City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 29 January 2019 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 Jackie Whiteley	Bradford Metropolitan District Council
Councillor Sarah Ferriby	Healthy People and Places Portfolio
Kersten England	Chief Executive of Bradford Metropolitan District Council
Helen Hirst	Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups
Louise Auger	Head of Operations and Delivery for West Yorkshire (NHS England)
Sarah Muckle	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
Steve Hartley	Strategic Director, Place
Scott Bisset	Chief Superintendent Bradford District, West Yorkshire Police
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Brent Kilmurray	Chief Executive of Bradford District Care NHS Foundation Trust
Neil Bolton-Heaton	HealthWatch Bradford and District
Kim Shutler Jones	Bradford Assembly representing the Voluntary and Community Sector
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service

Also in attendance: Altaf Khan for Geraldine Howley, Jenny Cryer for Gladys Rhodes Knight, John Holden for Clive Kay, Jill Asbury for Brendan Brown.

Apologies: Dr Andy Withers and Dr James Thomas and Dr Richard Haddad

Councillor Hinchcliffe in the Chair

23. DISCLOSURES OF INTEREST

No disclosures of interest were received.

24. MINUTES

Resolved-

That the minutes of the meeting held on 13 November 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. OPENING REMARKS

Board Members were informed that Clive Kay the Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust would be leaving the Trust and had gained employment with Kings College London. He was complimented for what the Trust had achieved and wished him well for the future.

It was reported that in the interim John Holden would represent Bradford Teaching Hospitals NHS Foundation Trust at the Bradford and Airedale Health and Wellbeing Board Meetings.

27. UPDATE FROM BRADFORD AND AIREDALE HEALTH AND CARE PARTNERSHIP BOARDS

It was reported that the presentation was being provided on behalf of the Integration and Change Board and wished to gain views, input and support form Health and Wellbeing Board for the continued development of the Health and Care Partnerships; it built on the update to the Board in October 2018 which primarily focused on “community partnerships”; the idea was to align strategies – local and national, link NHS Long Term Plan, 5 Year Forward View and imminent “Social Care Green Paper”.

Members were informed that the Bradford District and Craven was 1 of 6 places across West Yorkshire and Harrogate Health and Care Partnership.

It was reported that the focus was on 13 Community Partnerships, 4 Localities (Airedale, Wharfedale and Craven, Bradford North, Central and South); 2 Health and Care Partnerships (Airedale, Wharfedale and Craven Health and Care Partnership and Bradford Health and Care Partnership); 1 Place (Bradford District and Craven) and 1 ICS (West Yorkshire and Harrogate).

Members were informed that Health and Care Partnerships were seeking to

achieve better outcomes for local people through:

- Collaboration rather than competition
- Strategic alignment local and national – NHS Long Term Plan, 5 Year Forward View and anticipated Green Paper
- Reducing waste and duplication
- Behaviours focussed on the health and care system, not individual organisations
- Opportunities to develop new care models that span beyond organisational and service boundaries
- Developing the workforce together across the health and care system
- Commitment to managing NHS expenditure in aggregate across the system

The vision was:

- People would be healthier, happier, and have access to high quality care that was clinically, operationally and financially stable
- People would take action, and be supported to stay healthy, well and independent through their whole life and would be supported by their families and communities through prevention and early intervention with greater focus on healthy lifestyle choices and self care
- When people needed access to care and support it would be available to them through a proactive and joined up health, social care and wellbeing service designed around their needs and as close to where they lived as possible

To improve population health through integrated health, care and support the partnerships would:

- Deliver the Bradford District and Craven Health and Wellbeing Plan (sustainable services against a backdrop of increasing demand)
- Achieve greater autonomy and control within community partnerships to develop and transform the community based health, care and support services
- Share collective responsibility for the deployment and management of the resources to secure better outcomes for the population

- Develop population health management capabilities to improve prevention and manage avoidable demand

Guiding leadership principles that shaped the work of the two partnerships included:

- Being ambitious for the people who the partnerships serve and the staff they employed
- Delivering for the citizens; commissioners and providers; Councils and NHS
- Building constructive relationships with communities, groups and organisations to tackle the wide range of issues that impacted on people's health and wellbeing
- Doing the work once – avoiding duplication of systems, processes and waste
- Undertook shared analysis of challenges and opportunities as the basis of taking action
- Apply subsidiarity principles in all that was done – with work taking place at the appropriate level and as near to local as possible

Two Health and Care Partnerships Airedale, Wharfedale and Craven HCP and Bradford HCP:

- Senior representatives from partner organisations of the local health and care system community and voluntary sector, out of hours services, primary care, care homes, clinicians, managers, public health, citizens/public and patient representatives
- Built up from 13 community partnerships
- Developing an improved operating framework for financial, governance and contractual working to deliver better outcomes for local people
- Decisions should be made at the most local level possible
- As a system the partnership had agreed to make decisions between partners in an open, transparent and collaborative way
- Responsibility for decision taking remained with individual partner organisations and statutory bodies. Once a consensus was reached as a system, individual organisations would take decisions their internal governance processes

- There needed to be transparency where the principles of collective decision making could not apply

Following on from the presentation Members made the following comments:

- Which of the 13 community partnerships were working well?
- How would you know if the partnerships were making a difference?
- How were localities accountable in obtaining outcomes and taking and making decisions? where were decisions being made? community partnerships had a small amount of money to make a difference.
- How were the partnerships that were not doing well being supported?
- How were the work on the 4 Early Help hubs impacting on the work of the Community Partnerships?
- Needed to develop a framework on which decisions could be taken by Community Partnerships and by Health and Care Partnership Boards.
- Needed to ensure that Community Partnerships were focussed on the same objectives as the Health and Wellbeing Board and as those set out in the Health and Care Plan.
- Progress of the Health and Care Partnerships needed to be reviewed in 12 months.
- Objectives of the Community Partnerships needed to fit in with the joint Health and Wellbeing Strategy.
- The Joint Health and Wellbeing Strategy had logic models - when could those be looked at to see if they were working? Needed to revisit to see how it was working.
- Community Partnerships needed to support the work on longer life expectancy.
- What were the timescales for funding?

In response it was reported that:

- All the partnerships were working at different levels some were developing services while others were still planning; new relationships were being built that were not there before; some were developing pop up clinics, carers events, local community events etc

- Wharfedale Community Partnership were focussing on wellbeing and had undertaken a lot of work with local schools on mental health of young people

- There was voluntary sector involvement on all partnerships which was positive and encouraging and there was lots more potential in this area

- Neighbourhood Ward Officers were designated to each of the partnerships; their presence was very useful in that they had knowledge of the organisation they worked in and made links with community partnerships, police etc; encouraging work was taking place in partnerships.

- The Community Partnerships had funding; the theory was that through the Community Partnerships there would be better working at community level and better control of overall resources; partnerships needed to look at how they could do things better; there was some positive work being undertaken by some partnerships and the ones that were not doing well needed supporting.

- Community Partnerships needed to work more on prevention which would in turn help save in other areas

- Needed to maximise the work with the 4 Early Help Hubs and Community Partnerships and how best the hubs supported the Community Partnerships

- The benefit of working through four localities was about optimising delivery and the use of scarce resources; work such as diabetes clinics being held at a local community centre etc. The four localities were based on aggregating the 13 Community Partnerships together.

- Accountability of the Community Partnerships was with the Board; organisations who formed community partnerships had their own accountability; there was no regulatory requirement for the Community Partnerships.

Resolved-

That the work carried out in the development of the Community Partnerships and Health and Care Partnership Boards be noted.

28. OFSTED INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES (ILACS) AND SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INSPECTION READINESS

The Interim Strategic Director, Children's Services submitted **Document "I"** which provided an update on the steps the Council was taking in response to OFSTED's inspection of Bradford's Children's Services.

The Board was informed that:

- An Improvement Board had been set up and an Improvement Advisor appointed.
- In the final stages of the draft Improvement Plan which would be submitted to OFSTED next week after the Improvement Board had considered it.
- OFSTED would do a monitoring visit every 6 months.
- The next Front Door Inspection visit would be on 6 March.
- There was a significant demand for the service; 8% increase in Children's Statutory Service which puts pressure on the service, it was unclear when that would level off.
- Auditing 1700 cases for children who were Child Protection and Child in Need and undertaking corrective actions where required.
- Putting in place an additional Head of Service for the Front Door and MASH to strengthen leadership capacity; the Interim Strategic Director, Children's Services chaired the MASH Strategic Group.
- Discussions taking place regarding localities and a crucial piece of work was taking place regarding that.
- The Doncaster Peer Review noted the commitment of staff; disappointed they saw similar issues as OFSTED such as consent and threshold; looking at the structure of when a person first comes into contact with the service.
- Positive things were taking place with the teaching partnership at the University; Teaching Partnership to put in place additional training for social workers and managers starting in January 2019.

The Police representative reported that the CSE historic team moved out of MASH but officers were still working together and fully engaged with making changes to improve the service in Bradford.

The Chief Executive of Bradford Council reported that Bradford had strong partnership working; grateful for the Police in making the changes; the result of the changes would take time; a new chairman of Children's Safeguarding Board was being recruited and would like to see the Board play a more prominent role; a new Children's Services Director was also being appointed.

The Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups representative emphasised that each organisation appointed a representative on the Improvement Board; the Terms of Reference relating to the Membership of the Improvement Board needed updating.

A representative from Bradford University reported that it was working with the Council and its future workforce in relation to Social Workers; the university was doing everything it could to enhance their resilience and give employees a good career in Bradford; Social workers had a difficult job and needed to be provided with the support they need; a lot of work needed to be undertaken on how Social Workers were supported.

It was reported that there was a lot of work taking place in relation to retention; needed an update on the work of One Workforce and the Integrated Workforce Programme Board.

Board Members emphasised that there was a clear intention in the Mental Wellbeing Strategy to looking after the mental wellbeing of staff was crucial.

It was reported that One Workforce was considered at the Health and Wellbeing development session, a project Manager had been recruited and the next step was to get the framework agreed.

Areas of High risk which needed to be urgently addressed included:

- Education Health and Care Plan Compliance Rates and Quality. Compliance rates within the statutory 20 week assessment period were low. In 2017 they were reported as 12% compare to a national average of 64.9% and Yorkshire and Humberside average of 61.2%. Current performance was at 22%.

- SEND Identification, Assessment and Review processes

- Data Accuracy and Recording including interfaces to Social Care and Health

- Outcomes for Children and Young people with SEND did not fully meet their needs

- Joint Commissioning arrangements were not established or in place

- SEND Placements and Provision
- Quality and consistency of Health advice into EHCP Process
- Collective agreement that the pathway on ASD (Autistic Spectrum Disorder) identification and assessment was currently a key risk : 2 years plus waiting list, which is non compliant with NICE (National Institute for Clinical Excellence) timescales
- Waiting lists for access to specialist services e.g. SALT (Speech and Language Therapy)
- Access to CAMHS (Child Adolescent Mental Health Services)

The Board agreed to have a development session on SEND.

Resolved-

(1) That the actions taken in response to OFSTED inspection findings be noted.

(2) That the plans to establish the Improvement Board be noted.

29. STRONGER COMMUNITIES STRATEGY AND DELIVERY PLAN

It was reported that an independent 'Stronger Communities Partnership' Chaired by Bishop Toby Howarth, Bishop of Bradford had been formed to develop Bradford's Stronger Communities strategy and a delivery plan for the district. The Partnership comprised a wide network of individuals and organisations from across Bradford district with a track record of working on cohesion and integration initiatives. This was supported by a smaller 'Steering Group' comprised from the wider Partnership to 'drive' work on the strategy.

Board Members were informed that the Portfolio Holder for Neighbourhoods and Community Safety and the Executive Assistant were represented on both the Partnership and Steering Group.

It was reported that the Government published its Integrated Communities Strategy Green Paper on 14th March 2018 as a response to the Dame Louise Casey Review. Responsibility for the strategy sat with the Minister for Housing, Communities and Local Government (MHCLG). The strategy outlined a series of key challenges across the themes of: Strengthening leadership; Supporting recent migrants and resident communities; education and young people; Boosting English language; Places and communities; Increasing economic opportunity; Rights and freedoms.

Members were informed that over the course of the Spring and Summer the Bradford Stronger Communities Partnership developed a local response to the Government's Green Paper. A Bradford 'Stronger Communities Strategy and Delivery Plan' was submitted to MHCLG on the 29th August 2018.

It was reported that the Government had asked for a local strategy but Bradford had gone beyond that in that it was a five year strategy which linked with the District Wide vision and the Health and Wellbeing Board.

Members were informed that:

- Consultation was carried out with district residents through three 'whole day' events that took place at City Park, Keighley Town Centre and Shipley Town Centre . Individual meetings with specific interest groups also took place and young people were both consulted and involved in the engagement process through the Youth Service.

- Over 630 people were engaged in the three events and accompanying workshops, many giving over an hour and a half of their time to share their thoughts. A copy of the Executive Summary of the engagement report is attached as appendix B to the report.

- New governance arrangements were being developed to formalise the 'Partnership Board' and the decision making processes. A copy of the draft terms of reference for the planned governance was attached as appendix C to the report.

- MHCLG had committed financial support to the five 'Integrated Communities Pilot Areas'. Bradford Partnership's submission, through the local 'delivery Plan' sought funding of £4.9 million towards delivering a range of projects. MHCLG had allocated £1,187,101 for year one expenditure. A decision on the residual funding for year two will be announced in January 2019. Funding from MHCLG needed to be committed by 31st March 2020.

- Commissioning activity had to be held back until the amount of funding was known.

- The activities were being informed by a lot of data and good practice such as child poverty and anti-poverty strategy.

- The priorities were developed through talking to people about what was important to them and were listed on page 5 of the strategy.

- Linking and networking with communities was one of the priorities that were important to people - the strategy aimed to bring people together in a shared purpose to build pride in their communities and local area and develop a common identity that could cut across ethnicity, faith and geography, meeting other children in other parts of the district such as Girlington and Eldwick Primary; the service was supporting other Local Authorities in using the Bradford Model.

In response to a Board Member's question it was reported that the 24,000 learners were people who had poor English such as BME Communities; data was being collected as to why they were not accessing English classes; what level of English was required; had to demonstrate that their was a need for this, where it was being developed, where the barriers were; needed to look at provision being provided in the district such as Bradford College, Shipley College, voluntary sector; needed to capture everything that was happening in the district.

It was reported that one of the key priorities of the strategy was employment and to build better economic outcomes and extend opportunity to target activity to the poorest communities and work with those most distant from the labour market including the long term unemployed, older South Asian Women, refugees and people with disabilities.

It was emphasised that Human Resource Directors from different organisations needed to work together.

The Board felt that the ICB should look at reviewing their work programme and to look at the progress of the One Workforce Strategy and how the Stronger Communities Strategy linked into it. Needed to look at recruitment, diversity of the workforce, career progression etc there were some good ideas being used in the private sector which organisations could learn from.

Resolved-

That the work carried out in the development of the Bradford Stronger Communities Strategy and Delivery Plan by the Stronger Communities Partnership be noted.

30. CHAIR'S HIGHLIGHT REPORT - LIVING WELL FOR LONGER, SUB GROUP UPDATES (ICB AND ECB)

The Health and Wellbeing Board Chair's highlight report **Document "K"** summarised business conducted between Board meetings. January's report brought the Living Well for longer update and updates from the Board's sub groups (ECB – Executive Commissioning Board and ICB – Integration and Change Board).

It was reported that in relation to Living Well for Longer the latest available data (2015-17) showed:

- that life expectancy for people in Bradford District was increasing, after previously showing signs of improvements starting to level off.

- Life expectancy at birth for a male born in the District is now 77.7 years**,** and for a female born in the District life expectancy was now 81.6 years. These were both the highest figures recorded for the District. Life expectancy remained below the average for England and the region for both males and females, however because improvements had been larger in Bradford the gap between Bradford and England/Y&H had narrowed slightly in 2015-17.

- Life expectancy was not a short term measure of health and wellbeing; changes occurred over many years. However, the small increase observed in the District compared well compared to other parts of the region where only a small number of local authorities had seen an increase in life expectancy.

- Recently published data on healthy life expectancy showed a less positive picture. Healthy life expectancy had fallen for both males and females. In 2015-17 healthy life expectancy at birth in males fell to 60.4 years in Bradford District. This was the lowest value recorded and remained below the average for England (63.4 years). For females, healthy life expectancy at birth fell to 59.0 years in 2015-17. As with males, this was the lowest value recorded and remained below the average for England (63.8 years).

It was reported that some caution was, however, needed when interpreting the data on healthy life expectancy; the data, in part, drew on self reported health status from the Annual Population Survey, and so year on year variation was expected. Once this variation had been accounted for there had been no significant change in healthy life expectancy over recent years. This, however, in itself is an important finding, as a key outcome for the District is to increase the number of years a person can expect to live in good health.

Members were informed that because healthy life expectancy had not improved and life expectancy had increased, this meant that although people could expect to live longer, they were likely to spend more years in poor health.

It was reported that in relation to the Executive Commissioning Board update the work on Autism would be provided to Senior Management Team.

In relation to the Integration and Change Board (ICB)

- It met on 21st December. The Board focused on Population Health Management, development of local partnership and delivery arrangements through the two Health and Care Partnerships, and business planning. Additionally progress was made in relation to business continuity planning related to Brexit, programme alignment and ensuring all relevant partners connected to the revised Children's services improvement planning arrangements.

Specific decisions and agreements included;

- Establishment of a single joint arrangement for the development of Population Health Management capability across our system. Linked to this ICB clarified the mandate for this group and clarified the investment to be made into Population Health Management.
- Investment into Digital 2020 capacity, in line with previous decisions.
- Review of joint programmes of work to ensure aligned to strategic priorities, and all to have a clear SRO link back to ICB.
- Commitment of communications resources into a joint programme to ensure comprehensive communication and engagement in place strategy

In relation to the Executive Commissioning Board:

- ECB met on 10th January 2019, the main focus of the meeting being the work within the Council's Health and Wellbeing Department. The Board welcomed the presentation from Impower which focused on the demand management approach and how that aligns with the system vision of Health, Happy and at Home. The Board supported the focus of the next phase of work looking at the interface between Health and Social Care and how outcomes for patients can be improved by applying a demand management approach.

- An update of the BANDs service for people with Autism was provided, as well as an update on the financial position of the Better Care Fund and the improved Better Care Fund. A detailed report, including the year end position will be presented back to the Board in May. The Council's consultation on the budget proposals was also shared with the board.

- Meetings are scheduled monthly with the next meeting to be held on 14th February. The Board will be participating in an externally facilitated workshop, focusing on the effectiveness of the Board and its work plan for the coming 12 months.

Resolved-

That the information in the report (Document "K") be noted and that the refreshed Joint Strategic Needs Assessment data be included in the quarterly monitoring of the Joint Health and Wellbeing Strategy logic models.

Action: 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.