

Report of the Health and Care Partnership Board to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 22nd March 2023

AB

Subject:

Update from the Bradford District and Craven Health and Care Partnership Board

Summary statement:

The Bradford District and Craven Health and Care Partnership Board is the place-based committee of the West Yorkshire Integrated Care Board. It is responsible for the use of NHS resources locally, and for the leadership of the Bradford District and Craven Health and Care Partnership. It was formally established in July 2022. This is its first annual update to the Bradford District HOSC.

EQUALITY & DIVERSITY:

The Integrated Care System has prioritised tackling inequalities in all that it does. That means seeking to improve outcomes for all while reducing unwarranted variation in outcomes arising from social, economic and demographic factors. It also means seeking to ensure access to opportunities for employment within the health and care sector, and ensuring a good experience at work for all our colleagues.

Locally we have established a Reducing Inequalities Alliance to guide and support us; prioritised Equality Diversity and Inclusion within our People (Workforce) Plan; and directed investment differentially to tackle inequalities at specific communities and neighbourhoods informed by population data.

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Portfolio:

Healthy People and Places

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

1. SUMMARY

- 1.1 The Health Overview and Scrutiny Committee (HOSC) is invited to receive an annual update report from the Bradford District and Craven Health and Care Partnership Board. This is the first such report following the establishment of the Partnership Board in July 2022.
- 1.2 Our Board is a committee of the NHS West Yorkshire Integrated Care Board. From 1 July 2022 integrated care boards (ICBS) have taken on the statutory responsibility for planning and funding (commissioning) health services. Previously this was the responsibility of clinical commissioning groups (CCG) - for example the former NHS Bradford District and Craven CCG.
- 1.3 This paper describes how our Bradford District and Craven Health and Care Partnership is one of five place-based partnerships that form part of our West Yorkshire Integrated Care System. Each place-based partnership contributes to the work of the integrated care system, while also maintaining a focus on delivering at a local level and continuing to meet the needs of our local populations.
- 1.4 Locally we have recently completed a [strategic priorities re-set programme](#) which has resulted in us focusing on five priorities that are supported by four enablers. These link to [our place-based partnership strategy](#) as well as the ambitions of our West Yorkshire integrated care system.
- 1.5 We are encouraging members to find out more about our place-based partnership and share our website link with their networks www.bdcpartnership.co.uk and in addition you can find out more about the NHS West Yorkshire Integrated Care Board at www.westyorkshire.icb.nhs.uk/
- 1.6 We are committed to working with partners to tackle inequalities, we would welcome the support of members for our Reducing Inequalities Alliance You can sign up to our newsletter as well as access a range of resources and toolkits on our website www.bdcpartnership.co.uk/strategic-initiatives/ria/
- 1.7 This update includes a series of case studies highlighting the work we have already done to date, using our Act as One ethos, that has been nationally recognised too.

2. BACKGROUND

- 2.1 [The Health and Care Act 2022](#) established new arrangements for the planning and coordination of health and care services, including the establishment of Integrated Care Systems (ICSs) comprising NHS Integrated Care Boards (ICBs) and partnerships between ICBs and local authorities known as Integrated Care Partnerships (ICPs).
- 2.2 The importance of retaining local decision making is included in the Act, and provision is made for the establishment of 'place-based' committees of the ICB, which work alongside Health and Wellbeing Boards to lead local health and care systems. The Bradford District and Craven Health and Care Partnership Board (the subject of this report) is our place-based committee of the West Yorkshire ICB. We publish papers for all our meetings, which are held in public on our website www.bdcpartnership.co.uk/about-us/how-we-make-decisions/
- 2.3 In July 2022 the [governing documents](#) for the West Yorkshire ICB and the Bradford District and Craven Health and Care Partnership Board (BD&C Partnership Board)

were approved by NHS England. They provide for extensive delegated authority and ensure that most decisions affecting health and care in Bradford District are taken locally. The principle of subsidiarity was already well established in the West Yorkshire Health and Care Partnership prior to the 2022 Act and has been retained in the new arrangements.

2.4 During the year preceding establishment of the West Yorkshire ICB in July 2022, the HOSC received several updates on the planned changes. The Committee highlighted a number of key lines of enquiry to which they would like to return once arrangements had been established. In this report we seek to address those questions:

- Retaining local decision making in the new arrangements
- Ensuring probity of decision making
- Ensuring transparency to the public and to the Committee
- Making a difference for local people

2.5 Following establishment in July 2022 the BD&C Partnership Board and the local team of the West Yorkshire ICB, which supports the Board, have engaged with the HOSC on a range of matters including local healthcare estates, assessments and support for autism, the needs of children, and access to mental health and primary care. There has also been engagement with the Chair of Scrutiny in relation to matters which are the subject of the West Yorkshire Joint Scrutiny Panel, such as the harmonisation of commissioning policies.

2.6 In this report we seek to build upon these recent conversations to demonstrate the following:

- Our local strategic priorities (healthy minds, healthy communities, access to care, children and young people, and workforce) are focused on meeting the specific needs of our citizens, while delivering on the nationally set expectations of the NHS, which are also important for our citizens.
- We are developing our approach to listening to and working with our local communities, to maximise impact. You can see current and previous public involvement activities we have carried out on our dedicated citizen engagement website www.engagebdc.com - note any work we do that involves communities includes a range of options for people to take part using offline and tailored resources such as easy read or interpreters at events.
- The work we are doing that is making a difference for local people

3. Purposes of Integrated Care Systems, and responsibilities within the West Yorkshire Integrated Care System

3.1 Purposes of Integrated Care Systems

All integrated care systems have four core purposes, which are

- Reduce health inequalities
- Manage unwarranted variations in care

- Secure the wider benefits of investing in health and care
- Use our collective resources wisely

3.2 Responsibilities of the NHS ICB and Local Authorities

Integrated care systems are partnerships of health and care organisations that come together to plan and deliver joined-up services, improving the health of people who live and work in the area.

Within ICSs the NHS West Yorkshire Integrated Care Board has specific responsibility for the use of NHS resources to deliver the four core purposes listed above. It is also jointly responsible with the local authorities for convening the integrated care partnership and ensuring it co-creates an integrated care strategy to meet the needs of local people. In doing this the Partnership must have regard to the needs analyses and local health and care plans developed through Health and Wellbeing Boards and related local partnership arrangements.

Local authorities are joint founders of the integrated care partnership and share the responsibility with the NHS for developing and delivering the integrated care strategy.

3.3 Responsibilities of the Bradford District and Craven Health and Care Partnership Board

In West Yorkshire there are five place-based committees of the NHS Integrated Care Board. Ours is the Bradford District and Craven Health and Care Partnership Board. The other place-based committees cover Calderdale, Kirklees, Leeds and Wakefield.

Our Partnership Board has delegated authority from the West Yorkshire ICB to act on its behalf on matters which relate to Bradford District and Craven. The scope of these responsibilities is extensive and is set out in the [Scheme of Reservation and Delegation](#). The Partnership Board is responsible for the use of £1bn of NHS resources to meet the health and care needs of the people of Bradford District and Craven, and to convene the local partnership to achieve the four core purposes of ICSs as set out above.

3.4 Retained matters

A limited number of responsibilities are retained by the West Yorkshire ICB and are not delegated to the BD&C Partnership Board. This is the case in relation to:

- Specialised commissioning of low frequency / high cost services which are provided on a regional basis. Most specialised commissioning will be co-commissioned between NHS England and WY ICB during 2023/24 with further delegation to regional collaboratives of ICBs from 2024/25 onwards.
- Commissioning of high street Pharmacy, Optometry and Dental care, which will be commissioned by NHS West Yorkshire ICB from April 2023, following delegation from NHS England. West Yorkshire ICB will work with neighbouring ICBs to ensure robust commissioning arrangements are retained which benefit from operating at scale.
- Some specialised mental health services are already commissioned by the West Yorkshire ICS through the Mental Health Provider Collaborative, such as specialist perinatal mental health, eating disorders and in-patient children's mental health services.

4. Operation of the Bradford District and Craven Health and Care Partnership Board between July 2022 and March 2023

4.1 Participation and connectivity

The Partnership Board is chaired by an independent Chair. Other non-executive members include the chairs of the three assurance committees which support the Board (Finance and Performance, Quality, and People). Participation on the Board includes both Craven and Bradford District perspectives, and a wide range of relevant sector perspectives (care sector providers, voluntary community and social enterprise sector, primary care) as well as all local council and NHS bodies. The independent Healthwatch organisations for North Yorkshire and Bradford District also participate, and chair the Citizens Forum. In addition we have a clinical forum that helps ensure we have clinical input into our decision making and taking.

The Partnership Board oversees the local health and care system. The delivery of the system is led by an executive group, the Partnership Leadership Executive, chaired by the Place Lead. Our Place Lead is Mel Pickup who is also the Chief Executive for Bradford Teaching Hospitals NHS Foundation Trust. It oversees the work of five strategic priorities, four enabling programmes, and the work of the local ICB team which supports the partnership and delivers the NHS ICB functions in Bradford District and Craven.

The BD&C Health and Care Partnership is one of the strategic partnerships that come together at the Bradford District Wellbeing Board to align our work and maximise our collective impact to deliver the District Plan. The BD&C team of the ICB are also well connected into the Health and Wellbeing Board for North Yorkshire.

The BD&C Health and Care Partnership is well connected into the wider West Yorkshire Integrated Care System. Our Place Lead is a member of the NHS West Yorkshire Integrated Care Board, and participates in the senior leadership and management forums. Our independent chair meets regularly with the chairs of neighbouring Place committees and the chair of the West Yorkshire ICB. Several of our BD&C Partnership Board members from CBMDC and local NHS provider trusts are members of the West Yorkshire Integrated Care Partnership.

4.2 Areas of focus

Since establishment in July 2022 the BD&C Partnership Board has met formally four times and has also undertaken three development sessions.

The areas covered by the Board have included;

- strategy and its delivery through our five priority areas
- assurance and the work of our committees
- system finance, performance and business planning
- management of risks and issues
- estates including Airedale General Hospital, Lynfield Mount, and Shipley Hospital
- system flow and transfers of care
- actions to tackle the cost of living crisis
- a new approach to understanding what matters to our communities through our Listen In programme <https://engagebdc.com/listen-in-bdc>

Naturally in the first few months of operation there has been a focus on the establishment of governance arrangements for the Board and its committees.

Development sessions have focused on:

- reducing inequalities
- sustainability
- board assurance framework
- measurement of impact and development of a balanced scorecard

4.3 Openness and probity of decision making

The BD&C Partnership Board publishes its papers in advance on the [BD&C Partnership website](#) and publicises the forward programme of meetings through all partner communications channels. The Partnership proactively seeks [questions from members of the public](#) and considers them at every Board meeting.

Every formal Board meeting is held as a meeting in public at different community venues across Bradford District and Craven to enable members of the public to attend. So far we have met in Bowling, Eccleshill, Skipton, Buttershaw, and Keighley. Our next two meetings will take place at Carlisle Business Centre in Manningham, and Thornbury Centre in BD3.

The policies of the WY ICB are followed in relation to the declaration and management of potential conflicts of interest, with action taken before and during our meetings. There is a published register of interests for all members, which is regularly reviewed and updated.

4.4 Listening and involving

A key development for the Partnership this year has been the introduction of 'Listen In'. In the weeks prior to each Board meeting a series of visits to local community organisations, and public spaces (markets etc) is undertaken by Board members. These visits are targeted so that they take place in the locality in which the next Board meeting will be hosted. They have been well attended and impactful on the work of the Board. Learning from each programme of visits is discussed at every Board meeting.

This approach has also proved to be an effective way of encouraging public participation through the asking of questions to the Board and attendance at meetings. Section 5.2 highlights some of the learning gained through the Listen In approach and how this is influencing the Partnership.

4.5 Review and evolution

The Partnership Board is committed to ongoing improvement and is about to embark on its first annual committee effectiveness review. While this feels relatively early in our evolution, it will establish an appropriate annual cycle for the future.

Matters that we will include in the review include membership and participation, effectiveness of meetings, delivery of agreed purposes, and opportunities for improvement.

5. Making a difference by Acting as One

5.1 Our Strategic Priorities

We have been working on a strategic priorities re-set programme that's designed to help us meet the challenges we expect to see for our Bradford District and Craven Health and Care Partnership.

These challenges include meeting our core responsibilities that improve the health and wellbeing of our communities as well as our colleagues and to deliver sustainable change across health and care so that we can achieve our vision to keep people 'happy, healthy at home'.

Our focus is on delivering the best possible outcomes, including reducing inequalities, for our communities and for our colleagues.

Our health and care partnership has been working together to refresh our priorities which are as below.

- Access to care - this includes unplanned care (for example when you need help in an emergency), planned care (such as when you need treatment that is scheduled in advance), long-term conditions (such as diabetes) and our cancer screening programmes
- Children, young people and families - this includes our first 1001 days programme (previously known as better births), prevention and early help (such as through public health nursing or the Living Well Schools), pathways and services (such as community therapy services) and complex care (such as transition to adult services)
- Healthy communities - this includes work done through our existing community partnerships, community health and integration (such as virtual wards and end of life care) and local community-based collaboratives such as primary care networks
- Healthy minds - this covers mental health, neurodiversity, learning disabilities and substance misuse
- People development - to recruit, retain and develop our health and care workforce

Our priorities are supported by four enabler programmes which are as below.

- Living well
- Reducing inequalities
- Digital data intelligence and insight
- Estates

5.2 Learning from listening to local communities

In the first few months the Partnership Board has responded to questions from the public covering a wide range of topics, many of which resonate with the lines of enquiry pursued by the HOSC. Questions have covered:

- access to general practice services
- access to specialist dental services for people with specific needs
- rural access and transport
- autism assessment capacity
- diversity of leadership in the Partnership
- suggestions to improve transitions from active treatment to end of life care

In addition to these questions the Listen In process has highlighted:

- the importance of good public transport networks, not just in rural areas

- the impact that the cost of living crisis is having on people's health and wellbeing
- the critical role that community groups and hubs play in creating health and wellbeing
- the importance of mental health, particularly expressed by young people
- the public appreciate that resources are limited and want to play their part
- primary care is particularly important to people as a gateway to support

5.4 Partnership risks and issues

The Partnership Board has developed a comprehensive approach to identifying and managing risk, which forms part of an overall risk management system for the Integrated Care System. This will continue to evolve as we seek to focus on the areas where a BD&C Partnership response can add value to the existing work of partner organisations.

Key themes which we continue to work on include:

- estates, particularly the risk to service continuity associated with the extensive presence of RAAC concrete in Airedale General Hospital
- sufficiency of workforce now and into the future
- fragility of the care sector
- ensuring the model of care for children and young people's mental health is fit for the future
- meeting the needs of children and young people with complex needs requiring seamless collaboration between partners
- timely access to care for all, reducing waiting times and managing multiple chronic conditions

5.5 Demonstrating impact for people

We are proud of the work we have been doing building on solid foundations that have been harnessed by our Act as One ethos that helps deliver our vision to keep people 'happy, healthy at home'. In this section we are providing a snapshot of some of the work we have done that is changing lives. We have included links to national reports and case studies that highlight the progress we are making.

Real people telling their stories. Our projects, funded by the reducing inequalities in communities (RIC) initiative, have improved lives in some of our most challenged communities. We have a number of people's stories to demonstrate the impact made, you can watch these stories here <https://bdcpartnership.co.uk/strategic-initiatives/ria/ric-human-stories/>

We are building up a bank of case studies to bring the work of our partnership to life you can find these here [Case studies - Bradford District & Craven Health & Care Partnership \(bdcpartnership.co.uk\)](https://bdcpartnership.co.uk/case-studies/)

Our system transformation programmes. Prior to our recent strategic priorities re-set programme we had been working on seven system transformation programme. The work we have delivered on those programmes has been summarised by a local young person, Haris Ahmed, through a piece of performance poetry

www.bdcpartnership.co.uk/transformation-programmes-our-year-in-review-2021-2022/. In the appendices we have shared an infographic that captures some of our key achievements for 2021-2022.

Our response to the cost of living crisis. We have been featured in a national case study and took part in a national workshop to describe how we have worked as a place-based partnership to respond to the cost of living crisis

<https://www.england.nhs.uk/integratedcare/resources/case-studies/partnership-working-in-bradford-district-and-craven-helps-communities-with-the-cost-of-living-crisis/>

Discharge and flow. While we accept that discharging people from hospital when they are medically fit to do so is challenging, we are recognised for the leading work we have done in this area and we were asked to share our best practice by NHS Providers

<https://nhsproviders.org/nhs-activity-tracker-2022/july-2022>

This may help. We have been leading a national campaign, on behalf of NHS England, called This May Help providing advice and support for parents and carers looking to support their child's mental health <https://thismayhelp.me/>

It's a GP Practice Thing is an insight-led campaign which we developed in Bradford District and Craven to increase public awareness of the range of services at GP practices, and how they can be accessed. This campaign has now been adopted across West Yorkshire. The campaign is underpinned by insight from local communities, and was co-developed with local patient groups and primary care staff to co-create the most effective messages, design style, community language versions and marketing channels. You can find PDFs of the Bradford District and Craven booklets and information poster attached. Printed copies can be ordered via our website: [It's a GP Practice Thing - Bradford District & Craven Health & Care Partnership \(bdcpartnership.co.uk\)](http://Its a GP Practice Thing - Bradford District & Craven Health & Care Partnership (bdcpartnership.co.uk))

6. RECOMMENDATIONS

The views of the Overview and Scrutiny Committee on the content of the report are requested. Particularly the members are invited to add to the views of the public as described at section 5.2

7. APPENDICES

Infographic demonstrating our key achievements from our system transformation programmes 2021-2022

Our system transformation programmes: key achievements 2021–22



An easy read explainer of our Bradford District and Craven Health and Care Partnership

Bradford District and Craven Health and Care Partnership

We are the health and care partnership for Bradford district and Craven. We Act as One with the ambition of keeping people 'happy, healthy at home'.

Act as One describes our approach for our health and care partnership for Bradford district and Craven that serves a population of around 650,000 people with a health and care workforce of around 33,000 supported by over 5,000 voluntary and community sector organisations. The partnership is made up of NHS, local authority, Healthwatch, community and voluntary sector organisations and independent care providers.

Our focus is on preventing ill health as much as possible. We will create opportunities that help people stay healthy, well, and independent and tackle inequalities across our communities. We will prioritise prevention and early intervention, fostering healthy lifestyles, self-care and nurturing active communities so that people are happier, healthier and more independent.

When people need care and support from our services, it will be easy to access, joined up, designed around their needs, and provided as close to where they live as possible.

We want people to be healthier, happier, and have access to high quality care that is clinically, operationally and financially stable. In other words we want you to be as safe as possible when accessing care while ensuring we make the best use of our resources that are funded by you as taxpayers.

Our health and care partnership has been working together to refresh our priorities which are as below.

- Access to care
- Children and young people
- Healthy communities
- Healthy minds
- People development

Our priorities are supported by four enabler programmes which are as below.

- Living well
- Reducing inequalities
- Digital data intelligence and insight
- Estates

You can find out more about our Bradford District and Craven Health and Care Partnership by visiting www.bdcpartnership.co.uk

Bradford District and Craven Health and Care Partnership Board

Our Bradford District and Craven Health and Care Partnership Board is a place committee of the [NHS West Yorkshire Integrated Care Board](#). Our committee, like those across West Yorkshire, is made up of local health and care leaders, and independent people who do not work for health and care organisations such as Healthwatch and our voluntary and community sector. Supporting the work of our Board are five sub committees - finance and performance; quality; people; clinical forum and citizen's forum.

Our Board is committed to being open and transparent in our decision-making as described below.

- All meetings are held in public either online or, where safe to do so, face to face in accessible venues.
- Papers for the meeting are made available on our [place-based partnership website](#) seven days in advance.
- We collect public questions ahead of meetings and publish responses.

You can submit questions for our Partnership Board and register to attend the meeting on our digital engagement platform by following this link [engage with our Partnership Board](#).