

Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 31st January 2017

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Subject:

The Health and Wellbeing Chair's highlight report summarises business conducted between Board meetings

Summary statement:

Better Care Fund Quarter 2 performance; updates from Bradford Health and Care Commissioners and the Integration and Change Board including revised Terms of Reference; Healthy Weight Deliver Board update.

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Chair – Bradford and Airedale Health
and Wellbeing Board

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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings or business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain.

Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

The report also brings updates from the Health and Wellbeing Board sub groups – the Bradford Health and Care Commissioners meeting and the Integration and Change Board unless the issues are covered by a standing business item under the approach to 'Working Better Together – A Whole System for Health and Wellbeing'. Increasingly the business of both sub-groups will focus on work under the Sustainability and Transformation Plan (STP) for Bradford and Craven, and the broader West Yorkshire and Harrogate STP.

The January 2017 report covers:

- Better Care Fund - Quarter 2 Performance
- Business conducted at the November and December meetings of the Bradford Health and Care Commissioners Group and the Integration and Change Board.
- A further update on establishing a whole system approach to Healthy Weight from the Healthy Weight Delivery Board.

2. BACKGROUND

As this report addresses multiple issues in brief, the background to each issue is included with the main report in section 3 below.

3. OTHER CONSIDERATIONS

3.1 Better Care Fund – 2016-17 Quarter 2 performance

The Better Care Fund (BCF) - a partnership between health and care partners and the Local Authority was created nationally with the aim of achieving better integration of health and social care and improving the lives of some of the most vulnerable people in our society - placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, to provide an improved experience of care when it is needed and better quality of life. Locally, the Fund aligns resources, including budgets, across health and care services to improve services and reduce duplication. Bradford Health and Care Commissioners (BHCC) have overseen the development of the Bradford District and Craven Better Care Fund (BCF) for 2016/17.

3.1.1 Quarter 2 Performance

The 2016/17 Better Care Fund (BCF) quarter two report was submitted to NHS England on the 25th November. Due to the submission date being out of sync with Health and Wellbeing Board dates the report was presented to the chair of the Health and Wellbeing Board for approval ahead of submission and a forecast dashboard was shared with the Health and Wellbeing Board at its 29th November Board meeting.

Summary:

The report demonstrates that progress is continuing against the implementation plan. To support this, BCF metrics and performance indicators demonstrate consistency with the plan.

Performance for our local metric (increase the diagnosis rate for people with dementia) has continued to be strong and consistently above the target throughout Q1 and Q2 with September data showing 81.2% against a target of 71%. Comparing the first 6 months of the BCF in 2016/17 to the same period in 2015/16 we have seen a year on year increase in the diagnosis rate for people with dementia. N.B. this metric is based on the footprint of the three CCGs – we are currently unable to split out Craven GP practices population.

Whilst Delayed Transfers of Care (DTC) figures fell slightly short of our target in both Q1 and Q2 performance remains strong compared to others in the region and nationally. Both acute providers have reported continued concerns about pressures on bed capacity and A&E performance as a result of delays in discharging people to community based care. As such BCF partners have agreed to a full independent review of our processes regarding DTC and people who are medically fit for discharge. An independent resource is being sought to undertake the review. The A&E delivery board will oversee development and delivery of a DTC action plan and is due to receive an update at the December meeting.

Throughout 15/16 BCF partners reported an ongoing risk regarding Non Elective activity (NEL). Our BCF schemes aim to respond to this risk with reductions in such admissions via schemes such as the expanded virtual ward (Bradford) and enhanced care (AWC). A reduction in NEL is anticipated throughout 16/17 as a result of these schemes. When comparing the first 6 months of the BCF for 2016/17 against 2015/16 Non Elective Activity has increased by 2664 and 2257 for Q1 and Q2 respectively. It should be noted however that during this time period national data sources have changed which could impact numbers marginally. The BCF team remain sighted on this metric.

At the meeting of Bradford Health and Care Commissioners in November it was

agreed to build on the work to date in developing the BCF dashboard as a means to monitor and measure the performance of each BCF scheme. Throughout Q3 Public Health partners will work with the BCF team to consider additional methods of evaluating and monitoring the schemes. Copies of the BCF dashboard will be provided at the meeting.

Better Care Fund Plan 2017-18

Development of the 2017-18 Better Care Fund Plan is in progress and will initially be considered at the Board's development session in February.

3.2 Updates from the Board sub-groups

3.2.1 Bradford Health and Care Commissioners (BHCC) December update

BHCC in December agreed to support a piece of partnership based work with Bradford Teaching Hospitals Foundation Trust (BTHFT), the Clinical Commissioning Groups (CCGs) and Public Health to develop a new service and approach to supporting vulnerable women during pregnancy.

Operating as the partnership board for both the Section 75 partnership agreement between the CCG and Local Authority, and the Better Care Fund (BCF) the December BHCC meeting was primarily dedicated to the quarter 2 performance review of the BCF Q2 performance monitoring dashboard and Section 75 Quarter 2 performance monitoring dashboard.

As part of the Section 75 review BHCC received a report from the Bradford and Airedale Community Equipment Service which included an update on actions to mitigate the increase in spend during the period 1st April – 31st October 2016 and the forecast year-end overspend. A detailed programme of work has been developed and will report back to BHCC in February 2017. Linked to discussions regarding the Section 75, BHCC requested that work is undertaken to look at the risks and opportunities in moving towards pooling budgets for Mental Health and Learning Disability Services within the 2017/18 Section 75. It also considered progress regarding integrated personalised commissioning for people with mental ill health, learning disabilities, older people and people with disabilities in line with the Care Act and NHS integrated personalised commissioning plans.

Finally, the group recommended the recommissioning of the Mental Health Wellbeing Navigation Service which is commissioned by the Local Authority and works in partnership with Bradford District Care Foundation Trust (BDCFT) and a wide range of VCS and community organisations to provide services to adults with a serious and enduring mental health problem, with a new service specification under development.

3.2.2 Integration and Change Board (ICB) December update

The November 18th ICB meeting was held in conjunction with the Children's Commissioner's Takeover Challenge which puts children and young people in decision-making positions and encourages organisations and businesses to hear their views. Vinay Verma, a student was taking over from Kersten England, Chair of ICB and found the meeting interesting and appreciated the challenges health and care system leaders are dealing with as they plan for the future together.

As part of the discussion on aligning strategic and operational planning it was agreed to make a case for our local STP footprint accessing our fair share of transformation funds linked to inequalities and for providers to submit a joined up response regarding planned changes to provider financial control totals.

The annual review of ICB terms of reference took place, along with a discussion on governance arrangements to support system sustainability and transformation and an agreement to progress recruitment for a Programme Director level to support the scale of transformational change. See Appendix 1.

Bev Maybury, Strategic Director, Health and Wellbeing, BMDC shared a presentation on adult social care and thinking about the future model of care. Discussions will continue with partners in the system and Bev will be bringing a case for change to the January 2017 ICB.

The self-care and prevention programme updated ICB with a revisit of the strategic overview of self-care to re-energise and embed the programme across care processes led by key partners. The work will focus on 3 priority areas; including people and communities - providing tools and resources and support to empower people to self-care, workforce - with self-care skills development programme for staff in health, social care and wider partners, and system change - with behavioural and culture change in programmes and organisations.

December ICB agreed to recruit a Programme Director to support delivery of Sustainability and Transformation across the health and care economy and welcomed Christina Walters into this role on an interim basis to support ICB partners. Following the review of ICB terms of reference in November they are presented to HWB for approval – attached at Appendix 1. A significant proportion of the meeting focused on the Council's budget proposals and the system impact and consideration of the work to mitigate the impact, which will include an event planned for March 2017 to consider health and care budgets, operational plans and mitigating the risks at system level.

An update was received on the integrated workforce programme including the Bradford District and Craven workforce strategy, and progress across the 4 priority areas including; growing our own, developing our workforce together, creating the conditions to retain talent within the system and developing a shared culture of integration and system wide working and details were shared regarding pursuing an Industrial Centre of Excellence (ICE) for health and care with an ambition to have something in place by September 2017.

Finally, an update was provided on Well Bradford which is a public health initiative with funding from Well North. Bradford is one of 11 sites chosen to be part of this initiative. It was acknowledged that local ownership and engagement in Girdlington is growing and an action plan has been developed which once approved by Well North will unlock resources to do the work: 6 areas will be focused on which have been identified by the local community. The test bed will be Girdlington and this will then potentially be expanded to Keighley and Holmewood.

3.3 Healthy Weight Programme

At the time of writing the Healthy Weight Delivery Board is about to meet for the second time to consider relevant strategies and high-level action plans that are currently in place or in development and to receive a presentation from Public Health on how behaviour change approaches can help people to take steps to improve their health and can provide a coherent framework for the work of staff, volunteers and peers as they seek to support people to improve their health.

A full update on the proposed development of a District wide approach to healthy weight as part of wider focus on health and wellbeing will be brought to the March Board as part of the Cardio-Vascular- Healthy Heart theme planned for that Board meeting.

4. FINANCIAL & RESOURCE APPRAISAL

Resource levels for the Better Care Fund in 2017-18 are not yet agreed and are subject to ongoing Council Budget processes. The resources committed to the Programme will be described in detail for the Board as the Better Care Fund framework for 2017-18 is developed.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

In relation to the Bradford District Care Fund, risk is managed by Bradford Health and Care Commissioners with the Health and Wellbeing Board having overall governance responsibility. Risk issues are reported alongside quarterly performance reporting.

In relation to the Bradford and District STP, risk is managed through a risk register by the partnership-based Integration and Change Board.

Governance and risk management of the West Yorkshire Sustainability and Transformation Plan is still being established, with input from local Clinical Commissioning Groups, Council Leaders and Chairs of the West Yorkshire Health and Wellbeing Boards.

6. LEGAL APPRAISAL

The legal status of the Better Care Fund has been established through a Section 75 agreement between the Council and the Clinical Commissioning Groups.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

The Sustainability and Transformation Plans (STP) for Bradford District and Craven and for West Yorkshire plus Harrogate have been developed to date in accordance with 2016-17 NHS Planning Guidance with the aim of bringing local health economies onto a sustainable footing by 2020-21. Operational plans are in development as directed by 2017-19 NHS Planning Guidance.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

At this stage it is not possible to anticipate what, if any impact on Trade Union issues the development of transformation programmes under the West Yorkshire Sustainability and Transformation Plan.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

10.1 The Board approves the Terms of Reference for the Integration and Change Board.

10.2 The Board notes the 2016-17 Quarter 2 Performance of the Better Care Fund

and the preparation of the Better Care Fund Plan 2017-18.

11. APPENDICES

11.1 Integration and Change Board - Terms of Reference November 2016.

12. BACKGROUND DOCUMENTS

12.1 Better Care Fund Quarter 2 performance dashboard. Copies will be available at the Board meeting.

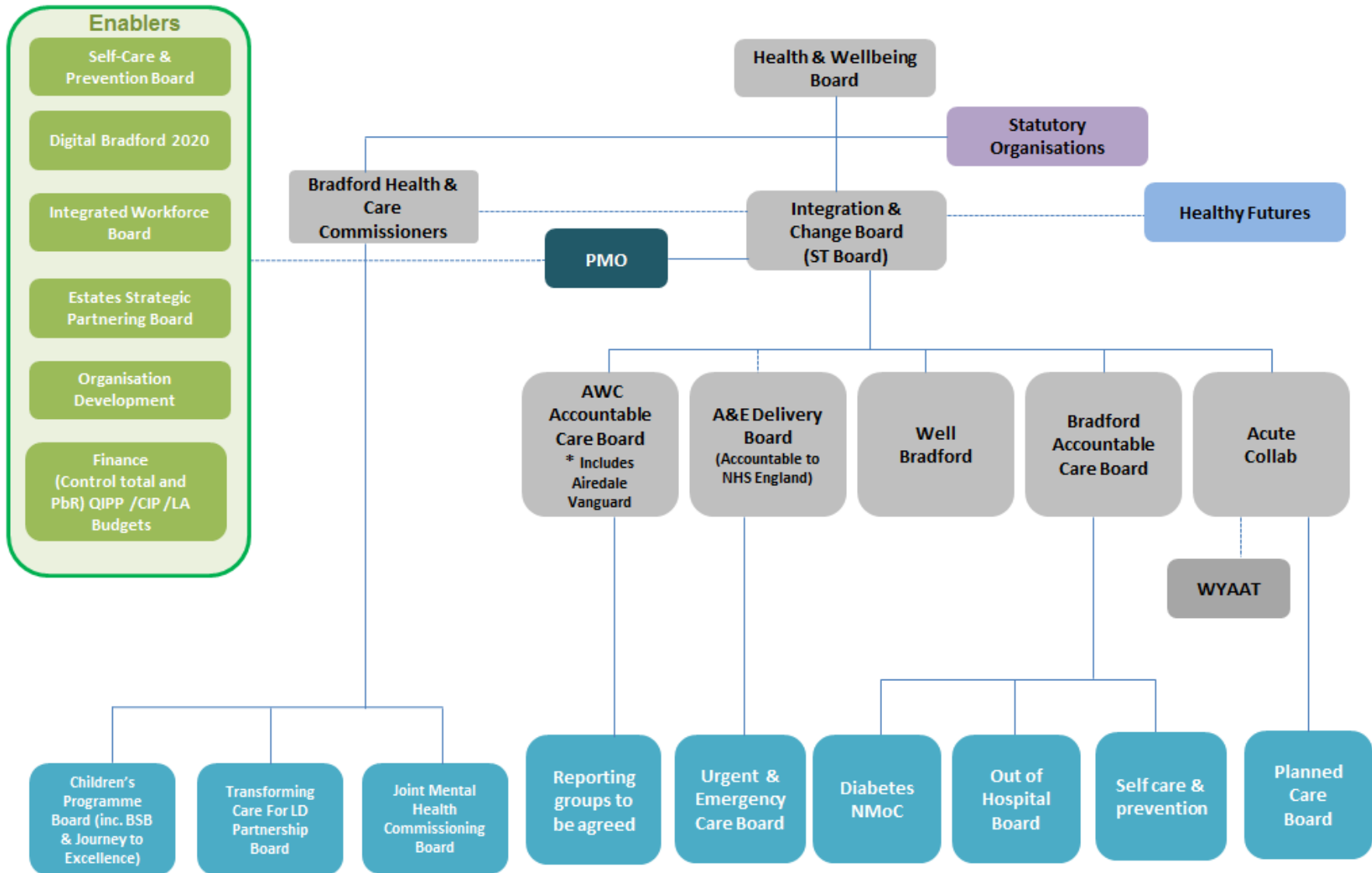
**Appendix 1
TERMS OF REFERENCE**

Integration and Change Board

Chair	Chief Executive, CBMDC
Vice Chair	Chief Executive, NHS AFT
Management Lead	Director of Collaboration, NHS B&A CCGs, CBMDC
Frequency	Monthly
Accountable to	Bradford and Airedale Health and Wellbeing Board
Reporting to this group (Governance structure attached)	<ol style="list-style-type: none"> 1. Healthy Futures Programme 2. AWC Accountable Care Board 3. Bradford Accountable Care Board 4. Local A&E Delivery Board (Systems Resilience Group) 5. Transformation Programme Enablers 6. Well Bradford 7. Acute Collaborative Programme
Key Purpose	<ul style="list-style-type: none"> • Setting the strategic direction for Bradford Health and Care Economy* within the context of the partnership organisations and wider change initiatives. <p><i>* This includes Bradford Metropolitan District Council & Craven</i></p>
Scope	<ul style="list-style-type: none"> • Interface between partner organisations across the Bradford Health and Care Economy • Strategic issues and initiatives impacting or have the potential to impact on the Bradford District and Craven Health and Care Economy Sustainability and Transformation Plan (STP)
Key Responsibilities	<ul style="list-style-type: none"> • Provide system leadership (operating within the principles of ICB#) • Operate as the local Sustainability and Transformation Board - provide strategic direction for Transformational and Sustainable Change • Continue to develop effective partnership between the partnership organisations • Define STP benefits • Advise and resolve strategic issues within the STP • Horizon scanning of other strategic change initiatives

	<ul style="list-style-type: none"> • Define risk appetite, including oversight of the strategic risk register • Develop and implement a mechanism for a system wide (health) control total • Development, engagement and communication of the Transformation Vision • Review and shape communication framework and key messages • Unblocking issues that can't be resolved elsewhere <p><i># Previously agreed September 2013</i></p>
Membership	<ul style="list-style-type: none"> • Chief Executive, Bradford Teaching Hospitals NHS Foundation trust • Chief Executive, Bradford District Care Foundation Trust • Chief Executive, Airedale NHS Foundation Trust • Chair, GP Federation – Bradford • Chair, GP Federation - YORDALES • Chief Executive, CBMDC • Strategic Director of Health and Wellbeing, CBMDC • Strategic Director of Children Services, CNMDC • Director of Collaboration, NHS B&A CCGs, CBMDC • Chief Officer, NHS AWC, BC and BD CCGs • Clinical Chair, AWC CCG • Clinical Chair, BC CCG • Clinical Chair, BD CCG • Invitation to NYCC, as required
Support	<ul style="list-style-type: none"> • CCG Collaboration Senior Lead – NHS B&A CCGs • PMO(In line with specification)
Administrative Support	Christie Bridge, PA, NHS AWC, BC and NHS BD CCGs
Quorum	One member from each Partner Organisation.
Review period	To be reviewed at least annually (September 2017)

Bradford District & Craven – Sustainability & Transformation Governance



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