

Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Wednesday, 19 October 2016 at 8.30 am in Committee Room 3 - City Hall, Bradford

Dear Member

You are requested to attend this meeting of the Bradford and Airedale Health and Wellbeing Board.

The membership of the Board and the agenda for the meeting is set out overleaf.

Yours sincerely

P Akhtar

City Solicitor

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor
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To:



MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Bradford Metropolitan District Council (BMDC)
Kersten England	Chief Executive (BMDC)
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford Districts and City Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Brian Hughes	Locality Director, West Yorkshire NHS England - North (Yorkshire and Humber)
Anita Parkin	Director of Public Health
Michael Jameson	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Bev Maybury	Strategic Director, Health and Wellbeing
Nichola Lees/Bridget Fletcher/Clive Kay	One Representative of the main NHS Providers

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable*



pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Fatima Butt - 01274 432227)

B. BUSINESS ITEMS

4. BRADFORD DISTRICT AND CRAVEN SUSTAINABILITY AND TRANSFORMATION PLAN

The Board at its meeting held on 19 September 2016 resolved that the draft local Sustainability and Transformation Plan be submitted to an additional meeting of the Board for approval before it is submitted to NHS England on 21 October 2016.



In accordance with the above the Chief Officer, Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups will submit the draft Bradford District and Craven Sustainability and Transformation Plan (**Document “J” - TO Follow**).

(Rebecca Malin – 01274 237290)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



Report of the Chief Officer - Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 19th October 2016.

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Subject:

Bradford District and Craven Sustainability and Transformation Plan

Summary Statement:

The Bradford District and Craven Sustainability and Transformation Plan will be discussed at an additional meeting of the Health and Wellbeing Board prior to submission to NHS England.

Helen Hirst,
Chief Officer, Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups

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Portfolio:

Health and Wellbeing

**Overview & Scrutiny Area:
Health and Social Care**



1. SUMMARY

The high level summary of the Bradford District and Craven (BD&C) Sustainability and Transformation Plan (STP) will be discussed at the Health and Wellbeing Board. This will form the basis of the Bradford and Craven contribution to the West Yorkshire STP which will be submitted on 21 October.

As members are aware there is much more detail sitting beneath this summary which has been shared either as drafts of the local STP or in the form of other strategies and plans. At this stage the detail is not being submitted as it will continue to evolve as health and care partners develop thinking and turn our proposals into confirmed plans.

2. BACKGROUND

A Sustainability and Transformation Plan is being developed for the health and care system in Bradford District and Craven as mandated in the NHS Planning Guidance for 2016-17.

The process of developing the plan has involved representatives from across our health and care community including clinical commissioning groups, hospital, community and mental health trusts, primary care organisations, Bradford Council and the voluntary and community sector. The Integration and Change Board has maintained oversight of the process of developing the plan.

NHS England determined that the STPs would be formed around 44 footprints across England. Bradford District and Craven are within the West Yorkshire STP footprint. NHS England appointed STP leaders for each footprint and the leader for West Yorkshire STP is Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust.

The West Yorkshire health and care community, including NHS providers, NHS commissioner and local council representatives agreed that the West Yorkshire STP would essentially be the sum of the six districts' – Bradford and Craven, Kirklees, Calderdale, Wakefield, Leeds and Harrogate – plans. This did not mean that further opportunities for achieving change at a West Yorkshire scale would not be pursued but more of an acknowledgement that the scale of transformation required in local systems to keep people well, health and in the best place of care formed the main part of the overall STP.



3. OTHER CONSIDERATIONS

The STP builds on the Five Year Forward View for the local health and care system in Bradford District and Craven which was approved by the Health and Wellbeing Board in 2014. The Five Year Forward View articulated the challenges we face across the system and the scale of the problem if we do nothing to address these challenges. Where it fell short was the detail of how these issues would be addressed and the STP provided us with the opportunity to describe in more detail the actions we were already taking, needed to take and consider in the longer term.

The STP addresses what has been acknowledged at previous Health and Wellbeing Board meetings - that there will be a significant gap between the available budget for health and social care services by 2020-21 and the projected level of spend as a result of a growing and ageing population and high demand for health and social care services in Bradford District and Craven. However, planning for a sustainable health and care system involves consideration of how the available resources and budget can be used differently to not only create greater efficiency and close the financial gap but ensure we continue to address the gaps in health and wellbeing and care and quality.

Financial efficiencies will need to be matched by shifting the emphasis of service provision further towards improving the health and wellbeing of the population – supporting people to become and remain healthy and independent for longer to reduce demand, and to delay the need for social care services as a result of ill-health.

Concerns have been raised at a national and local level about the extent to which the public have been involved in the creation of STPs. In Bradford and Craven there was significant engagement in the development of our Five Year Forward View which forms the basis of the STP. This included alignment of health conversations with the public with those the Council were having about longer term futures for Council services. In terms of the specifics in the STP as of today there has been (and will continue to be) engagement in those plans that are already underway – e.g. accountable care, out of hospital strategies, redesign of diabetes, primary medical care/GP forward view. The CCGs are currently consulting on some of their QIPP (Quality, Innovation, Productivity and Prevention) plans e.g. prescribing efficiencies. This engagement with the public will continue as further proposals are developed. Where appropriate, this will be done in collaboration with other partners and stakeholders.

It is important to recognise that the STP is not a static document. There is a clear expectation in the NHS planning guidance that detailed two year operational plans and accompanying financial returns that align with the STPs will be agreed and submitted by 23 December (draft plans to be completed by 24 November). There is no national requirement at this stage to have detailed plans for years three to five.



The planning guidance sets out the following must do's:

1. STPs

- *Implement agreed STP milestones, so that you are on track for full achievement by 2020/21.*
- *Achieve agreed trajectories against the STP core metrics set for 2017-19.*

2. Finance

- *Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19.*
- *Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies.*
- *Demand reduction measures include: implementing RightCare; elective care redesign; urgent and emergency care reform; supporting self-care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes.*
- *Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.*

3. Primary care

- *Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.*
- *Ensure local investment meets or exceeds minimum required levels.*
- *Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.*
- *By no later than March 2019, extend and improve access in line with requirements for new national funding.*
- *Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.*



4. Urgent and emergency care

- *Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.*
- *By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.*
- *Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.*
- *Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.*
- *Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.*

5. Referral to treatment times and elective care

- *Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).*
- *Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.*
- *Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.*
- *Implement the national maternity services review, Better Births, through local maternity systems.*

6. Cancer

- *Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.*
- *Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.*
- *Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.*
- *Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.*
- *Ensure all elements of the Recovery Package are commissioned, including ensuring that:*
 - *all patients have a holistic needs assessment and care plan at the point of diagnosis;*



- *a treatment summary is sent to the patient's GP at the end of treatment; and*
- *a cancer care review is completed by the GP within six months of a cancer diagnosis.*

7. Mental health

- *Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:*
 - *Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;*
 - *More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;*
 - *Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;*
 - *Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;*
 - *Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and*
 - *Reduce suicide rates by 10% against the 2016/17 baseline.*
- *Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.*
- *Increase baseline spend on mental health to deliver the Mental Health Investment Standard.*
- *Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.*
- *Eliminate out of area placements for non-specialist acute care by 2020/21.*

8. People with learning disabilities

- *Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.*



- *Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England commissioned beds per million population.*
- *Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.*
- *Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.*

9. Improving quality in organisations

- *All organisations should implement plans to improve quality of care, particularly for organisations in special measures.*
- *Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.*
- *Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.*

4. FINANCIAL & RESOURCE APPRAISAL

The Sustainability and Transformation planning process involves an ongoing financial and resource appraisal. Updates will be provided to the Health and Wellbeing Board at six month intervals.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Key risks associated with the STP will be presented and discussed at the Health and Wellbeing Board.

The Health and Wellbeing Board provides governance for the Sustainability and Transformation Plan. Risk management is provided through the Integration and Change Board which reports to the Health and Wellbeing Board.

6. LEGAL APPRAISAL

Legal appraisal will be undertaken in relation to any new proposals that are developed through the ongoing Sustainability and Transformation Plan process.



7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Our plans to develop an accountable care system apply to all aspects of our local population and strive to address their health needs through person centred approaches. However it is critical that a full equality impact assessment is embedded within the OD plans. The thrust behind the STP is achieving a balance as we address the triple aims of financial balance, improved quality and experience and population health improvement. It could be argued therefore that the principles of equality are integral to the process of developing the STP.

Equality Impact Assessment will be undertaken in relation to any new proposals that are developed through the Sustainability and Transformation Plan and equality impact analysis will form part of the detail of any case for change.

7.2 SUSTAINABILITY IMPLICATIONS

The Sustainability and Transformation Plan for Bradford District and Craven has been developed in accordance with 2016-17 NHS Planning Guidance to bring local health economies onto a sustainable position by 2020-21.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The UK health and care system contributes 32 million tonnes of CO₂ per year. The impacts are often attributable to pharmaceuticals, energy, travel and transport, waste and anaesthetic gases. There are three notable areas which have opportunity to address greenhouse gas emissions (carbon footprint);

- o Good lifestyle habits
- o Redesigning services
- o Integrated working

Close attention to buildings energy, waste, procurement and commissioning and travel and transport would allow baseline for improvement on greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None



7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

That the Board provides feedback on the Bradford District and Craven Sustainability and Transformation Plan and approves the high level summary of the plan for submission as part of the overall West Yorkshire STP.

Please note that between the submission of this paper and the meeting date the West Yorkshire STP lead will have provided feedback on the current draft of our Bradford and Craven plan which we may wish to consider at the meeting.

The Board is also asked to note the overall West Yorkshire Sustainability and Transformation Plan.

11. APPENDICES

11.1 Bradford District and Craven Sustainability and Transformation Plan - to be published on the Health and Wellbeing Board section of the Council Committee Meetings website following publication of this outline report and before the date of the Board meeting.

12. BACKGROUND DOCUMENTS

NHS Planning Guidance - <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>



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Bradford District and Craven STP

In our place our focus is on :

- *Prevention and early intervention with a specific focus on Obesity, Type 2 Diabetes, CVD, Cancer, respiratory and Mental Wellbeing*
- *Creating sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions*
- *Supported self-care and prevention through supporting individuals to get the skills they need and training our workforce to work in a way that empowers and facilitates independence .*
- *Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services.*
- *Delivering population health outcomes and person centred care through new contracting, payment and incentives in line with accountable care models elsewhere.. This includes specific interventions that transform services to address the physical, psychological and social needs of our population, reducing inequalities and addressing the wider determinants of health.*
- *Developing a sustainable model for 24/7 urgent and emergency care services and planned care.*

Progress so far...

- *We have made significant progress in 2016/17 establishing provider alliances, including primary medical care at scale, and together with the commissioner alliance are making great strides towards population health outcomes and person centred care. The first population health outcomes type of contract for Bradford will be launched April 2017 focusing on primary prevention of diabetes, improved care and treatment of people with diabetes. Airedale , Wharfedale and Craven is moving to a shadow accountable care system as of April 2017*
- *We engaged with our population to develop our five year strategy and specifically around the design and delivery of our confirmed plans and these plans have been endorsed by our Health and Wellbeing Board*
- *We have aligned our three CCGs under a single accountable officer and chief finance officer and intend to move towards more shared arrangements over the next twelve months which will include formalised joint, placed based commissioning decision making arrangements*
- *We have ensured the significant shifts of secondary to primary care activity secured over the last ten years have been mainstreamed through the PMS review alongside improvements in primary care access and health inequalities reduction activity and in Airedale, Wharfedale and Craven have implemented an enhanced primary care programme.*
- *We are addressing the holistic needs of patients with multiple comorbidities through complex care models across the patch. Airedale, Wharfedale an Craven is a pioneer site and has seen a 2% reduction in non-elective admissions through their testing period*
- *We are a Vanguard site (Enhancing Health in Care Homes) and are evaluating video consultation in care homes*
- *Our crisis care concordat and first response services have received national recognition and we have had no mental health out of area placements in over a year*
- *We have a nationally recognised digital shared care record across health and social care*
- *We have an accelerator site for a new smaller acute hospital model*

Bradford District and Craven STP

The Triple Aim

Health and wellbeing – by 2020/21 we will

- reduce childhood obesity by 5%
- reduce smoking by 5%
- have trained 10% of the health and social care workforce to support people to better self-care
- reduce cardio vascular events for around 600 people
- screen an additional 5500 women for breast cancer
- screen an additional 1500 people for bowel cancer
- screen an additional 500 women for cervical cancer

Care and quality - by 2020/21 we will

- save 150 lives through reduction in variation of identified Right Care opportunities
- see commissioning and provision of improved population outcomes through the implementation of new contracting models
- reduce non-elective admissions by 4%
- roll out seven day services in hospital to 100% of the population (four priority clinical standards in all relevant specialities, with progress also made on the other six standards)
- commission new models of primary medical care that ensures seven day access achieved for 100% population by 2021.
- ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the “Core 24” standards.
- 90% of people who access Psychological Therapies will engage through direct self-referral.

Finance – by 2020/21 we will have

- delivered all organisational control totals in the local systems’ organisations in 2016/17
- closed the £221m gap by:
 - delivering efficiencies of £106.7m through provider and commissioner CIP/QIPP programmes including new models of care and transformation
 - developing and delivering further proposals of £46.1m in collaboration with WY colleagues including clinical thresholds procedures of limited clinical value, further right care opportunities
- mitigated the risk of social care cuts of £50m
- utilised £18.1m of STF funding in 20/21
- By 2018/19 we will have modelled additional schemes to shift transfer of resources equivalent to £1.8m to primary care

Key milestones & decisions 2016/18

Enablers - Accountable Care for Bradford & Craven by 2021

- Accountable care accelerator programme in AWC designing new contracting models by March 2017
- Shadow Accountable Care System(AWC) by April 2017
- Procurement of a new model of care for diabetes awarding one outcomes-based accountable care contract – April 2017
- Structured collaboration for Bradford out of hospital clinical and social care model commences in September 2016 with intention to create a new contracting model in 2017.

Health and Wellbeing/Care Quality Gaps

- Roll-out diabetes prevention and smoking cessation programme - 2017/18
- Implement Cancer taskforce recommendations
- WY Urgent Care Vanguard decisions
- Children and Young People's Mental Health Transformation Plans implementation 2016/17 2017/18
- Workforce Strategy for H&C system by December 2016
- Estates Strategy for H&C system March 2017
- Digital Technology Strategy for H&C system June 2017

Financial Gap

- Analysis of plans to understand risk in plans within new models of care and QIPP/CIP in particular how social care funding gaps are managed
- Deliver worked up schemes for the opportunities within the £46.1m – October 2017
- Funding plan for long term self -care and prevention initiatives– March 2017