



Bradford District Assembly  
the voluntary and  
community sector together

## Forum/Assembly Representative Feedback Report

Please provide a **brief** summary of meetings you have attended on behalf of the Bradford District 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 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">hspeight@thornburycentre.com</a>
Title of the board / group you sit on	
Date the meeting took place	<b>Relationship Management Group(Council) /Strategic Partnership Group (CCG)</b>
Date of next meeting	<b>/Assembly Steering Group (ASG)/ Joint Strategic Needs Assessment Meeting (JSNA)/Mental Health Providers Forum</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

Mental Health Providers Forum

To bring together commissioned partners and funders to improve mental health and wellbeing in our communities

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

**ASG**

#### **Strategy for health and care system**

*Presentation and ask for support from the VCS in relation to the development of the new strategy for the health and care system – CAB&D will be coordinating the feedback.*

- Happy Healthy at Home is the vision
- Vision but doesn't say how we will achieve it
- Realise that the document must make an actions and outcome link
- Changes to flow through for patients within the 'system'

- Infrastructure change to support this with statutory sector
- A&E and planned care – are areas with high levels of demand that must be addressed and reduced
- Demand management with adult and social care e.g. dementia care
- Children kept safe and reach potential – realise how we do this
- Change in communities – supporting a move towards improved self-care
- Key actions VCS - community anchors and CPS – recognise that there is a need for a thriving VCS – how do we achieve this? There will be opportunities for VCS to feed into this through online surveys to be developed

### ***VCS Infra Structure Review***

*The review has been completed – the information is being compiled and there will be feedback event where people can understand the initial findings of what organisations want from IF support*

## **SPG**

### ***Reducing Inequalities in City (RIC)***

- 5yrs funding
- Aimed to reduce health inequalities
- £11mill is attributed to the above
- Are some musts against this which have been identified e.g. mental health
- March 2019 began the set up
- Worked with CP lead areas - their high level plan formed the basis of what has been developed
- Also establish the Inequality Research Unit – part of BIB to really understand what works
- RIC has 2 subgroups - pre- conception + maternity + children and reducing premature mortality + ageing well – RIC delivery group has worked with system to frame service
- Proposals have been submitted
- Public Health have collated research so have tools to use to help decide
- Final list July 2019
- 28 proposals have been submitted
- Now it will be to develop how they go from design to delivery e.g. doula - implementation plan
- Also wider engagement is required to ensure people know about RIC
- Discussions with the CCG in relation to how we get to talk earlier about such initiatives so that VCS involvement can be optimised
- CCG are focusing on Primary Care Networks and Community Partnerships so the wider VCS really needs to become involved through their work programmes and see how influence going forward
- CCG are really focusing on evidence based programmes – need to see how we can address this as some evidence based provision isn't appropriate across all settings e.g. anecdotal feedback re HENRY Programme

### ***Infrastructure review***

- There will be a Review of the review
- Also discussions about how the ASG and BVCSA work better together e.g. reps working together to ensure flow of information to appropriate places

## IG

- Data protection toolkit for those delivering CCG Contracts or seeking to – Entry Level has been simplified
- Looking to develop a programme to support the implementation of this in Bradford
- CAB&D have got material to support and will be reviewing this prior to providing support
- Entry level means that organisations can get an NHS email – although there is an application process and there needs to be more understanding of the parameters around this e.g. commissioned service provider/ mandatory need for the email
- Looking at that becomes the base for those that don't do clinical work within the IG
- Link to IG 2020 lead

## RMG

*No RMG due to Cllr Jabar's ill-health*

## RIC Meeting

- There has been a 15% increase for CCG city
- Central area - CP4/5/6
- Pre-conception/ primary care to improve living well - premature mortality / aging & end of life
- Inequality research unit - what support in (BIB)
- Link also to mental health – extending current work
- Decisions are made centrally - so the money is a shared resource
- Proposals all seek to add in and scale up - **not a bidding process**
- Focus is on risks - causes and causes of the issues people have
- Want to develop Compassionate communities - including research into the effectiveness of compassionate communities  
<https://healthconnections.mendip.org/our-model/>
- Implement from September
- Extending services for Maternity and young people / Preconception care/ BSB initiatives / Tier 3 obesity / Schools emotional health and physical /DOULA Project / Living Well - schools programme / MECC – preconception/ DIY - parenting programme / Health messaging/ Children's asthma / living well advisors / MECC / BEAP
- Extending services re Aging and dying well - Dementia workers/ End of life key worker/ Frailty / Health needs assessment/ Different communities age care differently - Personalised care/ Holistic care wrap round using VCS/ Long term conditions / Breathe easy group/ Homelessness hub
- Inequalities Research Unit led by John from BIB - Want to understand how to prove that something works
- **Realise that we haven't evidence of some of the more holistic ways of working**
- Improve use of Pharmacy

## POPULATION HEALTH MANAGEMENT

- Add structure to what doing
- Offer of how to bring together all the data
- Template for programme management approach
- Staffing - move away from traditional models

## JSNA

- Make it more of a joint document
- Corporate Management Team want intelligence re what to fund
- CMT want one 'go to' document rather than number of different reports
- Move away from purely Public Health led document
- Want to make one document from a number of documents that essentially try to provide evidence
- New JSNA is on the Bradford website – currently now well used
- Other authorities make more of it – and other organisations benefit more from it
- New information is now clear and accessible to most uses
- New needs assessments on e.g. update to dementia needs assessment and autism and learning disabilities
- Want to start Intelligence bulletins - new figures that are produced and circulated
- We can contact Jonathan Stansbie who is leading on the JSNA if there are specific pieces of work needed
- They are looking to develop ward reports as the CPs need these
- Health Research Institute data/ CCG data/ JSNA - how do we join it all together
- This would facilitate population health management – which is what everyone is focused on developing
- Support onto Systm1 so can see the information they hold
- Intelligence from the VCS feed into the JSNA – no mechanism at present
- Looking at the data - what does it mean and what do we do as a result – still not used to drive our work

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

### ***LIVING WELL Strategy***

- Focus on self-care and prevention as part of the transformation of communities
- 15 projects sit within this
- Work aligned across sectors
- Workforce training - self-care 2000 staff trained e.g. MECC
- VCS focus has been on Health messaging/ ABCD
- Working in collaboration with other partnerships
- Whole system approach
- Root causes of ill-health – behaviour/ individual/ society
- Not merely social determinants
- Look to develop consistent messages and a cohesive prevention model
- All age programmes
- 22nd June - was the public launch - business charter/ living well food outlets- offer of a healthy meal and tap water/ website/ 1-2-1 support for anyone who needs it linked to Community Connectors and exercise on referral project
- Schools programme in Sept - step competition - healthy school programme – aim is to give all children a pedometer
- Living Well Academy – will train community members to deliver their own cook and eats etc.
- Accessible re languages
- Brands and comms needs to be aligned
- VCS role and how it is kept alive also needs to be addressed

### *Knife crime*

- Knife crime any crime that is instrument used can be in other crimes
- Increase in youth reported knife crime
- Only 16% of reported are from Asian background
- Have a strategy for knife crime
- Focus on young people
- Using stop and search
- Knife sweeps - working in schools
- Police say we don't have an issue with urban gangs
- Dom abuse/ school exclusion/ poverty key drivers of knife crime
- Need a retailing scheme. e.g. sale of knives
- Glasgow model <https://www.nhsggc.org.uk/about-us/professional-support-sites/gri-ed/navigator/>
- Organised gangs in youth

### *Early Help and Prevention*

- Whole family intervention
- Community based solutions
- Below threshold for other services
- Building resilience
- 4 early help hubs 13 CP 30 neighbourhoods
- Rep for this piece of work from the ASG (*Kim Shutler?*)
- Link back to H&W Board

### **Mental Health Providers Forum**

- Helen Ioannou and Helen Davey appointed as co- chairs
- Updated on emerging governance and operating groups. The forum will contribute to three core strands of the strategy and play a proactive role within the Mental Wellbeing Partnership Board.
- Forum reviews how we individually and collectively contributed to each of the commitments within the current mental wellbeing strategy. All but two commitments were supported via the forum membership. A period of self-reflection and moderation was agreed to enable initial alignments to be evolved. A work in progress.
- Physical Health Checks project underway with phase one being focussed on GP and BDCT set up and reporting alignments, targeted awareness campaign and workforce training. Phase 2 will focus on supporting access to appropriate generic interventions and bespoke interventions
- Healthy Minds Digital Doorway proof of concept in progress and should be available to providers later this summer.

**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?

**Please email to:** [janet@cnet.org.uk](mailto:janet@cnet.org.uk)

**Or post to:**

Janet Ford

CNet

Centre for Enterprise

114-116 Manningham Lane

BD8 7JF

