

## Minutes of a meeting of the Bradford and Airedale Health and Wellbeing Board held remotely on Tuesday, 12 January 2021

Commenced 10.00 am  
Concluded 11.40 am

### PRESENT

#### Members of the Board -

<b>MEMBER</b>	<b>REPRESENTING</b>
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Sarah Ferriby	Healthy People and Places Portfolio Holder, Bradford Metropolitan District Council
Councillor Robert Hargreaves	Shadow Healthy People and Places Portfolio Holder, Bradford Metropolitan District Council
Councillor Adrian Farley	Children and Families Portfolio Holder, Bradford Metropolitan District Council
Councillor Abdul Jabar	Neighbourhoods and Community Safety Portfolio Holder, Bradford Metropolitan District Council
Councillor Imran Khan	Education, Employment and Skills Portfolio Holder, Bradford Metropolitan District Council
Councillor Alex Ross-Shaw	Regeneration, Planning and Transport Portfolio Holder, Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Sarah Muckle	Director of Public Health
Geraldine Howley	Group Chief Executive, InCommunities Group Ltd
Dr Sohail Abbas	Deputy Chair
Therese Patten	Chief Executive of Bradford District Care NHS Foundation Trust
Dan Greenwood	Chief Superintendent Bradford District, West Yorkshire Police
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service
Mel Pickup	Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
Mark Douglas	Strategic Director, Children's Services

Also in attendance: Jo Snygrove (representing Helen Rushworth, Healthwatch Bradford and District), Professor Zahir Irani, Chair of Economic Recovery Board, Stewart Davies, Chair of Sustainable Development Partnership, Shirley Congdon, Vice Chancellor Bradford University and Jane Geraghty,

Apologies: Bishop Toby Howarth, Helen Hirst and Dr James Thomas and Kim Shutler

### **Councillor Hinchcliffe in the Chair**

#### **26. DISCLOSURES OF INTEREST**

No disclosures of interest were made at the commencement of the meeting.

#### **27. MINUTES**

**Resolved –**

**That the minutes of the meeting held on 28 January 2020 be signed as a correct record.**

#### **28. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

#### **29. INTEGRATING CARE: PROPOSED CHANGES TO INTEGRATED CARE SYSTEMS AND PLACE-BASED INTEGRATED CARE PARTNERSHIPS**

The Chair of the Health and Care Executive Board submitted **Document “A”** which reported that the NHS England/ Improvement engagement paper ‘Integrating Care’ proposed significant change for both regional ‘Integrated Care Systems’ (ICS) and local place based partnerships for health and care ‘Integrated Care Partnerships’ (ICP).

The report set out the main opportunities and challenges, and clarified how these would be handled within the local place based partnership for health and care.

The Chair commenced discussion on this item by noting that West Yorkshire was already well advanced in terms of such a partnership as it already had an Integrated Care System in place.

The Board was advised that the report reflected the direction of travel around existing policy and aimed to draw threads together in terms of local involvement. Five responses to the engagement paper from Bradford had been provided to NHS England by the deadline of 9 January 2021 and had shown that all partners had responded consistently as they had all endorsed the partnership approach.

The Board went on to discuss the principle of a place based approach and its

connection to the principle of subsidiarity. The report outlined a place based approach in terms of access to advice; access to treatment; digital and non-digital communication and providing proactive support to the most vulnerable. It also raised the issue of governance, which would be a matter for this Board to consider.

The Executive Board Programme Director stressed that it was essential to maximise autonomy as well as demonstrating to NHS England how partners intended to work together to ensure that systems were robust.

The Chair asked for an indication of the necessary timetable to progress matters and was advised that the NHS England/ Improvement paper suggested that Integrated Care Partnerships should be fully functional by April 2022. However, some of the changes proposed would require Parliament to legislate, before they could be fully enacted. Therefore, local work would be undertaken on strengthening governance, finance and systems arrangements, in readiness for legislation. The legislation for integrating care had been included in the last Queen's speech so it may reasonably be assumed that Parliament would be considering this over the coming year.

The Chief Executive of Bradford District Care NHS Foundation Trust commented that her response had highlighted the importance of service user and patient needs to the issue of governance and the need for their involvement in decision making as well as the importance of the on-going involvement of local councillors.

The Chief Executive of the Bradford Teaching Hospitals NHS Foundation Trust commented that there was a great deal to be optimistic about. She considered there should be an emphasis on both place and autonomy and noted that local work on both put West Yorkshire well ahead of the game.

The Chief Executive of Bradford Metropolitan District Council commented that the local ICS was one of the biggest in the country and that meant that effective arrangements in each place were therefore essential. While noting that the track record of the West Yorkshire ICS was good in this regard, she considered that robust governance needed to both reflect and address that. She also stressed the need to maintain focus on health inequalities.

The Deputy Chair of the Board agreed with his colleagues' comments and advised that his own response had stressed the need for strengthened communication. He had been disappointed at how the paper had been announced and considered it vital to keep a local focus and strong ownership of the project going forward.

The Executive Board Programme Director stressed that the team from the Clinical Commissioning Group would be fully embedded so that their expertise would be retained in the ICP as Dr Abbas highlighted.

The Chair considered it would be useful to compare notes with other areas and to ensure that local partnerships at Place and across the ICS remain forward thinking, contributing to the national direction of travel, rather than waiting to follow.

Board members concurred with that, stating that local leadership was very strong and that the opportunity should be taken to lead on issues. A lot of good initiatives were already on-going and should be built upon.

The Chair concluded the discussion by stressing the need to continue to make progress rather than waiting for the outcome of the consultations to be disseminated.

#### **Resolved-**

**That the views of the Board on the proposed changes to integrated care systems and place-based integrated care partnerships be noted and the Board be kept updated on the progress being made.**

**Action: Executive Board Programme Director**

### **30. THE BRADFORD DISTRICT ECONOMIC RECOVERY PLAN**

The Interim Strategic Director, Place submitted **Document “B”** which provided an overview of the Bradford District Economic Recovery plan that had been developed by the Bradford District Economic Recovery Board which was a partnership board, chaired by Professor Zahir Irani, Deputy Vice Chancellor, University of Bradford with membership from across the business community, public sector partners, education and voluntary sectors.

The recovery plan assessed the impacts of the COVID pandemic on Bradford District’s local economy and set out the actions that needed to be taken now and over the next two years to accelerate recovery from Covid-19 by sustaining employment and boosting productivity whilst continuing to build a more inclusive, sustainable and resilient economy for the subsequent period.

Professor Irani joined the meeting and spoke to his paper, stressing the level of challenge the District faced from COVID, Brexit and climate change. He stated that COVID had caused a significant health and social care crisis as well as the deepest recession for 300 years. In terms of unemployment, he highlighted the disproportionate effects on younger people and people from BAME communities, both of which groups formed a large proportion of Bradford’s population.

He advised that a comparatively low proportion of the local population was qualified to NVQ level two or above and stressed the need to address that and to improve both digital and physical connectivity to increase chances for learning.

He also stressed the positive aspects of the report, especially that Bradford was fast gaining a good reputation as a place to start a business, which meant there were opportunities to be pursued as well as challenges to address. To do that, it would be vital to accelerate local recovery from the effects of the COVID pandemic. He considered that the Economic Strategy 2018-30 would be important in addressing the induced recession and that recovery would come in three phases, getting back to pre-COVID; building a better future and finally achieving a thriving and resilient local economy.

He took the Board through the approach set out in the report, which he explained

was methodical, budget driven and set against the West Yorkshire Economic Recovery Plan. It was also designed to address inequalities not to embed them. The opportunities identified in the report included having a young population, the green economy and culture.

He concluded by explaining the focus of the new Board and highlighting that it was already gaining plaudits for the high quality of its work.

The Chair thanked Professor Irani for his presentation and concurred that a successful economy was vital to the health of the population. She asked what the next steps should be and, in response, the Chief Executive of the Council highlighted that this was a strong platform for moving forward and that it would be positioned within the West Yorkshire plans for moving on. The Council had already approved investment in educational attainment, employment and skills and the good work on employment that had been going throughout the pandemic was highlighted. She also stressed the importance of the on-going commitment to providing apprenticeships.

She also referred to the commitment to a high speed rail network and the importance of bidding for City of Culture status to promote a sense of place. A number of business relocations had already been secured and it was vital that this continued as well as developments such as the relocation of the market and housing in the city centre.

The Group Chief Executive, Incommunities Group Ltd commented that this would be her final meeting prior to retirement but stressed that her organisation was fully committed to being involved with this initiative. A sustainability plan had recently been agreed and she would ensure it was shared with the Board as soon as possible.

The Chair led colleagues in thanking Ms Howley for her valuable contribution to the work of the Board.

The Vice Chancellor, Bradford University stressed the need to work in partnership with schools and colleges to increase the number of trained health and care professionals locally and considered there to be a strong case for the establishment of a medical school in the District.

The Executive Board Programme Director asked for colleagues' views on digital inclusion. Board members considered improving both infrastructure and skills to be very important and that it would mean changing the way the curriculum was presented.

The Strategic Director, Childrens Services advised that a great deal of work had been undertaken to get as many devices out to learners as possible, with 2,000 being distributed in the first lockdown and a further 1,000 to be delivered very shortly. He highlighted the challenges of such a huge initiative.

The Deputy Chair also highlighted the need to address basics within this initiative, such as identifying families where children where cold and hunger were barriers to learning as well as the digital divide. He also commented on his own experience of increasing digital connectivity while working on the front line and

how willing the community had been to engage with that. He considered that reaching communities in ways such as this would be key to securing their involvement.

In response to a questions about cyberskills and on-line safety, the Strategic Director explained that protections were put in place within the software of devices being rolled out to automatically flag up issues which would be of concern.

The Board concluded the discussion by stating that it would be important to receive an update on this issue before the summer recess.

#### **Resolved-**

**(1) That the Board notes the Executive recommendations below:**

- **Executive would like to thank Professor Zahir Irani and the Economic Recovery Board members for their valuable contribution to this crucial area of work**
- **Executive note the approach to Economic Recovery outlined in this report and the accompanying Bradford District Economic Recovery Plan.**
- **Recommend that the Economic Partnership takes the lead in taking this plan forward and uses the plan to inform the District’s approach to economic recovery supported by other appropriate partnership boards including the Skills Partnership and the Sustainable Development Partnership.**
- **That these plans are progressed for the whole District, working with the Keighley and Shipley Towns Fund Boards and other partnerships.**

**(2) That progress on the first element of the delivery of the Plan be reported to the Board in July 2021.**

**Action: Executive Board Programme Director**

#### **31. FORMALISATION OF WELLBEING BOARD GOVERNANCE ARRANGEMENTS**

The Executive Board Programme Director submitted **Document “C”** which reported that prior to the first wave of the Covid 19 pandemic, a process had been underway to reform the Health and Wellbeing Board, to become the Wellbeing Board, including associated changes to its membership, and focus.

The Wellbeing Board had been operating in shadow form for several months, and now sought a formal decision in accordance with the Council’s Constitution in order to complete the process of transition.

Members were advised that there would be both formal meetings and development sessions under the new arrangements, long with an annual gathering of all members.

It was stressed that the new arrangements meant that this Board was still responsible for the statutory functions of a health and well being board and that they must continue to be addressed as must the governance arrangements for the Integrated Care System as discussed earlier in the meeting.

A member suggested the inclusion of a representative of the Race Equality Network within the membership of this Board as the Outbreak Control Board would be wound up post pandemic and the continued participation of the Network in the work of this Board would be important.

**Resolved -**

- (1) That, subject to the invitation of a representative of the Race Equality Network to become a member of the Board, the Health and Wellbeing Board supports and agrees the proposed focus of the Board's activity; its membership; its operating model and implementation plan.**
  
- (2) That the changes to the Terms of Reference of the Health and Wellbeing Board be referred to Governance and Audit Committee at its meeting in April 2021 as part of the changes to the constitution that will be considered at that meeting.**

**Action: Executive Board Programme Director/City Solicitor**

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