

Notes from ICB on 15th Feb 2019

Action log Item: Need to embed children across ICB working as we tend to focus on frailty as this is a focus when looking at admissions etc. – Agreed to highlight on forward plan for ICB

Think On Results training framework: considering an initial workshop to understand the model as we already have some things that may seem to duplicate this. Need to get our OD group to lead on this. £85k coming from ICS for whole of WYH HCP and we could use some of this to resource this. Suggestion to get the Community Partnerships trained with this or the other systems too to help their development.

Item 4: Strategic Partnering Agreement: There are two bits of this left for agreement; decision making and governance. BVCSA has led on this work to date.

The proposed governance structure is built on existing architecture with a couple of tweaks (mostly de-duplicating finance and quality committees); therefore the VCS will appear in different parts and some of the reps are put in by Assembly and some by BVCSA – this may not give us a coherent voice and we need to discuss how this can be joined up in the future.

Item 5: EU Exit: Council is currently talking to a lot of the government depts. Council focussing on workforce, supply chain, supporting vulnerable residents affected by Brexit and resilience. NHS guidance for Brexit is more prescriptive – 7 things: medicines and vaccines, devices, consumables (medical and non-medical), research and data sharing.

Cross over areas: Comms, workforce.

Council feel that NHS can support them to work with the vulnerable residents element of this work. In communities at present there is fear and anxiety and likely to increase mental health issues.

Four groups of residents:

- Group 1: have all the skills and documents to be able to register
- Group 2: includes LAC and some vulnerable adults who may have the docs but lack some skills to register
- Group 3: unskilled, homeless, no English – extremely vulnerable and unlikely to have docs
- Group 4: Akin to Windrush – been in UK for many years but still lack the docs as never registered also now elderly and could also have dementia etc.

Concentrating support on groups 2-4.

There is some confidentiality around plans for Brexit which is causing issues. Plan to open up the conversations to help planning with dealing with any fallout – there are

thoughts about what these activities might be but no definite prediction (eg a mix of civil unrest, lack of fuel, reduce access to staff and medicines, staff sickness due to anxiety).

Plans will be shared between public bodies to help them to work together. Need a joint comms plan to help people understand how to apply for settled status eg posters for everyone to use – same poster in every place to reduce confusion.

Item 6: Medium Term Strategy: It has been agreed that there will be a review of Healthy, Happy and at Home as it was established in 2017 and lots of policy and architecture changes have taken place (WYH HCP (ICS), the NHS LTP and Community Partnerships as the main parts of change). This is about aligning the plan and programmes to the new structures and resources in the coming years and not about starting afresh.

Item 7: Programme review and resources: The meeting talked about reviewing the large scale projects taking place in the District and Craven; there was discussion how programmes link to Community Partnerships and vice versa and also how our priorities link to the ICS. We talked about reducing duplication with the ICS and finding out what our CP's want the district to prioritise. James Drury to lead on this work.

Item 8: Review of ToR and membership: It was proposed that a research seat be formed for the ICB; Director of Research. It was agreed to create this post on the ICB. The seat will be offered to Bradford Institute of Health Research. ToR review will take place within the SPA work.

Item 9: Sheffield visit to our healthcare system: ICB will have a conversation with the same version from Sheffield date TBC