGY 2017/22, SEND LOCAL OFFER ANNUAL REPORT 2016/17

The Health and Wellbeing Board Chair’s highlight report (**Document “B”**) 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 July report covered:

- Business conducted at meetings of the Board’s subgroups: the Integration and Change Board. There was no update from the new Integrated Commissioning Executive which was in development
- Better Care Fund – Update on performance and progress on the 2017-19 Plan
- Care Quality Commission – Review Guidance
- 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership



Better Care Fund

It was reported that the Better Care Fund Performance for Quarter 4 of 2016/17 had been approved by the Chair since the last Board meeting in March and had been submitted to NHS England.

Members were informed that in 2017/18 the BCF included a new element, the Improved Better Care Fund (iBCF) for which additional requirements were detailed in Appendix 1.

A new composite performance measure had been introduced to measure the effectiveness of joint working between social care and health services. The measure looked at emergency admissions, transfers of care and reablement. Bradford was currently ranked second of 152 Health and Wellbeing Areas nationally under the new composite measure.

It was reported that the iBCF would consist of two elements in 2017/18. The Bradford Allocation being £1,565,946 of previously announced monies and a further £10,479,875 announced in the 2017 spring spending review. Members asked for clarification on the breakdown of how the additional £10 million would be spent. The following areas had been agreed:

- Bradford and Airedale Community Equipment Scheme – Home First Strategy
- Winter pressure beds
- Intermediate Care Reviewing Team
- Transformation and Assistive Technology
- Increased Home Care Capacity
- Protecting Social Care

A Member emphasised that areas of good, local performance such as being ranked second of 152 areas nationally should be promoted. The Chair and another Board member supported the appreciation of this good performance but acknowledged that there was further work to do to improve people's experiences of services and to reach a sustainable position where people were not admitted into hospital or residential care unnecessarily; and where better community support was needed.

It was reported that the Care Quality Commission would undertake 20 reviews of delayed transfers of care in health and social care systems. Five were likely to be identified from the best performing authorities and 15 from the worst performing. Bradford would look at best practices from those reviews as they took place.

In response to Members' questions it was reported that an Executive Commissioning Board was in development to replace Bradford Health and Care Commissioners.



The Chair requested that the Bradford Districts and Craven Health and Wellbeing Plan Tracker (Appendix 1 to Document “B”) be considered further at a development session.

Draft Joint Health and Wellbeing Strategy

A draft Joint Health and Wellbeing Strategy for Bradford and Airedale 2017/2022 was tabled at the meeting having received positive feedback at the Bradford CCGs (Clinical Commissioning Groups) Joint Clinical Board.

A Member commended the draft report for pulling out the key issues but stressed the need to ensure the issues prioritised were the right ones.

It was stressed that the draft strategy needed to pull together priorities from the Council’s various other plans; prevention should be a strong priority and the strategy needed to link in with the Bradford District Plan and its priorities.

A Member commended the strategy for its use of easy to read language; needed to know the progress being made with the issues outlined in the strategy.

Board members reiterated that prevention was a key priority; as well as the link between inequalities and poor health; the strategy needed to reference Sustainability and Transformation Plans and development of accountable care systems; and to address end of life care.

Members were informed that the strategy was in draft and was submitted to Members for their comments. The priority actions in the strategy included:

- Place – creating a place to live that promoted health
- Improving health – making it easier for people to improve their health and wellbeing and prevent ill health.
- Support people to better care for themselves and their conditions and to receive early help.

The vision and outcomes included:

- Children having the best start in life
- People of Bradford having good mental wellbeing
- People living their lives well and ageing well
- Bradford District to be a healthier place to live, learn and work.

In response to Members’ questions it was reported that officers would strengthen the focus on inequalities and empowerment of local people, and the links to the Bradford District Partnership Plan and the Sustainability and Transformation Plan; and would consider the accessibility of the strategy and arrange to take feedback from various forums. End of life care will be addressed.



A Member stressed that it was important to know what the crucial imperatives were and to focus on a few things that would make the most difference and it was agreed that children's issues would receive greater emphasis.

It was reported that the next steps would be engagement in different forums. Members felt the timing of consultation was crucial as well as the need for greater engagement. It was agreed the next draft of the strategy would be submitted to the Board in September with any amendments and additions following consultation.

Resolved-

(1) That in relation to section 3.1 of Document "B" (Better Care Fund) the Board:

- Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19.
- Note the establishment of the Executive Commissioning Board.
- Note the requirement to submit the revised Better Care Fund Plan by the 11th September 2017.
- Agree that delegated authority be given to the Chair of the Health and Wellbeing Board/Leader of City of Bradford Metropolitan District Council in consultation with a nominated representative of the three CCGs to authorise submission of the Better Care Fund Plan on behalf of the Health and Wellbeing Board.

(2) That in relation to Section 3.5 (Document "B") the Board:

Note that the 2016-17 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

**Action: Strategic Director Health and Wellbeing/
Strategic Director, Children's Services**

6. UPDATE TO THE BRADFORD DISTRICTS AND CRAVEN HEALTH AND WELLBEING PLAN (FORMERLY TITLED STP)

The Chief Officer, Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document "C"** which presented a progress update on the delivery of the Bradford Districts and Craven Health and Wellbeing plan. The components of the delivery were:

- A joint operational plan



- The progress and achievements of the transformational programmes and work streams
- The performance dashboard and report ('tracker')
- Involvement on work streams at West Yorkshire and Harrogate STP level

Members were informed that:

- In 2017/18 there was a system financial risk of £36 million; £10 million attributing to Social Service within the Council
- Partners were continuing to work across the health and care system to continue commissioning the right local services; but to stop the slide from already difficult decisions into possible choices partners needed to have a realism about what could be delivered; needed to support local decision making on how to allocate resources, with recognition that this would include doing things differently to improve patient care, and optimising cost effectiveness and continue to deliver the efficiency plans
- In order to reduce the deficit the health service was reducing elective spend where treatment was not clinically effective; reducing inappropriate out-patient appointments; reducing A&E attendance; reducing non-elective activity; reviewing practice referrals; transformation of services/care for patients nearer to home.

The Chair of the Board stated that Bradford Council had a process to address the £10 million deficit, and asked the NHS Trusts to feedback on plans and progress to reduce their deficits.

In response to the Chair's question the representatives of the NHS Providers for Bradford and Airedale reported that:

- Ability to reduce demand would be by way of managing demand and reducing costs but that this would be very challenging as demographic changes were driving demand.
- Workforce was the biggest issue and expense, it was proving difficult to recruit specialist staff meaning continuing reliance on temporary and agency staff which was costly.
- More collaborative working in terms of demand management was needed.
- Individual providers had been provided with a target level of savings, once these were reached access to sustainability funding was possible.

The Chair requested that the Board received an update in December on the issues of reducing the deficits.



Resolved-

That the Board notes and supports the actions being taken to develop an integrated Health Plan for Bradford Districts and Craven as being a key element of ensuring the sustainability of the health, care and wellbeing sector and of the Board's forthcoming Joint Health and Wellbeing Strategy.

Action: Strategic Director, Health and Wellbeing

7. HEALTH PROTECTION ASSURANCE ACROSS THE BRADFORD DISTRICT

The Deputy to the Director of Public Health submitted **Document "D"** which reported that the Director of Public Health had responsibility for strategic leadership of the health protection function in their local authority area. Health protection was one of the four domains described in the Public Health Outcomes Framework. The paper proposed that an assurance group was established to ensure local coordination of the different aspects of Health Protection.

Resolved-

- (1) That a multi-agency health protection assurance group be established as a forum for bringing together the local health protection responsibilities.**
- (2) That the group meets quarterly and reports into the Health and Wellbeing board as required, or as agreed with the board.**

Action: Deputy to the 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

