



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
E mail / contact details	hspeight@thornburycentre.com
Title of the board / group you sit on	ASG/ BCSDG/ Meetings with PH/ GP Access Event/ Hub Coordinator Meeting/ JSNA/ Consortia/TIG/ Better Care Fund/ CCG Grant Process Review/VCS Integration/ Health and Wellbeing Board
Date the meeting took place	May – July 14
Date of next meeting	Next Quarter
Did you receive the meeting papers in time to have a pre-meeting?	Yes

SEE ATTACHED PAPERS

1. **What was the purpose of the meeting?**
2. **Main areas of discussion (bullet points).**
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

Or post to:

Janet Ford
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Centre for Enterprise
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FEEDBACK FROM ASG

Key Actions to consider for the Forum

- To est a Relationship Management Group or something similar with the CCGs - *NT/HS to lead on who to talk to about this and work with Javed on this agenda*
- Maintain the monthly meetings with Liz Barry to maintain momentum with PH
- Discussed the ASG election for new chair and vice chair
- Discussed the new consortia landscape including the consortia for health & wellbieng
- Paper around wellbeing still to be done - *HS to do*
- Mapping of community data across the area – is in process
- Cultural Event in the coming year

Commissioning update

- Commissioning - community funding unit
- Onion rings is still thinking on what focus on for commissioning
- Asset based approach
- CFU budget is now split across depts for commissioning
- Area action plan – will have no funding post 2015
- Ward plans - will continue and lead commissioning
- Core costs for community centres – this is moving to area committees – *Task Group was est. at the ASG to send information to feed into the strategy for Core Costs and CD workers- paper sent to Mick Charlton*
- CD is being devolved to Area Committee - new commissioning round e.g, money into Bradford South - redistributing money no new money

Feedback

- Discussed the funding outlook are we commissioning for services or community development
- Community safety plan not written yet
- RAP- LEP update to come created produce the city group
- YLB - children services - VCS not involved - new arrangements for children's centres new hubs - proposals do not line with COMPAQ and issues with youth provision - been taken to the board meeting
- Commissioning forum - don't understand consortia and don't understand the VCS need to keep plugging the gap in ideas re co-production
- Make sure look at quality behind what providing
- Discussed issues around ensuring we can evidence quality - CCG and PH - no funding for quality mark
- Equalities – Incommunities have a self-assessment document to be shared
- BDP - community strategy lack of substance / city centre regen - skills base and econ development
- NHS workshop - integrated commissioning
- Active Bradford - sports

Infra-structure review

- Sit centrally
- Exec responsible
- Key areas - Information / voice and influence / engagement and support and development/ volunteering / active giving
- Health are looking to put money in - to replace HPP
- Grants and contracts again are an ongoing issue to be addressed
- Want it as a grant – how do we defend the grant over the contract
- Protecting finance it to keep it local
- Discussed the need for help re consortia building
- The role of active giving
- The need to develop co- design

ACTIONS – Role and Influence

- How do we influence councillors and MPS
- Task and finish group
- Voice and influence
- Area committees and MPS

Need review ASG and the work plan

FEEDBACK FROM Bradford Community Services Development Group (BCSDG)

Presentation to the Group re: ROLE OF THIRD SECTOR OUT OF HOSPITAL CARE

(See powerpoint attached)

Feedback from the group indicated that although they all spoke highly of the sector and its role and ability to reach marginalised groups they did not feel able to utilise it. Key issues – number of organisations, diversity, quality. Suggestions how this could be alleviated were talked about e.g. care navigators/ social prescribing in settings

Transforming primary and community services outline strategy (not out of hospital strategy as was)

- Service reviews being completed
- Analysis of use being completed
- Best practice – being collated
- This forum set up to look at ideas and commission
- The strategy will be signed off by H&W board
- Ideal is that local population is healthy, well and independent
- Area to cover Bradford District and Craven Mutual
- Need to include dental
- Have added optic services

- Key agenda is self-care and prevention
- Transforming community
- 24/7
- Urgent care
- Integration
- Planned care

- Central needs of patient
- New models of contracting - patient centred
- Integrated health
- Primary and community based

- Tailored to populations
- ICB portfolio of programmes
- Keep people well at home
- Create a local offer
- Importance of MDT
- Importance of Virtual wards
- Access and deal with urgent care and continuity of care
- Coordinated care in defined communities – identify where complex needs
- Practices work together /planned care together
- Co-dependency with other strategies to avoid duplication
- Extend care primary care - social advise in GP
- Pharmacy role

EXTEND CARE IN PRIMARY CARE – into the communities where we sit

Optometrists

- Need for a minor eye conditions services MECS
- Selling the service - gave reasons for it related to the issue that GP face
- 20% eye condition

Community pharmacy

- Developing pharmacy team - Central role and ensure skills of their team
- Improve trust in pharmacy
- Work with professionals
- Innovation small scale quality improvement
- Pathway after prescribing - new medicine service /use reviews
- Long term conditions - medication usage asthma/ COPD - pathway from the GP - innovation around that - design and primary care not working for many
- Pharmacy First - first port of call - link to 111 would be a next step – this is being trialled in City

Next steps

- Patient flow
- Use generalists better
- Upskill to give choice
- Check cost
- A list of what the BRI want to exit from
- Times see people
- Pathways of care
- BRI and BDCT strategies that overlap
- See the gaps that exit
- Task and finish group to make the pilots that can make it happen

FEEDBACK FROM GP Access Event

General lack of understanding of the difficulties of the most marginalised communities re accessing GP surgeries. Issues raised re letters/ literacy levels/ 2nd language/ chaotic lifestyles – all acknowledged but the surgeries still had an expectation that the patient needed to change.

Presentation by Helen Hirst

- Got to believe why GP's want to change what we do
- Small improvements cumulative change 2% change
- Don't create chaos - small steps

- Do small things well
 - Positive change - see success then can move on
 - Moving to a 2 week wait for an appt
 - Better access becomes really imp need to do it differently
 - Understand patient perspective
 - Challenge fund of 1/4 million - to develop ways to change
 - Can we work with gps to look at the challenge
- How do we get onto patient pathways - only way to real engagement
 - £1/4 mill put to one side as a pot that GP's could access to have 'down time' to consider how to improve engagement

Hub Coordinator Meeting Feedback

The Hubs in West and AWC and Shipley are maintaining some level of operations. Paul (CVS) and Anthony (CVS) are chairing West and Shipley and Vikki (Project 6) is chairing AWC – still the most dynamic Hub.

Although the CCG's want these to be sustained they are not willing to put any funding into these at the moment. However discussions are ongoing re the Health Infra-structure support and it may be that the Hubs are part of their remit if this is taken forward.

As for South and East Hubs there is some notion of re-launching these as joint meetings in Autumn and I have agreed to chair if information about them can be circulated.

Role of the Hubs in the new scheme of things needs to be considered. As a forum for all providers in an area it seems valuable but it is ensuring all providers are at the table!

JSNA MEETING Feedback

Update on refresh:

- Discussed the provision of the JSNA
- Discussed what formats it should be in
- Do the public want access to the JSNA – need for an easy read version
- Discussed the content and the reasons/purposes for the JSNA

Issues re this group:

- No terms of reference - are these needed
- Agreed that we need to understand what role and responsibility the JSNA group has
- What route thru to decision makers/making does the group hold – if any – there seemed to be no accountability in relation to the group who report to
- Terms of reference will be initiated at the Sept. meeting
- Concerns around CCG and Bradford district – the areas/tensions in the JSNA
- JSNA has now got a question about stakeholders thoughts to ensure this is included
- JSNA legal coverage of area
- Health and Wellbeing Board needs the JSNA to inform their decisions
- 4 core chapters - wider determinants children adults older people
- Adults - refreshed all sections edited

Reporting up and down has to be monitored

Steering group responsibility/accountability also needs to be monitored

Consortia Feedback

- Grants issues – need to identify potential sources of funding to support the development of the consortia
- Have we identified the reasons for the consortia
- Young lives - development can this be shared
- There appears to be money re feasibility and development through Social Investment Business
- Want delivery want intelligence - soft intelligence wanted
- Role of the consortia will not just be getting funding but it should have a role of representing and influencing – e.g. developing services and co-designing services
- Consortia issues - what do the CCG and PH want – need to further investigate
- Older peoples consortia is being developed in addition there appears to be consortia linked to fulfilling lives / advice network
- Need some time to find out what other consortia are doing
- There are models - recog models of delivery - evaluated models - better start model of consortia
- Place of Locality support
- Need meeting with CCG's and PH around their priorities - head of strategy - Helen Falmer
- Need to link with AWC VCS hub

Actions

- Funding – infra-structure - to look at sourcing
- HS and NT to set up meetings with CCGs and PH - representation from infra- structure - far and transparent
- Meetings with adult and community care - invite meeting with Lyn Sowry
- Agenda item on the forum
- Email informing - validation of the consortia
- ASG discuss the consortia

TIG Feedback

Better care fund

- Haven't identified £38 mill that has to be released from other areas to enable this
- Look at impact of savings from council
- Need to find potential in system - looking into this thru finance
- Challenge to do that
- Also looking at rebadging teams re delivery
- Also evaluation to look what funded where and why and effectiveness
- Back office savings are also being identified
- Final version of all by Sept
- Has to fit contracting schedule to enable it to be commissioned for the next year
- New proposals - set criteria
- Joint partnership - has to be large initiative make significant impact change on some area of delivery - transformational change

ICB

- Better for Bradford matrix - working on
- 60% admissions into hospital are deemed as inappropriate
- 5yr strategy for the CCG's has been completed (*see attached*)
- Co-commissioning primary care by all includes community services - taking over from NHS England

Whole system integration and workforce

1. Discussed
2. Liaise with service users
3. Workforce development is going to be a key issue moving forward with the 24/7 agenda – there is nothing prepared for this

Integrated care

- Not working as well as could
- Clearer strategy re CCG why doing it and work on their priorities
- Incentive schemes to get GP's involved
- Number of communities new and the MDT meetings and community work
- Admin support function to be paid for – GP's do not want to take this on what additional finance
- Community unit in system issues of managing that
- **Principle of whole community creating resource – lack VCS link**
- Do we know where money saved and how make that tangible
- Can we evidence how we are better work together
- **Making sure that capturing the evidence of impact of what MDT doing**
- Need admin and clinical leadership so that care is followed thru
- Discussed the issue of communicating messages

Care navigation

- Local authority link – this has been established within the authority (**need to find out about this!**)
- **Hope to engage with VCS – tho no commitment to do so**
- **Where care navigators have been attending meetings and been good resource**
- **Check who doing this so that linked to VCS**
- Need community rep from VCS at meetings – **however not do-able without funding**
- Intermediate care delivery board

Virtual wards

- Risk around expansion of virtual ward
- Can't step up or down appropriately
- Need to look at how fund virtual ward
- Still running at winter bed rates
- Single point of access is being developed
- Want up and running
- AWC want to have one pt of access across the whole area
- See really important to integrated care
- Need team for this

Need to ensure that VCS are part of the integrated care – at the moment lot of rhetoric but no action to provide any funding for involvement

Better Care Fund Feedback

- Creating a pooled budget for integrated services
- All framed around needs of the person
- Local plan of action
- £38 mill to be identified through the TIG build up community based services around intermediate care etc.
- Some rules - protecting social care / supporting to transform
- Move to 7 day service delivery
- Improve the sharing of data and use 111 number
- Joined up approach to assessment and care package
- Trying to reduce the use of hospitals

£38

- £19mill existing money
- Identifying other money through re- enablement / disabled / carers etc.
- Other money is in hospital services who need to release some money
- Concern that may not be able to release that without doing some changes
- Will be split on capitation

What will the fund be used for

- There are concerns about orgs trying to grab to save own services
- Got to see bigger picture to do things differently
- As there will be a huge diff in funding
- Can't do little schemes
- Need big ideas bringing all partners together
- Got to be across sectors
- Need partners with PH and Social Care
- Trying to ensure an even playing field
- Will work up from when idea is presented
- Has to come before the different arenas

Commissioning ideas:

- Standard commissioning
- Ideas around - Patient Activation –PAM (Patient Activation Measure) measures an individual's knowledge, skill, and confidence for self-management.
- Strength of feeling around local solutions
- Has to be in place by 15-16 July
- 2 TIGS will look at proposals for commissioning
- Got to fit with existing situation
- Have to show the system will change and what may go
- How to support the front end

Follow up VCS organisations we invited to attend a meeting to develop a proposal. The group that attended developed a partnership proposal with Bradford Council re pre-admission assessment including wrap round support during and at discharge

CCG Grant Process Review

Meeting with Liz Burnett re the commissioning process – used the paper that was presented to reiterate the difficulties experienced and the possible reasons behind this and solutions.

VCS Integration Feedback 22nd July

Although was facilitated by Health and had reps from council it was a VCS event where our frustrations were aired. Although Cath Domain was present and began to understand the level of frustration it was not an opportunity to influence commissioners

Preparing for integration

- VCS role adding value to integration agenda
- Integration VCS equal role
- Action planning to develop how we can become equal partners

Integration - Strategic overview

- Involves all council and covers Craven
- Based on saving money aligned with increasing need
- Agreed that currently no one package of care/ info sharing isn't good/ conflict of interest arise and there are also finance issues
- There isn't an understanding of all the orgs that can give help
- Working towards creating a jigsaw of care around a person
- Also creating local knowledge to allow person centred wrap round care via the GP surgeries
- 1st tier Integrated community teams
- 2nd tier reduce hospital care - virtual ward in the community
- 3rd tier – developing across the district
- 4th tier acute care in hospital
- Self- care is also playing a role
- MDTs in all areas
- Trying to engage GPs more
- Case identification

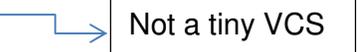
- Also creating an integrated digital care records - using system 1

Way forward with the VCS

- Sending a consistent message
- Role of infrastructure in getting the message out and supporting development
- Assembly role to share this consistent model from all reps and at all meetings
- **Message - engagement / flexible / social model/ prevention focused**
- Gain that strategic voice
- Central role - co- design services – need to be in at the ground floor
- Local good practice shared e.g. HOTS
- **One idea to create better integration**
GP have a member staff that has specialism in the VCS - social model
- **Importance of monitoring - intelligent monitoring that is feeding into delivery and planning for effective practice do monitoring because it matters to effect what doing**
- Assets of the community to try and get support broader then either VCS or statutory service can do
- Commissioned infra - structure

OTHER INFORMATION CAPTURED AT OTHER TABLES:

What does Good look like?

- Level of understanding/value of each partner and what they bring.
- Clear/Informed /shared purpose
- Focus on the needs rather than the Politics.
- Good/genuine/ethical collaboration is hard when there is competition.
- Smaller? –
 - 1)Nurses
 - 2)Health Visitor
- Information sharing to the local
- Need to look beyond the jigsaw piece according  **Not a tiny VCS**
- Intelligent monitoring , evaluation, that the commissioners are clear 'why'?
- Fair monitoring and evaluation that is properly resourced for all sectors.
- Clearer vision and direction as to what they 'need'/ want for the long term 3-5 years.
- Value the 'whole' person (centred) which means that community development approach is recognised _ e.g housing, benefits, food , schooling.
- Own our assumptions and recognise how that can stereotype other colleagues.
- How our info is used, taken forward.

B

- Building local partnerships.
- Staying engaged strategically.
- Work up/down to influence change.
- Talk about best practise.
- Danger of new funding parameters.
- Value us for what we do: Engagement of communities and Flexible responsive.
- We can help commission more effective.
- Social model of care- cheaper in long run than clinical model/
- Interested in prevention.
- Need to feed these values into commission (co-design → leading better delivery)
- VCS NEEDS DEFINITIVE MESSAGE CONSISTENT ACROSS ALL MEETINGS
- ROLE OF OUR INFRASTRUCTURE.

C – Key Themes

- Influencing Commissioners.
- Clarity of message within VCS.
- Funding/ Completion/ Partnership
- Understanding the vision in a complex system
- Ensuring partners understand the range/ value of services the V.C.S provide.
- Funding – planning over the long term.

To do

- **Key messages delivered by all reps CONSISTENT**
- **Briefing paper to each TIG done by TIG reps once authorised the key messages from the ASG/ Forum**
- **Hubs engage at hub with the commissioning teams**
- **Commission at locality not district - need to look at differences**
- **We are the bridge - smart commissioning - help them with answers**

Health and Wellbeing Board

5yr forward view

- ICB consensus across all providers
- Recognises that it lacks ambition - to get some alignment common narrative
- Health and social care system for future
- Gap in funding - need operational/development plan to underpin this document
- Patient engagement and involvement is weak in the plan
- Planning to shape the systems
- Recognise also that commissioners are not good at collaborating - whole system commissioning needs to be addressed
- Workforce changes - don't have workforce to deliver the vision in this plan
- Self-care responsibility - some work in long term conditions but not prevention - need joint work.
- System doesn't link to demographic
- Medicine optimisation also an issue
- Look at assets that have at moment use a deficit model
- Doesn't fit with other strategies and needs to fit across
- What goes underneath this - haven't got the action plan - ICB are looking at that

Questions:

- HOW DO WE INVOLVE THE PEOPLE COSTING THE MOST AND SUFFERING THE MOST
- Do we need to build health messages into provision like FF
- Workforce development for the area
- NEED A 5YR DELIVERY PLAN
- Frontline workforce - rep of the people that are serving
- Building health across all service delivery
- Preventative agenda
- Involvement of people
- Pull all the different element of health and WELLBEING into one delivery plan - see how all fits together - include the wider determinants of health

ICB

- Shared vision and common purpose 5 yr plan
- Efficiency by working together
- Ensure that commissioning is joined up
- Need embedded services so that can have joint commissioning

Patient engagement

- Engage citizens better health outcomes
- Want to co-prod or co- design but not representative sample
- Continuous engagement integral to how deliver
- Diff approaches to engagement need to look at

- Patient participation beginning
- Grass roots report -engagement
- Need to feedback better what has happened as a result
- Trying to join with wider services and systems
- Community assets view - local people greater say
- Role in their own health - accessible information currently it is not
- Commissioning tie into what is wanted
- Need to look at how we do things better so people take more responsibility
- Linking services and linking what is being collected and collated
- HOW GET SOMETHING OUT ABOUT PREVENTION AND SELF CARE HOW TO TAKE MESSAGE TO TAKE BETTER CARE OF SELF

HIAP

- Oral health - how develop system alignment again – this was once in place
- Need to get alignment - whose accountable for it - need to be H&W board
- Worst dental health in area
- Road traffic accidents - are happening in the most deprived areas
- How do we get things local when are a national offer e.g. Cancer cardio vascular care
- Realise need to put resource into it

Next steps – H&W Board want to get NHS/PH England here to be accountable to system here - work with us that works with people here - how get an alignment – realise that local agenda does not fit the national picture.

*Key messages coming through are people need to take responsibility for their own health.
Tried to flag up that people furthest away from messages don't have the 'resource' to do this
Role of VCS with these complex groups*

PH – meetings with Liz Barry

- Review – is continuing
- There will be more information sent out re commissioning however this will be staggered due to capacity within the teams
- Money released by decommissioning will bring new opportunities
- LB has to meet with portfolio holders re the funding decisions
- Also will be presented at DMT
- Renegotiation of some contracts
- Grants for 2 yrs only
- Trying to extend grant agreement to 2016 arguing new grant agreements with finance
- Planned approach to re commissioning will be longer term
- Politicians do not want 1 yr funding
- Performance monitoring systems – need to improve
- Create a team that track info and expected targets and view process same agendas across all services no matter who delivering

Support for the VCS

- Stakeholders - events market the VCS
- CCG and PH themes to contact organisation
- Could be linked to YOR tender website so that potential providers could access it