

## Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 13 February 2018 in Committee Room 1 - City Hall, Bradford

Commenced 10.05 am  
Concluded 12.25 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 Jackie Whiteley	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Bev Maybury	Strategic Director Health and Wellbeing
Geraldine Howley	Group Chief Executive, Incommunities
Dr Andy Withers	Bradford Districts Clinical Commissioning Group
Helen Hirst	Bradford City, Bradford Districts and Airedale, 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
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Sarah Hutchinson	HealthWatch
Scott Bisset	District Commander, West Yorkshire Police

**Also in attendance:** Sarah Muckle alternating for Anita Parkin, Jill Asbury alternating for Bridget Fletcher.

### Councillor Hinchcliffe in the Chair

#### 22. CHAIR'S OPENING REMARKS

In introducing the meeting, the Chair welcomed Geraldine Howley, Group Chief Executive of Incommunities and Scott Bisset, District Commander West Yorkshire Police as newly appointed members.

## 23. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

## 24. MINUTES

**Resolved –**

**That the minutes of the meeting held on 19 December 2018 be signed as a correct record.**

## 25. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

## 26. A WHOLE SYSTEM APPROACH TO LEARNING FROM DEATHS

The Chief Officer of NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City and NHS Bradford Districts CCG submitted **Document “K”** which was supported by a presentation, providing the Health and Wellbeing Board with the local picture of how lessons are currently learned from deaths across the health and social care system, the challenges ahead and how the system planned to work together to utilise learning from deaths. It was prepared at the request of the Board, which, early in 2017, asked for an overview of how learning from deaths took place in the Bradford and Airedale health and care system. The presentation, outlined the following:

- Enable key healthcare providers to summarise their own work on developing systems and processes to learn from deaths and,
- Summarise how providers and commissioners have collaborated to learn from deaths of people with a learning disability

In synopsis, the PowerPoint presentation outlined that a total of 4,571 deaths had been registered in Bradford, 2016 which was an increase of around a 100 from the previous year. Bradford had seen the highest number of deaths since 2004 and there were over 150 more deaths per 100,000 population in Bradford in comparison to the national average hence the mortality rates being higher, both regional and on a national basis. Bradford had the highest still birth rate in the region and there had been 55 still births in 2016 compared to 50 in 2015.

A further detailed breakdown of data was covered on the aforementioned, information which had been acquired from Bradford Teaching Hospitals NHS Foundation Trust; Bradford District NHS Foundation Trust; Airedale NHS Foundation Trust; Bradford Metropolitan District Council; NHS Airedale,



Wharfedale and Craven CCG; NHS Bradford City CCG; and, NHS Bradford Districts CCG.

During the discussion, the following comments had resulted:

- It was paramount that health and care records accurately reflect the needs of people with learning disabilities, to support their care and subsequent learning by the health and care;
- There were a significant number of people with a learning disability and complex needs in Housing Associations and there was a lack of detailed information on such vulnerable people
- The integration of information sharing between the health and housing sectors would be a significant step for professionals towards learning from deaths across the system;
- Due to the nature of confidentiality, personal information of individuals was not always shared between agencies. Eliminating obstacles to the sharing of data to enable safe high quality care was a key objective for progression towards the Board's ambition;
- It was important to learn from deaths in order to prevent people from dying prematurely. This would be the ideal overall ambition for the Bradford District;
- A further paramount factor was to have an insight in the everyday living of vulnerable people in communities;
- It would be ideal to pull together the wider determinants of health, data to include information on localities working, information sharing, clarity on safeguarding and to equally have information on people with multiple complex needs;
- Further work is needed to define roles and responsibility of the NHS and Local Authority;
- Analysis needs to take place on how learning disability services are planned, from birth to death;
- West Yorkshire Police are able to provide further information on an individuals death if sudden; and,

Good practice needs to be sought from how community involvement could enhance wellness.

#### **Resolved –**

- (1) That the progress already made in response to guidance and commitment to further explore solutions to the challenges be noted.**
- (2) That the Deputy Director, Public Health jointly with the Chief Officer, CCGs to lead work to use General Practice registers of patient population and learning disabilities, combined with data sources from partner organisations, to create a more detailed analysis of the population with learning disabilities, their access to health and care including annual health checks, and their health outcomes compared to the general population and to other comparable authorities.**



**LEAD:**        *Deputy Director, Public Health  
Chief Officer, CCGs*

**27.        UPDATE ON BRADFORD'S TRANSFORMING CARE PROGRAMME (TCP)  
FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM**

The Senior Responsible Officer for Bradford Transforming Care Partnership for Learning Disabilities and Autism submitted **Document “L”** which provided an update to the Board on the progress made in the Transforming Care Programme (TCP).

From within the report, the officer gave the following synopsis:

- The programme had reached its final year (from an NHS England perspective) and the March programme board had been dedicated to the wider issues facing people with learning disabilities and/or autism and seek to broaden the scope of our programme going forward. This required changes in the current organisation and governance arrangements. The intent behind changes was sustainability and improvement;
- Bradford’s plan for people with Learning Disabilities across the three CCGs and the Local Authority, was wider than the national NHS England agenda of the TCP programme in that Bradford was working to develop a community provision for all people with learning disabilities and/or autism by ‘building the right support’ for people, not just those who found themselves in in-patient beds. However, the national focus on the programme had meant a closer concentration on those who were in beds, both within area and out of area and in particular those who had been an in-patient for over five years;
- The report highlighted other key pieces of work that could improve the quality of life and opportunities for people with a learning disability and autism in the district. In doing so, it highlighted the need for changes in service delivery across health and social care;
- Bradford did not have a local forensic community service to support people returning to the area from secure services. National Health Service England (NHSE) Specialised Commissioning was developing a regional ‘Forensic Outreach Liaison Service’ (FOLS) to support local TCPs where local forensic community support was not available. The aim was to have this service ‘referral-ready’ by March 2018;
- Work is underway to develop a single pathway for children and young people that will sit across Children’s, Adults, Education and Health. The transforming care programme was linking into this work; and,
- In June 2016, a national 3 year campaign (STOMP) was started to ensure that people had medication reviews with a focus on reducing anti-psychotic medications when these were prescribed inappropriately.

Following delivery of presentation, a clarification was sought on how could all elements be configured with one another as sharing hubs for all involved. In response, it was explained that a Liaison and Diversion process, funded by NHSE existed, the sole purpose to identify vulnerable people early in order to improve



health. Also an Assessment and Treatment Unit was in process, involving a specialist assessment and treatment ward for adults over 18 with moderate to severe learning disabilities and mental health problems whose needs were not supported at home, in the community or in other adult mental health wards. The service was support to help individuals meet daily living needs and maintain independent skills. The process ensured that the care was personalised to meet the needs and that a person was involved during the development of their care plan.

During discussion, the following points were tabled:

- This was an exceptionally well presented detailed report;
- There were always risk issues in pursuit of providing the correct support for people with challenging issues;
- The national Transforming Care Programme is expected to lead to additional unfunded cost pressures for both CBMDC and local CCGs. This situation is in line with experience in other parts of the country. Nevertheless it is important to note that the primary aim of the programme is to enable people to live good lives in their own homes and communities, and that all partners at the Health and Wellbeing Board fully support this goal and will work together to achieve it;
- The wider partnership at the Health and Wellbeing Board can support creative and holistic solutions. For example it was noted that in some cases the availability of suitable accommodation was a factor limiting the return of individuals to the local community. It was noted that there may be opportunities to address this through including local social housing providers in the programme.
- In addition it was noted that the local programme had secured capital investment from national bodies to enable creation of suitable accommodation for people with learning disabilities requiring additional support to live independently. This was commended by the Board.

It was also noted that Bradford had a range of services which specifically focus on helping vulnerable people access health and care. An example was given of Bevan Healthcare, an established organisation was a Social Enterprise which was a responsive organisation promoting high quality health and social care for the most vulnerable members of society. Bevan was committed to helping people get the health care that they need. The enterprise provided responsive NHS General Practice services designed to meet the needs of people who were homeless or in unstable accommodation; those who have come to Bradford as refugees or to seek asylum.

#### **Resolved –**

- (1) That the progress already made in delivering the national transforming care programme for people with learning disabilities and autism and to be aware of the identified financial risks as they are currently understood be noted.**
- (2) That the Strategic Director of Public Health and Wellbeing and the**



Chief Officer, CCGs in consultation with the Leader of Council be requested to write to Members of Parliament representing the District to update them with information related to the funding implications for local organisations of the transfers of responsibility anticipated under the national Transforming Care Programme.

- (3) That the Strategic Director of Public Health and Wellbeing jointly with the Group Chief Executive of Incommunities explore opportunities to utilise existing housing stock to create appropriate residential environments for people whose care is the subject of the Transforming Care Programme.

**LEAD:** *Strategic Director Public Health and Wellbeing  
Group Chief Executive - Incommunities  
Chief Officer, CCGs*

**28. HAPPY, HEALTHY AND AT HOME - A HEALTH AND CARE PLAN FOR THE BRADFORD DISTRICT AND CRAVEN**

Members were reminded that the Board at its meeting on 19 December 2017 considered a first draft of a Health Care Plan for Bradford District and Craven for early discussion and feedback. It was resolved amongst other things that a finance report be presented to the Board in February 2018.

A PowerPoint presentation was provided to the Board Members on the financial position of the health and care economy. In summary, the local health system projected a £12.7m deficit at the end of the 2017/18 year, which could be managed through one-off measures. It was noted that the plans of local organisations for the next four years had been refreshed in November and would require challenging levels of efficiency to be delivered.

It was noted that plans would require efficiencies of £262m to be achieved over the next four years, and that £210m opportunities had been identified against this, leaving a predicted gap of £52m after four years.

It was noted that for the first time in many years cash flow and liquidity was planned to become a more significant challenge for local organisations over the coming year, and that this emphasised the importance of pace in delivery of efficiency schemes.

In response the Board advised that they would wish to be kept apprised of progress with the delivery of efficiencies by all parts of the local health and care system. The Programme Director highlighted that he wished to work with professionals across the system and therefore the right mechanisms of resources, planning and monitoring was required.

**Resolved –**



- (1) That the Health and Wellbeing Board receives assurance via regular updates in the Chair's highlight report on progress with delivery of identified efficiency savings across the health and care system.
- (2) That appropriate programme management arrangements are put in place to ensure necessary clarity, support and challenge for the delivery of system efficiencies.

**LEAD:** *Programme Director, Integration and Change Board*

## 29. CHAIR'S HIGHLIGHT REPORT

The Health and Wellbeing Board Chair's highlight report (**Document "M"**) summarised business conducted between Board meetings. February's report included the Pharmaceutical Needs Assessment, an update on Localities, prevention and Early Help, a proposal on the Future Governance of the Health and Wellbeing Board, a letter from Duncan Selbie (National Chief Executive of Public Health England) and updates from the Board's sub- groups.

**Resolved –**

**That the report be noted and the Pharmaceuticals Needs Assessment (Appendix "A" to Document "M") be approved.**

**LEAD:** *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

