



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

Name of Representative	Helen Speight /Helen Davey
E mail / contact details	hspeight@thornburycentre.com
Title of the board / group you sit on	
Date the meeting took place	Relationship Management Group(Council) /Strategic Partnership Group (CCG)
Date of next meeting	/Assembly Steering Group (ASG)/ Joint Strategic Needs Assessment Meeting (JSNA)
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

Infra-structure Review

Funding levels look as if they will remain as is potential for additional funding from the CCG into Infra-structure

There is a desire to keep the contract local – they do not want it to go out to competitive tender.

There will be further consultation with the sector and potential for involvement in the next steps of its development

It will eventually be agreed by ICB

Considerations of the involvement of contracting bodies in the contract

Prevention/ Early Help

Emerging model of what P/EH looks like currently

The challenge is how organisations outside of the process engage with the process as it is being driven by H&W Board

It is very definitely looking at systems and not people

The framework that is developing for a way forward in relation to P/EH seems to be constituency based. There is concern about silo thinking that is inherent in this process.

For more information talk to Peter Horner or Mark Nicholson who are representing the VCS at these meetings

Advice Service

There is a great deal of work being done to bring an evidence base to call for a change in the cuts that are in the pipeline. There is a call for the co-design of a new service lead by the advice organisations

Independent Service Funds

Personalisation by any other name – there will be briefing sessions on this in the near future as it is an area of development the sector need to understand.

SPG

Quality Assurance:

We still don't have agreement as to what 'quality assurance system' is desired by the CCG. The model that has been worked on with CAB&D and BVCSA has been based around organisational governance and workforce competencies.

There is still no agreement as to what exactly Bradford wants! CAB&D and BVCSA will continue to try and gain understanding around this so that a model can be created/ adopted

Also need to include system leadership – system leaders working together....

System workforce is also being discussed across the sectors

Joint working

There is a review of the different boards and meetings within the LA/ CCG to see how this can be aligned better to reduce duplication and improve efficiencies. It should eventually impact on contracting and how the system works more effectively with its parts including the VCS.

IG

Soo Nevison is working with colleagues to create a joint protocol that will impact on who need to complete the DSP Toolkit (Data Security and Protection Toolkit) and who can get and NHS email. Hopefully will end up with an IG system that is fit for purpose and enables appropriate data sharing. SN has got templates etc. of policies and procedures

in relation to completing the DSP toolkit. These will be shared when the groundwork has been done.

Shared Care Record

This is being worked on across the district and in consultation with wider colleagues. If it is ever agreed it should improve how we can all work more effectively together around person centred care. Then just need to resolve issues around System1

CCG

The 3 CCGs are merging to one – there was a consultation back in June to have your say. It is now well on its way....

RMG

No meeting

RIC Meeting

- They have now consolidated mental health schemes - some of the mental health schemes have been added by uplift for mental health
- Delphi Process has been used for all projects to ensure they have made accurate comparisons in relation to what is being funded
- £8 mill fund in the frame with contingency funding for slippage. This may be used for non-recurrent funding
- Proposals will have systems questions/ implications as could impact on demand and on wider services including impact on the VCS
- Considerations need to be made around the outcomes – intended and unintended
- Have used a number of measures to agree what would be funded
- Realise that some of the proposals may increase health inequalities in the short and medium term e.g. Health messaging – need to ensure it is tailored - test a different way of health messages and then get out
- May look at what can be in place with non recurrent money to get things moving
- Got to show the outcomes - have to see the change is occurring and then if not there must be a decommissioning of the service

Project Plan

- Project workbooks to be developed for each proposal
- Make sure that all of the parts fit together
- This will be used to oversee the implementation
- How monitor it - build that into the document
- The system will be involved in completing these
- Task and finish groups will monitor the projects - clear boundaries and principles in the group
- Tackle the effect of inequalities in health

Structure

- Steering group - oversight
- Task and finish group - overseeing the proposals under their heading - facilitate how things fit together
- Project team - small group
- May lead into being involved in the CPs leadership groups

JSNA

No meeting

Health and Wellbeing Board Meeting – attended on behalf of Kim Shuttler

Children's paper

Children's Trust to become a system board merging groups and reporting to the H&W Board (I think – though this discussion seemed to go round in circles)

Autism Paper

The CCG have been trailing a new pathway and a new way of working

This has now been approved and will be implemented

Huge backlog – 1,000 children – won't be stabilised until 2024 even with the new model

This could be reduced more quickly if we had more money thrown at it – but where would this be taken from

There is a package of support whilst families wait – this was disputed by councillors who talked about their resident's experiences

Brought back to the discussion about how we create system change

Where does the VCS fit into it – this wasn't discussed – and I didn't have enough knowledge to bring any challenge/ support to the system conversations

Adult Autism

The CCG have moved to working with Leeds and SWYFT – to improve the service

Waiting list cleared – but whether this is a true reflection of the situation wasn't clear

The pathway is closed for assessment at the moment whilst new ways of working are finalised

There is an individual funding request if an adult is identified as in need so that help is still available this panel meets monthly

There will be a service to be opened

CAMHS

Rising issues relating to young people's mental health

New Thrive Model - coping / getting help/ getting more help/ getting risk support

Recognition of the schools and school nursing in this area

Prevention and early intervention really important – but no discussion about what was taking place in relation to this

At the moment there is a silo approach want to flatten the system – as often YP don't present with one issue

There are no waiting times for urgent cases they get crisis support 24\7

Routine wait is 18weeks some up to a year

More complex problems are now the order of the day

Agreed to a review being commissioned this will be with all provision

RESPIRATORY T&F GROUP – URGENT CARE

- They are looking to fund a community based respiratory system - reduces access to A&E / digital offer for evening exacerbation
- Agreed it will have face to face level - assess to admit - accessed by professionals
- There is still the issue of how to manage self-presenters at A&E
- This is looking to support the frailer end of the system
- Have telemedicine in the area

- There is a great deal of interest in the role of CBT in the care of people with COPD – there may be training for frontline staff – I suggested that this included funding for VCS frontline staff to enable a community based response to include a VCS offer – this was accepted as a good way forward
- Step up programme for those who need it
- Also discussed how this system could include VCS delivery orgs – I said there was limited capacity in the system currently but that the VCS could be trained to deliver part of the offer as we have done with other conditions e.g. diabetes
- The broad idea is being taken forward with Kath Helliwell
- Also additional use of virtual ward for patients
- Talked about the potential of using Skype instead of face-to-face
- Cost of the programme seemed really expensive over £160k for 6mths due to the current need for it to be delivered by Health Professionals – but they are open to looking at how this could be delivered by suitably trained VCS staff

Pneumonia pathway

- A&E - assess to admit
- GP - gate keeper through the hospital
- Use of antibiotics to prevent exacerbation
- Agreed that there needed to be better understanding and use of NICE guidelines
- Health messaging use for pneumonia – currently only done for flu and pneumonia is just as prevalent!

COPD

- Data sets - looked at how they system is operating
- How then the system help each other
- Do we need to do some compete to achieve
- There was discussion about how to take this data to the practices through CPs – reluctance as it is comparing and the CCG are really reluctant to do this
- What is causing differences
- Look at other initiatives that are supporting change

The data was really interesting it compared the GPs in the CP areas – ones that were within walking distance and one would be green in relation to treatment of COPD and the other red – there could be no argument about the demographics as that had been filtered out – comparing like with like as far as possible. The only thing that was detected by the people around the table was the size of practices. Smaller practices were performing better across the board.

- 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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