

Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Tuesday, 26 March 2019 in Committee Room 1 - City Hall, Bradford

Commenced 10.05 am
Concluded 12.10 pm

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
Councillor Jackie Whiteley	Bradford Metropolitan District Council
Sarah Muckle	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
Steve Hartley	Strategic Director, Place
Gladys Rhodes White	Interim Strategic Director, Children's Services
Brendan Brown	Chief Executive of Airedale NHS Foundation Trust
Scott Bisset	Chief Superintendent Bradford District, West Yorkshire Police
Geraldine Howley	Group Chief Executive, InCommunities Group Ltd
Dr Andy Withers	Bradford Districts Clinical Commissioning Group
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service
John Holden	Bradford Teaching Hospitals NHS Foundation Trust

Also in attendance: Bal Leighton alternating for Lou Auger, Julie Lawreniuk for Helen Hirst, Sue Nevison for Neil Bolton-Heaton, Helen Speight for Kim Shutler, Deborah Gilderdale on behalf of Brent Kilmurray, John Holden deputising for Clive Kay

Observers: Councillor Farley

Apologies: Kersten England and Dr Richard Haddad

Councillor Hinchcliffe in the Chair

31. DISCLOSURES OF INTEREST

No disclosures of interests were received.

32. MINUTES

Resolved-

That the minutes of the meetings held on 29 January 2019 be signed as a correct record.

33. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

34. UPDATE ON "CONNECTING PEOPLE AND PLACE": A JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE

Previous Reference: Minute 22 (2018/19)
 Minute 30 (2018/19)

The Health and Wellbeing Board received an update on progress against the Joint Health and Wellbeing Strategy in November 2018.

The Strategic Director Health and Wellbeing submitted **Document "L"** which provided a further update on developments and activities relating to the implementation of the Strategy and progress against the outcomes set out in the logic model.

The logic model was a way of knowing whether or not the work being undertaken had made a difference to the health and wellbeing of the District's population. The Board received an update on the overarching measures of the Strategy (life expectancy and healthy life expectancy) in January 2019.

The Director of Public Health gave an explanation on some of the outcomes set out in the logic model:

- The overarching outcomes relating to life expectancy showed that life expectancy for people in the 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 was now 77.7 years, and for a female born in the District life expectancy was now 81.6 years.

- The overarching outcome relating to Healthy life expectancy showed a less positive picture; healthy life expectancy had fallen for both males and females; healthy life expectancy at birth in males fell to 60.4 years in the 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, as with males this was the lowest value recorded and remained below the average for England (63.8 years).
- 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.

Outcome 1 (our children have a great start in life)

- **School readiness and good level of development** – There had been a small decrease in the number of children achieving a good level of development at the end of reception.
- Better Start Bradford work involved identifying and working with families at risk of poor outcomes across three wards in the District. A range of preventative interventions focusing on pregnancy and first three years of life had been introduced to establish the right foundations for good health and wellbeing; the aspiration was that more children would start school ready to learn.
- **Educational attainment** - in relation to primary schools, recent results showed that there was an increase in the proportion of pupils achieving the expected standard across a range of subjects; the gap between Bradford and national performance had remained the same; GCSE results continued to improve with Attainment 8 narrowing the gap on the national average and progress 8 showing positive progress.
- **Not in education, employment or training** – latest data showed there had been a small increase in the number of 16-17 year olds not in education, employment or training – a number of actions were in place to address NEET.
- **Infant Mortality** – infant mortality rates in Bradford District had fallen since 2001-2003 but had stalled in recent years; the Every Baby Matters Steering Group continued to deliver the action plan to reduce the number of infants dying before their first birthday since.
- **Reducing smoking in pregnancy** – the proportion of women who were recorded as smoking at time of delivery had increased in 2017/18 for the first time in 2 years; smoking in pregnancy had been a priority for a number of years; it was hoped that the collective impact of a number of interventions would result in a downward trend in the number of women smoking in pregnancy.

- **Adverse childhood experiences (ACE's)** – these were stressful or traumatic events that occurred before the age of 18; the key aim of work in this area included the development of a multi-agency vision or strategy for ACEs across the Bradford District.
- **Breastfeeding** – the proportion of infants who were breastfed at 6-8 weeks had increased.
- **Oral Health** – The proportion of 5 year olds who were free from dental decay in the Bradford District had increased.
- **Teenage Pregnancy** – The under 18 conception rate had been falling year on year.

Outcome 2 (people in Bradford District have good mental wellbeing)

- **Our Wellbeing** – there was a significant amount of work being undertaken to improve the wellbeing of people in the district; System-wide training and awareness raising activity had been delivered across Bradford including: support and training of over 159 mental health school champions in 108 schools; mental health awareness training delivered to over 1,380 staff members in universal services; and 150 school staff in 57 schools have completed the Living Life to the Full training.
- 85% of all those registered with dementia in Bradford were in contact with a dementia advisor to provide information about diagnosis and treatment, carers' needs, local services, benefits and legal advice; Wellbeing cafés for people with dementia were run across the District.
- **Our mental and physical health** – in the past year new services for perinatal mental health support, and a community eating disorder service had been commissioned and launched.
- **Care when we need it** - The Youth in Mind model had supported over 500 young people to understand and take control of their mental wellbeing, and build resilience with a range of peer led, community, mentor and specialist services.

Outcome 3 (people in all parts of the district were living well and ageing well)

- **Smoking** - The proportion of adults smoking had reduced to 18.9%; this was the lowest on record. Given that smoking was one of main causes of preventable disease and early death, and the fact that it contributed significantly to health inequalities, it should remain a priority for the HWBB.
- **Drug treatment** - The number of opiate drug users successfully completing drug treatment had increased. Although the success rate was below the national average, the gap had narrowed over recent years. Additional funding had been received to assist homeless drug users.

- **Childhood obesity** – the number of children who were overweight or obese when measured in Year 6 continued to increase; Bradford District had been awarded a discovery phase grant from the Local Government Association, for a bid jointly submitted by the local authority, Born in Bradford, Council of Mosques, Cnet and CCGs to help reduce child obesity in the District.
- More children were taking part in the Daily Mile/15 Minutes More (42 schools in 18/19); however, further work was needed to continue to increase the number of children and schools participating. One of the main challenges locally was the outdoor space in schools to do this.
- **People are supported and feel confident in managing their own health** – the proportion of people with a long term condition who report feeling supported to manage their condition had fallen, the reason for this was not clear and further investigation was needed; the Self Care and Prevention Programme (now called Living Well) had won national recognition.

Outcome 4 (Bradford District is a healthy place to live, learn and work)

- **Street Design Guide** - A Street Design Guide was being developed for Bradford District. It was hoped that this would adopt learning from the Healthy Streets approach first developed for London and currently undergoing minor adaptation to apply to the rest of the country, supporting walking, cycling and greener-looking, safer, friendlier streets that were designed around people rather than traffic.
- The local authority was currently consulting on the implementation of 20mph zones; one in the city centre, two around primary schools in the District. 20mph zones were a recognised means of reducing road collisions and associated casualties.

Members made the following comments:

- there was good progress in some areas but certain outcomes were concerning such as the decrease in the number of children achieving a good level of development, increase in smoking in pregnancy, the NEET figure; people were less happy than they were, good news that adult smoking had reduced but smoking in pregnancy needed tackling, adults were eating less well, increase in childhood obesity, not enough schools getting involved in the daily mile, financial circumstances of people, people were living longer but less healthy; how do we make people happier, healthier and have a sustainable financial situation? How could school readiness and good level of development be improved?
- It was crucial that partnerships needed to work on the same priorities.
- In relation to childhood obesity – could passport to leisure be looked at as a pilot for some post code areas; could government funding be looked at to assist?

- Children's Trust Board should focus on the importance of first 1001 days of a child's life (early and formative years) and the measures in place to support children being ready for school.
- How heavily were the community involved in improving outcomes; what were the barriers? Would be useful to see that information.
- Feel there was a huge opportunity to make more of a strategic approach on how systems were delivered; early intervention and prevention was key; a single coordinated approach to Early Help and Prevention needed creating.
- There was an increase in Knife crime; a report on knife crime should be considered at the Board's development days.
- Children being excluded from school were at other potential risks.
- How data was better shared needed looking at.
- There was an event taking place for board members to contribute to the development of proposals to reduce health inequalities in the City CCG area; it should be proposed that the Strategic Director of Place or a member of his team be invited to the CCG event.
- It was important that local Members and officers were involved in the proposals to reduce health inequalities in the City CCG area; it was important to have a community voice; needed to invite others to ensure the Membership reflected all key parties.
- Future reports should include a dashboard, logic models and a rag rating element to the outcomes.

In response to the comments raised it was reported that:

- Living Well which included how people ate and obesity was being considered at the Board's next development session.
- In terms of school readiness and good level of development it was important to ensure parents who need help received the right support to parent well, to help their children thrive and access early education for 2 to 3 year olds nursery offer so that children are school ready before starting statutory education; first 1001 days of a child's life was something that was being looked at and there was more and more evidence of how critical that was, Better Start Bradford, Born in Bradford would help to support work in this area.
- There was potential for the Better Start Bradford programmes to be rolled out to other parts of the district.
- There was a significant cost to rolling out the passport to leisure in certain areas, and mixed evidence of effectiveness from other areas that had done this, which meant that sustainability may be questionable. The likelihood of funding being available was also considered to be low.

- The last Children's Trust Board meeting focussed on the Joint Strategic Needs Assessment and areas such as child poverty and obesity the Board proposed a sub group to do a deep dive of the issues; once that work had been undertaken it could be submitted to the Board.
- Promoting children walking to school would be looked at when the Living Well programme was launched in June.
- Proposals for data sharing had been developed by the Digital 2020 programme.

Resolved-

- (1) **That the contents of the report (Document "L") and the progress against the measures set out in the logic model be acknowledged.**
- (2) **That the Children's Trust Board considers the key measures of children's health highlighted in "Document "L" and presents its findings and proposals to this Board.**
- (3) **That a report on Knife Crime be considered at a future development session.**
- (4) **That the proposals for data sharing which have been developed by the Digital 2020 programme are considered by the Integration and Change Board.**
- (5) **That the Strategic Director, Place or a member of his team be invited to contribute to the development of proposals to reduce health inequalities in the City CCG area.**
- (6) **That future reports include a dashboard, logic models and a rag rating element to the outcomes detailed in the report.**

Action: Strategic Director Health and Wellbeing/Director of Public Health (6), Interim Strategic Director Children's Services (2), Chief Superintendent Bradford District West Yorkshire Police (3), Director of Integration and Change Board (4), Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups (5)

35. UPDATE ON FAMILY HUBS PREVENTION AND EARLY HELP IMPLEMENTATION

Previous Reference: Minute 116 (2017/18)

On the 3 April 2018, the Council's Executive agreed to implement the Family Hubs model for delivering prevention and early help to babies, children and young people from October 2018.

The Interim Strategic Director, Children's Services submitted **Document "M"** which provided an update on implementation since April 2018.

It was reported that there was a broad consensus that an all ages approach to prevention and early help across the district was secured. Such an approach would recognise and build upon the collective assets across families and communities.

The Interim Strategic Director, Children's Services emphasised that it was important that Family Hubs and Early Prevention was effective as it impacted on the future life chances of children. Investing in Early Help would help in having happy, healthy adults.

It was reported that the Family Hubs covered West, South, East and Keighley/Shipley combined and they delivered:

- Co-ordination and an information networks across universal and targeted support in the area;
- Focused work which built family relationships and improves children's outcomes;
- Worked to reduce family poverty and support social mobility;
- Co-location of key teams, particularly with the 0-19 children's public health service.

It was reported that under the Family Hubs model, Children's Services continued to provide the following services on a district-wide basis:

- Early Help Gateway (including Families Information Service and SEND Local Offer) which would be a single point of contact for advice on prevention and early help linking together on-line and phone based advice, information and referral routes and was being fully integrated with the social work front door;
- Oversight of educational support, including children missing from education (provided through a dedicated Education Safeguarding Service);
- Specialist behaviour support and inclusion for children and young people with special education needs and disabilities;
- Short breaks for disabled children and young people;
- Intensive Family Support/Family Group Conferences to prevent children and young people coming into care.

The Interim Strategic Director, Children's Services reported that the challenges included unintended consequences such as the reduction in resources; staff were used to working with pre school to 5 but now getting them to work 0-19; changes undertaken at a time where there was a rise in the demand for the service; feeling the tension between universal offer and targeted services; trying to identify dense area of need and poorer areas on outcomes for children and adults.

Members made the following comments:

- Good progress being made but how long would it be before the service was to full capacity?
- Needed to ensure that the service was working efficiently with all partnerships such as police, fire, health etc to ensure maximum impact of the service.
- Sharing information between partners was extremely useful and needed to work across localities.
- A coordinated approach to early help and prevention was needed supported by a programme management infrastructure.
- The voluntary sector played a very important role; funding allocated to voluntary sector was short term which made it difficult to retain experience staff; needed sustainable funding for the voluntary sector.
- Helping adults into employment was crucial.
- Did the service have links with multi faith schools?

In response to the comments made it was reported that:

- It was important that families needing help were supported properly; the service was already working with 0-19; needed to ensure that staff were assisted and their development and welfare needs were supported; next six months was to get the model bedded down and get staff feeling confident and making the maximum impact; in relation to Families First payment was received on every family that had been turned around.
- Needed to ensure that all the partnerships were collectively working well.
- There was a huge commitment from all partners to working together on the all age early help offer; some areas were working better than others offered potential to share learning with other areas so that the model was successful across the rest of the district.
- Ward partnership teams could help with the work being undertaken at paragraph 2.23 relating to integrated family hubs district leadership group.
- The Board could consider an item at the development session on the work underway to support the effectiveness and sustainability of the community and voluntary sector.
- It was extremely important that information systems/data sharing was right; the ultimate goal was to keep children out of statutory services; information systems needed to be joined up.
- Employment was a huge feature of outcomes.
- The early help provision was universal and was open to all education providers.

Resolved-

- (1) That a single coordinated approach to Early Help and Prevention is created, supported by a programme management infrastructure and a proposal be submitted to the Board's development session.**

- (2) That the Board considers an item on the work underway to support the effectiveness and sustainability of the Community and Voluntary Sector.

Action: Chief Superintendent Bradford District, West Yorkshire Police
(1)

36. CHAIRS HIGHLIGHT REPORT

The Strategic Director, Health and Wellbeing submitted the Chair's Highlight Report (**Document "N"**) which summarised business conducted between meetings. The report included updates from the Executive Commissioning Board and the Integration and Change Board.

Resolved –

That the Executive Commissioning Board and Integration and Change Board updates be noted.

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