

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 26 September 2017 at Committee Room 1 - City Hall, Bradford

Commenced	10.05 am
Concluded	12.10 pm

PRESENT

Members of the Board -

MEMBER	REPRESENTING
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Jackie Whiteley	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Helen Hirst	Bradford Districts, Bradford City and Airedale and Wharfedale and Craven Clinical Commissioning Groups
Dr James Thomas	Airedale, Wharfedale and Craven 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
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Clive Kay	Representative of the main NHS Providers
Victoria Šimmons	Healthwatch

Also in attendance: Sarah Muckle for Anita Parkin, Helen Bourner for Bridget Fletcher

Apologies: Councillor Susan Hinchcliffe, Dr Andy Withers, Michael Jameson, Bridget Fletcher and Nicola Lees

Dr Akram Khan in the Chair

8. DISCLOSURES OF INTEREST

No disclosures of interests were received.

9. MINUTES

Resolved-

That the minutes of the meeting held on 25 July 2017 be signed as a correct record.

10. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

11. THE HEALTHY BRADFORD PLAN: SHAPING THE SYSTEM, IMPROVING LIFESTYLES

Members were reminded that the Board at its meeting held on 26 July 2016 resolved that a Group be established to develop an action plan for an integrated system wide approach to healthy weight.

In accordance with the above the Deputy to the Director of Public Health submitted **Document "G"** supported by a presentation which reported on the Healthy Bradford Plan. It set out four core activities to be undertaken to tackle the lifestyle behaviours which lead to poor health outcomes and premature mortality for people in the District.

Members were informed that a Healthy Weight Board was established in August 2016 and had met six times in 12 months and developed the Healthy Bradford Plan. The Healthy Bradford Plan incorporated five key areas of lifestyle behaviours in its scope which included:

- Eating unhealthy food
- Over eating
- Physical inactivity
- Smoking
- Excess alcohol consumption

It was reported that the plan required multiple partners to work together to take coordinated action at scale to transform the District to a place which would make living healthier lifestyles easier for everyone.

Members were informed that the Healthy Bradford plan will be aligned and coordinated with the existing work of the Self Care and Prevention Programme, together delivering the priority actions of the 2017 Health and Wellbeing Board Strategy.





Members were informed that the Healthy Bradford Plan set out four core activities to be undertaken to ensure that Bradford was at the forefront of the national challenge to help people improve their lifestyles through delivering a system wide approach addressing poor lifestyle behaviour at their roots. At the moment no area had managed to implement a whole system approach.

The four core areas were:

- The Healthy Bradford Partnership establishing a delivery group of key stakeholders to identify and map drivers of unhealthy lifestyles.
- The Healthy Bradford Charter : to support and enable the implementation of changes, at scale, in organisations, schools, offices and services to help make living healthy lifestyles easier for everyone every day.
- The Healthy Bradford Movement delivering a series of healthy education and health promotion activities to be launched to educate and raise awareness of opportunities for healthy living in the district; a brand is under development.
- The Healthy Bradford Service an integrated lifestyle and wellbeing service to support people struggling to change their lifestyles.

It was reported that the Healthy Weight Board comprising of various partnerships was looking at what worked well and what core drivers were for people being obese; Public Health England was looking at whole system approach and whole system changes, Bradford had applied and been shortlisted to be a pioneer of a whole system approach with a focus on healthy weight. Support with planning and evaluation of outcomes would be provided by Leeds Becket University.

Members were informed that the Healthy Bradford Partnership was not duplicating work that other groups were undertaking in this area but would bring together and co-ordinate current work.

It was reported that the Healthy Weight Board was gathering ideas from other cities around the UK about how to get more people active. Representatives from the Healthy Weight Board visited Birmingham City Council who offer:

- A variety of activities in 60 of the city's parks.
- Hour a day free sessions at sports centres.
- Access to 5,000 GPS-enabled bikes (to allow tracking), provided free of charge to disadvantaged people, with 3 losses to date

Members were informed that Birmingham's 'Be Active' programme returned up to £23.00 in benefits for every £1.00 spent in terms of quality of life, reduced NHS use, productivity and other gains to the local authority.

It was also reported that Wigan had trained 10,000 volunteers to be 'health champions' within their communities, while other areas had set their populations combined weight loss goals or challenges.

A Board Member stressed the importance of a campaign that highlighted





Bradford's activity "heroes" to inspire rather than adopting a lecturing tone and a grassroots people's approach like the "People can" campaign.

It was suggested that the challenge to partners at the meeting was how to make all of our workplaces health-promoting for staff given the size of our combined workforce.

Members were informed about initiatives in place for schools to sign up to various programmes such as "The Daily Mile" where children run or walk a mile a day during the school day. The approach draws on a growing body of research showing that this improves pupils' learning and mental wellbeing and supports some of the key aims of schools such as raising attainment levels, reducing childhood obesity and making a happy learning environment. The overall aim of the initiative was to improve the physical, emotional and social health and wellbeing of children.

It was reported that the overarching outcome of the plan was to address and improve the five key lifestyle behaviours that lead to poor health, including food and healthy eating.

In response to Members questions it was confirmed that the Healthy Weight Board had links with the Accountable Care Programme Boards in Bradford and Airedale.

A discussion was held around the mental wellbeing of young people and linking together physical health and mental health.

A Member highlighted the importance of prevention and early intervention to improve wellbeing. When talking to businesses it was important to talk about issues such as sickness absence and when talking to schools it was essential to talk about how it improved attainment.

In response to Board Members' concerns about the location of take-away and fast food outlets it was reported that health impact assessment was part of the joint work under discussion between public health and planners.

Resolved-

- (1) That the broader lifestyle behaviours approach set out in the Healthy Bradford Plan be accepted.
- (2) That the development of the system wide Partnership and the implementation of the actions it identifies as priority areas for improving lifestyles be supported.





(3) That the Board encourages and support its own Members to use the Healthy Bradford Charter within their own organisations to identify and achieve the potential to make healthy lifestyles easier for everyone.

Action: Director of public Health

12. CHAIRS HIGHLIGHT REPORT: INTEGRATION AND BETTER CARE FUND NARRATIVE PLAN 2017-19, ICB, ECB, HEALTH PROTECTION GROUP AND JOINT HEALTH AND WELLBEING STRATEGY UPDATES

The Health and Wellbeing Board Chair's highlight report **(Document "F")** summarised business conducted between Board meetings. The September report detailed the Narrative Plan of the Integration and Better Care Fund 2017-19 as the main item, with updates on the following:

Integration and Change Board and Executive Commissioning Board updates from meetings Establishment of a Health Protection Group Work on the Joint Health and Wellbeing Strategy

It was reported that initial feedback from NHS England had been that the 2017-19 Better Care Fund Plan was of very high quality and that there were no concerns with the Bradford Plan for the assurance submission. Based on the strength of the plan, the Better Care Fund Regional Team had invited Bradford to present at the NHS Health and Care Innovation Expo in Manchester in September, as an exemplar of health and social care integration.

Resolved-

- (1) That the submission of the Bradford District Health and Wellbeing Board Integration and Better Care Fund Plan 2017-19 to NHS England on the 11th September 2017, and the positive feedback from the NHS Regional Team that the plan is of a high quality be noted.
- (2) That the Terms of Reference for the Executive Commissioning Board be noted.
- Action: Strategic Director Health and Wellbeing Board

13. HEALTH AND WELLBEING SECTOR WORKFORCE

Members were reminded that on 20 June 2017 the Bradford and Airedale Health and Wellbeing Board held a development meeting and workforce issues were identified as a key area for the Board's Work Regime 2017/18.





The Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust submitted **Document "E"** supported by a presentation which provided a strategic overview of the national, regional and local issues for the health, social care and wellbeing sector workforce, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's (IWP) workforce strategy. This included:

- An overview of the context in which the IWP was operating nationally, regionally and locally. The local strategic context included the development of the two Accountable Care Systems across Bradford and Airedale, the District's Joint Health and Wellbeing Strategy (in development), the Home First strategy for adult social care in the District and the Children, Young People and Families Plan.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- Progress across the four key IWP work programmes and alignment with other workforce initiatives and workstreams.

It was reported that workforce issues and challenges included a lack of comprehensive and robust workforce data across the system; high turnover in some occupational groups; a national shortage of professionally qualified staff in some professions; high vacancy rates in some occupational groups; high sickness absence rates; lack of capacity and skills shortage in mentoring for clinical placements and over reliance on agency staffing in some sectors.

Members were informed that operating across the health and wellbeing system meant removal of the boundaries between primary and specialist services, health and social care and mental and physical health to create a sector-wide workforce able to be responsive to need.

Having system wide integration meant having the right people, in the right numbers, in the right place, at the right time, with the right skills, behaviours and attitudes.

In response to a Member's question it was reported that since the introduction of student loans for nursing there was no longer a cap on university places for nursing; universities were keen to offer nursing courses but needed Health Service to provide a corresponding number of clinical placements; Bradford University and partners had applied to establish a Medical School; work was on going with universities and to increase clinical placements.

A Member emphasised the amount of work involved in changing the focus from single organisations to a system-wide focus. In response it was reported that a local Workforce Action Group was set up to map and co-ordinate work happening locally in this area.

Members were informed that the work that was in progress considered issues





such as the implications of new ways of working and transformation and change programmes for the sort of roles and skills that would be needed; the need to ensure that training providers were involved; preparing the workforce of the future for working within a local health system rather than within a single organisation. There had been a strong emphasis on working with staff throughout this process. Good work was being undertaken by the West Yorkshire Association of Acute Trusts on medical locums and looking at standardising job descriptions etc.

It was reported that a process was being developed to look at staff who were absent from work and trying to support them back into work earlier by considering whether they could return to work in different roles or areas which suited their current needs.

A discussion was held on how to remove barriers to recruiting doctors who live locally but had studied abroad.

Resolved-

- (1) That the Health and Wellbeing Board be assured that the Integrated Workforce Programme (IWP) strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.
- (2) That the Board provides support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that the Board thinks may strengthen the approach of the IWP.
- (3) That a progress report be submitted to the Board in 6 months time.
- Action: Chief Executive, Bradford Teaching Hospitals NHS Foundation Trust

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



