

Integration and Change Board (ICB) 15th May 2019

1. *Checking in*

Prof John Wright has joined ICB to allow research to join up with ICB policy/direction of travel etc.

ICB discussed the Transformation Funding from the WYH HCP – there was strong support for VCS to be funded under the loneliness agenda and for the VCS to support Urgent and Emergency Care (UEC) pressures (at both ends, Delayed Transfer of Care (DToc) and A&E admission avoidance). There was a plea to also align it to the programmes that have been agreed at the UEC Board (frailty, working age adults, respiratory and mental health). Bradford will ask for place based allocation that we can use in partnership to address system pressures but delivered across all sectors.

Think On workshop – there were varied views on this. There needs to be one model that should link to Quality Improvement (QI). Organisational Development (OD) is different to QI and we need to make sure there is alignment. There is system development team who should be tasked to look at this.

2. *Minutes Approved*

3. *Action log*

It was noted that we need concentrate on commissioning and our estates policy. Commissioning intentions should help to drive estates (not other way round); CBMDC have done this with CYP so there may be some learning from them to help with our barriers.

4. *Digital 2020*

There has been an appointment as IG lead – SN will arrange to meet asap and link with Norwich. Staffing in the Digital 2020 team is now up to full strength.

Ambition to use Digital 2020 work to support Population Health Management in real time to support patients (eg stroke). Need to see how this links to WYH HCP level.

Strategy has been reviewed – to become more around ‘one set of data’ rather than ‘data sharing’. Now includes a strand on public and patient use of digital approaches.

Bradford is ahead of the Leeds Combined Health Care Record (LCHRE) – need to talk to them as LCHRE is the WYH HCP ‘sponsored’ digital work – we would be waiting 5 years for Leeds to catch up. We have national attention and may draw down funding from the centre – we are pushing for place funding as this will help us.

5. *Financial sustainability*

The financial position of the system was described. This is confidential at present and cannot be shared. We can share that the system is in a good position relatively speaking to other systems and this is nationally recognised. There will be asks of the wider system to help meet some challenging targets in terms of demand as this will help the financial position in the longer term.

6. *Strategy and Programme Review (agenda item 8 moved)*

There is a process going on about aligning all the different plans in the district to align and identify programmes that will support our Happy, Health and at Home ambitions.

There are robust plans within partners but we need to look at how plans across the systems produce more than the sum of the whole and help us to address financial sustainability.

There was a challenge to the room that if health system is 15% of our ‘health’ how are we linking in the other programmes addressing wider determinants of health ie the other 85%

Solutions will include care co-ordination, delivering against the UEC strategy (which means delivering things out of hospital), culture change to remove some of the barriers (eg intravenous antibiotics being administered in the community not a hospital ward).

The VCS's view will be sought on this via an initial conversation with ASG and then follow-ups that might fall from this. The deadline for the review is August 2019 so plans can support the NHS Long Term Plan submissions dates in September.

7. Health and Social Care Economic Partnership (HSCEP)

There was an update on this partnership. The Programme Director is Tina Lafferty (Bradford Council). Two work programmes at the moment – the HSCEP development itself and One Workforce Academy. The scoping is being delivered by KPMG and is currently classified confidential but we can share these key points:

The footprint was suggested to be Bradford District (inc. Airedale and Wharfedale) but with elements covering Craven (eg One Workforce Academy) when required. This is based on who is investing in the work. This will mean aligning some North Yorkshire economic plans. The design principles of the HSCEP need to be finalised along with where it 'reports' to. It was acknowledged that HSCEP has the potential to overlap with existing boards/programmes; the response was that HSCEP wants to be a 'doing' group rather than a governance group. It was suggested that we learn from the good practice of Leeds Academic Health Partnership as this gets good press. The final design will look at this and add some other good elements from anchor institutions (as they make a difference to community economics).

The Bradford Economic Partnership has secured £1m to deliver some programmes including the One Workforce Academy. KMPG will also work this up taking into consideration the workforce partnerships already operating in the District.

8. Movement for Change (was item 6)

Returning with a paper for approval to run a campaign for Movement for Change – to help support the system to make change – that includes staff, public, patients – ie the whole population. It will include gathering case studies and sharing them.

It was agreed to target this work on the priority programmes that UEC has identified. There was a desire that this work would be used with system comms leads and asks them to work more closely together. Programme of work also needs to reflect the differences from Craven down to Bradford.

The work will be externally sourced.