

Minutes of a meeting of the Bradford and Airedale Wellbeing Board held on Tuesday, 12 September 2023 in the Banqueting Hall - City Hall, Bradford

Commenced 10.00 am
Concluded 11.55 am

PRESENT

Members of the Board -

MEMBER	REPRESENTING
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust
Dr Manoj Joshi	Chair of Economic Partnership
Robert McCoubrey	Chief Superintendent Bradford District, West Yorkshire Police
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
Dr Sohail Abbas	Deputy Medical Director - NHS West Yorkshire Integrated and Strategic Clinical Director of Reducing Inequalities Alliance, Bradford Districts and Craven Health and Care Partnership and Deputy Medical Director NHS West Yorkshire Integrated Care Board.
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
Humma Nizami	Executive Director, Race Equality Network
Marium Haque	Strategic Director, Children's Services
Charles Dacres	Chair of Active Bradford
Charlotte Ramsden	Chair, Bradford Children's Trust
Elaine Applebee	Chair of the Health and Care Partnership
Sughra Nazir	Representative for the Council of Mosques
Will Richardson	Chair, Employment and Skills Board

Apologies: Rachael Dennis, Councillor Abdul Jabar, Iain MacBeath, Dr Stewart Davies,
Councillor Rebecca Poulsen and Sam Keighley

Councillor Susan Hinchcliffe in the Chair

11. DISCLOSURES OF INTEREST

No disclosures were received.

12. MINUTES

Resolved –

That the minutes of the meeting held on 13 June 2023 be held as a correct record.

13. INSPECTION OF REPORTS AND BACKGROUND PAPERS

No requests to inspect reports or background papers were received.

14. REDUCING INEQUALITIES ALLIANCE

The report of the Associate Director, Reducing Inequalities Alliance (**Document “G”**) was presented to the Board to provide Members with an overview of the work and priorities of the Reducing Inequalities Alliance (RIA). The RIA was an ‘Enabler’ to our Partnerships and place-based working with the ambition to reduce inequalities underpinning the work of the Wellbeing Board and the District Plan. The four strategic objectives were:

- Setting the Strategic vision
- building confidence and skills
- supporting best practice
- creating opportunities to share best practice and evaluate learning

The presentation outlined each priority in turn. The report presenters provided an explanation of the definition of inequalities and the effects on different parts of the population. They identified a number of issues that contributed to inequality including poverty and easy access to health care. The aim was to connect, support and facilitate help and reduce inequalities in communities.

An explanation of the work undertaken to provide support with a view to bringing people together from across sectors was provided. The aim of the RIA included building skills and confidence in the workforce and to support best practice using skills and evidence drawn on to reduce inequalities. This could then be evaluated and shared.

An overview of Core 20+5 was given outlining 5 clinical priorities (maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding). Data indicated that a small percentage of the population were taking up a large portion of primary care appointments, impacting capacity in primary care.

A number of projects and programmes were delivered as part of the reducing inequalities in city programme and learning from this was disseminated and actioned. Examples of the projects that had been going on since 2020 or were in mobilisation were shared in the presentation along with details of 'inclusion health' priorities arising from community partnerships to support gypsy and traveller advocacy, health literacy in female asylum seekers, additional support for young carers, children and young people (CYP) in care or the youth justice system.

Examples of the impact of projects showed a reduction in attendance at A&E departments by 41% and improved patient reported outcomes due the work of the proactive care team. Welfare benefits advice alone helped over 4000 people to unlock £2 million in additional household income plus a reported 35% reduction in stress. Culturally appropriate IAPT (Talking Therapies) resulted in better retention in the service, lower anxiety and depression symptoms.

Following the presentation, Members were given the opportunity to ask questions and comment, the details of which and the responses given are as below.

A Member asked for the RAG rated table of the community partnerships to be shared with the Board alongside a narrative, they were advised that this was available and the additional support and resource was in place to support Partnerships and smaller organisations where specific issues were identified.

The Director of Public Health (CBMDC) commented that partners/stakeholders would need to know what projects would be continued and which would end. The Board was advised that these were being evaluated currently and that whilst they had been focussed in a central core, they could be expanded if funding became available in the future.

The Chair commented that the approach needed to be cohesive with a partnership approach, especially where partners were working on the same initiatives. It was agreed that RIA would look at how this could be facilitated.

The Vice Chancellor of Bradford University stated that with assimilation and more connection, existing resources could be provided without additional cost to address the key priorities.

The Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust (MP) stated that stakeholder organisations and partners needed to act as one and integrate to achieve the desired outcomes. The challenge would be to create a 'thread' within the wider system and partnerships as RIA was an enabler, not a delivery mechanism.

Several additional comments were made regarding the need for strategic collaboration and cohesion in relation to the Wellbeing Collaborative. It was also noted that the report was primarily focussed on health inequalities and work would need to be more widely developed to better influence policy and strategy.

Resolved –

1. That the Board comments on the progress of the Reducing Inequalities Alliance approach be noted and that a further discussion take place at a future development session how this can be implemented.
2. That the Board supports the four programmes outlined in the presentation
3. That Members discuss how the Board can strengthen a system approach to reducing inequalities

Action: Associate Director, Reducing Inequalities Alliance

15. EQUALITIES GROUP

The report of the Chair of the Systems Equalities Group (SEG) (**Document “H”**) was presented to the Board to provide a high-level summary of the progress made over the previous 12 months against the 10-point action plan developed by the Group. The SEG was supported by the Strategic EDI Lead to develop and implement initiatives to address equalities issues across the District.

The report contained details of the guiding principles, from which all actions were tested, as set out by the SEG in accordance with its aim to support and coordinate collective action to improve the approach to equalities and to maximise opportunities, learning and expertise.

The action plan was split into five work streams and 10 actions, details of which were provided in the document appended to the main report and the report explained that some were interlinked so needed to be mobilised in two tranches. Details of the workstreams and actions that had evolved from earlier themes from the Council’s Equality Plan in 2020 were set out in the report as the plan was relaunched in 2023.

The main headings for the Action Plan were specified as follows and included actions taken, progress to date, Next steps and options:

- Workstream A - Leading Inclusively
- Workstream B – Elevating Equity
- Workstream C – Activating Diversity
- Workstream D – Inspiring Belonging
- Workstream E – Working Intersectionally

Officers presented a summary of the key subjects in the report and advised on the key achievements to date, these included, but were not limited to ‘Community Voice’ which was established, ‘Inclusive employers Network’ which was under review to include private sector employers, ‘Leading Diversity and Supporting Leaders’, the introduction of a Women’s Project Officer and an Inclusive Language Guide.

Officers advised that partnerships were developing and had expanded over the last year. Partnerships were ready for growth and opportunities with the work of

the Equalities Group being recognised outside of the District.

Officers also stated that to support Inclusive Leadership, a focus was needed on our leadership offer. Three potential programmes were presented to the Board for consideration details of which were included in the report.

Following the Officers presentation, Members were given the opportunity to comment and ask questions. The details of which and the responses given are as below.

- The Chair commented that the SEG was borne from the Wellbeing Board and had a huge impact to develop future diversity in leadership in the District.
- The SEG was a positive movement in diversity in leadership to try and harness the potential particularly from within the community and 'grow our own leaders'
- A Development Fellowship already existed but was primarily focussed in healthcare, with potential to learn from and expand this programme
- Multi-agency agreements would be needed to improve the benefits and learning from secondments
- The representative from the VCS was disappointed that the work carried out in their sector was not adequately included in the report as the training they had delivered was not documented and they would like to see acknowledgement of their contribution to the partnership included
- The comment was acknowledged by the Chair of SEG regarding the contribution from VCS not being fully reflected in the report
- The design of leadership secondment needed further development work and it was agreed that a follow up discussion would take place at the Wellbeing Executive meeting
- As capacity was a factor, disruption would have to be minimised, a pragmatic programme rather than a full secondment may be a more suitable option for candidates and employers. It was also noted that a programme like this would promote better understanding of system/place-based working and across organisations
- It needed to be worked out in terms of what could and could not be achieved with or without funding
- Supportive of progress being made in coaching/mentoring/support but expectations needed managing to prevent assumptions being made

The Chair summarised the following points:

- The coaching offer needed further consideration
- The secondment offer needed a review to look at what programmes already existed
- The contribution of the VCS should be reflected and was emphasised that the VCSa respected sector and partner
- External sources of funding should be explored in addition to traditional routes for funding
- An audit of existing programmes should be carried out to identify resources already available

Resolved –

- 1. That the progress made against the projects identified in section 4 of the report be acknowledged.**
- 2. That the proposed leadership improvement programmes in Section 4 be agreed. Funding opportunities to be explored at the Wellbeing Executive meeting.**
- 3. That the contribution made by VCS to the EDI programme and wider work of the Board be recognised and acknowledged.**

***Action:* Chair of the Systems Equalities Group**

16. UPDATED MENTAL HEALTH STRATEGY

The report of the Priority Director, Healthy Minds (**Document “I”**) was presented to provide Members with details of the updated strategy for Bradford District and Craven. Addressing mental health issues was particularly important in a post pandemic context and the strategy aimed to build on the previous strategy and address the complex needs of our district. The report represented the annual update showing the refreshed plan and provided an explanation of what the plan did. Officers stated that the plan had 3 main aims:

Promote Better Lives

Respect Rights

How to Improve Support (neurodiversity and substance use)

The report provided some contextual information regarding the District including the geographic size and numbers of people registered with a GP practice including the young demographic and the increasing number of older residents. The report explained how mental wellbeing impacted on mental health and the factors affecting those who needed additional mental health support. The Districts' health and care organisations were working together to reduce variations in life expectancy through inequalities with recognition of the district specific strengths and challenges identified. With these in mind, the report then explained how the aims would be achieved and by whom, taking all the above factors into consideration.

The report focussed on key spotlight areas showing progress in the previous year including the opening of a crisis house in May of 2023. The purpose of this facility was an alternative to admission to hospital for those over 18 whose recovery could be better facilitated in a residential community setting delivered as a partnership by Bradford District Care NHS Foundation Trust, Bradford Council social care and Creative Support, a community sector organisation. This enabled support to be given in a way that had been asked for by those previously in need and co-designed with them, to help those experiencing crisis with short term therapeutic work with staff at the crisis home. Support given included daily 1-2-1 sessions with the Intensive Home Treatment Team (IHTT) working alongside crisis workers to ensure residents received appropriate support during and after their visit.

Following the presentation, Members were then given the opportunity to ask questions and comment, the details of which and the responses given are as below.

The Chair commented on the crisis house as brilliant and would like to see another one opened in the District to support demand. The outcomes for those who had used the facility was positive.

Other Board Members commented that it was a great strategy and easy to read and the huge, positive impact the crisis house was having.

A Member asked about workforce development and was advised that a neurodiversity recruitment programme was underway. New approaches were being taken to build relationships with local businesses and training with the University of Bradford.

Members were also advised that there was a 'refresh' of the brand and website underway.

The Chair of the Economic Partnership stated that it was important to examine the barriers to access and how they could be overcome and provide a bridge to other services. In addition, how this could be communicated to achieve the outcomes of the strategy.

The Chair noted the rationale for earlier help which would also likely be less expensive.

There was a brief discussion around possible additional sources of funding which could continue outside of the meeting.

Resolved –

That options and funding for a second, cost efficient Crisis House be explored.

Action: Chief Executive of Bradford District Care NHS Foundation Trust

17. WINTER BOOSTER PROGRAMME

The report of the Bradford District Care NHS Foundation Trust (**Document “J”**) was presented to the Board to share the details of the Enhanced Service Specifications set out by NHSE for the forthcoming Autumn 23-24 Flu and Covid-19 vaccination campaigns and the challenges of delivering the programme.

The majority of vaccinations were due to be carried out by Primary Care Networks (PCNs) and pharmacies as it had worked previously. Two PCNs serving some of the most deprived areas had withdrawn leaving local people at risk leaving only neighbourhood pharmacies to fulfil the need giving cause for speculation regarding the level of take up. As a consequence of this, the timeline was accelerated in order to get as many people as possible vaccinated by the end of October.

Members discussed the barriers to people getting vaccinated and the ‘deep dive’ work being done to better understand the situation.

The Communications team were working with partners to deliver a consistent message.

It was noted that the new vaccine XBB was believed to be a closer match to the new Covid variant and external factors such as incorrect labelling had impacted the speed of the vaccination programme nationally.

Resolved –

That the views of the Board on the points in the report be noted.

Action: Bradford District Care NHS Foundation Trust

18. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The report of the Director of Public Health (**Document “K”**) was presented to the Board to update Members on the communities’ health in the District. The focus for the 2023 annual report related to the engagement work undertaken with young people and outlined the changes implemented as a result. The aim of the report was to support strategic leaders and decision makes by providing the mechanism to understand how we engaged with young people and the feedback from these engagement activities and provide a context for the communities they served.

The report consisted of four focus areas:

- The Districts ambitions to become a Child Friendly City and the work that has been completed to realise this.
- Disparity indicators on key areas of Children’s health and wellbeing
- An outline of key projects relating to the voice and influence of children and young people
- And an overview of changes made to the Health Minds offer for children and young people following engagement activities across the District.

The Wellbeing Board was one of a number of partnership boards who received the report to enable the voices of young people to be heard to support decision making and commissioning of services. The Board also recognised the risks around the mental health of children and young people and this was included in the Boards' risk register presented in June 2023 as a draft version.

Following the summary provided by the presenting Officer, Members were then given the opportunity to ask questions and to comment. The details of which and the responses given are as below.

The Chair noted the APPG report and the 'Child of the North' which was focussed on the work being delivered in the District and the differences in outcomes for young people. It was agreed that a further development session would be useful to look at the findings of the report.

A Member commented that a report had been published a week before from the Institute of Fiscal Studies (IFS) with some interesting findings, including social mobility being at its lowest level.

A member commented that the findings were interesting and noted that by 2028 there would be inconsistencies in salaries by ethnicity.

It was also requested that the Wellbeing collaborative look at the report and consider if there were any local mitigations that could be undertaken.

Resolved -

- 1. That the Wellbeing Board receives the 2023 Director of Public Health Report for Bradford District**
- 2. That the individual organisations and Partnerships that are represented on the Board consider the content of the paper when planning and commissioning services.**
- 3. That the contents of the report be further discussed at a future development session**

Action: Director of Public Health

Chair

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