Ref.	Theme	Action	Owner	Status	Due		
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							
1.1	3	Establish Service Improvement Boards for home care and care homes, and an over-arching quality forum to coproduce a single market position statement which shifts from reactive annual activity towards a population focus defining the size and desired consitution of the future market shape.	ECB	open	31/12/18	UPDATE 28/09/2018 – 40% complete – on track · Both service improvement boards established. · MPS work yet to start. New AD in post from early October who will be prioritising the work	🟩
1.2	3	Undertake fair cost of care modelling exercise with providers drawing on CIPFA (Chartered Institute of Public Finance and Accountancy) Guidance and use to inform re-commissioning of the frameworks for regulated services - enabling a shift from annual fee setting processes to a long term settlement.	ECB	open	31/12/18	UPDATE 28/09/2018 –on track · Modelling work underway · Working group now established · New AD for HWB dept will be joining the working group from October	🟩
1.3	3	Examine potential to embed principles and meet the cost of implementing the living wage and Unison Ethical Care Charter within reviews of frameworks for care homes, home care and supported living.	ECB	open	31/12/18	UPDATE 28/09/2018 –on track · Ethical care charter and living wage embedded as part of the recommissioning of the new home care contract. · AD within HWB Dept will be progressing the other framework areas.	🟩
1.4	3	Explore opportunities to introduce a common framework of competences (skills) and competencies (attributes) for integrated working across health and social care across all provider settings.	IWPB/Health and Social Care Academy Leadership Group	open	31/12/18	Positive progress with inclusion of BCA alongside Skills for Care in the relevant IWPB programme. Expected outputs are…. BCA also involved in Out of Hospital Programme which oversees development of Community Partnerships (formerly Primary Care Homes) - enabling alignment and integration at a practical local service delivery level. This will support strategic aims to develop career paths and team/ 1:1 support for better safety, care, and efficient use of resources. Consider deliverables by 03/19 - this is an ongoing action	🟩
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							
2.1	3	Work with independent care sector to review participation in local partnership, governance and programme delivery arrangements. To include (but not limited to): ICB, Health and Care Partnership Boards, Provider Alliances, Out of Hospital programme board	ICB (to coordinate)	open	31/12/18	The Integration and Change Board, and the Out of Hospital Programme Board have all considered their membership and as a result representatives of the Bradford Care Alliance (providers of home care and care homes) are now active participants in these system governance and partnership arrangements. We expect participation to continue to evolve, and suggest that the action can now be closed as complete	🟦
2.2	3	Programme Management Offices/ support for local partnership arrangements to consider how to operate with greater flexibility to enable participation by wider range of stakeholders without relying on meeting attendance	ICB (to coordinate)	open	31/12/18	A collaboration between communications teams has started work. One expected output of this will be to ensure regular two way communication with those working in all parts of the health and care system. Anticipate detailed proposals in Winter 2018.	🟩
2.3	3	Work with the independent care sector to be actively involved in shaping how as a system we attract, recruit, develop and retain a high quality workforce across the wider health and care system	IWPB/Health and Social Care Academy Leadership Group	open	31/03/19	Positive progress with inclusion of BCA alongside Skills for Care in the relevant IWPB programme. Expected outputs are…. BCA also involved in Out of Hospital Programme which oversees development of Community Partnerships (formerly Primary Care Homes) - enabling alignment and integration at a practical local service delivery level. This will support strategic aims to develop career paths and team/ 1:1 support for better safety, care, and efficient use of resources. Consider deliverables by 03/19 - this is an ongoing action	🟩
3. Leaders need to ensure that outcomes are person centred and caring in line with the vision and strategy							
3.1	1	Develop an agreed approach to system development to support delivery of strategy and vision	OD Network	open	31/10/18	A system wide OD network has been established on a voluntary basis and accepted by the Integration and Change Board as the 'system development enabler'. A diagnostic analysis has been undertaken using a recognised OD framework (Burke Litwin). ICB has agreed to resource the development of the network, validation of the diagnostic, and creation of a system development plan which responds to identified priorities and supports achievement of our strategy. The system development strategy is anticipated to be wrtten and agreed by Winter 18/19, with implementation thereafter.	🟨🟩
3.2	1	Roll out the agreed common set of values/principles for integrated working across all organisations, to help foster a culture of being part of one system with a common purpose	IWPB	open	31/03/19	Progress with establishment of 'system development' enabler and start of 'comms and engagement' network. A concerted plan of action, with appropriate resource now needed to move this forward. IWPB annual review will help clarify actions, owners, resources etc required - needs a push and support	🟧
3.3	1	Develop a system-wide programme of staff engagement, using personal narrative to reflect person centred approaches in various care settings, to ensure that Happy, Healthy at Home is owned by staff at all levels in all parts of the system. Make sure benefits of the vision for each stakeholder group are clearly articulated	Comms and Engagement Network	open	30/06/19	Progress with this action is slower than planned and is expected to remain so, without changes in the level of resource and/or the priority accorded. Comms and engagement teams are tremendously busy, and have been asked to focus on other priorities. Additionally the assumption that this action could be completed within existing comms resource is potentially wrong. It is suggested that next steps are; revise the delivery date, and find more capacity (by freeing up existing resources and/ or bringing in additional)	🟥
3.4	1	In recognition of the challenges posed by differing national requirements placed on organisations that are trying to work together; develop a common framework for the next level of collaboration, addressing shared decision making and integrated commissioning and delivery.	Health and Care Partnership Boards	open	31/12/18	Working parties established by both HCPBs including legal support, and joint workshops planned between the two partnerships to refine content of 'Partnership Operating Framework'. On track to agree principles and ways of working by December 2018, and to have signed MoU/ Agreements by March 2019.	🟩
3.5	3	Establish learning and improvement processes through which the system will support providers with common themes and systemic issues emerging from CQC (and other quality) inspections.	ICB (to coordinate)	open	31/10/18	CCG Quality Team has undertaken an audit of local provider CQC reports to identify common themes. Next step to test with provider quality leads to agree approach to mutual support	🟨
3.6	4	CQC consider best practice is the ethos of not moving frail people between wards in the hospital where possible – however they observed occasions where this didn't happen in practice during the review. The system to stress test how embedded this approach is in practice, and develop a method of assurance through which partners hold each other into account to hold true to the principles during periods of stress within the system such as winter peak flow.	Trusts	open	30/09/18	ANHSFT is implementing a Flow Matron within the hospital and within this role is the requirement to determine a baseline position and develop the requirements to reduce this to the lowest possible place, including the monitoring and provision of assurance. BTHFT is aware that this is still a concern which it is actively addressing. Although safeguards have been put in place in relation to the assessment of the appropriateness of a ward move for individual patients, a process of monitoring and assuring their outcome and experience is not fully in place (apart from a daily review of any reported harm). It is expected that the implementation of the command centre will support the focus on reducing the movement of patients	🟧
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.							
4.1	3	review current commissioning policies and move towards outcome based contracting arrangements for personalised support at home, rather than time/ task focused commissioning	CBMDC	open	31/10/19	approach to outcome based commissioning co-produced with independent care sector providers, and market shaping and contracting exercises that align home care with community partnerships actively progressed	🟩
5. There needs to be clearer signposting systems to help people find the support they need, particularly for people who fund their own care.							
5.1	4	Review current arrangements with the aim of implementing an integrated/ aligned single point of access, which allows for easy access, smoother customer journey, and enhanced communication between services	Out of Hospital Programme Board	open	30/06/19	Goal of simplifying access arrangements have been explored at out of Hospital Programme Board and at both HCPBs. Now being taken forward via 'care coordination' project, and development of ICS approach to out of hours and urgent care responses. Timescales to be kept under review as projects develop	🟩
5.2	3	Review the current information advice and guidance offer available to people and their families to help them make informed decisions on care options (particularly re long term care options) and enhance the front door offer through strengths based conversations and digitally enabled options to connect people to support	CBMDC	open	31/03/19	Reviewing the current documentation is part of the Impower actions. The Fast Forward Phase will be complete January 2019	🟧
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.							
6.1	4	Continue roll out of Mental Capacity in Practice training to strengthen understanding of how to capture and uphold people's wishes, feelings and beliefs within care and support planning and delivery and refresh the offer in keeping with the new Multi-Agency Safeguarding Adults Procedures implementation programme.	Safeguarding Adults Board	open	31/03/19	We have continued with this roll out across services. Take up of the MCA training offer is sporadic. More training is planned.	🟧
6.2	4	Safeguarding Adults Board to seek assurance from all local partner organisations on the compliance and effectiveness of their MCA training arrangements.	Safeguarding Adults Board	open	31/03/19	Not yet complete. Will go to SAB in November.	🟥
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.							
7.1	2	Develop plans to align approaches to locality working (primary care homes, ward teams etc)	Health and Care Partnership Boards	open	31/12/18	Issues of geographical alignment and mutual participation in ward forums/ community partnerships explored at HWB (July 2018). Progress beign made on mutual understanding and participation - e.g. elected members connected to their local Communuty Partnerships and in receipt of local JSNA information. Ideal of coterminosity of wards and community partnerships considered to be a long term goal that should not stop progress being made.	🟩
7.2	2	Keep looking outwards and bringing more people together.Test how effectively current partnerships are fully inclusive of diverse and differentiated viewpoints and agendas. (e.g. community pharmacy, dentistry, optometry, VCS organisations large and small, faith organisations, housing organisations, tenants and residents associations)	Health and Care Partnership Boards	open	31/03/19	Community partnerships are growing and reaching a wider range of participants including community pharmacy, local councillors and council staff, a wider range of VCS organisations, as well as becoming closer to community groups themselves. The direction of travel and progress made is positive. In order to complete this action (which will require repetition at regular intervals) our system should now embed a 'back stop' process to ensure that all partnerships consider participation and inclusion at least annually.	🟩
7.3	2	Build on strength of community anchor involvement in communities/ locality working, to maximise VCS engagement	Health and Care Partnership Boards	open	31/03/19	As above - through a network of established community anchor organisations, progress is being made to engage the VCS widely	🟩
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.							
8.1	4	Investigate and eliminate the use of fax machines, with all partners committing to support a consistent approach	Digital 2020	open	31/10/18	All local Trusts have commited to achieve this goal and plans for the elimination of the use of faxes have been verified for some but not all organisation. Where they exist, plans are owned by CCIOs and coordinated and overseen by Digital 2020 on behalf of the wider system. The planned delivery date will not be met - a new planned delivery date will be agreed once all individual organisational plans are in place.	🟨
8.2	4	Subject to feedback from the pilot, roll out the new SystmOne EDSM (Enhanced Data Sharing Module) across the District.	Digital 2020	open	31/12/18	the Systm One EDSM module has been rolled out throughout the Bradford District to all general practices. CCG continues to support its use and implementation as business as usual' - but project to roll out has been successfully completed.	🟦
8.3	4	Review current data sharing and information governance procedures across the heallth and care system with a view to developing an approach that addresses barriers and supports integration.	Digital 2020	open	31/03/19	Digital 2020 has developed a blueprint for the future data architecture required to ensure data sharing and population health management is enabled and IG compliance maintained. This has been endorsed by ICB and investment into syetem wide resources has been made. Recruitment to roles has been slower than planned which means that the target date for completion is likely to slip. A revised plan will be provided.	🟧
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							
9.1	4	CQC observed low levels of self administration on wards – noted that this helps people to retain/ regain independence and should be promoted. Consider how to strengthen this	Trusts	open	31/10/18	ANHSFT has implemented self-administration of medicines within one ward and plans are in place for a second ward. In addition a plan is being developed to roll this out to the rest of the wards where it is considered appropriate. BTHFT maintains that self administration of medicine should be managed in a planned way and as part of a rehabilitation programme, in a rehabilitation setting. This provides the focus of the reviews and actions being taken.	🟧
9.2	4	Review medicines supply and usage along pathways including home, hospital and residential/ nursing care settings, applying best practice - including Red Bag scheme; ensuring people and their carers have a clear understanding	A&E Delivery Board	open	31/03/19	no update provided yet due to CCG IT issues - will be updated in w/c 22nd Oct	