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 . If you wish to report on something confidential, please **mark this clearly.**

Name of Representative	Stephanie Smith
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Title of the board / group you sit on	Integrated Urgent Care Operations Board (IUCOB) A&E Delivery Board
Date the meeting took place	16.05.19 / 06.06.19
Date of next meeting	TBC
Did you receive the meeting papers in time to have a pre-meeting?	yes

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

Integrated Urgent Care Operations Board is an off shoot of the A&E Delivery Board. The A&E delivery board is a requirement from NHSE

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

A&E Delivery

- Respiratory is high on the agenda due to frequent attenders and volume of respiratory cases – Breathing Better scheme (implemented in GPs) outcome identified a number of episodes of misdiagnosis
- Discussion about how the A&E delivery board may become redundant and replaced by the UCB. Similarly the A&E delivery board may become incorporated at a wider level through the WY&H partnership
- One trend identified for summer is 'Holiday Time' – discussion around when people go on holiday and leave a relative behind (sees a spike in referrals) for social care.
- **Keeping people at home is main priortity**
  Systemisation of the VCS and social care input (person & carer) so that personalised support can be tailored. Cited Wakefield Connecting Care hubs as very impressive (health, social care, VCS including AUKW, Housing, real or virtual presence – co-location) which provides a single point of access as well as
  Care coordination – frailty / over 65's/Daily meetings / MDT's

IUCOB

The task and finish groups were the predominant topic of this meeting. There was some VCS representation but we would benefit from identifying additional representations now there are more specific areas for work and development.

Working age adults

VCS rep – Project 6 invited but unable to attend / Jon Royals details passed onto the lead

Stats indicate 30-40% attendances this cohort
Mainly non – ambulance arrivals but many did have serious health conditions.
High attenders as 'gastro conditions'
Anxiety issues are prominent and this is something that doesn't need medicalising – this needs to be something that can be picked up by the VCS as a supportive measure.
alcohol issues are prominent.

Actions:

- Patient level survey will be the first step in this work stream
- Identify services that 111 could signpost to that don't yet have a pathway
- Use goldline framework to develop a service alongside n accompanying leaflet – market telemedicine line for WAA with low level anxiety, isolation, social issues for those who don't need MH intervention

Frailty

VCS rep Age UKBD

1. Supporting people in their place of residence / attendance avoidance (Lyn Sowry) *to support frail patients in their own home or normal place of residence, to avoid unnecessary attendance.*
2. Admission & attendance avoidance - Multi agency assessment (Sally Scales and Robert Marshall) *to create an appropriate environment for MA assessment of frail patients in order for them to stay in usual place of residence*
3. Home First / Facilitated discharge (Karen McCreesh) – *to ensure that all frail patients receive the appropriate support to enable them to return home or return home or usual place of residence following discharge.*

Respiratory

VCS Rep Helen Speight (Thornbury Centre)

1. Data - Asthma / COPD – (most conveyed by ambulance but only have 1 day stay – conveyance avoidance)
2. What's already in place / what are the gaps?
   Lack of out of hours provision for support
   Bradford Breathing Better
   COPD led initiative in AWC
3. What works what doesn't?
   No consensus on best practise by YAS i.e when to attend
   Pathways are unclear for practitioners – so underused
   Needs to link into care coordination

Mental Health

(VCS reps MIND / Cellar Trust)

Agreed 4 sub group areas:

1. Frequent attenders
2. 12 hour breaches and improving 24 hour response offer (*what is the response for someone who hasn't been assessed but needs something for those who are not safe to be out of A&E*).
3. Reduce footfall into A&E by maximising diversion from 999/111 and better utilisation of safe spaces
4. Older peoples mental health (not dementia) – **Chris North (lead)**

Ambulatory Care

Picked up as an issue in that not all calls should result in attendance at A&E and whether pathways were appropriate to manage low level conditions (e.g cellulitis, Infections). Frailty was identified as a predominant area of high use and that there needs to more exploration on where diversion from A&E attendance can be negated by community support (e.g GP, Community Nursing etc).

I raised that there seems to be a lot of information in the public domain about calls as a result of someone who has physical illnesses but calls are more related to social factors / anxiety / out of hours concerns and questioned whether this is a true representation or 'media led'. Assured that this is a real / true representation.

Virtual Consultation Pilot

Recognition that in primary care, people wanting an appointment in the afternoon are often unable to get a GP appointment and therefore there is a risk for presentation at A&E.

This will be a time led piece of work to identify learning from a digital / tech based model for working age convenience related conditions. (Push doctor to deliver).

3. Were there any discussions or decisions which you feel you had particular impact or influence on?

Working groups & membership – ensuring a VCS voice.
The opportunity for VCS services to relive pressure – health want to encourage the sector to approach them with innovative, costed offers.

4 Issues or points for Forum/Group/sub-group and/or the wider membership to follow up

Any other organisations feel that they should be at the table on any of the working groups?

Discussion about having a workshop for the VCS facilitated by the Alliance to look at innovative solutions to the 3 key areas identified for urgent care which can be presented to the board for discussion:

- Reducing A&E attendance
- Reducing admission
- Supporting discharge / transfers of care

5 Do you require input or specialist information from other forum members?

As above

6 Please tell us about any additional support requirements you have in relation to your role and effectiveness

Induction appointments with other board members ongoing due to the volume of people who are on each meeting group.
Meeting with Peter re: issues around children & young people

7 Are you involved in any additional areas of work or meetings as a result of your attendance?

Winter pressure working groups

8 **Have you any other comments or observations?**

The importance of 'off the shelf' solutions is key – there is an appetite for VCS partnership and as a sector we need to be prepared.

Future planning: *recognition that the VCS is excellent at innovation and problem solving. Discussed the potential of hosting 2 VCS events (Airedale & Bradford based) to identify solutions for urgent care pressures that would then be costed and presented as business case to the acute trusts for consideration.*

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