

Report of the Director of Collaboration, NHS Airedale, Wharfedale & Craven, Bradford City and Bradford District CCGs, to the meeting of the Health & Well Being Board to be held on 3rd February 2015.

Subject:

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Integration and Change Board and Bradford Health and Care Commissioners
(collaboration between Bradford and Airedale CCGs, Local Authority and NHS England, West Yorkshire Area Team)

Summary statement:

The Integration and Change Board provides system wide leadership and accountability for securing the delivery of a sustainable health and social care system within the Bradford district health and care economy*. In line with the established governance arrangements, and the requirements of the Health and Wellbeing Board terms of reference, this report updates Health and Wellbeing Board on the key messages emerging from, and the main work areas being progressed through, the Integration and Change Board through receipt of the minutes of the meetings held in October, November and December 2014.

In November 2013, March and July 2014 a report was provided for the Health and Wellbeing Board on key work streams overseen by Bradford Health and Care Commissioners. A further update in line with the required reporting arrangements is covered under a separate agenda item focused on Health and Social Care Integration.

*This include Bradford Metropolitan District Council & Craven

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Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

The Integration and Change Board provides system wide leadership and accountability for securing the delivery of a sustainable health and social care system within the Bradford district health and care economy*. In line with the established governance arrangements, and the requirements of the Health and Wellbeing Board terms of reference, this report updates Health and Wellbeing Board on the key messages emerging from, and the main work areas being progressed through, the Integration and Change Board through receipt of the minutes of the meetings held in October, November and December 2014.

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2. BACKGROUND

2.1 At the November 2014 Health and Wellbeing Board meeting members received an update on the key messages and priorities being progressed by the Integration and Change Board (ICB) and were in receipt of the minutes from June and August 2014 meetings in line with the required governance arrangements. It was noted the July 2014 meeting was a 'commissioner only' informal session, with no formal minutes recorded and, the September 2014 meeting was given over to a facilitated development session.

2.2 In line with established reporting arrangements at Health and Wellbeing Board meetings in March and July 2014 updates were provided on work-streams which are being overseen by Bradford Health and Care Commissioners.

3. REPORT ISSUES

3.1 Within Bradford Health and Care Commissioners work has continued on overseeing and developing joint commissioning priorities which remain at the forefront of its agenda, and an update is provided to the Health and Wellbeing Board under a separate agenda item on progress being achieved.

3.2 Through both formal meetings and development sessions the Integration and Change Board (ICB) continues to work together as a system to build on the vision expressed through Bradford, Airedale, Wharfedale and Craven's Five Year Strategy (the Forward View which was presented to the Health and Wellbeing Board in July 2014) with the intention of reaching a number of options on a preferred end state delivery model that ICB can then discuss with stakeholders. ICB has been considering our local plans against the NHS England's Five Year Forward View and understands that the NHS planning requirements for 2015/16 are such that by Spring of 2015 we should be in a position to articulate what support we need from central sources such as NHS England, Monitor, Trust Development Authority to enable the implementation of our Five Year Strategy.



3.3 ICB has created a small sub group of one senior leader from the majority of the organisations represented to take forward work on new models of care in between meetings, recognising that ICB needs to up both the scale and pace of their current programme of activity. ICB believes it has some success on which to build with the integrated care programme and a shared urgent care strategy and in Airedale, Wharfedale and Craven, the CCG have already been working with NHS England and their former accelerator programme. This, together with the progress the ICB has made with creating a shared purpose and vision that resulted in the local Five Year Forward View, puts the District in a position of strength to make the next step in designing how this will be achieved.

3.4 To reflect the scope of the 5 year Forward View ICB has been working through its programme arrangements across the integration and change portfolio, recognising this needs to be revised and discussions have been taking place on the scope and focus of an expanded programme/s linked to delivering the Forward View. It has recently focused on agreeing the scope of the urgent care and self-care programmes – as captured in Appendices 2 and 3. Additionally, ICB continues to monitor the progress on the current programme implementation across the integration and change portfolio; which includes, integrated care for adults, urgent care, children's services transformation and integration and adult services transformation. The previously agreed a set of metrics to provide measures against which progress can be assessed will now be formally considered by ICB quarterly, with additional ICB oversight on a monthly basis.

3.5 The ICB corporate risk register continues to be reviewed to ensure it is reflective of the strategic risks across the Health and Care system and more detailed work has been undertaken to add risk owners at ICB level and agree key actions being undertaken across the system to mitigate risks and appropriate timescales. The risk register is now used at each ICB meeting as part of the process of managing system risk.

3.6 The development of the Better Care Fund Plan has continued through the ICB. The first submission of the plan did not meet all criteria required and was returned with two conditions which need to be met before progression. Work was subsequently undertaken and at the November meeting Dr Nick Clarke, a Department of Health Better Care Fund lead allocated to Bradford to support the process, met with ICB members and agreed to a resubmissions of the Better Care Plan by 28th November 2014. The formal status currently is 'approved with support' following this re-submission and a recommendation has since been made by officers at NHS England that full approval is given and at the time of writing we are currently awaiting written confirmation of full approval accordingly.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable.

6. LEGAL APPRAISAL



No legal issues.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 Health and Wellbeing Boards have responsibility to improve the health of their population and to reduce health inequalities. They are responsible for assessing the needs of the population through production of a Joint Strategic Needs Assessment (JSNA) and for setting out how those needs will be addressed in a Joint Health and Wellbeing Strategy. In Bradford this is further enhanced through the development of and implementation of a Health Inequalities Action Plan.

7.1.2 Bradford Health and Care Commissioners and the Integration and Change Board as part of its governance arrangements reports into the Health and Well Being Board as part of the groups and partnerships across the district to support the delivery of the Health and Well Being Strategy.

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.5 HUMAN RIGHTS ACT

Not applicable.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

There are no ward implications as all wards are covered by the three CCGs and by BMDC.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. RECOMMENDATIONS

9.1 That the Board receives the minutes of the Integration and Change Board (October, November and December 2014)



10. APPENDICES

- Appendix 1 - Integration and Change Board – Minutes, October 2014
- Appendix 2 - Integration and Change Board - Minutes, November 2014
- Appendix 3 - Integration and Change Board –Minutes, December 2014

11. BACKGROUND DOCUMENTS

None

