Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held on Wednesday, 24 July 2019 in Committee Room 1 - City Hall, Bradford

Commenced 2.00 pm
Concluded 3.40 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
Kersten England	Chief Executive of Bradford Metropolitan District Council
Bev Maybury	Strategic Director Health and Wellbeing
Steve Hartley	Strategic Director, Place
Brendan Brown	Chief Executive of Airedale NHS Foundation Trust
Geraldine Howley	Group Chief Executive, InCommunities Group Ltd
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Brent Kilmurray	Chief Executive of Bradford District Care NHS Foundation Trust
Kim Shutler	Bradford Assembly representing the Voluntary and Community Sector
John Holden	Bradford Teaching Hospitals NHS Foundation Trust

Also in attendance: Louise Clarke for Dr Andy Withers, Jenny Cryer for Mark Douglas, Andrew Reid for Osman Khan, Ali Jan Haider for Helen Hirst, Nancy O'Neil for Dr James Thomas

Observers: Dr Sohail Abbas

Apologies: Councillor Robert Hargreaves, Louise Auger, Dr Richard Haddad and Ben Bush

Councillor Hinchcliffe in the Chair

1. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

2. MINUTES

Resolved –

That the minutes of the meetings held on 26 March 2019 be signed as a correct record.

ACTION: City Solicitor

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

4. (A) LIVING WELL FOR LONGER: WHAT THE JOINT STRATEGIC NEEDS ASSESSMENT IS TELLING US ABOUT THE HEALTH AND WELLBEING OF PEOPLE IN THE DISTRICT AND (B) UPDATE ON "CONNECTING PEOPLE AND PLACE": A JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE

The Board decided to consider agenda items 5 and 6 together as the items correlated in the information being presented.

(A) LIVING WELL FOR LONGER: WHAT THE JOINT STRATEGIC NEEDS ASSESSMENT IS TELLING ABOUT THE HEALTH AND WELLBEING OF PEOPLE IN THE DISTRICT

The Health and Wellbeing Board had a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA was to inform the Joint Health and Wellbeing Strategy (JHWBS) which, in turn, aimed to improve the health and wellbeing of the local population and to reduce inequalities. Both the JSNA and JHWBS were intended to be part of a continuous process of assessment and planning, supporting the identification of priorities and gaps for commissioning, based on both evidence and need.

The Strategic Director, Health and Wellbeing submitted **Document "A"** which summarised the main findings of the JSNA, focusing on the headline indicator of health and wellbeing for a population - healthy life expectancy - and health inequalities. The report also considered what issues might require further consideration in response to the findings.

Contents of the report were highlighted to Board Members and included that:

- The latest available data on healthy life expectancy showed that healthy life expectancy had fallen for both males and females.

- There had been no statistically significant change in healthy life

expectancy in the District since 2009-11. As 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.

- Improving healthy life expectancy was crucial for the sustainability of the health and care system. Otherwise demand for health care would only increase for all parts of the system (primary care, community care, including the VCS, and emergency and planned hospital care). As the population aged with an increasing number of health issues and frailty, demand for care services would also rise.

- There was an estimated 21 year difference in healthy life expectancy across the District. In the most deprived parts of the District people would spend just over 50 years in self reported good health; this compared to over 71 years in the least deprived parts of the District.

- The main causes of early death in the District were the same as many other areas: cardiovascular disease, respiratory disease and cancer; infant mortality was also an important cause to note in the District.

- Long term conditions such as diabetes, asthma and COPD (chronic obstructive pulmonary disease) all influenced levels of ill health and disability during a person's life.

- Mental health was one of the most important factors, including anxiety, depression and serious mental illnesses such as schizophrenia. Whilst there was already a Mental Wellbeing Strategy, the JSNA emphasised the need for action.

- For many people it was the norm to have multiple long term conditions (multimorbidity). It was multimorbidity and not age that was driving demand in the health and care system.

- Poverty damaged health and poor health increased the risk of poverty. A multi-agency Bradford District Anti-poverty Co-ordination Group was formed in early 2017 and throughout 2018 the group had been developing an anti-poverty strategy.

- The determinants of mental health and mental wellbeing were largely the same as many physical health problems, including deprivation, unemployment, financial stress, violence, stressful life events, and poor housing. Consideration should be given to how wellbeing was considered as a policy goal and embed in all decisions.

- Adverse childhood experiences (ACEs): These were stressful or traumatic events that occurred before the age of eighteen; for example, sexual or emotional abuse, domestic violence in the home, or a family member being incarcerated. Adverse childhood experiences were estimated to account for around 30% of adult mental ill health.

- Minimisation of exposure to early adversity was key, alongside building resilience in children and young people.

- Loneliness and social isolation: Those living in more deprived areas were more likely to lack adequate social support than those living in more affluent areas. The right conditions needed to be created to help people make social connections.

- Childhood obesity: The number of children who were overweight or obese when measured in Year 6 continued to increase and it remained a priority, with action coordinated through the Living Well Programme.

- Healthy ageing: Healthy life expectancy was a good indicator of healthy ageing. Long term conditions, were often associated with ageing, but they were a consequence of long term exposure to social and environmental factors, and lifestyle behaviours. These elements were all modifiable; many diseases could be prevented, as could disability, dementia and frailty. The focus needed to be on the modifiable elements where the biggest differences could be made.

- A lot of work was already being undertaken to address the health and wellbeing needs identified in the JSNA. This was reflected in a number of key strategies and work programmes delivered by partners across the District including: Anti poverty strategy; Mental Wellbeing Strategy, Economic Strategy, and the Living Well Programme, amongst others.

- The drivers of mental and physical ill health that contributed to poor health in the District were complex; there was no single intervention, policy or organisation that could address inequalities in healthy life expectancy. The drivers of ill health were, however, largely preventable, with action and commitment from partners.

- Poverty appeared to be one of the most notable factors influencing so many of the drivers of poor healthy life expectancy. Accordingly, a system wide commitment to tacking poverty should be at the heart of the efforts to improve healthy life expectancy for all people in the District, but importantly, to improve it fast for those living in the most deprived areas who spend a greater number of years living in poor health.

(B) UPDATE ON " CONNECTING PEOPLE AND PLACE": A JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE

The Strategic Director, Health and Wellbeing submitted **Document "B"** which reported on the logic model which established a way of knowing whether or not what had been undertaken had made a difference to the health and wellbeing of residents. The report provided an update on progress against the four outcome areas of the Strategy, as well as describing some of the key areas of work that had been delivered and progressed since the last update.

Life expectancy was improving in Bradford District, a trend that was not

necessarily replicated in other parts of the country. However, the overarching challenge for the District was not just about how long people lived, but how well all people in the District lived, and living happy and fulfilling lives. The latter was measured by healthy life expectancy.

It was reported that:

- There were 41 outcome indicators monitored as part of the logic model, across the four outcome areas (people in all parts of the district are living well and ageing well, Bradford District is a healthy place to live, learn and work, our children have a great start in life and people in the district have good mental wellbeing) of the Joint Health and Wellbeing Strategy.

- Of the 41 outcome indicators, 9 were currently rated as green, meaning that performance against these outcomes was improving, and the performance was the same as or better than the statistical neighbours. Those areas where improvements were being made included: breastfeeding, smoking at time of delivery, suicide prevention, teenage pregnancy, mental wellbeing, physical activity in adults, successful treatment of non-opiate drug users, and people in employment.

- 11 outcome indicators were currently rated as amber, meaning that the performance was neither getting better nor worse, but this was consistent with the statistical neighbours. Those outcomes that were currently rated as amber included: life expectancy, inequality in life expectancy, children achieving a good level of development, attainment 8 scores, dental decay in children, low birth weight babies, smoking in adults, sickness absence and killed or seriously injured on the roads.

- 21 outcome indicators were currently RAG rated as red, meaning that the performance against those outcomes was getting worse. Those outcomes that were currently rated as red included healthy life expectancy, 16-17 year olds not in education, employment, or training, children in care whose SDQ (strengths and difficulties questionnaire) scores were a cause for concern, infant mortality, improving access to psychological therapies recovery rate, early intervention for psychosis, premature mortality in people with a severe mental illness, adults meeting the 5 a day recommendation, completion of drug treatment for opiate users, childhood obesity, management of long term conditions, use of outdoor spaces, people qualified to NVQ level 3+, fuel poverty, employment rate for people with a mental illness, and air quality.

Members of the Board made the following comments:

- Improving poverty was crucial; the Anti Poverty Group also needed the support of the economic strategy and businesses to help combat poverty, all needed to play a part such as giving contracts to small local businesses.
- What could be undertaken locally to improve people living well for longer?

- Was there anything in the documents to show what targets had been met and what had been achieved? Keep seeing the same evidence was there

something different that needed to be undertaken?

- The statistics in relation to the gap of over 20 years difference in healthy life expectancy from one end of the district to the other was shocking.
- The logic models should be tracked if an objective was not being achieved then the action required needed changing.
- Was the right amount of investment being targeted to tackle the right changes? there was a small budget allocated to prevention; an all age Early Help Prevention Offer would help.
- The positive news in relation to jobs and economy was that in the last year the weekly average wage had risen faster in the district than neighbouring areas; the percentage of women that had become active had also increased.
- Concerned around services for children, mental health and wellbeing; things outside JSNA were happening; but people in the district were not any healthier than they were 30 years ago, a bit of progress had been made but inequalities were the same.
- Although life expectancy had gone up, people were living longer in ill health; the JSNA strategy and logic models were only as good as the plans to make things happen; it was a responsibility of individual partners and collectively to improve objectives.
- The health sector did not engage well with the Anti Poverty Strategy; issues that were being looked at via the Anti Poverty Strategy included growing an economy in an inclusive way, improving education for all; a lot of people in work were poor; needed good quality jobs; families needed to be supported to help them build resilience.
- Poverty contributed to bad health, more needed to be undertaken to improve poverty in the district.
- The Board should be looking at suicide prevention awareness; what was being undertaken collectively to address stress related sickness absence and help people back into employment through work placements and making adjustments which were quick wins; not enough was being undertaken to retain staff.
- A reducing inequalities project was being undertaken by the CCG who were working with a research institute; the project was working on community partnership priorities which included; better mental health for children; reducing obesity, nutrition, asthma, infant mortality, dental decay; Premature mortality which could include lifestyle advice, tackle frailty, isolation etc; poverty could be tackled through providing good quality jobs; there was a need to improve the workforce in the health and care sector and therefore should progress with the Integrated Workforce Plan more quickly.
- Work was being undertaken in relation to workforce in the health and social care sector and Industrial Centres of Excellence; but it took time to grow our own workforce and there was a need for funding in undertaking that; prevention and community development was key.
- Impact of welfare reforms had been immense; demand on food banks was rising; peoples health was being affected; people in a situation where they can not even think about employment and going for an interview; out of the 23,000 residents in Social housing 70% were on benefits; poverty was increasing due to welfare reforms.
- Needed to look at how residents affected by welfare reforms could be

supported; also the government should be lobbied on the impact welfare reform was having.

- Prevention agenda was key; where else was this document sent; trust governors needed to be aware of the information being presented to the board, other senior managers needed to be made aware of the information presented to the Board.
- Needed to invest in Early Help and Prevention which could make a big impact on services and prevention work.
- Needed to move forward rather than continue having the same conversations.
- How communities were supported to address challenges and getting ownership would help long term challenges for the voluntary and community sector; work undertaken in silos needed to be linked together.
- Alcohol and substance misuse services were not where they should be due to austerity etc; needed to address drug dependency and alcohol abuse and the impact it had.
- The Integration and Change Board and the Health and Care Partnership Boards look in to how investment could be directed towards prevention.
- Where Adverse Childhood Experiences (ACE's) embedded in the logic model?
- All partners needed to look at how actions in the logic models were being undertaken.

In response to Members comments it was reported that:

- It was paramount that the priorities in the JSNA were the same for all partners; some of the challenges were not easy to address.
- JSNA gave a picture of where the district was at the moment and what should be undertaken to tackle the issues in the JSNA; next few years would show what had worked in Bradford.
- There was a Government Green Paper on Prevention which the Board could make a collective response to.
- Further consideration needed to be given to how Adverse Childhood experiences were measured in the logic model.
- Logic models for September would show whether some of the actions had been achieved.

Resolved-

(1) That the Strategic Director, Health and Wellbeing in consultation with appropriate partners considers how information from the Joint Strategic Needs Assessment is disseminated to Communities and a Wider Audience (through graphs, animation pictures etc), to be presented at the next Health and Wellbeing Board meeting.

(2) That further consideration be given to how Adverse Childhood Experiences (ACEs) are being measured in the logic model.

(3) That the next meeting of the Board includes progress on the Early Help and Prevention Project working to a locality model.

(4) **That all Partners on the Board consider what practical actions they are currently taking/and plan to take, which will contribute to addressing the priorities identified through the Joint Strategic Needs Assessment and that this information be provided to the Health and Wellbeing Partnership Manager. Consideration therefore should be given by each partner to how all partners could commit to:**

- **Supporting staff to access suicide prevention training**
- **Hosting supported work placements for people recovering from Mental illness**
- **Consider what actions on staff wellbeing can help reduce absence from work due to stress in the workplace**
- **Changing procurement policy to accommodate social value**
- **That assets within the Voluntary and Community Sector should be included in the estates strategy to be developed by the local estates forum**

That the Health and Wellbeing Partnership Manager to devise options which partners can sign up to and report back on progress.

(5) **That the Board considers the impact of welfare reforms and the interventions that could be undertaken with the social housing to mitigate issues locally through early help/locality working.**

(6) **That all appropriate key people such as Senior Managers, Trust Governors etc are made aware of the information being presented to the Board on the JSNA.**

(7) **That the Board considers making a collective response to the Government Green Paper on Prevention "Advancing Our Health: prevention in the 2020s".**

(8) **That the Health and Care System Finance and Performance Committee receives information on the priorities highlighted by the JSNA, the Integration Change Board and the Health and Care Partnership Boards look into how investment can be directed towards prevention.**

Action: Strategic Director Health and Wellbeing/Health and Wellbeing Board Members/Health and Wellbeing Partnership Manager/JSNA Project Team/Integration Change Board/ Health and Care Partnerships Board.
Item 5 – Group Chief Executive, InCommunities Group Ltd.

6. CHAIR'S HIGHLIGHT REPORT

The Chair's highlight report **(Document "C")** summarised business conducted between Board meetings. The report included updates from the Executive Commissioning Board and the Integration and Change Board.

Update from the Executive Commissioning Board

Board Members were informed that the Director of Strategic Partnerships, Bradford District CCG and the Strategic Director Health and Wellbeing commissioned an external review of ECB to provide an insight into how the group added value to other parts of the health and care system, along with an analysis of its overall impact and effectiveness. The findings from the review:

- confirmed that partnership working was of paramount importance in delivering service improvement to the districts population.

- The review recommended that ECB should exercise a temporary pause until such time that it had been able to re-evaluate its strategic fit within the revised health and care structures and governance mechanisms, which now included 2 health and care partnership boards and a number of function specific programme boards.

- The Director of Strategic Partnerships, Bradford District CCG and the Strategic Director of Health and Wellbeing would be reviewing the terms of reference for the ECB in the context of the section 75 agreement and the current Better Care Fund.

- Further strategic discussions were planned on integrated commissioning in August which would focus on further closer collaboration between the CCG's and Local Authority on commissioning.

Update from the Integration and Change Board

Board Members were informed that:

- The ICB (Integration and Change Board) met on 15th March and 17th May. This update covered the key actions and decisions arising from these meetings.

- The ICB received progress updates from the System Development Network, and considered the action plan and five areas of system development were proposed, which included:

Leadership, People, Relationships, Processes, & Pride in place. Work was on-going to develop this further.

- The ICB also received an update on progress on the Strategic Partnering Agreement (SPA) and the final version of the document was presented to the ICB in March. It was agreed that the ICB endorsed the SPA document and the document was currently going through individual organisation governance processes.

- The ICB considered the implications of the document 'Investment and Evolution: a five year framework for GP contract reform'. ICB endorsed the proposal that Community Partnerships should be the continued basis for local level collaboration.

- The Living Well programme provided an update to the ICB on its approach to being whole system programme which brought together the work programmes and teams formerly known as Self Care and Prevention and Healthy Bradford. The Living Well programme would be providing further updates to the ICB as work developed.

- NHS England undertook a national engagement exercise regarding potential legislative changes required in order to implement the NHS Long Term Plan.

- In May, the ICB received an update from the Digital Enabler group, this update included progress on the programme and to approve the principles of the updated Digital Strategy for the Bradford District & Craven Place. These included: care records, information governance, digital infrastructure improvement, improvements in business intelligence and population health management tools and fostering innovation.

- A review of projects and programmes commissioned by the ICB had begun and was expected to report back to the ICB in August, this review would cover current programmes and sought to understand what was required to deliver outcomes of the Happy, Healthy and at Home strategy effectively and efficiently.

A verbal update was provided to the board on the Early Help and Prevention programme. This programme was commissioned by this Board to develop and deliver an effective whole system approach to Prevention and Early Help that enabled effective cross system working for the benefit of communities and individuals in need of support. A further progress report would be provided to the Board at its next meeting in September.

Resolved-

That the Executive Commissioning Board and the Integration and

Change Board updates be noted.

Chairs Closing Remarks

The Chair thanked Dr Akram who was retiring from the Board for the work he had undertaken.

Members were informed that that Dr Akram would be replaced by Dr Sohail Abbas.

Resolved-

That the Executive Commissioning Board and the 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.

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.