

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 4 September 2018 in Committee Room 1 - City Hall, Bradford

Commenced 10.05 am
Concluded 11.40 am

PRESENT

Members of the Board -

| MEMBER | REPRESENTING |
|------------------------------|--|
| Councillor Susan Hinchcliffe | Leader of Bradford Metropolitan District Council (Chair) |
| Councillor Sarah Ferriby | Healthy People and Places Portfolio |
| Sarah Muckle | Director of Public Health |
| Bev Maybury | Strategic Director Health and Wellbeing |
| Michael Jameson | Strategic Director of Children's Services |
| Steve Hartley | Strategic Director, Place |
| Sam Keighley | Bradford Assembly Representing the Voluntary, Community and Faith Sector |
| Martin Speed | District Commander West Yorkshire Fire and Rescue Service |
| Geraldine Howley | Group Chief Executive, InCommunities Group Ltd |
| Dr Akram Khan | Bradford City Clinical Commissioning Group (Deputy Chair) |
| Lou Auger | Head of Operations and Delivery for West Yorkshire (NHS England) |

Also in attendance: Julie Lawreniuk on behalf of Helen Hirst and Jill Asbury on behalf of Brendan Brown

Observers: Councillor Vanda Greenwood

Apologies: Sarah Hutchinson, Clive Kay, Dr Andy Withers and Dr James Thomas

Councillor Hinchcliffe in the Chair

7. DISCLOSURES OF INTEREST

No disclosures of interests were received.

8. MINUTES

Resolved-

That the minutes of the meeting held on 24 July 2018 be signed as a correct record.

9. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

10. MEMORANDUM OF UNDERSTANDING (MOU) FOR THE WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP

The Strategic Director, Health and Wellbeing submitted **Document “C”** which sought the Board’s approval for the Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate Health and Care Partnership.

It was reported that individual partner organisations in Bradford District and Craven, and across West Yorkshire and Harrogate as a whole, were also being asked to approve the MoU. Other local partner organisations that were anticipated to sign the MoU were;

- Airedale Wharfedale and Craven NHS CCG
- Bradford City NHS CCG
- Bradford Districts NHS CCG
- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Craven District Council
- North Yorkshire County Council

Members were informed that the West Yorkshire and Harrogate Health and Care Partnership had already begun to make an impact such as the Cancer Alliance Board had attracted £12.6m in funding to transform cancer diagnostics; in Bradford the Cancer Alliance had invested in additional support to tackle smoking and to enable more people to be screened and receive earlier diagnostic testing to improve lung cancer outcomes; developed a strategic case for change for stroke from prevention to after care; established a Joint Committee of CCGs; secured £31m in transformation funding for A&E, cancer, mental health, learning disabilities and diabetes, and £38m capital from the Autumn 2017 budget for CAMHS, pathology, telemedicine, and digital imaging.

It was reported that the MoU was an agreement between the WY&H health and care partners. It set out the details of the commitment to work together in partnership to realise the shared ambitions to improve the health of the 2.6 million people who live in the area, and to improve the quality of their health and care services.



Members were informed that the MoU was not a legal contract but was a formal agreement between all the partners; by signing the MoU partner organisations in Bradford District and Craven would commit to play their full roles as members of WY&H HCP and to work within the frameworks described; accepting the share of collective responsibility gave all the partners the opportunity to achieve greater autonomy and control over how health and care services were developed and transformed.

It was reported that each partner organisation was being asked to approve and sign the MoU and that this process would be completed by October 2018.

The Chair welcomed the report and highlighted the importance of elected Member involvement and emphasised that it was crucial to look at prevention and getting involved earlier into peoples health rather than looking at clinical solutions; stopping people getting ill in the first place and keeping them well for longer should be the real priority.

Members were informed that through the WY&H HCP £1m funding for loneliness and carers support was being provided to Voluntary and Community Sector organisations to support that agenda as well as £2.6m for furthering primary care networks and £4m to help A&E Delivery Boards to help people in winter to receive support.

The importance of ensuring Bradford received its share of any new funding was highlighted.

Resolved-

That the draft Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership be approved.

Action: Strategic Director, Health and Wellbeing

11. HEALTH AND SOCIAL CARE ECONOMIC PARTNERSHIP

The Strategic Director, Children's Services provided a verbal update on the current development, priorities and work of the Health and Social Care Economic Partnership and the "One Workforce" expression of interest for funding to the Leeds City Region Business Rates Pool.



It was reported that the Council, University of Bradford, Airedale NHS Foundation Trust, Bradford District Care Foundation Trust, Bradford Teaching Hospitals Foundation Trust, the Clinical Commissioning Groups, and the District's three Colleges have formed the Bradford Health and Social Care Economic Partnership. The principle aim of the partnership was to have a District with sustainable and inclusive health economy where all children, young people and adults were supported to lead healthy lives and were educated and well-equipped to lead productive careers in the health and social care sectors.

Members were informed that a critically important and ambitious programme that the partnership had led on was the "One Workforce" successful funding submission to the Leeds City Region Business Rates Pool focused on achieving the ambition of re-balancing the health and social care economy in Bradford. The Health and Social Care Sector was the biggest employer but anticipated a gap in the workforce in future which needed addressing.

It was reported that the aim of the HSCEP was to bring together the requirements for more health and social care workers, look at opportunities such as women from South Asian Communities; bring together the existing assets in Bradford, world-leading research; a strong NHS and academic provision, alongside an innovative approach to health and social care learning and development, Bradford would be able to attract those practitioners in HSC who want to work in a place where they can make a real difference and see personal progression.

Members were informed that to support the delivery the "One Workforce" programme HSCEP had successfully secured £1.15m funding from the Leeds City Region Business Rates Pool.

The One Workforce Programme had three work streams:

- Inclusive Community Recruitment – to develop a one-stop recruitment solution for the sector by "matching" individuals to employer vacancies, through the SkillsHouse provision; SkillsHouse operates employer led recruitment and development campaigns, providing pre-employment assessment and sector-relevant, bespoke training determined by assessment of an employer's needs.
- One Workforce Academy – the academy would bring together the planning, coordination, resource and delivery of learning and development for staff working in health and care in the District, supporting the transition towards an integrated workforce; it would enable the skills development of those supported into work by SkillsHouse and those within the health and social care workforce.



- Bradford Health and Bradford Social Care system-wide recruitment – this would provide a comprehensive and integrated approach to recruitment across the Health and Social Care in Bradford; it would be designed to both raise the general profile of exciting careers within the sector in Bradford District but also continue to review the target specific workforce shortages.

Board Members made the following comments:

- Great news that the HSCEP had successfully secured £1.15 m funding which was a good start to the initiative; needed to develop it further and ensure other partners add resource to it to help it develop further; needed other employers involved such as Care Homes.
- Needed to look at how organisations could connect to the national nursing recruitment campaign.
- Look into apprenticeship levy and how that could be better used.
- Needed to look at ethical care charters and ensuring working conditions are amenable and making it a better experience rather than undertaking 15 minute visits; needed to promote care work and its value.
- 19% of the Bradford economy was in the health and social care sector.
- Could consider tapping into the community development programme funding.
- Important to include the VCS as they were the key delivery of services.
- Needed investment and support in place to progress people from level 2 to level 3 qualifications.
- Look at recruiting mature applicants and supporting the retention of the current workforce within the health and care system.
- Needed to have a look at the statistics to see how the various initiatives were progressing.
- Look at how organisations fund workforce placements; look at opportunities to offer paid work placements in partner organisations to support the One Workforce Programme.
- Look at maximising impact by aligning the One Workforce investment with investment from the West Yorkshire and Harrogate ICS Workforce programme.
- Should consider joint recruitment campaigns and sharing data of applicants between organisations.
- Look into match funding from Community Led Local Development Programmes.

It was reported that the future governance arrangements needed to be reviewed for HSCEP to ensure that it has the right level of membership from partners given the critical importance of the health and social care workforce reform programme; it was fit for purpose to able to govern and be accountable for the One Workforce programme and that it was aligned to the Integrated Workforce Programme Board.



Resolved-

- (1) That a further report be presented to the Board at the November/January meeting of the Board which clarifies the governance arrangements for the One Workforce programme and provides detail of the Implementation Plan.**
- (2) That the opportunities suggested for consideration by the One Workforce programme include:**
 - **consideration to match funding from Community Led Local Development Programmes**
 - **look at recruiting mature applicants and supporting the retention of the current workforce within the health and care system**
 - **look at joining recruitment campaigns and sharing data of applicants between organisations**
 - **all to investigate opportunities to offer paid work placements in their organisations to support One Workforce**
 - **opportunities to maximise impact by aligning the One Workforce investment with investment from the West Yorkshire and Harrogate ICS (Integrated Care System) workforce programme and other programmes by other neighbouring authorities**
 - **how could organisations connect to the national nursing recruitment campaign**
 - **apprenticeship levy and how that could be better used.**

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

12. CONNECTING PEOPLE AND PLACE: A JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE

'Connecting People and Place' , the new Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-23 was published on the Health and Wellbeing Board website in June 2018 (Appendix 1).

The Strategic Director, Health and Wellbeing submitted **Document "D"** which provided updates for the four outcome areas under the strategy, and a proposal for tracking progress against the strategy formed an appendix to the report. A logic model described how each aspect of the strategy would be put into practice setting out the resources that would be used, the activities that would make a difference and how progress against the strategy's outcomes would be tracked.



The Board Members commented on the following:

- Welcomed the approach to focus on outputs; needed to ensure outputs were achieved.
- Needed to look at progress of outcomes on a quarterly basis.
- All initiatives needed to lead to positive outcomes; appreciated some were long term achievements.
- Evaluation of the four outcomes was key.
- Consideration should be given to future strategies to include a logic model of measuring outcome.
- Needed to ensure gaps in certain areas such as the difference between least and most deprived, reducing inequalities needed monitoring to ensure the gaps were not increasing.

Resolved-

That the Board receives quarterly summary of key indicators which includes exception reporting in November 2018 .

Action: Director of Public Health

13. CHAIR'S HIGHLIGHT REPORT - SUB GROUP UPDATES (ICB AND ECB)/DOMESTIC ABUSE AND SEXUAL VIOLENCE SPECIALIST SERVICES RE-COMMISSIONING UPDATE

The Health and Wellbeing Board Chair's highlight report (**Document "E"**) summarised business conducted between Board meetings. September's report brought updates from the Board's sub-groups and Domestic Abuse and Sexual Violence Specialist services re-commissioning.

It was reported that the Domestic Abuse and Sexual Violence Specialist Services contracts were due to expire at the end of March 2019 and that a formal commissioning process to identify and purchase these services for the future was being undertaken. The original timetable had been to advertise tender opportunities in August 2018 and to have new services in place by the 1 April 2019. However the complex nature of the services has led to an extension of existing contracts and a new timetable. Accordingly existing contracts had been extended to October 2019 to allow time and space to engage with the market effectively and run the procurement processes.

There was a multi-agency project team overseeing this work including membership from the West Yorkshire Police; Local Authority; Housing; Children's Services; the CCG's etc. It was reported that Members could feed any comments on these services through to Council officers or via their own organisation representatives.

The Board Member representing InCommunities asked if their organisation was



involved in these processes and mentioned their work on the “Make a Stand” programme for domestic abuse which was being supported by social housing providers nationally. Officers indicated that they would be keen to know more.

Resolved-

(1) That the progress of the sub groups be noted.

(2) That the Board recognises the breadth, importance and complexity of the work undertaken by providers in relation to the Domestic Violence Sexual Abuse services re-commissioning and notes the continuation of these via the new commissioning programme.

14. CHAIRS CLOSING REMARKS

The Chair congratulated the Director of Public Health in her new role.

It was reported that this was Sam Keighley’s last meeting before she took up her new post at Yorkshire Sport and was thanked for her dedicated commitment and service to the district and the VCS.

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

