

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

Commenced 10.00 am
Concluded 11.20 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
Kersten England	Chief Executive of Bradford Metropolitan District Council
Sarah Muckle	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
Steve Hartley	Strategic Director, Place
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Sohail Abbas	Bradford City Clinical Commissioning Group (Deputy Chair)
Neil Bolton-Heaton	HealthWatch Bradford and District
Kim Shutler	Bradford Assembly representing the Voluntary and Community Sector
Osman Khan	Chief Superintendent Bradford District, West Yorkshire Police
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service
Mark Douglas	Strategic Director, Children's Services

Also in attendance: Nancy O'Neil alternating for Helen Hirst, Michelle Smith alternating for Brent Kilmurray, Mel Pickup replacing John Holden, Victoria Pickles alternating for Brendan Brown, Anna Fryer alternating for Geraldine Howley and Louis Metcalfe alternating for Louise Auger

Apologies: Councillor Robert Hargreaves and Richard Haddad

Councillor Hinchcliffe in the Chair

15. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

16. MINUTES

Resolved-

That the minutes of the meeting held on 19 September 2019 be signed as a correct record.

17. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

18. ALL AGE PREVENTION AND EARLY HELP

Previous Reference: Minute 6 (2019/20)

Members were reminded that at September's meeting of the Board it was noted that the Early Help and Prevention Project required some additional time for consultation and finalisation and therefore, it was proposed that further discussions took place at the Health and Wellbeing Board Development Session in October 2019 and that the project should be formally discussed at the Health and Wellbeing Board meeting in November 2019.

In accordance with the above the Chief Executive, Bradford Metropolitan District Council submitted **Document "H"** which requested members to:

- agree to support the design principles for Prevention and Early Help across Bradford District. This was a whole system approach that enabled effective cross system working for the benefit of communities and those in need of support.
- give agreement to support the progress of a number of work-streams including: the development of a district wide out of hours vulnerability information sharing unit and all age "front door" early help hub.
- agree the final work-stream was a prevention and early help pilot which would run in the Keighley area of the District.

Board Members were informed that:

- An All Age Prevention and Early Help Board had been established and met on a monthly basis.
- The project would allow for greater coherence and co-ordination of partner agencies for individuals in need of support.
- The project would increase collaboration and put the person in need at the centre of discussions; it would allow all organisations to work together as a system to find the best approach for the individual/family/community whilst also creating efficiencies through processes and offering help at an earlier stage, thereby reducing demand on specialist services.
- From the consultation already undertaken, there were 3 distinct pieces of

work which had been identified as priorities for the project which were detailed in the report and included Out of Hours Vulnerability Unit, One Front Door including Multi-agency Safeguarding and Early Help and Keighley Pilot: Proof of Concept.

- The list of Aims and Objectives of the project were detailed at Appendix A to the Document.
- Similar work had been undertaken in other authorities and had contributed to a number of benefits such as harmonising of resources and help in sharing of information between agencies.
- The Out of Hours Vulnerability Unit would have a workable model in place by the end of March 2020; the One Front Door including Multi-agency Safeguarding and Early Help was expected to be delivered by October 2020.
- The Terms of Reference, operation principles, membership and location base within the pilot area would be developed in time for the pilot to go live by March 2020 and the evaluation would commence in Summer 2020.

Members of the Board made the following comments:

- With agencies working together would there be changes to the infrastructure such as ICT?
- Needed to look at Living Well as well as Early Help; Keighley Pilot needed link into the Living Well project.
- Work needed to build on what was already in place such as performance measures; Health and Care Partnership work; training; already working on developing Living Well Academies.
- What were the outcomes and could they be measured? How would success be measured?
- Needed to ensure all agencies were working to the same objectives.
- How would members know if the project had made a difference?
- What was the difference between Out of Hours and emergency?
- Information sharing and protocols on sharing information was crucial.
- Empowering front line staff and making changes happen was essential.
- Keighley was chosen as the pilot as it was at the forefront of such work.
- The work undertaken on the project so far should be commended.
- As people continuously did not meet the criteria for statutory services the role of VCS and capacity building was essential.
- Needed to ensure that the success of the work on the Keighley Pilot was rolled out to other parts of the district alongside the Keighley Pilot.
- Were Born in Bradford involved?
- Living Well needed to be a joint work stream in the Early Help and Prevention Programme Governance Structure.
- In the Bradford District Partnership Governance arrangements, the Prevention and Early Help Programme Board should report to the Integration and Change Board and then the Health and Wellbeing Board through the ICB.

In response to the comments raised by Members it was reported that:

- At the moment services would be using resources that agencies/organisations already had in place; there was a workshop taking place next week which would be looking at barriers to the work required; GP's had been invited to the workshop; how we could improve out of hours service would be covered in the workshop.
- There was a fundamental shift needed for children in relation to out of hours and returning children to universal provision rather than high need/cost provision; calling on a broader range of out of hours services would be extremely useful.
- Emergency was immediate crisis and Out of Hours was dealing with broader issues.
- The outcome of the evaluation in terms of what was working and what was not would be reported to the Board at a future date.
- Born in Bradford was involved in the evaluation.

Resolved-

That the Board supports:

- **The formation of a District wide out-of-hours co-ordinated function.**
- **The formation of a District Wide all age "front door" hub.**
- **A pilot to be run in the Keighley area with the creation of a locally based all age Prevention and Early Help Centre which will have 3 related work streams, Place, People and developing integrated locality services. This will then be evaluated with a view to rolling it out to other parts of the District alongside the Keighley pilot.**
- **That in terms of the Early Help and Prevention Programme Governance the Prevention and Early Help Programme Board report to ICB (Integration and Change Board) and then the Health and Wellbeing Board through the ICB.**
- **A commitment to supporting the Early Help and Prevention project.**

Action: Chief Executive

19. CHAIR'S HIGHLIGHT REPORT - UPDATES ON LOGIC MODELS, INTEGRATION AND CHANGE BOARD AND THE EXECUTIVE COMMISSIONING BOARD

Previous Reference: Minute 4 (2019/20)

The Chair's Highlight report (**Document "H"**) included an update on:

- data in the logic models which measured the Joint Health and Wellbeing Strategy. It provided information on three measures which had been updated (suicide rate, smoking rate and IAPT (improving access to psychological therapies) recovery rate).
- Executive Commissioning Board and the Integration and Change Board

covering the September and October meetings.

The update from the Integration and Change Board was highlighted at paragraph 3 of the report.

A summary of the current progress made around logic models was highlighted:

- There were 41 indicators monitored as part of the Joint Health and Wellbeing Strategy. Since the last update in July, new data on three of these indicators had been published.
- Smoking prevalence had further fallen from 18.9% in 2017 to 18.5% in 2018. Smoking prevalence, however, remained higher than the national average, and higher than the statistical neighbours.
- The suicide rate in Bradford District continued to fall, with 8.8 suicides per 100,000 population. This was lower than the national average, and was lower than many of our statistical neighbours; our efforts continued to further reduce the number of suicides in the District; actions were set out in the Suicide Prevention Action Plan (see July 2019 Logic Model update to the Board for further detail); suicide data was continuing to be monitored every quarter from West Yorkshire Police, which showed that men were 4 times as likely to die by suicide, and that recent unemployment was a key risk factor.
- Latest available data for IAPT recovery rates showed a mixed picture. There were signs of improvement in Airedale, Wharfedale and Craven, and Districts CCGs, however, the same level of improvement had not been seen in City. This was recognised, and new approaches were being considered as part of the Reducing Inequalities in City Programme.

Members made the following comments:

- What were the outputs from the logic models?
- Needed to look at exception reporting for indicators that were not being achieved.
- Information at ward/local community partnership level would be useful so efforts could be concentrated in areas of greatest need.
- Useful to have further information on progress with the actions that were included in the logic models as well as the outcomes that was hoped would be achieved; needed to understand where there was a wide variation.
- Would be useful to have an update from Community Partnerships to update the Board at a locality level.

In response to the comments raised it was reported that an overview of all the indicators could be brought to the next Board meeting and Public Health was actively involved in Community Partnerships.

Resolved-

- (1) That the Executive Commissioning Board and the Integration and Change Board updates be noted.**
- (2) That a development session be arranged to consider:**
 - further information in relation to the logic models to include a focus on the actions and their outputs, in addition to the long term outcomes for people. Where possible to highlight differences in data at locality level as well as for the whole District.**
 - update from Community Partnerships at a locality level**

Action: Health and Wellbeing Partnership Manager

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