

Minutes of a meeting of the Bradford and Airedale Wellbeing Board held on Wednesday, 23 November 2022 in Council Chamber - City Hall, Bradford

Commenced 3.00 pm
Concluded 4.40 pm

PRESENT

Members of the Board -

MEMBER	REPRESENTING
Dr Manoj Joshi	Chair of Economic Partnership
Robert McCoubrey	Chief Superintendant 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
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
Prof Mel Pickup	Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
Dr Stewart Davies	Chair of Sustainable Development Partnership
Bishop Toby Haworth	Vice Chair of Stronger Communities Partnership
Councillor Rebecca Poulsen	Leader of the Conservative Group and Opposition Member

Also in attendance: Philipa Hubbard attended to represent Therese Patten

Apologies: Christopher Kovacs, Rachael Dennis, Foluke Ajayi, Soo Nevison, Prof Shirley Congdon, Humma Nizami and Marium Haque

Councillor Susan Hinchcliffe in the Chair

7. DISCLOSURES OF INTEREST

There were no disclosures received for matters under consideration.

8. MINUTES

Resolved –

That the minutes of the meeting on 14 June 2022 be held as a correct record.

9. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted to review decisions to restrict documents.

10. LOCALITY WORKING, EARLY HELP AND PREVENTION UPDATE REPORT

The report of the Strategic Director, Health and Wellbeing (**Document “D”**) was submitted to the Board to allow partners to see how the early help and prevention agenda was developing in localities as all key partners were inputting resources to work across the District. These were divided in line with MP constituencies and contained approximately 90,000 – 110,000 residents.

Work was now underway to allow public sector, voluntary and community organisations to work together to dedicate resources in each locality to support families in need, join up thinking and collaboration and design projects and services to address local issues.

Officers shared a powerpoint presentation with Members to show how partnerships were able to start working at individual level and provide ‘wrap-around’ services to avoid bureaucracy and enable local decision making. This would ‘cement’ what provision already existed. The design and delivery extended level by level from the individual through to Place consisting of the Bradford District and Craven Health and Care Partnership Planning and Prioritisation with details of the resources and personnel in each level.

Focus was shifted to integrated teams at community level to work in conjunction with Locality Plans to address the needs of each community. A 4-part model of population health aligned around communities was presented with a summary of each provided for Members’ information. A Core20 plus 5 approach (an NHS national approach) was introduced aimed at reducing healthcare inequalities. The definition of core 20 related to the most deprived 20% of the national population as identified by the index of multiple deprivation. The ‘Plus’ being the ICS chosen population groups who experienced poorer than average health care access, experience or outcome who may not have been captured as part of core20 only. The ‘5’ in the title referred to key clinical areas of health inequalities

(maternity care, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding).

The presentation also included details of the ambitions of the Reducing Inequalities Alliance with its' key measures and the Localities Teams and All Age Panels. Officers were also able to provide an example of how collaborative working was already put into action with a case study from West Yorkshire Police which showed the benefits of intervention and assistance leading to a reduction in calls for assistance from 28 to zero. The challenges facing collaborative, cross agency working resulted from GDPR and the guidance on how and what information could and should be shared and how it could be used. Information sharing agreements would need looked into as relevant and proportionate information was permitted to be shared. Officers also provided an example where a mosque was used to support local residents with assistance to obtain funding and link up with partners to make it more than a place of worship. Barbers shops were also community assets that could engage with the local community with upskilling to help those in community assets to support and help.

Some of the next steps included work commissioned to identify office spaces where staff from across all services could meet, mapping of community assets, as well as measuring improvement, use of KPI's and the voice of the people.

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

- The historic reluctance to information sharing was identified but a model being used in another LA was being investigated to see whether it could be used in the Bradford District.
- The approach needed to be both systematic and in conversations in localities
- Structure needed that could be recognised
- A performance framework was needed to assess what was working, making progress and the impact it had
- Information sharing agreements were not being passed around
- Churches and VCS organisations wanted to be involved in warm space programmes
- Inclusion of housing services was also identified as necessary
- GDPR and future proofing needed addressing
- A defined pathway was needed so signposting could be done immediately
- Access to services was still a barrier
- Differences in information sharing methods
- How could the system be stress tested?

Officers responded to answer the questions and comments made.

- Work was underway to co-ordinate referrals with a meeting due to be held
- In relation to GDPR, there was no issue sharing names and information but discussions about the type of work/intervention etc could not be shared with Councillors
- Churches/VCS organisations could make contact via Area Offices and/or Wardens to get involved with provision of support and warm spaces.

- Signposting to be left with the right people to do so holistically with a focus on the individual person and family needs
- Acknowledgement was needed of the change of approach – not a single body or agency
- No ‘wrong front door’
- Badgeless workforce – university graduates wanted to be involved in measuring the impact
- 40% of health issues arose out of inequalities – joined up services/agencies to address locally based issues
- GDPR needed to be addressed so that agencies can communicate with each other
- Governance and Legal department to be approached in relation to GDPR issues
- The structure needed to be created, understood and how to interact with it

Resolved –

That the report and Members’ feedback be noted.

Action: Strategic Director, Health and Wellbeing

11. ANTI-POVERTY UPDATE AND STRATEGY

The report of the Strategic Director, Health and Wellbeing (**Document “E”**) was presented to the Board to update Members on the Bradford District Anti-Poverty Strategy 2022-2027 with the actions taken to support communities through the cost of living crisis.

The strategy aimed to address the new poverty landscape and protect the most vulnerable and poorest communities through the crisis and provide people with the pathways out of poverty over the longer term and help prevent people falling into poverty.

Resolved –

- 1. That the Bradford District Anti-Poverty Strategy 2022-27 including any updated comments received from the Board, be adopted.**
- 2. That the approach to the cost of living crisis set out in the Anti-Poverty Strategy be endorsed by the Board.**

Action: Strategic Director, Health and Wellbeing

12. BRADFORD DISTRICT'S STRONGER COMMUNITIES BOARD GOVERNANCE CHANGE

The new Governance structure of the Stronger Communities Partnership Board contained in the report (**Document "F"**) was submitted for ratification and to receive any input and comments by Members.

The proposed new structure was previously submitted to the Stronger Communities Board in June 2022 and this report contained details of consultations and their associated timelines and reflected the findings of the working group that was made up of board and resident members.

Officers briefed Members and stated that a change had been made to the Governance model. Five Area Chairs would sit on the Board and the stronger representation of the Voluntary Sector would strengthen their work. A film was made showing the diverse and in-depth work carried out over the 4-year period which could be circulated to Members.

There were no questions from Members in relation to the content of the report.

Resolved –

That the proposed governance arrangements be adopted for the Stronger Communities Board as one of the family of strategic Partnerships for Bradford District.

Action: Assistant Director, Place

13. BETTER CARE FUND - UPDATE ON PLANS FOR 2022/23

The report of the Assistant Director, Health and Wellbeing (**Document "G"**) was submitted to the Board to inform Members with details of how the Better Care Fund was used in 2022/23. The report also sought to assure Members that the plan was compliant with the National Policy and Planning requirement for 2022/23.

A copy of Bradford District's submission to the Better Care fund was included in an appendix to the main report. The Better Care fund was introduced in 2015 and required Local Authorities and the NHS to enter into pooled budget arrangements and develop a joint spending plan. The expectations were similar to the previous year and the report listed the 4 key conditions that needed to be met. Targets to meet these had been agreed as a partnership as part of the planning process. The focus for the year was to continue to tackle inequalities in health, wellbeing, outcomes and access to everything from education to life expectancy.

There were no questions from Members in relation to the contents of the report.

Resolved –

That The District's BCF Submission be noted and supported by the

Wellbeing Board.

***Action:* Assistant Director, Health and Wellbeing**

Chair

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

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER