

## **Forum/Assembly Representative Feedback Report**

Please provide a **brief** summary of meetings you have attended on behalf of the Bradford District Assembly/VCSForum. 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 District Assembly website [www.bradfordassembly.org.uk](http://www.bradfordassembly.org.uk). If you wish to report on something confidential, please **mark this clearly**.

Name of Representative	<b>Helen Speight /Helen Davey</b>
E mail / contact details	<a href="mailto:hspeight@thornburycentre.com"><b>hspeight@thornburycentre.com</b></a>
Title of the board / group you sit on	
Date the meeting took place	<b>Relationship Management Group(Council) /Strategic Partnership Group (CCG) /Assembly Steering Group (ASG)/ Joint Strategic Needs Assessment Meeting (JSNA)</b>
Date of next meeting	<b>Mental Health Providers Forum (inc Mental Health Delivery Board/Programme Board) and Healthy Bradford</b>
Did you receive the meeting papers in time to have a pre-meeting?	

### **1. What was the purpose of the meeting?**

#### **SPG**

To establish a group bringing together VCS and CCG to maintain dialogue and drive improvement

#### **RMG**

To work with Bradford Council to bring VCS voice/influence

### **2. Main areas of discussion (bullet points).**

#### **ASG**

Meeting focused on the preparation for the conference and ensuring that procedures were in place so people have their say re the new infra-structure contract.

BVCSA now sits on the ASG in an advisory capacity so that the VCS system begins to operate holistically and there is a greater understanding of what each element is doing.

#### **SPG / RMG**

Meeting cancelled due to Conference – there is talk about merging the two meetings as much of what is discussed is the same. This will be considered by participants in the coming meetings.

## **JSNA**

No meeting this Quarter

## **Health and Wellbeing Development Meeting – attended on behalf of Kim Shuttler**

Commissioning Intentions 2019-20

The Bradford Out of Hospital Programme Board have highlighted four key areas that they would like to be considered as part of the partnership intentions for 2019/20, all of which support the overall strategic vision of 'Happy, Healthy at home':

- The implementation of a diabetes new model of care (including prevention);
- The embedding of community partnerships and development of localities;
- The implementation of an intermediate care new model of care; and
- The development and commencement of delivery of an End of Life Strategy.

Underpinning each of these they see a need for:

- Workforce development;
- Population health management; and
- Quality improvement within the care home and domiciliary sector.

The AWC Community Partnership has the following aims:

- To create a sustainable and resilient health, care and VCS system of care;
- To progress population health management; and
- To enable an integrated community partnership response.

To support these they have identified the following commissioning intentions:

- Commission services in Airedale for the 'hard to reach' population i.e. those on the edges of society who don't routinely access care and support;
- Ensure Care Navigation, as a function, is embedded throughout the system in each community partnership area, including active signposting, social prescribing, care navigation, personal support navigation and carer support navigation;
- Develop a primary/community health and care support offer supporting population health and improved outcomes;
- Ensure sufficient intermediate care and community capacity and resilience to support people to stay at home or in the most appropriate bed, including a robust community bed model;
- Develop Enhanced Primary Care (EPC) offers in each community partnership. EPC is an increased level of clinical and social support provided in the local community through 'neighbourhood care teams'. It sees nurses, care coordinators, therapists, wellbeing support workers and others working alongside local GPs to empower patients to self-care by learning more about their condition and how they can stay well for longer; and
- Invest in a programme of Quality Improvement in Care Homes and partnership working.

On a Bradford District & Craven footprint, there is also an intention to:

- Develop a new model for the current community bed base; and
- Implement care co-ordination.

## **SELF CARE & PREVENTION**

The commissioning intentions developed by our Self Care Programme are grouped under four themes.

Living Well: intend to develop a new programme of work which will bring together the Self Care and Prevention programme and the Healthy Bradford work into a new whole systems prevention programme called Living Well. The Living Well programme will commission services by making collective decisions which will have a greater focus on prevention by encouraging more left-shift investment into the system and by pooling resources for maximum impact. The Living Well Team will bring together:

- A partnership programme with workstreams delivering collaborative prevention and wellbeing work;
- Innovative investment opportunities;
- Evaluation expertise;
- Behavioural insight approaches;
- Strategic involvement into local priorities such as Community Partnerships and Community Led Social Work; and
- Policy and data linking to international and national policy.

Workforce: will commission training to provide staff with the knowledge, skills, tools and confidence to support people to take more control of their own health and wellbeing. For example:

- Making Every Contact Count;
- Conversations for Change (motivational interviewing);
- Care navigation for receptionists in GP Practices; and
- Self Care champions in Community Partnerships.

Community Capacity Building: will commission services and innovative projects which will work with people to support them to feel confident and able to manage their own health and wellbeing and ensure that people are partners in their care. For example:

- Targeted health messaging in communities delivered by VCS partners to increase health literacy levels;
- Community Connectors (social prescribing) support people with practical, social and emotional needs by connecting them to local activities and groups;
- New digital solutions such as the Orcha prescribe an app tool or online wellbeing assessments with a tailored local support offer; and
- Asset based community development interventions and projects.

System wide change: will ensure that programmes and organisations across Bradford and Craven recognise the importance of Self Care and Prevention and their role in making it happen. For example:

- Including Self Care and prevention into pathways;
- Promoting the social model of health focusing on wellbeing rather than health conditions; and
- Creating a social movement through communications and marketing tools.

### **The other item was the 3 CCG's financial plan:**

- The CCG is overspent particularly in AWC due to strains on the acute sector
- There focus continues to be move care out of the acutes into primary/ self-care/ prevention
- Also increase use of digital – more integrated care
- Focus on population health management
- More action to reduce inequality/ mental health/ improve health of children

- Concerns as still no direct link up to social care
- There are moves to reduce numbers of CCGs – Bradford is seeking to maintain the status quo
- Realise that in all costs 70% is staffing
- City have had a huge uplift due to levels of inequality – in place for the next 5yrs
- CCGs are looking to reduce their management costs by 20% and efficiency savings of 22%
- New GP contracts will have impact on the Community Partnerships – this is to be understood as no firm information
- Focus on changing the way people engage with the health system – reduce the level of need
- AWC is nearly £8M overspent – need to reduce costs overall the system
- Recognise that prevention – seen as key – is not mainstream
- City is developing 3 areas to address inequalities – currently – pre-conception care working with Better Start and BIB. Increasing a prevention model. And complex demand management in older people

### **Health and Wellbeing Board – Attended for Kim Shuttler**

Presentation from Sarah Muckle re the JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE.

Healthy life expectancy has not improved and life expectancy has increased, this means that although people can expect to live longer, they were likely to spend more years in poor health.

The board raised concerns

- there was good progress in some areas but certain outcomes were concerning such as the decrease in the number of children achieving a good level of development, increase in smoking in pregnancy, the NEET figure; people were less happy than they were, good news that adult smoking had reduced but smoking in pregnancy needed tackling, adults were eating less well, increase in childhood obesity, not enough schools getting involved in the daily mile, financial circumstances of people, people were living longer but less healthy; how do we make people happier, healthier and have a sustainable financial situation? How could school readiness and good level of development be improved?
- Children's Trust Board should focus on the importance of first 1001 days of a child's life (early and formative years) and the measures in place to support children being ready for school.
- How heavily were the community involved in improving outcomes; what were the barriers? Would be useful to see that information.
- There was an event taking place for board members to contribute to the development of proposals to reduce health inequalities in the City CCG area; it should be proposed that the Strategic Director of Place or a member of his team be invited to the CCG event.
- It was important that local Members and officers were involved in the proposals to reduce health inequalities in the City CCG area; it was important to have a community voice; needed to invite others to ensure the Membership reflected all key parties.

### **FAMILY HUBS PREVENTION AND EARLY HELP IMPLEMENTATION**

It was reported that there was a broad consensus that an all ages approach to prevention and early help across the district was secured. Such an approach would recognise and build upon the collective assets across families and communities.

It was reported that under the Family Hubs model, Children's Services continued to provide the following services on a district-wide basis:

- Early Help Gateway (including Families Information Service and SEND Local Offer) which would be a single point of contact for advice on prevention and early help linking together on-line and phone based advice, information and referral routes and was being fully integrated with the social work front door;
- Oversight of educational support, including children missing from education (provided through a dedicated Education Safeguarding Service);
- Specialist behaviour support and inclusion for children and young people with special education needs and disabilities;
- Short breaks for disabled children and young people;
- Intensive Family Support/Family Group Conferences to prevent children and young people coming into care.

The Interim Strategic Director, Children's Services reported that the challenges included unintended consequences such as the reduction in resources; staff were used to working with pre school to 5 but now getting them to work 0-19; changes undertaken at a time where there was a rise in the demand for the service; feeling the tension between universal offer and targeted services; trying to identify dense area of need and poorer areas on outcomes for children and adults.

**The Board considers an item on the work underway to support the effectiveness and sustainability of the Community and Voluntary Sector.**

There are going to be follow on meetings with members of the Board – Soo Nevison will be lead on this for the sector and it will include the discussions with Adult and Social Care (presentation at the Forum this month)

**Mental Health Providers Forum 26 February**

*Mental wellbeing Partnership Board meeting:* reviewed the current funding into mental health and the future commissioning intentions and agreed the need for more clarity across funding streams and how they mapped across to the current strategy.

*Health Checks for individuals living with a Serious Mental Illness:* Confirmed the roll out of an incentive scheme to reach a target of over 60% of individuals with SMI to attend a health check annually. The incentive project will also include those on anti-psychotic medication.

The Mental Health Providers forum agreed in principle to collaborate on pulling together the VCS element to support individuals access the Heath checks and then access relevant interventions through existing and bespoke activities and inking in with community connectors. Members of the Providers forum were invited to put forward expressions of interest to be the lead provider.

*Workforce Training:* Forum looking to share development opportunities and identify key training requirements.

*Communication/Events:* Forum agreed to work together to develop a coherent programme of events over the year with a specific focus on World Mental Health day (10 October) and Mental Health Awareness week (13-19 May – theme is Body image)

*Healthy Minds:* The forum were updated on both the evolving campaign to provide better access to relevant information about Mental Health and the development of a one stop digital doorway to access help more efficiently and effectively.

*Chair Election:* Now in progress

**Healthy Bradford/ Mental Health delivery board:** A joint session was held on 9 March. The key purpose being to focus on Pillar 1 – Our Well Being of the Mental Wellbeing in Bradford district and Craven Strategy. The combined group were updated on the bringing together the Self-care and healthy Bradford work streams under the banner of Living Well. The key message I took away was about joining communication, projects and workforce up to optimise impact and minimised duplication.

- 3. Were there any discussions or decisions which you feel you had particular impact or influence on?**
  
- 4. Issues or points for Forum/Group/sub-group and/or the wider membership to follow up**
  
- 5. Do you require input or specialist information from other forum members?**
  
- 6. Please tell us about any additional support requirements you have in relation to your role and effectiveness**
  
- 7. Are you involved in any additional areas of work or meetings as a result of your attendance?**
  
- 8. Have you any other comments or observations?**

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