

## **Report of the Chair's highlight report to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on Tuesday 24<sup>th</sup> July.**

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**Subject: Chair's Highlight report**

**Chair's Highlight report:**

CQC local system review and progress to date  
Bradford Council Local Offer Annual Report approval  
Sub group updates – ICB, ECB

**Summary statement:**

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. July's report brings an update on the recent Care Quality Commission, local system review and its progress, the Bradford Council local offer annual report for sign off and updates from the Board's sub-groups.

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**Portfolio:**  
**Health People and Places**

**Overview & Scrutiny Area:**

**Health and Social care Overview and  
Scrutiny**

## 1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. July's report brings an update on the recent Care Quality Commission, local system review and its progress, the Bradford Council local offer annual report approval and updates from the Board's sub-groups.

## 2. BACKGROUND

As the report covers multiple items, the background to each item appears together with the update in Section 3 below.

## 3. OTHER CONSIDERATIONS

### 3.1 CQC report and summit

In February 2018, the review was carried out following a request from the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of this review is to understand how people move through the health and social care system with a focus on the interfaces between services. The review looked into the commissioning arrangements of services and how a person centred is coordinated. During the review a range of interviews with system leaders, focus groups and site visits took place.

#### Process:

The Bradford District CQC local system review is now in the final stages of the process;

- The CQC completed the on-site elements of their review in February
- We held a system wide Summit to consider the learning from the CQC review in May, which was attended by over 60 colleagues from across the system including Overview and Scrutiny. The outputs of that session will inform the action plan.
- The CQC published their local system review of the Bradford District system in May. It can be found here on the CQC web site:  
<https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>
- As a system we are currently refining our action plan which will address the nine recommendations in the CQC's report. This is due for submission to Department of Health and Social Care by 6th July.
- The Health and Wellbeing Board owns the report on behalf of the system, and the Integration and Change Board will oversee implementation of the action plan on behalf of the Health and Wellbeing Board.

#### Report findings:

The main findings of the report are;

- There was a clear shared and agreed purpose, vision and strategy described in the

Happy, Healthy at Home plan which had been developed by the system. This was articulated throughout and at all levels of the system.

- System leaders across health and social care were compassionate and caring. They were clear that the needs of the person sat at the heart of their strategy and vision. System leaders encouraged the development of communities to build support around the person.
- There was a defined system-wide governance arrangement that pulled the system together and a clear architecture for development and roll out of the transformation of services in line with the plan.
- At an operational level, there was more work to be done to embed integrated working through integrated commissioning and funding.
- The system needs to continue to build on relationships throughout all levels and consider how the independent provider market is engaged as equal partners.
- Bradford had a good infrastructure through the Integration and Change Board (ICB) and Executive Commissioning Board (ECB).
- Although frontline staff found that sharing of information was still an occasional barrier, we also found that some of the information sharing processes were well developed.
- We found some good joined up interagency processes, particularly the Bradford Enablement Support Team (BEST) for reablement and the MAIDT (multi-agency integrated discharge team). The MESH team (the medicines service at home) was a further example of innovative practice. There was also good use of the VCSE sector to deliver services in equal partnership with health and social care staff.
- There were different ways for people to access services and they might be confused by different pathways into services. There were a number of 'single points of access'. These areas would benefit from being brought together as a single network and system leaders have recognised this.
- The workforce managed the flow through the system well and we saw that referrals, assessments and delivery of services were timely.
- Staff we spoke with were committed to improving outcomes for people and developing their strength-based approach. We found that staff were involved in developing the workforce strategy which would enable them to contribute to and to buy in to the system vision.
- People who lived in Bradford were supported to live in their own homes and their communities for as long as possible. They received holistic assessments of their care that took into account all of their social and health needs based around their strengths.
- People were supported to live independently in a community-based support system. However, people who were not eligible to receive funding for services had difficulties finding support and navigating through services.
- People were able to access help and support to stay safe in their homes through the use of technology and telecare systems.
- Although 87% of GPs provided partial access to extended provision which meant that people could access pre-bookable appointments, some people we spoke with

told us that they could not get GP appointments when they needed them. This meant that they were more likely to attend A&E if they were anxious or unwell

### The Action Plan

The action plan has been developed by a multi-agency project team that has worked together throughout the review process. The action plan will address the following nine recommendations made by the CQC:

1. System leaders need to address issues around quality in the independent social care market with a more proactive approach to contract management and oversight
2. Building on good relationships that exist between stakeholders such as VCSE organisations and GP alliances, this needs to be extended to the independent care sector
3. Leaders need to ensure that outcomes are person centred and caring in line with the vision and strategy
4. NICE guidance recommends that, apart from some exceptions, domiciliary care visits should not be shorter than half an hour. The commissioning of 15 minute domiciliary care visits needs to be reconsidered as concerns had been raised about the provision of care being task focused rather than person centred and leading to an increased risk of medicines errors.
5. There needs to be clearer signposting systems to help people find the support they need, particularly for people who fund their own care.
6. Although good work was in place with the local authority MCA and best interest assessment team, system leaders need to ensure that staff in health services and independent social care provider services have a better understanding of peoples rights and are able to understand the lifestyle choices that people make. System leaders need to address the fact that some peoples experience is not consistently good and person-centred.
7. There is potential to build primary care capacity and to maximise the impact of the primary care home model; the commissioning approach to primary care needs to maximise the outcomes from the two at-scale GP models emerging in Bradford.
8. Although information sharing and governance was well-developed, system leaders need to consider how to streamline processes when people are discharged from hospital with less reliance on paper based systems.
9. Medicines management when people have left hospital needs to be improved to reduce the time people have to wait for their medicines and to ensure that social care providers and people returning to their own homes have a clear understanding of the medicines they have been prescribed

See appendix A for the Local System review report from the Care Quality Commission also see appendix B for the action plan to be submitted to the Department of Health and Social Care.

### **3.2 Bradford Council Local Offer Annual Report**

The Chair has agreed the 2017-18 Annual report of the District's SEND Local Offer which provides information on support and services to families, young people and carers affected

by SEN or disability. The report was agreed between Board meetings to meet the deadline to publish the annual report on the Local Offer website. See background papers below for a link to the report.

See appendix C for the Bradford Council Local offer Annual Report

### **3.3 Working group updates**

#### **3.3.1 Executive Commissioning Board**

- ECB have reviewed their membership and terms of reference.
- BCF – ECB discussed the planning process for BCF for 2018/19 and the revised DToC trajectories. The planning guidance is due imminently. Quarterly reporting of BCf and iBCF continues to be received by ECB. Future quarterly monitors from Q1 2018/19 will be joint and cover the both BCF and iBCF, and focuses on the national conditions.
- Care Homes Market and system resilience – ECB hosted a deep dive discussion around the care home market and improvements required following the CQC recommendations following the System Review. The Cordis Bright model was used as a basis for the conversation which showed that 18% of homes within the market were at risk of failure. A modelling exercise to look at the needs projection of the residential and nursing market will now take place, linking to the community beds strategy.
- Early Help for Children - A task and finish group is to be established to focus on joint commissioning as a system around children's services.
- Recommissioning Activities – ECB received presentations on the following recommissioning activities which are taking place: home care, Carers navigation service. All joint commissioning activity is discussed at ECB as part of joint governance processes.
- Future ECB activities cover progress on the integrated care record, Autism and neurodiversity commissioning, transforming Care Partnership progress and a review of winter provision funded through the use of iBCF.

#### **3.3.2 Integration and Change Board**

The Integration and Change Board (ICB) has met twice since the last Health and Wellbeing Board meeting – on 20<sup>th</sup> April and on 15<sup>th</sup> June. The next meeting of the ICB will be on 17<sup>th</sup> August. Recent progress includes;

- We have welcomed the first of two new chief executives to the local system. Brendan Brown has joined as CEO of Airedale NHS FT and will also take up the role of lead Chief Executive for the Airedale Wharfedale and Craven Health and Care Partnership.
- Both local Health and Care Partnerships are currently developing an operating framework that will build on the success of informal collaboration and strengthen our collaborative governance arrangements, in line with parallel developments across the West Yorkshire and Harrogate shadow Integrated Care System.
- ICB continues to look outwards and build collaboration with our neighbours – we have scheduled a team to team with the Leeds equivalent of ICB - the 'Partnership Executive Group'. This will be a chance to focus on some of the many opportunities that we share – such as the economic potential of our combined strengths in

medical technologies and research. We will also focus on workforce, including the potential to build world class health and care academies.

- ICB member organisations supported the development of the successful 'One Workforce' bid which will bring over £1m into Bradford to support the development of a Health and Care Academy, attract more local talent into roles in the health and care sectors, and to develop the competencies required for the future including asset based community development and coaching approaches. To support a truly joined up conversation around workforce and skills, ICB is supporting the integration of boards and groups so we have 'one workforce' conversation locally.
- The development of coaching and enabling skills is at the heart of the work of both the Self Care and Prevention Programme and Healthy Bradford. ICB has recently supported both groups to clarify and extend their collaboration, so we have one coherent approach to prevention and early intervention.
- Digital 2020 is one of the other key enabling groups supported by ICB. In April Digital 2020 set out a bold ambition for a safe, efficient and joined up approach to Business Intelligence, Shared Care Records and overcoming the practical barriers experienced around Information governance. This proposal was endorsed in principle and in June ICB committed partnership funding from partner organisations to enable Digital 2020 to move further faster on behalf of the system. Recruitment to key roles is now underway.
- The delivery of the Happy Healthy at Home plan is dependent on enabling groups (digital, estates, workforce, self care) and also on the work of the local health and care partnerships. To make sure the programmes are supported and delivering effectively, ICB has commissioned a programme review which will provide assurance and lead to action to accelerate delivery.
- The CQC local system review has also provided recent external validation of the strength of our collaboration and focus on the needs of people. In May our CQC report was published following a system wide workshop event at the Carlisle Business Centre attended by over 60 colleagues from across the health and care system. The outputs of the workshop have helped refine our CQC action plan which has been shared with the Department of Health and Social Care in June. Oversight of delivery of the action plan will be undertaken by ICB on behalf of HWB over the course of the next year.
- Building on the CQC local system review event, ICB is supporting further collaboration and shared learning between provider organisations, many of which have recently been inspected by the CQC. This will be a chance to identify and address any quality themes identified and to gain support around systemic issues raised in CQC reports.
- Lastly the CQC experience and the recent NHS 70<sup>th</sup> Birthday celebration has highlighted the need for a comprehensive system-wide communications approach. ICB has commissioned work to develop proposals.

**4. FINANCIAL & RESOURCE APPRAISAL**

None

**5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

None

**6. LEGAL APPRAISAL**

None

**7. OTHER IMPLICATIONS**

**7.1 EQUALITY & DIVERSITY**

Local Offer co-produces and gains feedback from key stakeholders (being CYP with SEND 0-25years and their families) about the Local Offer website and its alternative format resources being the LO pocket booklet. Local Offer in addition gains feedback about SEND services, if key stakeholders have identified gaps. The SEND services provide the responses for the report. Local Offer feedback is sought it is from male and female groups across various age ranges up to 25yrs and with a variety of special needs and their families.

**7.2 SUSTAINABILITY IMPLICATIONS**

None

**7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

None

**7.4 COMMUNITY SAFETY IMPLICATIONS**

None.

**7.5 HUMAN RIGHTS ACT**

None

**7.6 TRADE UNION**

None

**7.7 WARD IMPLICATIONS**

None

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS  
(for reports to Area Committees only)**

None

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

Local Offer Service is SEND targeted from birth to 25yrs and their parent/carers. The SEND Local Offer is a statutory service for all LA and must be compliant with the SEND CoP –Local Offer. The Bradford Local Offer completes and carry's out annual LO SEF against the statutory SEND CoP-Local Offer framework and takes part in peer reviews and challenges with other LA's. The Bradford's Local Offer was regarded as a "Rolls Royce" version of a Local Offer compared to regional LA LO by Rotherham's Children's Services Strategic Director at the Peer Challenge. Refer to the guidance contained in the Report Guide and the feedback section within the LO website.

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

None

## **10. RECOMMENDATIONS**

**10.1** That the Board notes the update of the CQC local system review and asks the Integration and Change Board to own the action pan.

**10.2** That in relation to section 3.2 the Board is asked to note that the 2017-18 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

## **11. APPENDICES**

See appendix A for the Local System review report from the Care Quality Commission

See appendix B for the action plan to be submitted to the Department of Health and Social Care.

See appendix C for the Bradford Council Local offer Annual Report

## **12. BACKGROUND DOCUMENTS**