Please provide a brief summary of meetings you have attended on behalf of the Assembly/VCS Forum. This report will be used to inform the Assembly Steering Group/Forum that you represent. The information contained within it will be posted on the Bradford Assembly website www.bradfordassembly.org.uk. If you wish to report on something confidential, please mark this clearly. 

Return your completed form to wendy@cnet.org.uk

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<tr>
<th>Name of Representative</th>
<th>Kim Shutler-Jones (for Soo Nevison)</th>
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<tr>
<td>E mail / contact details</td>
<td><a href="mailto:Kim.shutler-jones@thecellartrust.org">Kim.shutler-jones@thecellartrust.org</a></td>
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<tr>
<td>Title of the board / group you sit on</td>
<td>Integration and Change Board (ICB)</td>
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<td>Date the meeting took place</td>
<td>18.1.19</td>
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<td>Date of next meeting</td>
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- We had previously taken an outline proposal for the ICB members to agree for system leaders to sit on VCS Boards. Next steps are for Bradford Volunteering and CABAB to work on plans. This should be part of a wider programme on strengthening leadership and governance. We have been asked to bring back a paper in Feb.

- Community Partnerships – even though we locally are critical of our progress, there has actually been great progress vs the rest of the country and other national areas have recognised that Bradford is leading in this area.

- There is some system wide work going on in terms of organisational development across the system – with OD leads coming together regularly. I went to an initial workshop but they do meet regularly and it is difficult to work out how the VCS can field someone to be part of this – as it is a big time commitment. Some of the priorities going forward are around PR and comms in order for us to better raise the profile of our work – celebrate and share but also to build engagement in terms of people, communities and work force. It would be really good if we could make sure that the VCS are part of this. Pam Bhupal is leading on this work with a comms person from Airedale. It was also agreed we will now have a single dedicated resource to support this.

  - How do we make sure we have and can share some of the same messages when we are ‘back at base’.

  - How do we get VCS who aren’t involved in systems committees etc bought into the vision.

  - Helen Hirst raised that there is a big thing in the NHS Long Term plan in terms of the cultural change and shift to prevention – and that needs picking up in terms of the OD programme.
Estates – across the system

- There is a programme of work which brings together leads from estates depts from across the system to develop ‘a place based estates strategy’. This will also link to the West Yorkshire and Harrogate plan (Integrated Care System).

- I raised a point about how discussions re VCS could be part of this in terms of community spaces but also potentially community orgs using space owned by NHS/BMDC which is currently empty eg some of the GP practices. There also wider opportunities in terms of things like grounds – and could this work be done by community organisations. This is happening in Keighley so we need to look at how this is working. KSJ to speak to Vicki Beere about this. We need to think who could represent or at least have a one of session with this forum which explores the VCS and community organisations and space.

Health and care interface

- Presentation from Impower (Stuart and Jeremy)

- This is to support the Home First vision – and links into winter plans around:
  - Improving outcomes – maximising independence, strength based etc
  - Reduce delayed discharge and need for long term care

- Jul-Sep 2018 a review happened in terms of the use of Adult Social care including demand, how the Council responds and opportunities to respond differently. The aim is to remodel services and create opportunities for further integration.

- Looks at comms and how we give out info, engagement with staff, looking at other initiatives in place, opportunities to scale up what’s working well.

- Findings (nb mostly focused on LD):
  - Case reviews – 35% of cases could have been prevented, reduced or delayed the need for higher cost care.
  - Need to be more strength based in engaging, assessing and reviewing clients
  - Use broader early interventions inc assistive tech
  - Need different approach to managing risk
  - Most of council resources (73%) are in long term care
  - Estimated that using the proposed approach will lead to a saving of £15m.

- Proposals:
  - Maximising independence interventions
  - Supporting staff to change their practice
  - They have done an initial 2 week piece of working reviewing 15 cases in detail. 34% of the reviews carried out resulted in a proposed decrease or likely change. A further 40% of reviews inc steps being taken to inc the person’s independence. Also positive outcomes in terms of person and family feeling more engaged in considering how to live with greater independence.
Now considering how this can be extended across health and care. Proposal in terms of next steps is to work over a 12 week prog with a multi disciplinary team inc VCS to understand where demand can be influenced and changed across health and care. Then identifying factors which can be immediately influenced. We need to think about how we engage in this as VCS both in terms of data and time (point of contact to engage with).

**NHS Long Term Plan**

- Noted that this is difficult as we still don’t have a Green Paper for social care which will be key.

- Good news that the needs of our population have been recognised in terms of the funding formula – which will particularly be seen in City CCG area. This will be especially prominent in 2019/2020. We need to think about in terms of the VCS and our knowledge around health inequalities – how we are proactive in terms of driving the innovation and bringing things to the table.

- Recognition that LT Plan needs to be assimilated with our local plan but we are already ahead in terms of things like Community Partnerships (aka Primary Care Homes).

- Helen Hirst reemphasised that we need to make decisions around this in terms of how we have committed to working as a system and acknowledged that this has not been done in the past. CCG committed to doing this but it is recognised that this is a big culture change. This will be discussed at Health and Wellbeing Board which is the overarching committee in terms of sign off – the meeting next Tuesday will be more around framing the approach.

- Important to recognise that the starting point is that there are clear health inequalities in City, and this money does need to ‘buy’ people living longer.

- There is some difficulty as timescales are linked to the NHS planning framework.

- Helen Hirst: ‘10 year plan is not a blue print or a set of instructions although we do need to recognise that that might be how the money comes down’.

- There was a discussion about how this funding is considered alongside the wider context of funding from BMDC, Better Care Fund etc.

- There was a mention of the cuts to welfare and benefits advice. NHS would potentially contribute to welfare and benefits but this can’t be used to mean that there are then wider cuts from BMDC in this area.

- There is a Systems Partnership Agreement being developed to enable us to deliver our collective vision. This is very legally at the moment but it needs to have more around values and behaviours. Brent BDCFT raised that we need to test this out with real examples where things haven’t gone as well eg 0-19 contract. I think we need to think about how this links with the plans around refreshing the VCS compact. Nancy O’Neill is the contact for us to feed back.

**Other**

- Clive Kay the current CEO at BTHFT is leaving and going to Kings College. Timescales are tbc.