Minutes of a meeting of the Bradford and Airedale Wellbeing Board held on Tuesday, 14 June 2022 in City Hall, Bradford

Commenced 9.30 am
Concluded 11.30 am

PRESENT

Members of the Board -

MEMBER	REPRESENTING
Dr Manoj Joshi	Chair of Economic Partnership
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Sarah Ferriby	Healthy People and Places Portfolio Holder, Bradford Metropolitan District Council
Councillor Sue Duffy	Children and Families Portfolio Holder, Bradford Metropolitan District Council
Kersten England - CBE	Chief Executive of Bradford Metropolitan District Council
Sarah Muckle	Director of Public Health, Bradford Metropolitan District Council
Iain MacBeath	Strategic Director Health and Wellbeing, Bradford Metropolitan District Council
Dr Sohail Abbas	Deputy Clinical Chair and Strategic Clinical Director of Population Health and Wellbeing, Bradford Districts and Craven Clinical Commissioning Group
Therese Patten	Chief Executive of Bradford District Care NHS Foundation Trust
Helen Rushworth	Manager, HealthWatch Bradford and District
Prof Mel Pickup	Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
Prof Shirley Congdon	Vice Chancellor, Bradford University
Bishop Toby Haworth	Chair of Stronger Communities Partnership
Huma Nizami	Project Manager, Race Equality Network
Councillor Rebecca Poulsen	Leader of the Conservative Group and Opposition Member

Apologies: Councillor Abdul Jabar, Councillor Imran Khan, Councillor Alex Ross-Shaw, Dr James Thomas, Ben Bush, Dr Stewart Davies, Rachael Dennis and Junaid Osbourne

Councillor Susan Hinchcliffe in the Chair

1. DISCLOSURES OF INTEREST

There were no declarations of interest made relating to matters under consideration.

2. MINUTES

Resolved –

That the minutes of the meeting held on 22 February 2022 be signed as a correct record.

Action: City Solicitor

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

No requests were received.

4. CHILD DEATH OVERVIEW PANEL (CDOP)

The annual report of the Director of Public Health **(Document "A")** was submitted to the Board for the years 2019/20 and 2020/21.

Established in 2008, the CDOP was comprised of multi-agency professionals. Its key functions included:

- To review all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law
- Determine whether the death was preventable (if there were modifiable factors which may have contributed to the death)
- Decide what, if any, actions could be taken to prevent such deaths happening in the future
- Identify patterns or trends in local data and reporting these to the OSCB
- Refer cases to the OSCB Chair where there is suspicion that neglect or abuse may have been a factor in the child's death. In such cases, a Serious Case Review may be required.
- Agree local procedures for responding to unexpected child deaths

Bradford District had established procedures and policies in place to ensure that it delivered its statutory CDOP duties. The report appended to the main document provided details of the number and nature of child deaths including causes and whether they were considered to be modifiable. It also provided a breakdown by demographic that included cause, gender, ethnicity and age per 10,000 along with indicative trends. Sudden Infant Death in Infants (SUDI) statistics were also provided showing the cause and number of these and showed that unsafe (co-sleeping) was the most frequent cause of death. Consanguineous union or

marriage, where parents were related as second cousins or closer caused a local excess in congenital anomalies which were a leading cause of infant death and disability.

There were a number of recommendations and actions intended to prevent child death locally with details of the Better Births and Every Baby Matters programme and the work undertaken to reduce suicide in children and young people as well as the Learning Disability Mortality Review Programme.

The second part of the appendix document contained the membership of the CDOP and its Terms of Reference.

Officers provided a summary of the two-year report including the statistics relating to child deaths. Trends appeared to be stable despite a higher than national rate which were mainly infant mortality but four times higher than the national rate in the lowest quintile (most deprived) compared to the highest (least deprived). Deaths were broken down into categories with the majority being from modifiable (preventable with action/intervention including co-sleeping in conjunction with drugs and alcohol). Covid was not a major cause of death – 25 died of Covid. Officers reported that there had been no suicides for children and young people in the district in the last 12 months. Poverty remained a major factor as did the complexities of family backgrounds with education regarding consanguity being given to children of secondary school age to raise awareness and start to address the issue.

Members were then given the opportunity to comment or ask questions. The details of which and the responses given are as below.

Members aspired to eradicate preventable deaths, to narrow the gap with national levels and to tackle unsafe sleeping and smoking. This was a public health issue and various delivery mechanisms were proposed such as the use of Health Visitors and midwives who were already carrying out specific work relating to smoking along with information in GP surgeries, contraception services and sexual health services. Safe sleep training was to be delivered alongside other local authorities and a new toolkit to train Health Visitors and Midwives would be available imminently.

Comments from members stated that intervention/wrap around was provided too late to tackle issues arising out of poverty and the right messages needed to be communicated to potential parents. However, modifying behaviours was not necessarily the top priority in some challenging family situations.

It was agreed that the training undertaken by the Early Years Alliance would be passed to the voluntary sector as they requested that the toolkit be shared with them also.

It was acknowledged that data detailing the age of mothers when having their first and subsequent children was needed as part of gaining a better understanding of the demographics, therefore age information would be provided in future reports.

It was also acknowledged that Health Visitors, Healthcare Workers and Midwives had a significant work load and skill sets were under review to create additional

options and capacity across a number of organisations.

In relation to the local position versus national rates on modifiable and non-modifiable deaths, figures from some other areas and the type of questions asked plus the level of engagement impacted on data gathering and making direct comparisons.

An anti-poverty strategy would be launched in September 2022 and Members wanted to know if there were any practical things that could be done e.g. providing beds and cots etc. as overcrowding was a significant factor in modifiable deaths, it warranted consideration. There was a brief discussion with how it could be achieved and the barriers to its implementation but with a number of suggestions to address them – such as using community champions who could provide information in different languages, and increased use of community centres, places of worship and pharmacies to support better early intervention.

The representative from the Fire Service would be contacting colleagues in Manchester as they already had an effective training toolkit for water safety awareness to enhance the local materials West Yorkshire Fire Service already had.

Officers advised that a partnership was being developed to provide information and guidance via repeat messages on social media called 'FYI'. It was noted that 'Whatsapp' had been a valuable tool throughout the Covid pandemic.

A member stated that in response to potential workforce issues, that there was a plentiful supply of university students who could be trained to support and enhance the skill mix available and that all students could be included regardless of the course they were studying.

Resolved –

- **That the recommendations from the CDOP report are enacted and considered by all partners. Proposed actions are summarised below and page 18 of appendix A also addresses actions that are already underway to address the issues identified below:**

1. **Support national efforts to improve CDOP and child mortality registration (see national recommendations in appendix A: Figure 15)**

2. **Reduce infant mortality in Bradford District through a coordinated response to reduce modifiable risk factors, specifically:**

    a. **Sudden Unexpected Deaths in Infants (SUDI) and unsafe sleeping arrangements**
    b. **Substance misuse / alcohol misuse by parents**
    c. **Parental mental health issues**
    d. **Genetic risk associated with consanguinity**
    e. **Parental Smoking**

3. **Monitor child deaths that occur as a direct or indirect result of Covid-19 and make appropriate recommendations for action to Bradford**

District COVID Outbreak control board.

4. **Ensure safe swimming campaign messages are shared with the Living Well Schools programme ahead of summer and pro-actively ahead of predicted heat waves.**

5. **To seek assurance that partners are working collectively on the suicide prevention agenda (and that bereavement support services are available to Children, Young People, and Families)**

6. **Support efforts to reduce and mitigate against poverty and associated factors (domestic abuse, mental health, crime, poor and overcrowded housing, homelessness, access to services and benefits)**

7. **Further analysis to be undertaken to help understand specific demographic details, and to target intervention and communications and campaign accordingly.**

8. **Share the CDOP annual report findings and recommendations with strategic partnerships (Bradford District Well-Being Board, newly established Children and Young People & Family Partnership, and Children's Safeguarding Board)**

Action: **Director of Public Health**

5. CAMHS presentation

The report of the Chief Executive of Bradford District's Care Trust **(Document "B")** was submitted to the Board to inform Members in relation to Children's Health and Wellbeing in terms of early intervention, improvement of the experience for families and recognition of the need for a champion to ensure that response is coordinated, targeted and effective.

The presentation gave an overview of the remit for a Children's Champion with accountability retained by all organisational leaders for the performance of the BD&C partnership. The report hi-lighted areas to be prioritised in light of increasing demand and details of improvements in the capacity and effectiveness of CAMHS and Neuro-diversity services. Improvements for the future focussed on improving the assessment process for autism and ADHD, to help teachers identify and support neuro-diverse children and help in the 3 most deprived areas to become 'neurodiversity' friendly places.

Officers advised Members on the specific areas of need as detailed above and stated that investment was increasing but more work was needed with a comparative spend analysis that was due to be carried out. Financial data had not been supplied as, due to Covid, it would not have been an appropriate comparison.

Mental Health services from CAMHS faced 3 main issues, those being previous, historic fixed budgets, the impact from Covid which led to a rise in demand and wrap around services for young people with complex needs. Work had already

been started to tackle and improve waiting times for Autism assessment with support provided whilst clients were waiting. The service was carrying out an analysis of resources needed and was committed to effective delivery and transformation simultaneously. Funding was available to put Support Workers in schools, but the standard of their work would need to be monitored. The focus of their work would be to teach children to cope, not to label them. An update on how many support workers were involved, who they were seeing and who was monitoring their work would be needed. In addition, parents' views would make up an important element of feedback when assessing the impact of the work being carried out.

A number of additional comments were made relating to the need to streamline processes to duplication alleviating the need for clients having to provide and relay the same information to more than one organisation or health care professional.

Resolved –

That the Board receives a future item outlining the details of the proposed neuro-diversity friendly district. This should include details on increasing workforce capacity, working alongside education/training providers to ease pressure.

Action: **The Chief Executive of Bradford District's Care Trust**

6. BRADFORD DISTRICT'S CHILDREN, YOUNG PEOPLE AND FAMILIES EXECUTIVE AND THE DEVELOPMENT OF THE CHILDREN AND YOUNG PEOPLE'S PLAN

The report of the Assistant Director, Office of the Chief Executive **(Document "C")** was submitted to the Board to set out the proposed arrangements for improving governance systems, partnerships and accountability across Bradford district for children, young people and families. It also set out the proposed arrangements for delivering a child-friendly, co-produced, partnership led children and young people's plan.

Officers stated that their plan was 'outcome' focussed and confirmed that the Children's Executive Baord had already been set up. The governance structure was explained with Officers stating that it would change over time. The Board would oversee the Children's Company and with the interim plan at an end, a new one was needed to address challenges such as analysing and understanding, plus collation of intelligence. The plan should reflect all children, be child friendly and feel like a council plan.

The concept of Inequality/Equity needed to be introduced and strengthened, tackling issues at an early age. Resources from the LA would be contributed to balance inequalities in certain areas to make every child's outcome the same. This would mean a differing level of intervention, support and funding being available based on location.

Bradford was the ‘youngest city’ and focus was needed on getting and keeping healthy – with the prestigious honour of becoming the City of Culture in 2025 very much in mind.

There was a discussion regarding the working group around its’ membership, and that it would assign specific responsibilities to organisations and individuals for the Plan. Co-ordination was required in order to manage the size and scope with the involvement of a Project Manager. It was agreed that there should be representation from all phases of the education system as they were not currently represented plus the inclusion of the youth provision from within the faith sector. It was also agreed that a ‘young-person version’ should be written, be dynamic and for young people to feel that it was theirs.

Resolved –

1. **That the proposed governance arrangements be adopted for children’s partnerships for Bradford district and to ratify the creation of the Children, Young People and Families Executive as one of the family of strategic Partnerships for Bradford District.**

2. **That Board Partners are asked to contribute to the development of the Children and Young People’s Plan by engaging with and supporting the working group to develop the plan and implement its delivery.**

3. **That active participation by representatives from both the primary and secondary education sectors, Faith sector representation and youth service representation be sought for inclusion in the Children and Young People’s Plan working group**

Action: **Assistant Director, Office of the Chief Executive**

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Bradford and Airedale Wellbeing Board.