City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 26 September 2017 at 10.00 am in Committee Room 1 - 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
Agenda Contact: Fatima Butt
Phone: 01274 432227
E-Mail: fatima.butt@bradford.gov.uk

To:

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Leader of the Conservative Group
Kersten England	Chief Executive of Bradford Metropolitan District Council
Dr Andy Withers	Bradford Districts Clinical Commissioning Group
Helen Hirst	Bradford Districts and Bradford City Clinical Commissioning Group
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Laura Smith	Head of Transformation (North), NHS England
Anita Parkin	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
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
Bridget Fletcher	Representative of the main NHS Providers
Clive Kay	Representative of the main NHS Providers
Nicola Lees	Representative of the Main NHS Providers

Non-Voting Co-opted Members

Two Co-opted representatives of the three main NHS providers (from the list above)
One Co-opted representative of the Community Interest Companies (representing Primary Care)

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. MINUTES

Recommended –

That the minutes of the meeting held on 25 July 2017 be signed as a correct record (previously circulated).

(Fatima Butt – 01274 432227)

4. 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

5. HEALTH AND WELLBEING SECTOR WORKFORCE

The Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust will submit **Document "E"** which provides a strategic overview of the national, regional and local issues for the health, social care and wellbeing sector workforce, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's (IWP) workforce strategy. This includes:

- An overview of the context in which the IWP is operating nationally, regionally and locally. The local strategic context includes the development of the two Accountable Care Systems across Bradford and Airedale, the District's Joint Health and Wellbeing Strategy (in development), the Home First strategy for adult social care in the District and the Children, Young People and Families Plan.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- Progress across the four key IWP work programmes and alignment with other workforce initiatives and workstreams.

Recommended-

(**1**) **That the Health and Wellbeing Board be assured that the Integrated Workforce Programme (IWP) strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.**

(2) That the Board provides support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that the Board thinks may strengthen the approach of the IWP.

(3) That the Board advise the IWP on the nature and frequency of further reports.

(Michelle Turner – 01274 237290)

6. CHAIRS HIGHLIGHT REPORT: INTEGRATION AND BETTER CARE FUND NARRATIVE PLAN 2017-19, ICB, ECB, HEALTH PROTECTION GROUP AND JOINT HEALTH AND WELLBEING STRATEGY UPDATES

The Health and Wellbeing Board Chair's highlight report **(Document "F")** summarises business conducted between Board meetings. The September report brings the Narrative Plan of the Integration and Better Care Fund 2017-19 as the main item, with updates on the following:

Integration and Change Board and Executive Commissioning Board updates from meetings
Health Protection Group
Joint Health and Wellbeing Strategy

Recommended-

(1) That the submission of the Bradford District Health and Wellbeing Board Integration and Better Care Fund Plan 2017-19 to NHS England on the 11th September 2017, and the positive feedback from the NHS Regional Team that the plan is of a high quality be noted.

(2) That the Terms of Reference for the Executive Commissioning Board be noted.

(Bev Maybury – 01274 432900)

7. THE HEALTHY BRADFORD PLAN: SHAPING THE SYSTEM, IMPROVING LIFESTYLES

The Deputy to the Director of Public Health will submit **Document "G"** which reports on the Healthy Bradford Plan. It sets out four core activities to be undertaken to tackle the lifestyle behaviours which lead to poor health outcomes and premature mortality for people in the District.

This plan requires multiple partners to work together to take coordinated action at scale to transform the District to a place which supports making living healthier lifestyles easier for everyone.

The Healthy Bradford plan aligns and coordinates with the existing work of the Self Care and Prevention Programme, together delivering the priority actions of the 2017 Health and Wellbeing Board Strategy.

Recommended-

(1) That the broader lifestyle behaviours approach set out in the Healthy Bradford Plan be accepted.

(2) That the development of the system wide Partnership and the implementation of the actions it identifies as priority areas for improving lifestyles be supported.

(3) That the Board encourages and support its own Members to use the Healthy Bradford Charter within their own organisations to identify and achieve the potential to make healthy lifestyles easier for everyone.

(Rose Dunlop – 07834 062144)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust on behalf of the Bradford District and Craven Integrated Workforce Programme to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 26th September 2017.

Subject: **E**

Health and Wellbeing Sector Workforce

Summary statement:

The paper provides both a strategic overview of the national, regional and local priorities and associated workforce challenges and enablers for the health, social care and wellbeing sector, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's workforce strategy.

Clive Kay
Chief Executive – Bradford Teaching Hospitals NHS Foundation Trust

Report Contact: Michelle Turner
Director of Quality and Nursing, Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs

Phone: (01274) 237290
E-mail: michelle.turner@bradford.nhs.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The paper provides both a strategic overview of the national, regional and local issues for the health, social care and wellbeing sector workforce, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's (IWP) workforce strategy. This includes:

- An overview of the context in which the IWP is operating nationally, regionally and locally. The local strategic context includes the development of the two Accountable Care Systems across Bradford and Airedale, the District's Joint Health and Wellbeing Strategy (in development), the Home First strategy for adult social care in the District and the Children, Young People and Families Plan.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- Progress across the four key IWP work programmes and alignment with other workforce initiatives and workstreams.

A caveat in the report is that the workforce data is presented at an aggregated West Yorkshire and Harrogate (WY & H) level and therefore does not necessarily accurately reflect the local workforce picture for the Bradford District and Craven health and care system. The Integrated Workforce Programme is currently working with Health Education England and local partners to produce this level of workforce data and intelligence.

2. BACKGROUND

On the 20th June 2017 the Bradford and Airedale Health and Wellbeing Board held a development meeting, facilitated by the Local Government Association, and focused on whole system working across the health, care and wellbeing sector. Workforce issues were identified as a key area for the Board's work programme in 2017-18.

The Integrated Workforce Programme (IWP) is an enabling programme which reports to the Integration and Change Board (ICB). It aims to work collaboratively to address the commonly identified system wide workforce challenges and to support achievement of the shared vision for the health and well-being of the local population. The programme geographically covers the Bradford District and Craven; working across and in collaboration with health, social care, voluntary services, the independent sector and with education and training providers.

Its intention is to build on the good work and activity already taking place across the health and care system in relation to workforce rather than duplicating effort. The aim is to address any gaps, ensure delivery of the key priority areas and to maximise efficiencies by bringing people and expertise together; creating synergies where they do not currently exist in order to support the development of an integrated workforce that is fit for the future and increases the supply of talent where it is most needed.

The IWP's workforce strategy, approved in August 2016, was co-created and co-designed by partners within and across the health and care system (See appendix A). It brings together the workforce challenges, key priorities, good practice and potential workforce solutions from a wide range of health and care sectors and pathways. It

provides an overarching and system wide strategy that has been shaped, tested and refined over time by a wide range of people. The strategy is not intended to replace organisational or pathway specific workforce strategies/plans but rather to enable these by addressing system wide issues and providing solutions in the medium to long term.

The IWP is mindful of the wider environment and context that health and care operates in and aims to work on a wider footprint wherever it is more appropriate, effective and/or efficient to do so. The delivery plan underpinning the strategy (see Appendix B) reflects this wider context and the good practice taking place both regionally and locally.

3. OTHER CONSIDERATIONS

3.1 National, Regional, Local Service Priorities

The Five year Forward View and the Five Year Forward View Next Steps for Sustainability and Transformation Partnerships (STPs) identify the need for health and care services to work together in a collaborative and integrated way to:

- Prioritise prevention and enable self-care at scale
- Support frail and older people stay healthy and independent
- Take the strain off A&E and hospital services
- Provide greater access to general practice and community based services
- Improve diagnostic, stroke and cancer services
- Place a greater emphasis on mental health (particularly children and young people)
- Leverage the potential of technology and innovation

Health population and service priorities at a local level are identified in the Bradford District and Craven Plan which highlights the need for:

- Prevention and early intervention at the first point of contact with a specific focus on children, obesity, type 2 diabetes, CVD, cancer, respiratory and mental wellbeing
- The creation of sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions
- Supported self-care and prevention by maximising our community assets to support individuals and train our workforce to empower and facilitate independence
- Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services
- Delivery of 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

- A sustainable model for 24/7 urgent and emergency care services and planned care.

Addressing these priorities in the wider context of achieving the triple aims of improving the health and wellbeing of the local population and improving the quality of care whilst addressing the system wide financial gap is challenging. It requires system wide integration and removal or a 'blurring' of the boundaries between primary and specialist services, health and social care and mental and physical health. The development of two Accountable Care Systems across the Bradford District and Craven, with an aim for total population coverage by 2021, will enable the achievement of these triple aims in many ways.

The need for a shift from hospital based to primary and community services requires proactive collaboration and effective integration on a number of levels. An example of supporting this shift is the Integration and Better Care Fund Narrative Plan 2017-19 for Bradford District which includes the initial stages of developing an operating model for out of hospital services which support people to be happy, healthy, and will bring care closer to people in their own home. This work has included a baseline analysis of current financial spend, activity and outcomes from the current home care market with an opportunity to invest 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market. This includes:

- Developing a new approach towards supporting people with dementia and their carers during the later stages of the disease progression;
- Developing a model of home care in hospital whereby the care and support follows the person and enables timely and effective early discharge;
- Expanding out of hours home care to enable people with complex support needs to remain at home; and
- Expanding the capacity of rapid response services to enable people to be cared and supported at home during times of crisis so that the situation can be stabilised and made safe without the need for a care home or hospital admission.

3.2 **Workforce Priorities**

In order to ensure effective delivery of these service priorities within the context of a challenging financial environment there is a need to ensure a system wide approach is taken to strategic workforce planning and development by:

- Developing employment models which enable cross boundary and cross sector working (supporting the triple aims of integration)
- Enabling workforce re-design, role re-design/role substitution and extended role scope to facilitate future models of care
- Engaging staff in new ways of working; working across boundaries ('blurred boundary working') and in an integrated way whilst maximising the opportunities for digitalisation

- Creating a cultural and mind set shift from one of 'caring for' to enabling self-care wherever possible
- Effectively planning for the supply of health and care roles (including new roles)
- Attracting, recruiting and retaining staff in the right numbers, with the right skills and in the right place
- Widening access routes into employment and, in particular, career pathways into the health and care sector that support diversity and inclusion, address skills gaps and promote economic well-being
- Investing in the upskilling of existing staff
- Ensuring good career structures/pathways and ease of movement of staff are in place within and across occupational groups, organisations and the wider system
- Releasing staff for training

3.3 Workforce Issues and Challenges

The data underpinning the challenges noted in this section is based on aggregated data and therefore does not accurately identify the particular health prevalence, population or workforce differences experienced in the Bradford District and Craven. Whilst some organisations have good data for their own workforce there is significant value in the District having a system wide view of the health and care workforce as a whole. The Integrated Workforce Programme is currently working with Health Education England and local partners to produce this local picture. It is important that the workforce is planned on the basis of new models of care and the anticipated demand and supply for new roles as well as addressing projected deficits in required traditional roles if service transformation is to be realised.

Regional data shows there are a number of challenges that need to be addressed in order to realise the workforce as a key enabler to system wide transformation and change:

- A lack of comprehensive and robust workforce data across the system. There is a particular gap on current workforce data within the voluntary and independent care sectors and also a lack of clear and robust data on the future skill mix and number and type of new roles required to implement new models of care
- Overall turnover rate in NHS Trusts across the region ranging from 12-18% in 2016
- Turnover of care workers within domiciliary care at 38% in last 12 months
- Vacancy rate for social care managers at 10% with 20% leaving their role in previous 12 months
- National shortage of professionally qualified staff
- The 'Brexit effect' (8,000 EEA health and care workers currently in WY & H and an apparent reduction in the number of applications to work in the UK since Brexit)
- High levels of older workforce/staff retirement
- High sickness absence rates

- Growth rates in demand in services (e.g. 4.5% in general practice)
- Lack of capacity & skills shortage in mentoring for clinical placements
- Resourcing and capacity to fund and release staff for training
- Over reliance on agency staffing in some sectors which has both a financial and quality impact on service delivery and care provision
- Ensuring the necessary cultural shift for working differently

The recruitment and retention challenges highlighted above have led to high to severe workforce supply issues (deficits of more than 10-15%) in the following areas across WY & H:

- Learning disability nurses
- District nursing
- Adult nursing
- Social care workers
- Social care – nurses

It is acknowledged that the implementation of new models of care locally will impact on the demand for these traditional roles in the future (eg learning disability nursing).

3.4 **Service Drivers, Supportive Strategies and Collaboratives**

There are a number of national, regional and local drivers and associated service strategies and plans that set out the health and care transformation agenda, including:

- 5 Year Forward View (and sub strategies e.g. GP Forward View, Mental Health Forward View etc.)
- West Yorkshire and Harrogate (WY & H) STP
- Better Health Better Lives (part of Bradford Council's plan)
- Bradford District and Craven Health and Wellbeing Plan (our place based plan) which includes key objectives from the Bradford district Joint Health and Wellbeing Strategy (in development) and North Yorkshire County Council's Health and Wellbeing Plan
- Home First strategy for adult social care in the District
- Integration and Better Care Fund Narrative Plan 2017-19
- Children, Young People and Families Plan.
- CCG Primary Care Strategies

A number of collaboratives have been created or are in development in order to support the o delivery of the transformation agenda including groups specifically focused on workforce to ensure it is an enabler and not a barrier to delivery, for example:

- Local Workforce Action Board (LWAB, WY & H)
- West Yorkshire Association of Acute Trusts (WYAAT)
- WY&H Mental Health Partnership
- 'Team Bradford' - Employers Conference

- Bradford Health and Care Education, Employment and Skills Partnership (BEESP) – In development

The establishment of these enabling partnerships is aimed at ensuring joint ownership, accountability and collective problem solving so that the actions of each constituent organisation do not destabilise but support the resilience and robustness of the whole system. An example of this is the work being progressed through WYAAT to agree common pay frameworks and also establish a medical bank so that organisations are collaborating rather than competing in solving recruitment challenges and reducing the reliance on agency and locums. The IWP will ensure alignment with these enablers and will work on the footprint deemed most appropriate in facilitating realisation of the strategy and plan.

3.5 Workforce Enablers

There a number of high level workforce enablers that Bradford District and Craven can capitalise on to address some of its workforce challenges in a system wide way. These are embodied in or aligned with the IWP delivery plan workstreams:

- The apprenticeship levy = potential for 1,200 apprenticeships across WY & H per year
- Establishment of a West Yorkshire National Skills Academy Centre of Excellence for Support Staff Development
- 25% increase in medical student places in England – Bradford is applying to establish a second medical school in WY
- An additional 10,000 health professional training places
- Bradford and Leeds Universities are providing a 2 year Physician Associate training programme (first 25 graduating 2017)
- Pilot programme of new role of nurse associate and working in partnership with Bradford College and the University of Bradford to create career pathways that encourage progression of healthcare workers to Nursing Associates.
- Investment of 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market
- Investing in a sustainable workforce that ensures the sector remains competitive which includes working with providers to develop a local understanding of the living wage with an aim of working towards a level of equalisation with health care level 2 & 3 workers in social care.

3.6 Integrated Workforce Programme Delivery Plan Overview

The IWP delivery plan (see Appendix B for summary) is underpinned by the principles of system wide work programme leadership, not duplicating effort, sharing learning, expertise and resources and maximising efficiencies.

There are four key work programmes, each with a number of associated workstreams:

Work Programme 1	**Growing Our Own (Attracting, promoting and recruiting the future workforce)**
Work Stream 1a	• Inspiring and attracting young people (11-18yrs)
Work Stream 1b	• Developing a shared approach to delivering a wide range of apprenticeships
Work Stream 1c	• Encouraging entrants and re-entrants of all ages
Work Stream 1d	• Developing and providing a wide range of volunteering opportunities
Work Programme 2	**Developing Our Workforce Together**
Work Stream 2a	• Delivering joint leadership programmes
Work Stream 2b	• Creating and delivering system wide learning and development opportunities
Work Stream 2c	• Developing system wide career pathways
Work Programme 3	**Creating the conditions to retain talent in the system**
Work Stream 3a	• Engaging, listening and involving staff across the system
Work Stream 3b	• Providing common benefits and rewards
Work Stream 3c	• Promoting mental and physical health and well-being and supporting healthier lifestyles
Work Programme 4	**Developing a shared culture of integration and system wide working**
Work Stream 4a	• Promoting a shared understanding of integration and seamless care
Work Stream 4b	• Developing a common set of values/behaviours for the system
Work Stream 4c	• Applying these from recruitment through to day to day working

3.7 Integrated Workforce Programme Delivery Plan Progress

Whilst there is progress in all four of the IWP work programmes the decision was taken to fast track some workstreams and to slow down others. This decision was based on the nature of workforce challenge and maximising impact, the maturity of the system in some areas, the breadth and depth of current partnership working, the availability of resources (capacity and funding) and the energy and enthusiasm to drive the work forward.

Further details of progress and how the various workstreams align will be provided in the IWP presentation to the Board. Key highlights include:

a) Development of a Health and Care Industrial Centre of Excellence(ICE) - reaching out to schools to attract and develop the next generation of health and social care workers
   - ✓ ICE Board established
   - ✓ 3 Partner Schools identified (Bradford Academy, Bradford Girls Grammar and Parkside Keighley)
   - ✓ 2 Pathways developed (early years development linked to Better Start Bradford and adult - direct care) for start in October 2017

b) Developing a shared approach to delivering a wide range of apprenticeships

- ✓ Scoping the options for working in partnership with the private sector and Further/Higher Education in providing business level apprenticeships
- ✓ Exploring the opportunities for creating apprenticeships across a number of health and care organisations to encourage integration
- ✓ Identifying pathways through from ICE through to apprenticeships and higher level apprenticeships

c) Joint Leadership Development
- ✓ **'**Engaging leaders' and 'Moving Forward' programmes both now delivered as system wide leadership development provision
- ✓ Opportunities being explored to set up coaching as an E system in order to develop a system wide coaching offer
- ✓ Some progress made in mapping/sharing resources

d) Creating and delivering system wide learning and development opportunities
- ✓ Sector wide representation identified and principles of joint working agreed
- ✓ Initial scoping of potential areas to work together identified with the focus agreed as mandatory training (moving and handling and fire safety) to provide training passports and commonly agreed quality standards
- ✓ Mapping of available training resources (venues) by postcode being undertaken to maximise system wide usage and convenience for staff

e) Developing a common set of values/behaviours for integrated working
- ✓ Mapping of current organisational level values
- ✓ Multi agency workshop held and six draft shared values for integrated working identified; currently being tested across the system

f) Development of a Bradford Medical School

- ✓ Supports the 25% increase in medical student places in England
- ✓ Supports the 'growing our own' work programme

g) Promoting health and wellbeing in our workforce

- ✓ Open space session held at the Learn and Innovate Event in May; key priorities and potential areas for joint working identified
- ✓ System wide resources and offerings being mapped to identify opportunities for improved effectiveness, greater choice and efficiencies

4. FINANCIAL & RESOURCE APPRAISAL

The general principle underlying the IWP is to share and use existing resources wherever possible. Additional resources have been used for development of the strategy and delivery plan and management of the programme and also to fund the development of the ICE.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The IWP Board membership includes representation from all statutory health and social care organisations, the VCS Assembly, Carers Resource and Bradford University. The programme regularly identifies reviews and mitigates risks associated with the delivery of its plan through its own workstream highlight reports and in its quarterly highlight reporting to ICB.

The IWP workstreams all report into one of the four system wide programme leads, who are all core members of the IWPB.

6. LEGAL APPRAISAL

No legal issues have been identified in relation to the IWP

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The IWP strategy and work programme has a clear and cross cutting focus on creating a diverse and inclusive workforce and culture across the health and social care system.

7.2 SUSTAINABILITY IMPLICATIONS

The paper outlines progress on developing and delivering an integrated workforce programme to establish a sustainable workforce for the health, social care and wellbeing sector across the District. Some of the work programmes have financial implications for example the progress of the ICE work for which an agreed funding mechanism and business case are being developed for years 2 & 3 of the adult pathway.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct impact

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.5 TRADE UNION

Trade unions were engaged in the development of the strategy and work programme

7.6 WARD IMPLICATIONS

No direct implications

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

Not applicable

10. RECOMMENDATIONS

a) That the Health and Wellbeing Board be assured that the Integrated Workforce Programme (IWP) strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.
b) That the Board provides support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that the Board thinks may strengthen the approach of the IWP.
c) That the Board advise the IWP on the nature and frequency of further reports to the Board.

11. APPENDICES

Appendix A – Integrated Workforce Programme Workforce Strategy
Appendix B – Integrated Workforce Programme Delivery Plan Summary

12. BACKGROUND DOCUMENTS

None

This page is intentionally left blank

Appendix A

Bradford District and Craven Workforce Strategy 2016-2020

Introduction and Background

The Integrated Workforce Programme (IWP) is an overarching and enabling programme which aims to work collaboratively to identify and work towards developing a system wide integrated workforce that is fit for the future. It has at its very heart the principle of putting the service user at the centre of everything we do and creating and developing a workforce that works in a system wide way to deliver seamless care. The challenges of facilitating the required cultural shift within the context of the quadruple aims of: improving population health, enhancing the quality of care whilst reducing cost/achieving financial sustainability as well as improving the health and well-being of the workforce should not be underestimated - it also provides an opportunity.

The IWP has worked collaboratively to build a workforce strategy that is co-created and co designed by partners within and across the health and care system. It brings together the challenges, key priorities, good practice and potential workforce solutions from a wide range of health and care sectors and patient pathways. It provides an overarching, system wide strategy that has been shaped, tested and refined over time by a wide range of people.

The strategy's success will be measured on its ability to promote health and care as the sector of choice to work for; to attract and recruit people to the Bradford District and Craven and to engage, develop and retain people within the wider health and care system in order to maximise workforce resilience and sustainability. The underlying principles will be, as far as possible, to grow and develop our own both across the system and the district as well as influencing the wider determinants of health by supporting routes into work.

The way people and organisations will need to work together seamlessly, in an integrated and system wide way, will be clearly defined, communicated and jointly owned. There will be an expected cultural and mind set shift to working for the system, with a shared commitment to the development and ownership of a common set of values that promote well-being, prevention, self care/self management, new models of care and the empowerment of others wherever possible.

It is recognised there is already good work and activity taking place across the health and care system in relation to workforce and it is not the intention of the IWP to duplicate effort. The aim is to address any gaps, ensure delivery of the key priority areas and to maximise efficiencies by bringing people and expertise together; creating synergies where they do not currently exist.

The IWP is mindful of the wider environment and context that health and care operates in, including the West Yorkshire Sustainability and Transformation Plan (STP) and partnerships with stakeholders outside of the Bradford District and Craven area and it will work on a wider footprint wherever it is more appropriate and effective to do so.

Our

- Leaders operating as system leaders; inspiring collaborative working, engaging staff and encouraging innovation
- People working flexibly and supporting new ways of working to meet the holistic needs of service users within a common set of values and behaviours, and training and learning alongside each other

Consistently meeting the personalised and individual needs of service users and their carers in a holistic and integrated way; reducing variation, inequalities and duplication. Encouraging and enabling people to take greater responsibility for their health and well being and to be partners in their care

"The best people, providing seamless care – the Bradford District and Craven way"

Achieving a home grown/locally developed workforce by working in partnership to engage and inspire young people, new entrants and existing staff to choose to work and continue to work in health and care within the district

Developing the Strategy – Key Priorities

Integration and Change Board Priorities

Agreed Common Priorities

Common Challenges/Key priorities

- Cultural shift from one of 'caring for' to one of enabling wherever possible
- Encouraging and empowering people to self- care and reduce the number of preventable illnesses
- Recruitment and retention of appropriately qualified and support staff to existing services to maintain service provision across health and care services (promoting Bradford District and Craven as a good place to work)
- Expanding current and further development of specialist services and ensuring appropriately skilled staff are recruited, developed and retained
- Ensuring good career structures are in place within and across occupational groups and organisations
- Workforce re-design, role re-design/role substitution and extended role scope
- Engaging staff in new ways of working, working across boundaries ('blurred boundary working'), working in an integrated way and maximising opportunities for digitalisation
- Releasing staff for training
- Impact of an ageing health and care workforce

IWPB November 2015and June 2016 Big Ideas and Reality Checks

Bradford District Plan and Bradford and District Craven STP

BMDC Promoting Bradford January 2016 event – Big Ideas

5 Year Forward View

Integrated and Residential and Nursing/integrated Personalised Support and Care Frameworks

Care Act 2014 and Statutory Guidance 2016

Transforming Care For Learning Disabilities Partnership Board

Transforming Mental Health Services Partnership Board

AWC New Models of Care Programme Board

Out of Hospital Board

Planned Care Board

Urgent & Emergency Care Board

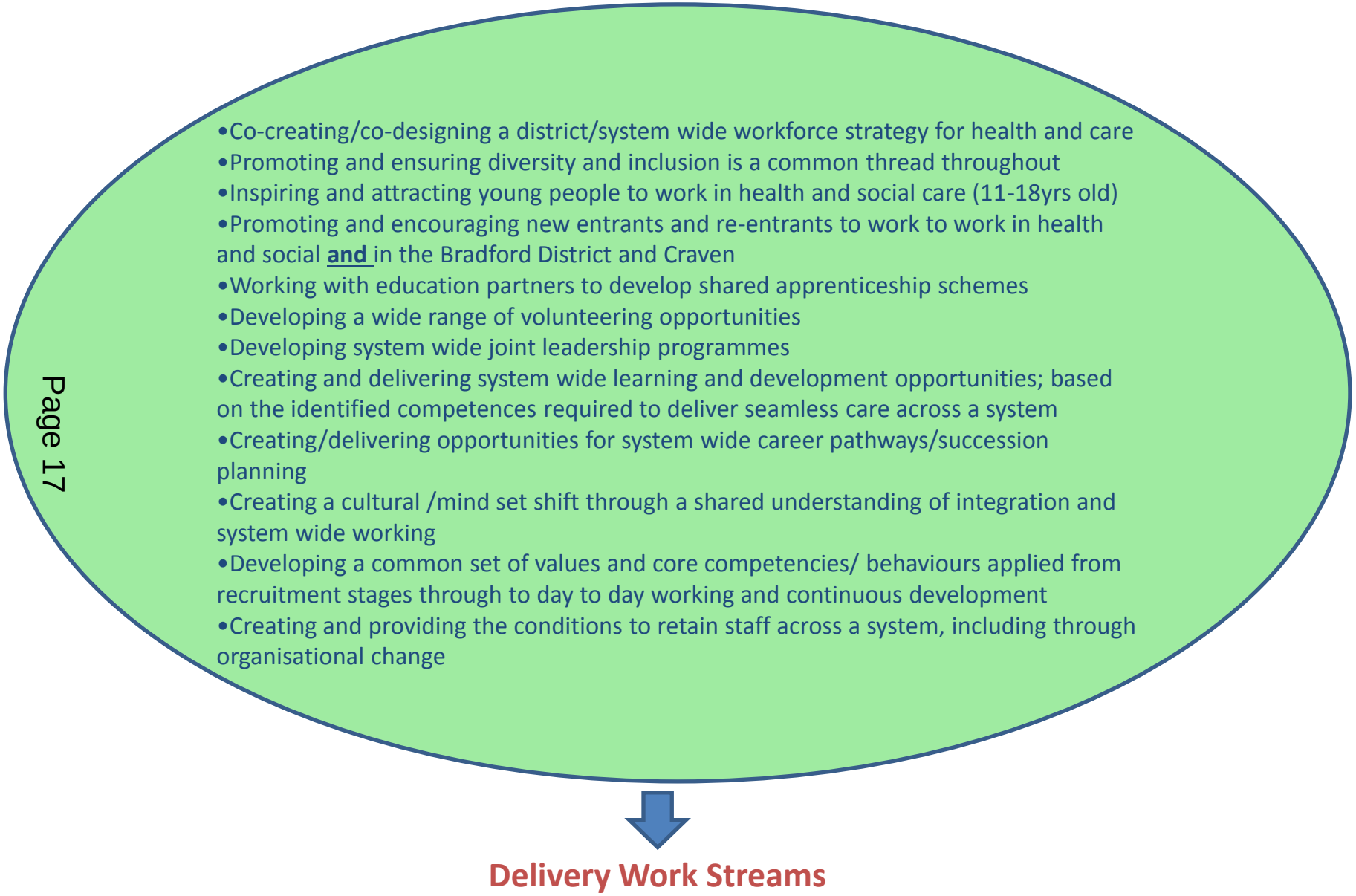
Children's Programme Board

Delivery Programmes

Enabling Programmes

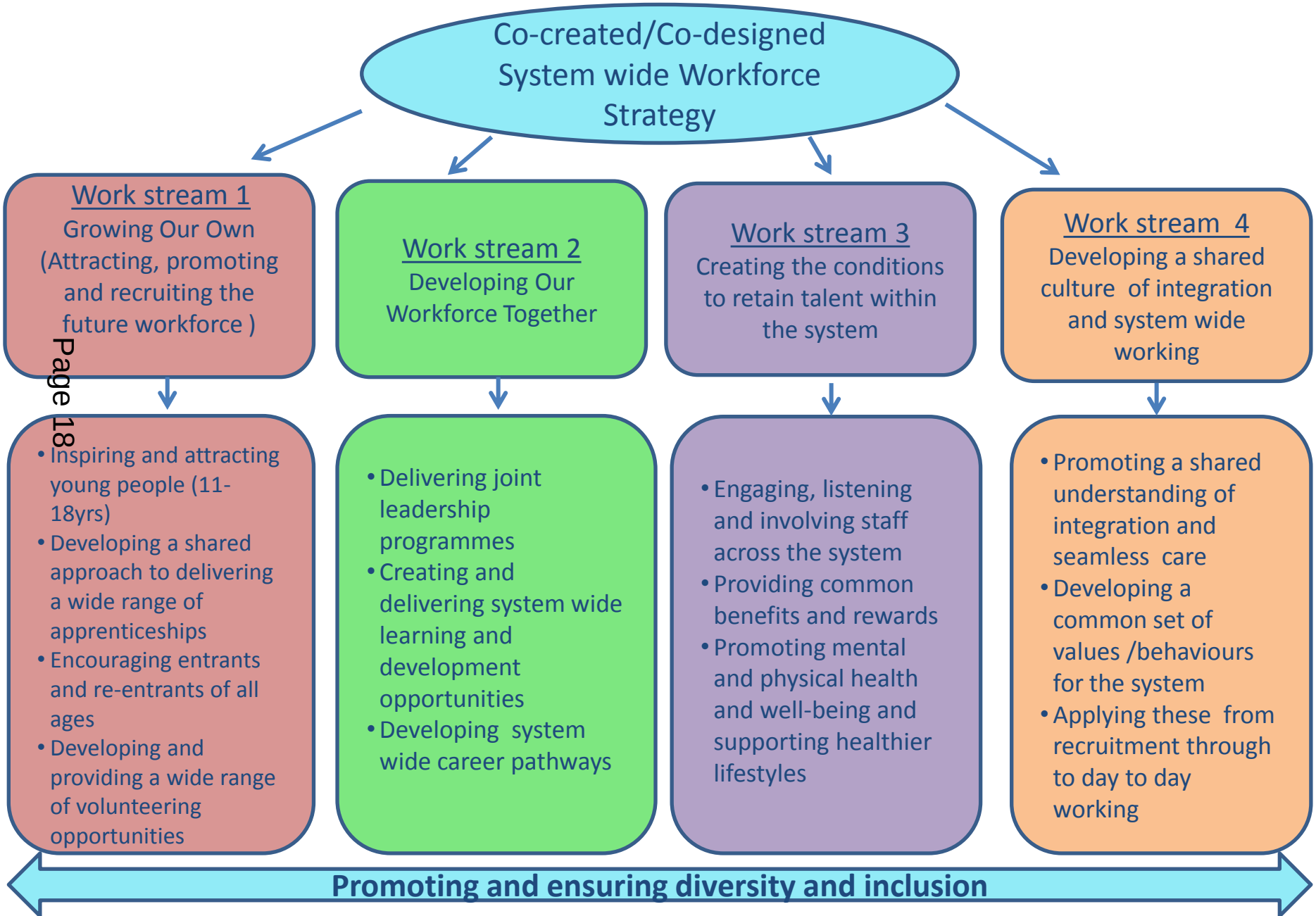
Estates Strategic Partnering Board
Self-care and Prevention Board
Digital Bradford 2020
Integrated Workforce Board
Organisation Development

System Wide Common Workforce Priorities



Delivery Work Streams

Delivery of the Strategy



Delivery of the Strategy and Governance

The strategy will require strong system wide leadership and robust, committed and sustainable partnership working in order to deliver its intended outcomes. Leadership will be provided through both the Integrated Workforce Programme Board (IWPB) and through nominated system wide leaders for each of the four work streams. All partners organisations/agencies will be represented at the IWPB.

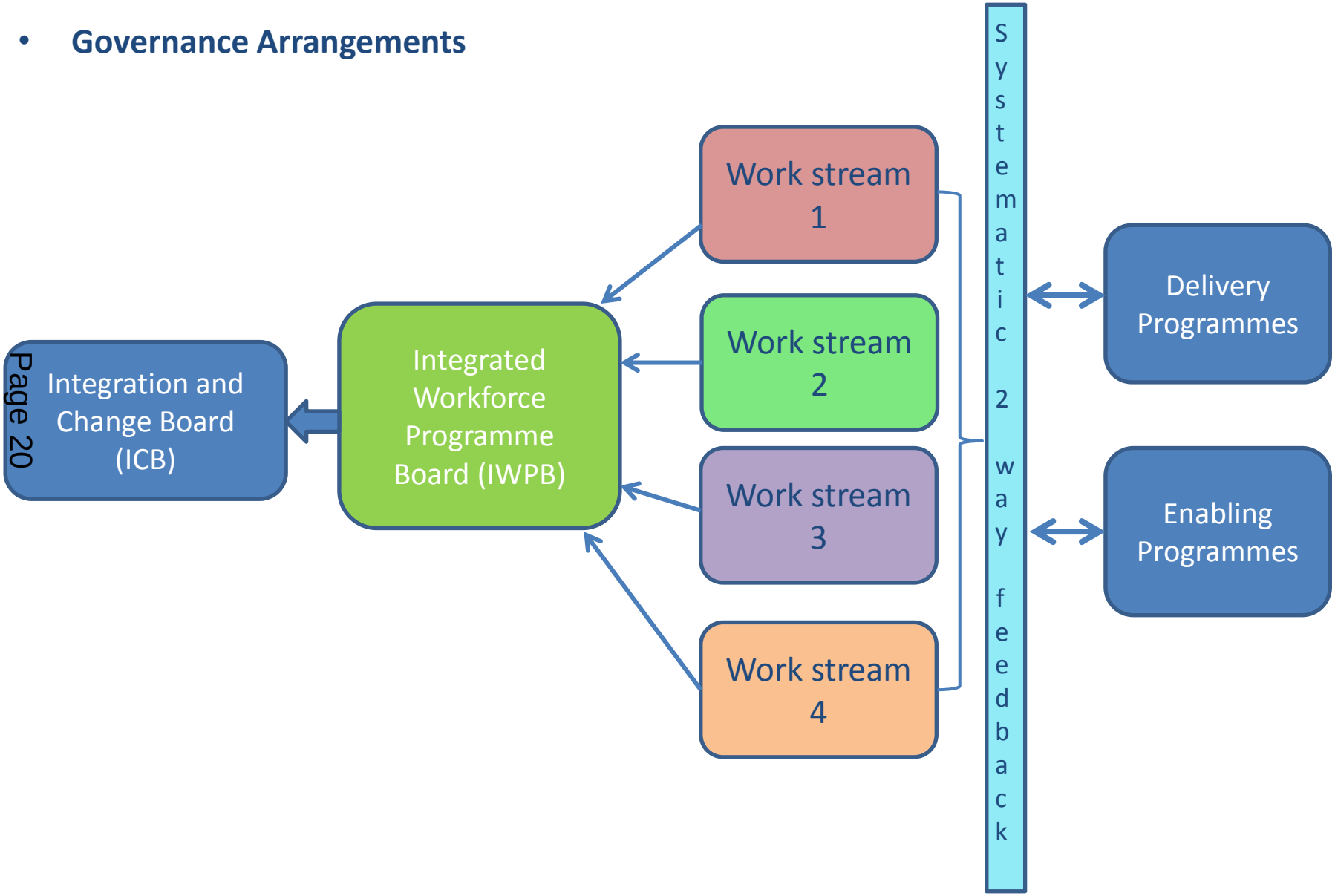
It is acknowledged that the impact and long term benefits of the strategy may not be seen for some years but it is important that progress is made in the right direction and there are clear outcomes identified. The strategy, therefore, will be underpinned by a detailed delivery plan with short, medium and long term objectives. To support this plan a programme of work and year on year milestones for each of the four work streams will also be developed. Robust evaluation will be built in at each level of delivery. The delivery plan and programmes of work will all be agreed and approved by the IWPB.

There will be a need to systematically engage with each of the delivery programmes and be aware of their emerging workforce needs to ensure there is effective 2- way communication and feedback of any new and changing priorities and workforce solutions being implemented.

In order to ensure it remains current and addresses any changing/emerging priorities the strategy will be reviewed annually by the IWPB.

Delivery of the Strategy and Governance

- **Governance Arrangements**



The best people, providing seamless care – the Bradford District and Craven way

The Bradford District and Craven Integrated Workforce Strategy
Work Programme/Workstream Delivery Plan Summary

Work Programme/Work Stream	Title	System Wide – Work Programme/ Workstream Leads
Work Programme 1	**Growing Our Own (Attracting, promoting and recruiting the future workforce)**	**Sue Dunkley**
Work Stream 1a	• Inspiring and attracting young people (11-18yrs) ➢ Developing a Health and Care ICE ➢ Developing a co-ordinated approach to supporting careers work with schools including identifying a cohort of ambassadors across health, social care and voluntary services	Phil Hunter (ICE) Claire Hannon (Workstream lead)
Work Stream 1b	• Developing a shared approach to delivering a wide range of apprenticeships	Tina Lafferty
Work Stream 1c	• Encouraging entrants and re-entrants of all ages	Placed on Slow track (Nov 17)
Work Stream 1d	• Developing and providing a wide range of volunteering opportunities	Chris Heaton
Work Programme 2	**Developing Our Workforce Together**	**Sandra Knight**
Work Stream 2a	• Delivering joint leadership programmes	Fiona Sherburn
Work Stream 2b	• Creating and delivering system wide learning and development opportunities	Joanne Somers
Work Stream 2c	• Developing system wide career pathways	Placed on slow track (align with ACS progress)
Work Programme 3	**Creating the conditions to retain talent in the system**	**Nick Parker**
Work Stream 3a	• Engaging, listening and involving staff across the system	Tbc (Link with Learn and Innovate Events)
Work Stream 3b	• Providing common benefits and rewards	Place on slow track (review Dec 17)
Work Stream 3c	• Promoting mental and physical health and well-being and supporting healthier lifestyles	Michael Smith
Work Programme 4	**Developing a shared culture of integration and system wide working**	**Michaela Howell**
Work Stream 4a	• Promoting a shared understanding of integration and seamless care	Work place champions
Work Stream 4b	• Developing a common set of values/behaviours for the system	Work place champions
Work Stream 4c	• Applying these from recruitment through to day to day working	Tbc (following 4b work)

This page is intentionally left blank

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 26th September 2017.

F

Subject: Chair's Highlight report

Integration and Better Care Fund Narrative Plan 2017-19
Integration and Change Board and Executive Commissioning Board updates
Health Protection Group update
Joint Health and Wellbeing Strategy update

Summary statement:

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. The September report brings the Narrative Plan of the Integration and Better Care Fund 2017-19 as the main item, and various updates.

Councillor Susan Hinchcliffe
Chair

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

Report Contact: Bev Maybury
Strategic Director – Health and Wellbeing
Phone: (01274) 432900
E-mail: bev.maybury@bradford.gov.uk

1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. The September report brings the Narrative Plan of the Integration and Better Care Fund 2017-19 as the main item, with updates on the following:

Integration and Change Board and Executive Commissioning Board – updates from meetings
Health Protection Group
Joint Health and Wellbeing Strategy

2. BACKGROUND

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

3. OTHER CONSIDERATIONS

3.1 Better Care Fund

3.1.1 Background

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration across the health and wellbeing sector. It brings together health and social care funding to support more person-centred, coordinated care and provides a mechanism for joint health and social care planning and commissioning.

The Spring Budget 2017 announced an additional £2 billion to support adult social care in England paid directly to local government for adult social care services – the Improved Better Care Fund (iBCF). This money is included in the iBCF grant to local authorities (LAs) and is now included in Bradford's BCF pooled funding and plans. (see Section 4).

At its 25th July meeting the Board received a progress update on the Better Care Fund planning and assurance process. This followed the publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. The two-year timescale for the policy framework allows alignment with NHS planning timetables and gives areas the opportunity to plan more strategically.

The Board resolved to:

1. Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19.
2. Note the establishment of the Executive Commissioning Board.
3. Note the requirement to submit the revised Better Care Fund Plan by the 11th September 2017.

4. Agree that delegated authority be given to the Chair of the Health and Wellbeing Board/Leader of City of Bradford Metropolitan District Council in consultation with a nominated representative of the three CCGs to authorise submission of the Better Care Fund Plan on behalf of the Health and Wellbeing Board.

3.1.2 September 2017 update

The Bradford Better Care Fund narrative plan for 2017-19 (see Appendix A) builds on the plans previously developed for the local care economy in 2015-16 and 2016-17. In those plans we set out some core principles that describe how we intend to integrate service delivery in response to a particular set of needs for our population.

Since the development of the original Better Care Fund plan our local health economy has developed and is moving towards an accountable care model of service delivery, working collaboratively with our main provider community. This plan supports the delivery of our wider objectives and strategies around health and social care as outlined in the Bradford District and Craven Health and Wellbeing Plan.

The plan has been developed in collaboration with Partners, Elected Members, and Providers. The BCF Plan 17/19 builds upon the plans developed for the local economy and specifically builds upon the shared vision across the partnership of enabling people to be 'Healthy, Happy and at Home'. The Better Care Fund plan sets out a joint vision and a set of expectations for health and social care which will shape our commissioning intentions for the foreseeable future.

In Bradford City and Districts, over 60,000 people living with two or more long term conditions are more likely to experience problems with the coordination and integration of their care, and are more likely to have unplanned admissions to hospital or avoidably move into a care home. We know that living in a deprived community or poor quality housing has a significant impact on the likelihood of people experiencing 2 or more long term conditions.

Earlier onset of multi-morbidity is linked to deprivation. In Bradford 45% of people live in the 20% most deprived areas in England. The plan aims to develop innovative proposals that can tackle the growing demand for services in the District and increase the resilience by radically reshaping our models of care, recognising that person and community-based approaches can increase people's self-efficacy and confidence to manage their own health and care, improve health outcomes and experience and build community capacity and resilience, among other outcomes.

Our design principles are to:

- Develop a model of care and support that is effectively; person-centred, personalised, integrated, empowering. It will be co-produced in partnership with carers, citizens and communities and supported by mobilisation of front line staff, volunteers and a commitment to community engagement
- Transform the way our system currently operates so there is a greater focus on the prevention of ill health, and upholding of rights, mental capacity and risk as a

positive force resulting in reductions in premature death and dependency, and improvement in health, health inequalities and wellbeing
- Shift the balance from avoidable hospital admissions to personalised health, housing and social care models which are led and managed by the person as an expert of their own experience and delivered out of hospital
- Ensure that there is a high degree of replicability in our work, which provides a benefit much wider than the district and enables us to critically reflect, learn and further develop our understanding of the issues.

The narrative update reflects the change to the Policy Framework for the Better Care Fund to cover a two year period (2017-19) to align with NHS planning timescales. The main change from last year is the inclusion of additional local authority social care grant funding (the iBCF), which now forms part of the overall Bradford Better Care Fund.

The four National Conditions that we are required to meet through our BCF plan are:

I. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;

II. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;

III. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and

IV. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

3.1.3 Tracking and reporting performance

Bradford currently ranks 2nd best of all Local Authorities on the new national composite measure for the Better Care Fund. As in previous years, 2015-16 and 2016-17, Bradford and District will agree and report on:

- Delayed transfers of care;
- Non-elective admissions;
- Admissions to residential and care homes; and
- Effectiveness of reablement.

In addition, we will agree and report metrics in the following new areas that contribute to the new national composite measure for the BCF:

- Emergency admissions, weekend discharges; and
- Emergency admission, length of stay.

We will also monitor and report on the following iBCF indicators:

- Numbers of packages of care commissioned to facilitate hospital discharges;
- Number of hours of home care commissioned to facilitate hospital discharges;
- Number of admissions to intermediate care beds to facilitate discharge; and
- Admissions to residential and care homes to facilitate hospital discharges.

3.1.4 Governance, feedback and submission

Strong governance arrangements are in place at overall plan level through to individual scheme level. Schemes have fund managers who have responsibility for the outcomes of schemes in line with the stated vision and BCF outcomes. The plan was submitted to the NHS Regional Team and to the assurance consultants for pre-submission feedback.

Initial feedback has been that the plan is of a very high quality and there are no concerns with the Bradford plan for the assurance submission. Based on the strength of our plan, we are delighted that the BCF Regional Team have invited us to present at the NHSE BCF Expo, as an exemplar of health and social care integration.

The Plan has been agreed on behalf of the Bradford and Airedale Health and Wellbeing Board under delegated authority by the Chair on 5th September 2017 as well as by the Chief Officer on behalf of the Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups and the Strategic Director of Health and Wellbeing on behalf of Bradford Metropolitan District Council. The Plan was duly submitted to NHS England on the 11th September 2017.

3.2 Working group updates

3.2.1 Executive Commissioning Board

This is a summary report of the Executive Commissioning Board (ECB) which is a strategic 'commissioner only' group. The terms of reference are attached (see Appendix 2).

1. The inaugural meeting of the Executive Commissioning Board was held 7th July 2017 and a second meeting took place (as scheduled) on the 4th August 2017. The main items that were discussed are as follows:

1.1 Terms of reference – these define the purpose and structure of the ECB. The main aim of ECB is to provide system leadership, clinical insight and strategic alignment to the integration of commissioning across health and social care.

1.2 Agreeing the scope – the main areas that will be considered within the portfolio of integrated commissioning across health and social care are:

- Mental Wellbeing, including dementia
- Long term support, including Learning disability, ADHD and autism

- Early Intervention for maternity, women and children
- Continuing Health Care, including personalisation
- Public Health (certain functions only)
- Carers (all age)
- Better Care Fund (BCF)

1.3 ECB were assured that the submission of the BCF due on the 11th September 2017 was on track.

1.4 At the meeting in August there were presentations highlighting how reporting and decision making operates both within the CCG and within the local authority.

2. The October meeting of the ECB will take the following items:
    - Understanding Competition and Collaboration in the health and wellbeing sector
    - Mental Well-being (driving the strategic implementation of the Health and Well-being Strategy)

3.2.2 Integration and Change Board

The Integration and Change Board met on the 21st July and considered the development of the operational Health and Wellbeing Plan and performance tracker, a system governance diagram which was agreed, involvement in other Boards and collaborative programmes. The Board received updates from a number of the programme boards and enabler workstreams, specifically:

Estates enabler – which updated on potential bids for sustainability and transformation funds in autumn 2017.

Digital Enabler – which reported good progress on the implementation of SystmOne, with a development workshop being planned for the autumn and further work happening on patient consent issues. Overall, progress on digital projects has been slower than expected to date but is expected to increase as groups are working well together.

Integrated Workforce Enabler – see separate agenda item

Airedale Accountable Care – recent focus has been on care models, primary care, integrated care and working with Public Health to identify improvement opportunities in 10 key areas.

Bradford Accountable Care – progress and ongoing work on a memorandum of understanding between the members of the Bradford Provider Alliance.

Children and Young People –good progress was reported from the Children's Transformation and Integration Group, and ongoing work to assess benefits and risks to vulnerable children from changes to services as a result of the previous year's LA budget process.

Learning Disability - positive progress reported on transfer of responsibility for secure services from NHS England to Clinical Commissioning Groups (CCGs).

Early Help and Intervention – this work is focused on bringing the system together, early

response and use of technology and digital approaches.

The work of the Board will in future be managed by James Drury, Programme Director Integration and Change Board.

3.3 Health Protection update

On the 25th July 2017 the Board resolved-
(1) That a multi-agency health protection assurance group be established as a forum for bringing together the local health protection responsibilities.
(2) That the group meets quarterly and reports into the Health and Wellbeing Board as required, or as agreed with the board.

Following the discussion about health protection responsibilities, invitations have gone out to key stakeholders inviting them to be members of a new Health Protection Assurance Group. Depending on availability the first meeting is expected to happen towards the end of October or early November.

3.4 Joint Health and Wellbeing Strategy (JHWS) update

The minutes of the 25th July Board meeting noted that the next draft of the Strategy would be received in September 2017. Since that meeting there has been engagement on the draft strategy with the Health and Wellbeing Forum of the Voluntary and Community Services sector and with the Council's Health and Social Care Overview and Scrutiny Committee.

Feedback received from these groups will be added to that received through prior engagement with the Bradford CCGs Joint Clinical Board, and from constituent members of the Health and Wellbeing Board itself. Some respondents require further time to gather feedback from their members, organisations or partnerships. A further, near final draft will be produced for the December Health and Wellbeing Board meeting.

Sections 4 - 9 relate to item 3.1 Better Care Fund Narrative Plan 2017-19

4. FINANCIAL & RESOURCE APPRAISAL

The Better Care Fund (BCF) provides a mechanism for joint health and social care planning and commissioning. It brings together: ring-fenced funds to establish the Better Care Fund that are included in Clinical Commissioning Groups funding allocation from NHS England (NHSE) under NHS Mandate; the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (iBCF).

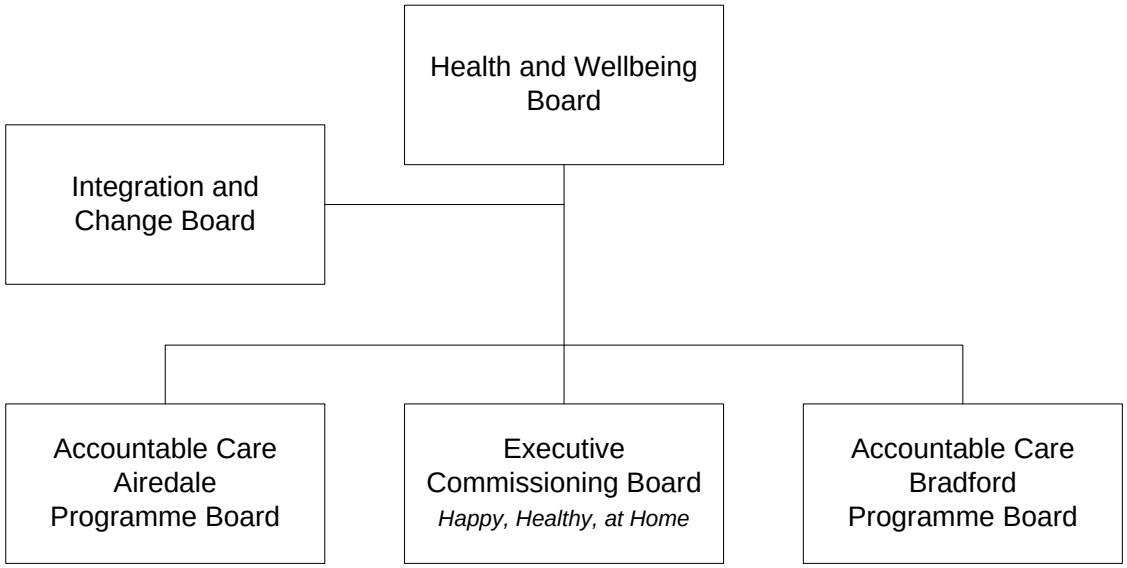
The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the iBCF grant to local authorities (LAs) and is now included in Bradford's BCF pooled funding and plans.

Better Care Fund **Spend area**	**Minimum funding 2017/18 £**	**Minimum funding 2018/19 £**	**Main use for minimum funding contributions**
CCG Contributions **NHS Airedale, Wharfedale and Craven** **NHS Bradford City** **NHS Bradford Districts**	 7,048,000 6,257,000 21,886,000	 7,182,000 6,376,000 22,302,000	Consistent with national requirement
Out of Hospital Services	16,394,801	16,706,302	Consistent with National requirement
Disabled Facilities Grant	3,857,621	4,195,774	Consistent with National requirement
Care Act 2014 Monies	1,390,451	1,416,870	Consistent with national requirement
Former Carers' Break Funding	£941,558	959,448	Carers offer in line with Care Act duties
Reablement Funding	1,528,886	1,557,935	Consistent with national requirement
iBCF	12,045,821	16,435,418	Consistent with national requirement

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance of the Better Care Programme is through the Bradford Health and Wellbeing Board which, since April 2013, has functioned as a statutory committee of Bradford Council. The Board operates with major contributions by the Local Authority and the CCGs. Following the Bradford Council LGA Peer Review there is a need to streamline the governance structure supporting integrated commissioning.

BCF Plan Governance Structure



6. LEGAL APPRAISAL

The Better Care Fund in Bradford is managed through a Section 75 Framework Partnership Agreement between the Council and the CCGs. The Framework approach was agreed to best reflect where the Council and the CCG are in terms of developing an integrated commissioning approach in that it provides for a dedicated lead commissioner for each scheme. In the event of under spends achieved through prudent fund management, these will be managed in line with the Section 75 agreement.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Plan will be assessed under the terms of the Equality Act 2010 in relation to protected characteristics, in particular the characteristics of age and disability.

7.2 SUSTAINABILITY IMPLICATIONS

The Better Care Fund Plan is a key delivery mechanism for improving health and wellbeing outcomes, supporting people better and for longer in their homes and local

communities. It will make a significant contribution to the long-term sustainability of the health and wellbeing sector.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications

7.5 HUMAN RIGHTS ACT

No direct implications

7.6 TRADE UNION

No direct implications

7.7 WARD IMPLICATIONS

No direct implications

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

1. That the submission of the Bradford District Health and Wellbeing Board Integration and Better Care Fund Plan 2017-19 to NHS England on the 11th September 2017, and the positive feedback from the NHS Regional Team that the plan is of a high quality be noted.
2. That the Terms of Reference for the Executive Commissioning Board be noted.

11. APPENDICES

1. Bradford District Health and Wellbeing Board Integration and Better Care Fund Plan 2017-19.
2. Executive Commissioning Board – Terms of Reference.

12. BACKGROUND DOCUMENTS

None

Bradford District Health and Wellbeing Board

Integration and Better Care Fund

Narrative Plan for 2017-19

CONTENTS

TABLES

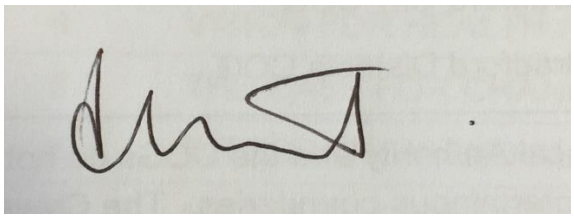
FIGURES

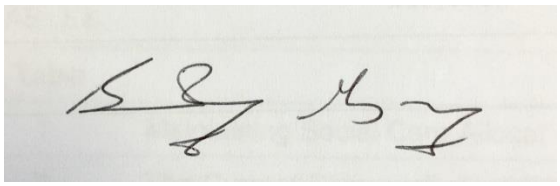
ANNEXES

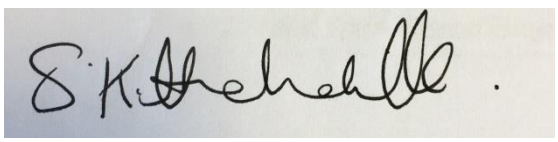
SUBMISSION SUMMARY

Local Authority	City of Bradford MDC
Clinical Commissioning Groups	NHS Airedale, Wharfedale and Craven CCG NHS Bradford City CCG NHS Bradford Districts CCG
Boundary Differences	The Local Authority and the CCGs do not have coterminous boundaries. The Craven locality is in North Yorkshire County Council.
Date agreed at Health and Wellbeing Board	Delegated authority to sign off the Bradford district BCF Plan was given to Councillor Susan Hinchcliffe 5th September 2017
Date of narrative submission:	11th September 2017
Minimum required value of pooled budget: 2016/17	£38,090,495
2017/18	£51,093,767
2018/19	£56,490,133
Total agreed value of pooled budget: 2016/17	£38,090,495
2017/18	£51,093,767
2018/19	£56,490,133
National Conditions	This plan is compliant with the following national conditions of the BCF planning framework: NC1 – A Jointly agreed plan NC 2 – NHS contribution to Social Care is maintenance in line with inflation NC 3 – Agreement to invest in NHS-Commissioned out-of-hospital services NC 4 – Implementation of the High Impact Change Model for managing Delayed Transfers of Care

AUTHORISATION AND SIGN OFF OF THE BRADFORD DISTRICT BETTER CARE FUND

Signed on behalf of the Clinical Commissioning Groups 	NHS Airedale, Wharfedale and Craven CCG NHS Bradford City CCG NHS Bradford Districts CCG
By	Helen Hirst
Position	Chief Officer
Date	06/09/2017

Signed on behalf of the Council 	City of Bradford MDC
By	Bev Maybury
Position	Strategic Director Health and Wellbeing
Date	06/09/2017

Signed on behalf of the Health and Wellbeing Board 	Bradford and District Health and Wellbeing Board
By	Councillor Susan Hinchcliffe
Position	Chair of the Health and Wellbeing Board
Date	05/09/2017

1. INTRODUCTION

1.1 The Better Care Fund brings together health and social care budgets to support more person-centred, coordinated care. The Mandate to NHS England (NHSE) requires NHSE to ring-fence funds within its overall allocation to Clinical Commissioning Groups (CCGs) to establish the Better Care Fund (BCF). The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the iBCF grant to local authorities (LAs) and is now included in Bradford's BCF pooled funding and plans.

1.2 This Bradford Better Care Fund narrative builds on the plans previously developed for the local care economy in 2015-16 and 2016-17. In those plans we set out some core principles that describe how we intend to integrate service delivery in response to a particular set of needs for our population. Since the development of the original Better Care Fund plan our local health economy has developed and is moving towards an accountable care model of service delivery, working collaboratively with our main provider community. This plan supports the delivery of our wider objectives and strategies around health and social care as outlined in the Bradford District and Craven Health and Wellbeing Plan.

1.3 This narrative update reflects the change to the Policy Framework for the Better Care Fund to cover a two year period (2017-19) to align with NHS planning timescales. The main change from last year is the inclusion of additional local authority social care grant funding (the iBCF), which now forms part of the overall Bradford Better Care Fund.

1.4 The four National Conditions that we are required to meet through our BCF plan are:

I. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;

II. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;

III. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and

IV. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

1.5 Bradford currently ranks 2nd of all Local Authorities (top quartile) on the new national composite metric for the Better Care Fund. As in previous years, 2015-16 and 2016-17, Bradford and District will agree and report metrics in the following areas:

- Delayed transfers of care;
- Non-elective admissions;
- Admissions to residential and care homes; and
- Effectiveness of reablement.

1.6 In addition, Bradford and District will agree and report metrics in the following new areas that contribute to the new national composite measure for the BCF:

- Emergency admissions, weekend discharges; and
- Emergency admission, length of stay.

1.7 Bradford will also monitor and report on the following iBCF indicators:

- Numbers of packages of care commissioned to facilitate hospital discharges;
- Number of hours of home care commissioned to facilitate hospital discharges;
- Number of admissions to intermediate care beds to facilitate discharge; and
- Admissions to residential and care homes to facilitate hospital discharges.

1.8 This Bradford Better Care Fund Plan for 2017-19 should be read in conjunction with the planning template that details all funding contributions, alignment, measures and metrics. This plan continues to support our Five Year Forward View and, since our last narrative plan, the Bradford District and Craven Health and Wellbeing Plan. As the first two year plan agreed between partners, the BCF programme will refresh this plan for 2018-19 as further guidance is published.

2. BACKGROUND AND CONTEXT TO THE PLAN

Our Local Story

2.1 The Bradford district Health and Wellbeing Board is the strategic partnership responsible for public health, working to create sustainable, modern, integrated services that support people to be healthy, well and independent. Our Better Care Fund brings some of our budgets together to design services that work together better, provide value for money and help us improve health and wellbeing. Bradford is a great northern city and district, with a rich history and a bright future. Bradford district has the fifth largest population for a metropolitan district in England.

2.2 Over half a million people live in the district and we have roots all over the world. We are a big economy with a skilled and enterprising workforce and a distinctive identity that reflects our young, diverse and growing population. By 2020, a further 20,000 will live in our district. A large proportion of Bradford's population is dominated by younger age groups. More than one-quarter (30.2%) of the district's population is aged less than 20 and nearly seven in ten people are aged less than 50. The population of Bradford is ethnically diverse. The largest proportion of the district's population (63.9%) identifies themselves as White British. The district has the largest proportion of people of Pakistani ethnic origin (20.3%) in England.

2.3 Despite undoubted progress, the district faces big challenges. Due to economic technological and social challenges, and reduced public sector resource, the way key services are delivered is being transformed. New investment is balanced by our need to make cost savings and it is important that we protect those areas that are vital to health and social care. Increasing demand for services, such as health and social care, requires innovation and behaviour change across the board to ensure the sustainability of the district, our economy and our communities. Our district faces significant health inequalities. People in more deprived areas have a shorter life expectancy than those who live in less deprived areas. One of the pledges of our district plan is to achieve *Better health, better lives*[1]. Our ambition is for all of our population to be healthy, well and able to live independently for as long as possible – with the right healthcare or support for each person.

2.4 Our residential and nursing care hosts 4,292 beds, of which 37% are provided by 'hard to replace' providers. Our home care market consists of 99 providers, of which only 7 provide more than 1,000 hours a week. Our Better Care Fund plan is in place to deliver a new model of person centred care and support which ensures that the person is in control of how their support is arranged. The new iBCF investment will focus on stabilising and strengthening our home care market to better enable us to support people living at home with two or more long term conditions. Our focus is on avoiding people going to hospital and on supporting them to return home quickly and safely, avoiding a care home admission. Whilst Bradford is currently seen as an exemplar, substantial changes are needed to sustain that position and our prioritisation of this investment reflects our system-wide vision of *Happy, Healthy and at Home*.

[1] Bradford District Plan 2016-2020

3. PROGRESS SO FAR

Better Care Fund Schemes 2016/17

3.1 The detail of our Better Care Fund schemes is specified within the Section 75 Partnership Framework Agreement[2] between commissioners from the Council and the CCGs. Our 2016/17 plan[3] included:

a. Capital funding (Disabled Facilities Grants)

b. Carers break funding

c. Expansion of intermediate care services

d. Care Bill implementation

e. Protecting social care services

f. Learning disabilities and mental health

3.2 In keeping with the national conditions for the BCF, our schemes are supporting our adult social care reform and improvement programme as we fully realign our operating model to the statutory requirements of the Care Act (2014). Our schemes to date have made a step-change in the capacity and capability of community services, moving us to an accountable care system model. Progress so far can be found in the planning submission.

Better Care Fund Schemes 2017/18 and 2018/19

3.3 The table in Section 8 outlines our BCF and iBCF schemes that will be implemented during 2017/18 and 2018/19. The table captures the category of spend and funding level. During 2017/18 we are implementing a process to evaluate and measure return on investment to ensure BCF schemes are delivering scheme targets.

[2] Framework Partnership Agreement relating to Commissioning of Health and Social Care Services (Section 75)
[3] Bradford District BCF Plan 2016-17 Narrative Final

4. VISION FOR HEALTH AND CARE SERVICES INTEGRATION

Our vision for health and social care integration in Bradford and district

4.1 Our shared vision across Bradford and district is for people to be:

Happy, Healthy, at Home

4.2 The health and social care system in Bradford and district provides support and care to an estimated resident population of 534,300 people[4]. Our hospitals, GPs, health centres, community health services, community centres, voluntary organisations and social care services all play a vital role in supporting our residents. We are committed to ensuring all parts of this system are focused on reducing the significant health inequalities which our population faces.

4.3 We are proud of our approach towards improving the health of our population in Bradford District and Craven which is rooted in a deep and diverse local history and a strong sense of pride in our place. We have seen significant improvements in health, housing and social care already, including nationally recognised developments in promoting digital health care. However, we continue to face some stubborn challenges including reducing harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse. Increasing numbers of people with chronic conditions are seeking support from health and social care, which can place unprecedented pressure on the system. Multi-morbidity – having two or more long term conditions – is becoming the norm for people with long term conditions. A stroke and/or a diagnosis of dementia remains a key life event which significantly increases the risk of people moving into a care home. Health inequalities remain.

4.4 Like elsewhere in the country people in Bradford are living longer, however life expectancy for men and women in Bradford is lower than the English average. In England 1 in 3 people die before the age of 75; in parts of our District it is 1 in 2. Health inequalities remain, with people living in the most deprived parts of the District experiencing poorer health and health outcomes than people living in the least deprived areas. Life expectancy is 9.3 years lower for men and 7.3 years lower for women in the most deprived areas of Bradford than in the least deprived areas.

4.5 We know that people in Bradford spend many years of their lives not in good health. For women almost 21 years on average are estimated to be spent not in good health; for men this number is just under 15. Inequalities are evident throughout the life course: 28% of children and young people live in households that are below the poverty line. Children in the poorer parts of the District have worse health and wellbeing on average: poorer dental health by age five, more likely to be overweight by age 11. Children in more deprived areas are more likely to be injured, to have long-term conditions such as asthma and to be admitted to hospital.

4.6 People's health behaviours are widely known to affect their health and risk of dying early. More disadvantaged groups are more likely to have a cluster of unhealthy

[4] https://www.bradford.gov.uk/open-data/our-datasets/population/

behaviours – smoking, drinking, poor diets, and low levels of physical activity. Whilst in Bradford overall, 1 in 5 adults smoke, in routine and manual workers this rises to 1 in 3.

4.7 Mental health issues will affect about 155,000 people in our district at some time during a person's life, with approximately 6,200 people being in need of and in contact with specialist mental health services at any given time. In Bradford, there are large numbers of people living in environments that pose a high-risk of mental illness: almost 120,000 people are thought to be income deprived, and just under 1 in 3 people were economically inactive in 2015/16. The links between physical and mental health have been recognised for many years; nearly half of people with a diagnosed mental illness have one or more long-term conditions. When people with a mental illness have long-term conditions the outcomes of healthcare can be worse, quality of life suffers and life expectancy can be lower as a result of poorly managed health.

4.8 There is more work to do to embed a *'home first'* mind-set across our system to combat frailty arising from the deconditioning impact of a stay in hospital or a care home, which further increases people's dependency on services. We know that 48% of people over the age of 85 die within a year of a hospital admission. We also know that 10 days in a hospital or care home bed causes 10 years of aging in people over the age of 80.

4.9 The key question that our Better Care Plan seeks to answer is[5]:

If you had 1,000 days left to live, how many would you choose to spend in a hospital or a care home?

4.10 Our Better Care Plan is our opportunity to set out a joint vision and a set of expectations for health and social care which will shape our commissioning intentions for the foreseeable future.

4.11 Our approach to the development of the plan was to:

- Develop a set of commissioning outcomes which enhance user experience and the quality of services received by the population of Bradford and district
- Work closely with local people, service users, and voluntary/community sector to co-produce, shape and evaluate our plans
- Ensure the Plan aligns and supports the key pledges within the NHS Constitution and the refresh of Five Year Forward View
- Build on the work of our two Accountable Care Programme Boards covering NHS Bradford City and NHS Bradford Districts CCGs and NHS Airedale, Wharfedale and Craven CCG
- Ensure connectivity with the West Yorkshire and Harrogate Sustainability & Transformation Plan

[5] http://www.last1000days.com/

- Complement the Triple Aim Methodology to address the gaps in health and wellbeing, care and quality, and finance and efficiency
- Confirm plans are evidence-based and based on population need.

4.12 Commissioners are working closely across the acute care footprint to develop innovative proposals that can tackle the growing demand for services in the District and increase the resilience by radically reshaping our models of care. The proposals seek to transform the organisation of care and the infrastructure which underpins its delivery and constitute major change under Section 244 on the NHS Act 2006. The two interlinked pieces of work are:

- Implementation of the Out of Hospital and New Models of Care programmes led by the CCGs
- Implementation of the Council's Care Act (2014) Operating Model.

4.13 These proposals are dependent on three inter-related processes which are taking place between now and 2020:

- Develop and implement an integrated commissioning architecture for health and social care
- Strengthen and change existing out of hospital services in line with the Five Year Forward View refresh
- Re-engineer the hospital changes needed to make our system safe and sustainable through acute care collaboration.

4.14 The Bradford Better Care Fund Plan is based on the Bradford Council footprint, which is coterminous with the footprint of Bradford and district CCGs. The BCF Plan provides for the architecture for development of a joint committee between the CCGs and Bradford Council to drive delivery of the Health & Wellbeing Board vision for integration at a local level.

5. THE CASE FOR CHANGE AND LOCAL PRIORITIES

Population Segmentation

5.1 Understanding the drivers of health and care activity (and therefore cost) are essential in the planning of health and care services for the population, and the development of accountable care systems. In 2014 the Public Health Team, in collaboration with the then Yorkshire and the Humber Commissioning Support Unit, used a risk stratification tool to segment the population of Bradford District and Craven, to examine trends in health and care use, and identify the main drivers of cost in the health and care system. Multi-morbidity was found to be the main driver of demand for services, rather than ageing per se. This is consistent with the published literature.

5.2 As a result of our analysis we know that:

- The majority of people registered with GPs in the District are in the very low and low risk groups, meaning that the likelihood of them being admitted to hospital in the next 12 months as an unplanned admission is low.
- Almost all children and young people (CYP) are in the very low and low risk groups, however, there is a small 'peak' in the number of CYP in the medium and high risk groups amongst the very young i.e. 0-1 year olds.
- Increasing age is associated with higher risk scores. In City and Districts 10% of 65-74 years are in the high and very high risk groups. This increases to 30% of 75-84 year olds, and 46% of persons aged 85 and above. In AWC these proportions are noticeably lower.
- In City and Districts people aged 85+ account for 21% of the 4,600 patients in the very high risk score band; in AWC it is over 30%
- The 65-74 and 75-84 age groups account for 12% and 28% of the population respectively across all three CCGs.
- In City and Districts 36% of the 4,600 people in the very high risk score band are aged 18-64 (equivalent to 1,650 patients). This figure is 25% in AWC (out of the 1,600 people in the very high risk group).
- In City and Districts 45% of the 18,300 people in the high risk group are aged 18-64 (equivalent to 8,220 patients). This figure is 30% in AWC (out of 6,300 people in the high risk group).

5.3 Multi-morbidity is defined as the presence of two or more long term conditions. Multi-morbidity is common. Around 40% of people with any long term condition experience multi-morbidity. Multi-morbidity is important for many reasons. A growing body of evidence suggests that it is multi-morbidity and not age that is the main driver of health and social care costs. Individual health care conditions can dominate healthcare delivery. The use of many services to manage individual diseases can be inefficient and frustrating for people.

5.4 In Bradford City and Districts, over 60,000 people living with two or more long term conditions are more likely to experience problems with the coordination and integration of their care, and are more likely to have unplanned admissions to hospital or avoidably move into a care home. The top 5% (very high and high risk groups) are disproportionately likely to need an avoidable hospital admission. The top 1% account for 24% of all non-elective admissions and 10% of all A&E attendances. The top 5% account for 55% of all non-elective admissions and 24% of A&E attendances. 82% of people living in care homes experience multi-morbidity. 41% experience 4 or more long term conditions. Overall 69% of care home residents are likely to be admitted to hospital for a health condition that could have been managed in the care home. Whilst over half of these are under the age of 65, prevalence increases significantly with ageing. Nearly two thirds, 63% of people aged over 65 who are living in their own home, will be admitted to hospital for a condition which could be treated at home.

5.5 We know that living in a deprived community or poor quality housing has a significant impact on the likelihood of people experiencing 2 or more long term conditions. Earlier onset of multi-morbidity is linked to deprivation. In Bradford 45.2% of people live in the 20% most deprived areas in England. This is more than double the percentage of people in England as a whole who live in the 20% most deprived areas (20.4%). Not only are people who live in the more deprived parts of the district more likely to experience multi-morbidity, but they on average develop multiple long term conditions ten years earlier than those living in the least deprived parts of the District.

5.6 Whilst this work has helped us frame our current understanding, we are mindful that analysis can only ever be a snap shot in time. Furthermore, the analysis focused on health care utilisation data and did not include demand for social care. We are also mindful that data analysis tools have significantly improved through the development of frailty indexing work led by the University of Bradford. Also we need to fully integrate analysis of the impact on long term conditions on the lives of people living in Airedale, Wharfedale and Craven into our plans; at this stage our analysis is not as robust as it is for the two Bradford CCGs. We are therefore undertaking a refresh of this analysis during 2017/18 with input from the New Economics Foundation to ensure that our Out of Hospital plans are fully aligned with the ambitions of the Five Year Forward View.

6. INTEGRATION AND ALIGNMENT OF PLANS

Emerging plans and transformation programmes

6.1 Our BCF plan aligns to the West Yorkshire Sustainable Transformation Plan in planning for social care sustainability and enhanced personalised support pathways. This includes housing options and underpins the development of local pathways home for people who are within regional, specialist and tertiary services.

6.2 In addition to the minimum mandated budget alignment, Bradford and district has also aligned several significant budgets where there are opportunities offered through integrated commissioning and service delivery that will give our population better outcomes overall. As these are new additions to our Better Care planning they are outlined below.

6.3 One of the great challenges we have committed to as a system is to design and implement two new ***accountable care systems*** in the Bradford district, which recognise that person and community-based approaches can increase people's self-efficacy and confidence to manage their own health and care, improve health outcomes and experience and build community capacity and resilience, among other outcomes.

6.4 Our design principles are to:

- Develop a model of care and support that is effectively; person-centred, personalised, integrated, empowering. It will be co-produced in partnership with carers, citizens and communities and supported by mobilisation of front line staff, volunteers and a commitment to community engagement
- Transform the way our system currently operates so there is a greater focus on the prevention of ill health, and upholding of rights, mental capacity and risk as a positive force resulting in reductions in premature death and dependency, and improvement in health, health inequalities and wellbeing
- Shift the balance from avoidable hospital admissions to personalised health, housing and social care models which are led and managed by the person as an expert of their own experience and delivered out of hospital
- Ensure that there is a high degree of replicability in our work, which provides a benefit much wider than the district and enables us to critically reflect, learn and further develop our understanding of the issues.

Accountable Care System – Airedale

6.5 The aim of Accountable Care Airedale[6] programme is to re-design the way we deliver and receive care, ensuring that our local population receive exceptional care now and into the future. At the heart of the ACA desired future state is a strong primary and community-based out of hospital model of care that cares for the majority of the health and wellbeing needs of the local population. The model works alongside individuals,

[6] Improving the health and wellbeing of the Airedale, Wharfedale and Craven Population (2017)

carers, families and the wider community to provide a range of person-centred and community-centred care approaches to support health and wellbeing. The model is a coalition of primary, community, mental health, social care, voluntary and urgent care services.

6.6 Our accountable care model complements the Better Care Fund plans. With less of a focus on single episodes of care and more on the overall impact of work on sustained wellbeing for people, there is a strong message of prevention, care navigation and non-medical support in recognition of the value and effectiveness of navigation support through health and care services.

6.7 The focus of the iBCF investment on technology supports our care model to harness digital technology to revolutionise the care delivery process both for staff and for the people who receive care and support.

6.8 The model is a coalition of primary, community, mental health, social care, VCS and urgent care services. By working in collaboration the model will seek to increase the breadth and depth of services available in the community including services that have been traditionally delivered in hospital or outpatient services.

6.9 A multi-disciplinary care service for people living with complex care in now in the 3rd year of development and our Enhanced Primary Care offer delivers proactive and preventative approaches to health and care delivered by GP practices

6.10 A range of services and initiatives centred on care homes, including telemedicine in care homes, advanced care in care homes vanguard and training and support for care home staff. Our intermediate Care Hub will provide a single point of entry into intermediate and rehabilitation care services across Airedale, Wharfedale and Craven that enables professionals to arrange the right care for urgent and non-urgent referrals, helping to prevent avoidable hospital admissions and effectively manage long-term conditions in the right place at the right time.

Accountable Care System – Bradford

6.11 The Bradford Accountable Care Programme continues to work towards implementing a transformed service by April 2021 with step changes from this year. Integration models are being tested through testing new models of care for diabetes during 2017/18. Providers and commissioners in Bradford City and Districts are using a 'structured collaboration' approach to transform existing service into a more people-centred, integrated model of community health and care services. Our intention is to move from focusing on (and paying for) activity, towards a focus in outcomes. A number of projects within the accountable care programme for Bradford are aligned to the intentions and aspirations of the Better Care Plan. Some of the schemes are outlined below.

6.12 The mobilisation process for the new medicines management service has been successfully implemented and the new service went live on 1st April 2017. This service will be delivered to people with complex needs in their own homes, contributing to a reduction in non-elective admissions and demand for GP appointments.

6.13 Collaborative work has taken place amongst providers to develop and agree a shared, single operating procedure for the initial phase of Multi-Agency Integrated Discharge Team (MAIDT). This new team integrates social work, acute and community nursing to improve discharge processes by creating a seamless pathway between community, intermediate and acute care settings. Community nursing staff have started working in the team.

6.14 The Home from Hospital (HFH) service has been expanded to support discharge from the acute setting, in addition to the intermediate care support they provide in community settings.

6.15 A new Local Improvement Scheme 'Proactive Care for People with Complex Needs'[7] has been developed for implementation in General Practice from the 1st April 2017. This will help in defining the cohort of people with complex needs for the Out of Hospital Programme and will result in GP practices providing an enhanced level of support to people who are housebound or residing in Care Homes. The information gathered will be used to inform the development of a future enhanced model of service delivery. This scheme aims to support people to remain in their preferred place of residence for as long as possible.

6.16 A review of telemedicine was carried out in Q4 to determine the effectiveness of the service and to inform commissioning intentions for 2017/18. An algorithm was developed to align resources with complex needs and, following the end of the Airedale and Partners EHCH Vanguard, telemedicine will be retained in 48 care homes in Bradford.

6.17 Commissioners and providers have been working together to develop a shared strategy for the provision of all community beds across Bradford. A set of principles have been agreed and the strategy will be implemented as part of the structured collaboration process for transforming out of hospital services. This strategy will introduce a single bed base, with a single point of access based on shared assessments from a multi-agency, integrated team.

6.18 Work to develop the new models of care for out of hospital services has continued in Q4, and draft proposals for new models of care have been shared with stakeholders. Further detail on some of these schemes is presented under National Condition 3 in chapter 7.

[7] Proactive care for people with complex needs. GP Local Improvement Scheme 2017

Primary Care Commissioning Strategy

6.19 The primary medical care commissioning strategy for Bradford[8] sets out the commissioning aspirations for the next 5 years. The three CCGs in Bradford and district hold delegated responsibility to commission primary medical services on behalf of NHS England. It is a key enabler in developing seamless integrated out of hospital services around the diverse needs of our populations.

6.20 To support the delivery of emerging accountable care systems, primary medical care must move to operate at scale with sufficient infrastructure. Our risk stratification and predictive modelling tools will allow targeted interventions. This work will also help to identify protected groups that may not access healthcare. Our strategy has six priority themes. Priority 5: collaborative working describes our plans for collaboration across practices and with partners. This includes working together, sharing specific functions and reducing silo working. This priority underpins the plans to work in localities of 50,000 patients. Services such as extended access and GPs with special interest training will be commissioned at greater scale.

People First – Digital First

6.21 Our BCF Plan aligns with our ***Local Digital Roadmap*** and our vision for digitally enabled integrated strategic commissioning by 2020. In relation to one of the BCF National Conditions, the NHS Number will be used as a consistent identifier within Health and (Adult) Social Care services from Autumn 2017. Informatics Teams across the district are working together to realise this ambition and define how this can be extended to encompass Children. Our Local Digital Roadmap set out a Vision for Digital Health and Care in 2020, under the banner of 'People First - Digital First'.

6.22 By 2020, Bradford, Airedale and Wharfedale district shall be a place where:

- Health and care is digitally facilitated to enable individuals to take control of the health and well-being of themselves and of others, fundamentally changing the relationship between citizens and their relevant health and care professionals through access to knowledge
- Big problems and issues in the health and care system are addressed through technology and data
- Health and care information is collected once and used many times
- Citizens have confidence in the security of their health and care data security and application in benefitting the health and wellbeing of the population
- The health and care workforce are skilled and confident users of technology and data, and use these skills to deliver care more efficiently and effectively
- Rapid and accelerated adoption of proven technology and data innovation takes place to improve the health and well-being of citizens

[8] Primary Medical Commissioning Strategy 2016-2021

- The evaluation of the impact and benefits of utilising technology and data to improve health and care outcomes provides evidence for digital health adoption for other parts of the country (and beyond)
- Others from around the country come to learn how health and care organisations, local government, the business sector and academia have overcome organisational boundaries to work effectively in partnership for their local communities
- New digital health and care businesses are formed and existing businesses are attracted to the area to develop their digital health and care products and services.

Transforming Care in Learning Disabilities, Autism and ADHD

6.23 Our Transforming Care Partnership Plan is for all people with Learning Disabilities, Autism or ADHD and is framed around ***Building the Right Support*** and the national service model. Through our Transforming Care Partnership we are investing £40.5M a year in supporting an estimated learning disability community of 8,700. Across all 3 CCG's for 2016/17, there are a total of 3,775 people with LD on the GP registers (from age of 13 onwards) and a total number of adults (18+) of 3,063 and 1,500 of those adults receive a service from the Local Authority.

6.24 Our priorities are to:

- Reshape current provision of services to reduce dependency on in-patient provision
- Develop and enhancing the range of community options available to support all people with a Learning Disability including those with complex needs, Autism or both, to live in the community and near their families if they choose. Improve the preventative support provided by general practice and primary care for all people with learning disabilities including people with complex needs, autism or both.

6.25 We are also finalising our strategies for **autism and ADHD** and **dementia** which provides us with an opportunity to tackle areas of service improvement that need further development.

Our Mental Wellbeing

6.26 Through our ***Mental Wellbeing Strategy*** we are developing a response to the parity of esteem agenda which recognises the equal value of mental and physical health. Our ambitious all-age strategy for mental wellbeing in Bradford and district has three strategic priorities for the next 5 years:

- Our wellbeing: building resilience, promoting mental wellbeing and delivering early intervention
- Our mental and physical health: developing and delivering care through the integration of mental and physical health and care
- Care when we need it: ensuring that when people experience mental ill health they can access high quality, evidence-based care

6.27 Our plans to deliver our mental wellbeing strategy include a commitment to protect the current level of investment in mental health services, recognising the importance of effective mental health and wellbeing interventions in reducing the overall health and care system wide costs. Our strategic commitments and action plan are monitored by the Mental Health Partnership Board which report to the Health and Wellbeing Board. It includes a clear focus on promoting mental wellbeing and tackling social and environmental factors to prevent mental ill health occurring or worsening. The strategy acknowledges that physical health conditions can affect mental wellbeing and that people with mental health care needs also require care for their physical health. We will commission high-quality, evidence based services to meet their needs.

Improving People's Experience of Integrated Care

6.28 Examples of how local people have been involved with the key areas of the plan are:

Mental wellbeing strategy: The development of the strategy was informed by engagement and co-production with a wide range of stakeholders including service users, children and young people and their families, commissioners and providers and voluntary and community sector organisations. We reviewed what local people had already told us, engaged via face to face interviews, with local organisations including those working with seldom heard groups and through community held events and ran a communications campaign to support this engagement work.

The People's Board: The People's Board is a group of members of the public who represent different communities and experiences across the Bradford CCGs. We have worked in partnership with them to gain feedback and insight in three key areas of self-care and prevention (social prescribing; self-care hubs; and digital self-care) as well as out of hospital care. The feedback and ideas will be fed into our overall programmes of work.

Grass Roots: We continuously gather patient experience information from a wide range of sources in order to understand the themes and the trends across the services that the CCGs commission. These are presented as part of our embedded reporting mechanisms across the organisation and new pieces of work routinely scope what local people have been saying in a particular area.

- We have well established – and varied – mechanisms of engaging with local people and working together to co-produce our plans in addition to the above. These include:
- We are launching a programme of engagement around our local health and care plans to understand further what matters to local people and to foster greater understanding through open and honest dialogue.
- Through our Engaging People approach, we work in partnership with the VCS and Healthwatch to ensure reach into our diverse local communities and that people have the opportunity to influence and work with us in developing plans and priorities.

- We also work with specialist partnerships, communities and networks including the maternity partnership, the Airedale, Wharfedale and Craven health and wellbeing hub and our patient participation groups and their networks.
- Patient feedback is actively and routinely sought out and used through for example, social media, our website feedback mechanisms, complaints, comments and concerns, specific engagement activities and consultations.
- This section also needs input from the local authority to capture the work they have done around, eg Cost of Care, Home First etc.

6.29 Taken together, the multitude of plans that are now in the implementation phase provide resilience to the local framework for sustainability and transformation in Bradford and district.

7. NATIONAL CONDITIONS

7.1 The following section provides a brief description of how the plan meets each of the national conditions for the BCF 2017-19.

National Condition 1 – Plans to be jointly agreed

7.2 The BCF Plan has been signed off by the three Clinical Commissioning Groups, City of Bradford Metropolitan District Council and by the Bradford Health and Wellbeing Board. Details of the plan have been discussed with the main health and social care providers in terms of the impact and alignment with local plans. The Housing Authority is represented on the Health and Wellbeing Board. Arrangements for management of the Disabled Facilities Grant are being reviewed in partnership with the leads for occupational therapy and accessible homes.

National Condition 2 - Social Care Services maintenance

7.3 Sections 2 and 4 of the Planning Return Template set out the sums made available in 2017/18 and 2018/19 for maintaining Social Care which incorporates the implementation of the Care Act, reablement and funding of dedicated carer specific support. The total amount allocated for all of these from the mandated BCF minimum allocation in 2017/18 is £18,795,524 and £19,152,640 in 2018/19, and has been maintained in real terms compared to 2016/17. Also, Disabled Facilities Grant funding of £3,857,621 (2017/18) and £4,195,774 (2018/19) is included in the Better Care Fund spending plan, representing much more than a real terms increase compared to 2016/17.

7.4 In addition, in 2017/18 the BCF includes the improved Better Care Fund (iBCF) which will be paid as a direct grant to the Council under Section 31 of the Local Government Act 2003 and has a total value of £12,045,821 (2017/18) and £16,435,418 (2018/19). The funding for maintaining Social Care is summarised in Table 1 below.

Table 1: Maintaining Social Care Allocations 2017/18 and 2018/19

£	Maintaining Social Care	Carers Specific Support	Care Act	Reablement	Disabled Facilities Grant	iBCF
2016/17	14,672,000	925,000	1,366,000	1,502,000	3,519,468	0
2017/18	14,934,629	941,558	1,390,451	1,528,886	3,857,621	12,045,821
2018/19	15,218,387	959,448	1,416,870	1,557,935	4,195,774	16,435,418

7.5 Maintaining social care services in the District means ensuring that those in need within our local communities continue to receive the support they require in a time of growing demand and budgetary pressures. Whilst maintaining current eligibility criteria is one aspect of this, our primary focus is on developing new forms of person centred, coordinated support. This approach helps to ensure that individuals remain healthy and well, and have maximum independence, with benefits to both themselves and their communities, and the local health and care economy as a whole.

7.6 By proactively intervening to support people at the earliest opportunity and ensuring that they are resilient, resourceful, are engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focussing on the supply of services.

7.7 City of Bradford MDC has maintained and enhanced investment to meet Prevention and Wellbeing duties in keeping with Section 1 and Section 2 of the Care Act (2014). Our local Plan underpins a strategic shift of resources towards delivering care closer to home and significantly reducing the numbers of people who are avoidably admitted to hospital, placed into residential care settings and dying prematurely. Income optimisation support for self-funders has been enhanced during 2016/17. This will be further strengthened during 2017/18 through further investment in our primary prevention approach including:

- Realising the potential of being part of the ADASS regional works including the Digital Prevention and Connect to Support Programme Board (Bradford is leading on an LGA Bid to pilot virtual technologies to enhance our self-care navigation offer)
- Enhancing Access as our first point of contact to social care streamlining pathways to ensure a timely a proportionate response to people who are seeking support.
- Investing in our social work demand management approach across our localities, promoting and sustaining independence through reconnecting people back to natural networks of support.

Financial Stability and QIPP

7.8 The CCGs 2-Year Financial Plan sets a strong financial position within which the creation of the BCF can take place. Through its prudent approach to financial planning and its strong contractual approach with its main acute providers, the CCG remains confident in its ability to maintain the fund without financially destabilising the acute trusts. Our QIPP transformational plans were developed and aligned to delivery of our system and organisational priorities - this is consistent with our financial submission.

National Condition 3 – NHS Commissioned Out of Hospital Services

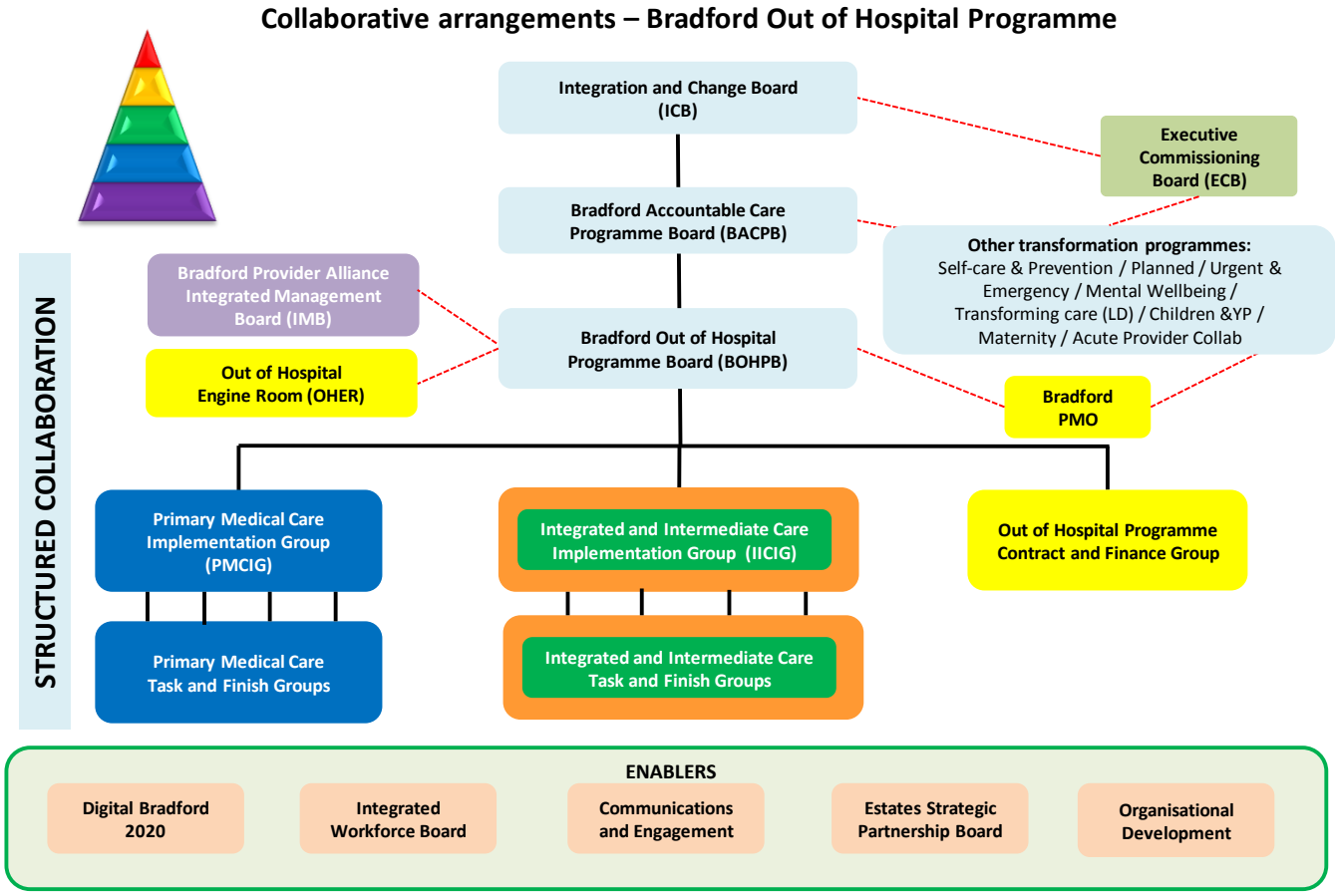
7.9 The BCF plan confirms the following ringfenced funding for NHS-commissioned out-of-hospital spend.

Table 2: Ringfenced NHS-commissioned out-of-hospital spend 2017/18 and 2018/19

£	NHS-commissioned out-of-hospital spend
2017/18	16,394,801
2018/19	16,706,302

7.10 The Bradford Out of Hospital Programme continues to work towards the outcome of reducing long term admissions. During 2016/17, community matron and case manager services were reconfigured to form the first stage of a Community Integrated Team (CIT) model of care which will provide intensive support to people with complex needs, who live in care homes or in their own homes. To support the further development of CITs and other Bradford Out of Hospital projects which will reduce NEL admissions, the CCGs gave formal notice. in January 2017, to providers of critical intermediate care and community services and advised that the CCGs want to engage with current providers to consider the best model of service delivery to address both quality improvement and value for money. From April 2018 a transformed service will be designed and commissioned.

Figure 1: Out of Hospital Programme Collaborative



7.11 The first phase of the out of hospital programme is schedule to be operational by the end of September 2017. Community Integrated Teams are aligned with practices giving care to communities of 50-60,000 people. Alongside this, community complex care teams (CCCT) have been established staffed by community matrons and case managers with the aim of providing an equitable reactive and proactive service for people with complex escalating needs. Together, these services offer a needs-led service for adults with complex health, care and support requirements, delivering joined up care and support to achieve admission avoidance where appropriate.

7.12 The Bed Bureau was developed in conjunction with the Intermediate Care Hub, and became operational in 2015. The intention was to create a single access point for all community beds, so that people who needed a bed could be referred to the most appropriate one for their needs. However, there are some occasions when the Bed Bureau is not used when people are discharged from hospital into a community bed.

7.13 In October 2016, the Bradford CCGs undertook a review of intermediate care beds which set out the current position of both health and social care beds and the range of interventions provided within these services. Following this review, a system wide strategy has been developed by the Bradford CCGs, acute hospital trusts and CBMDC. This strategy was signed off by all organisations in May 2017.

7.14 The aim of the strategy is for community beds to be a realistic alternative to hospital admission. This will be achieved by development of new pathways which are leaner than current models, provide better value for money and provide a more joined up service for people and achieve better outcomes. Care planning is based on the principle of 'home first'.

Table 3: The Current Community Bed Base

Bradford Teaching Hospitals Foundation Trust (BTHFT) 72 beds across four sites	
BD8 8RA Westbourne Green	BD6 3NL Westwood Park
BD5 0NA St Luke's Hospital	BD10 0JE Eccleshill Community Hospital

City of Bradford Metropolitan District Council (CBMDC) 38 intermediate care beds and 83 short terms care beds (121 in total) across six sites	
BD6 1EX Norman Lodge	BD22 6AB Beckfield
BD4 9BT Holmeview	BD22 6AB Holmewood
BD16 2EP Thompson Court	BD15 7YT Woodward Court

National Condition 4 – Managing Transfers of Care

IBCF – Home First in Bradford

7.15 The Care Act 2014 places new duties on City of Bradford MDC to promote the efficient and effective operation of the Market Shaping and Commissioning Guidance in order to facilitate a diverse and sustainable market of high quality support for the benefit of their whole local population, regardless of how the services are funded. This can be considered a duty to facilitate the market, in the sense of using a wide range of approaches to encourage and shape it, so that the local care and support market in Bradford and Districts meets the needs of all people in our area who need care and support, whether arranged or funded by the Council, by the individual themselves, or in other ways.

7.16 Local Authority adult social care commissioners have undertaken a baseline analysis of current financial spend, activity and outcomes from the current home care market to support the initial stages of developing an operating model for out of hospital services which support people to be happy, healthy, and will bring care closer to people in their own home. Key areas of opportunity are:

a. To rapidly expand and enable self-care and self-directed support options, including optimising the Connect to Support e-gateway to the social care provider market place. Enabling people to self-navigate the system and make decisions earlier in their journey about options which may delay or prevent their need for more complex care and support. The Council is leading on behalf of ADASS Yorkshire Humber work to develop Connect to Support, including piloting of virtual assistant new technologies.

b. To establish and stabilise the current baseline position for the CQC registered domiciliary care market of 99 contracted providers in the District. 93% of the market is small, providing less than 1,000 hours a week of contracted care for the Council. 40% of providers are assessed by commissioners as being amber/red rated for risk of immediate market failure. The Council has taken action to increase the level of fees paid by commissioners using the social care precept from April 2017. The Council has reached agreement with the Bradford Care Association to work towards a fair cost of care by undertaking a joint modelling exercise during 2017/18 using the CIPFA/ADASS Guidance – *Working with Care Providers to understand costs.*

c. To invest 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market. This includes:

- Developing a new approach towards supporting people with dementia and their carers during the later stages of the disease progression;
- Developing a model of home care in hospital whereby the care and support follows the person and enables timey and effective early discharge;
- expanding out of hours home care to enable people with complex support needs to remain at home; and
- expanding the capacity of rapid response services to enable people to be cared and supported at home during times of crisis so that the situation can be stabilised and made safe without the need for a care home or hospital admission.

d. Investing for a sustainable workforce and to ensure that the sector remains competitive. The baseline has established that the local supermarket workforce are offered between £7 and £10 per hour with additional incentives including a single work location, staff discounts and structured career pathways. The model the Council is discussing with the sector includes:

- Working with providers to develop a local understanding of the living wage with an aim of working towards a level of equalisation with health care level 2 and 3 workers.
- Developing structured career pathways in partnership with Bradford College and the University of Bradford including progression of healthcare workers to Nursing Associates.

7.17 If this approach is to be effective, there is a challenge for system leaders to support a change of culture by promoting a mind-set shift from a dependency model (deficit based, fixing people) to one that promotes independence and resilience (strength based model, focus on what people can do and positive risk taking so people can live their lives to the full).

8. PLAN: SCHEMES AND SPENDING

Schemes and Expenditure

8.1 The BCF and iBCF schemes and expenditure plans have been approved by the Health and Wellbeing Board for 2017/18. During this year we are reviewing the impact of schemes and return on investment for commissioners. Our review is aligned to commissioning intentions identified through our Out of Hospital Programme Board.

8.2 The summary of schemes is shown below.

Table 4: Summary of Schemes and Expenditure

Scheme	Scheme Type	Lead	2017/18 £	2017/18 £
Primary Prevention				
Local Schemes	Primary prevention Early Intervention	CCG	2,164,770	2,308,276
Intermediate and Integrated Care and Support				
Reablement	Intermediate care services Rehabilitation services Reablement	CCG	1,354,000	1,383,952
Reablement	Intermediate care services Rehabilitation services Reablement	LA	1,511,730	1,557,935
Virtual Ward	Intermediate care services Step down	CCG	3,710,000	3,792,069
ACCT	Intermediate care services Step down	CCG	969,000	990,435
Intermediate Care Beds	Intermediate care services Step down	CCG	6,104,495	6,166,247
Early Supported Discharge	Integrated care planning Integrated care packages	CCG	592,000	605,096
High Impact Changes				
iBCF - BACES - Home First Strategy	High Impact Change Home First / Discharge to Assess	LA	500,000	500,000
iBCF - Winter pressure beds	High Impact Change Home First / Discharge to Assess	LA	1,000,000	1,000,000
iBCF - Intermediate Care Reviewing team	High Impact Change Home First / Discharge to Assess	LA	500,000	500,000

New Technologies and Digital Integration				
iBCF - Transformation and Assistive Technology	Assistive Technologies Digital participation services	LA	1,000,000	0
Domiciliary Care				
iBCF - Increased Home care Capacity	Domiciliary care at home Dom Care Packages	LA	4,979,821	4,545,472
Carers Services				
Carers Support	Carers services Carer advice and support	LA	955,291	959,448

8.3 Consultation on the iBCF additional monies has taken place since its inception. A&E Delivery Board, Accountable Care Bradford and providers were consulted throughout the planning process, in order to discuss allocation of the iBCF and ensure shared agreement between commissioners and providers

Scheme	Scheme Type	Lead	2017/18 £	2017/18 £
Equipment / Adaptation				
SeEIP02 Disabled Facilities Grant	DFG - Adaptations	LA	3,857,621	4,195,774
S1PS02 Community Equipment	Provision of Community Equipment	Joint	1,412,000	1,102,500
Care Act Duties and Maintaining Social Care				
S4CA01 Maintaining Social Care Services	Care Act Duties	LA	14,954,203	15,218,387
S4CA02 Care Act New Duties	Care Act Duties	LA	1,374,300	1,416,870
iBCF - Protecting Social Care	Care Act Duties	LA	4,066,000	9,889,946

9. OVERVIEW OF FUNDING CONTRIBUTIONS

Minimum Funding Contributions

9.1 The planning return confirms that the local area has met its minimum contributions for the following spend areas:

Table 5: Minimum Funding Contributions

Spend area	Minimum funding 2017/18 £	Minimum funding 2018/19 £	Main use for minimum funding contributions
CCG Contributions **NHS Airedale, Wharfedale and Craven** **NHS Bradford City** **NHS Bradford Districts**	 7,048,000 6,257,000 21,886,000	 7,182,000 6,376,000 22,302,000	Consistent with national requirement
Out of Hospital Services	16,394,801	16,706,302	Consistent with National requirement
Disabled Facilities Grant	3,857,621	4,195,774	Consistent with National requirement
Care Act 2014 Monies	1,390,451	1,416,870	Consistent with national requirement
Former Carers' Break Funding	£941,558	959,448	Carers offer in line with Care Act duties
Reablement Funding	1,528,886	1,557,935	Consistent with national requirement
iBCF	12,045,821	16,435,418	Consistent with national requirement

9.2 Funding contributions for the BCF have been agreed and confirmed. This includes agreement on funding for Care Act duties, reablement and carers breaks from the CCG minimum contribution. Further detail is included in the Planning Template.

Table 1 (as page 28): Maintaining Social Care Allocations 2017/18 and 2018/19

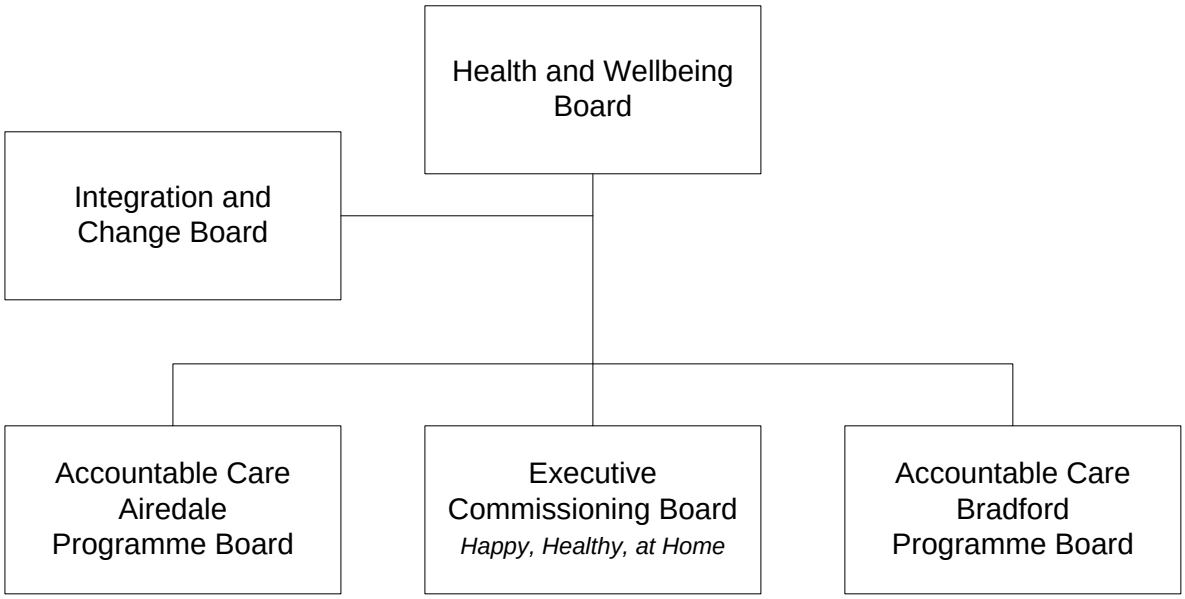
£	Maintaining Social Care	Carers Specific Support	Care Act	Reablement	Disabled Facilities Grant	iBCF
2016/17	14,672,000	925,000	1,366,000	1,502,000	3,519,468	0
2017/18	14,934,629	941,558	1,390,451	1,528,886	3,857,621	12,045,821
2018/19	15,218,387	959,448	1,416,870	1,557,935	4,195,774	16,435,418

10. PROGRAMME GOVERNANCE

Governance and Accountability Structures

10.1 Governance of the Better Care Programme is through the Bradford Health and Wellbeing Board which, since April 2013, has functioned as a statutory committee of Bradford Council. The Board operates with major contributions by the Local Authority and the CCGs. Following the Bradford Council LGA Peer Review there is a need to streamline the governance structure supporting integrated commissioning.

Figure 2: BCF Plan Governance



Management and Oversight of Delivery of the Better Care Fund

10.2 During 2017/18, work shall be progressed to build the framework within which our integrated commissioning approach will operate and will be embodied in a revised section 75 agreement.

Scheme Management

10.3 In terms of performance managing Better Care Fund Schemes and escalating significant issues to the Executive Commissioning Board, the Health and Wellbeing Board and into both organisations Governance Committees, the following process applies. If a BCF scheme is starting to go off track the expectation would be that the Pooled Fund Manager would flag this both to their own organisation's managing committee and to the Integrated Finance and Performance Group. Any issues for escalation to the Executive Commissioning Board would be confirmed at that point together with feedback to each organisation.

10.4 The benefits realisation and outcomes of schemes will be closely monitored by integrated finance and performance subgroup. Where schemes are felt to be under-performing or not having the required impact on the wider BCF outcomes, Pooled Fund Managers will be supported to review their schemes in line with the BCF methodology following the principles of establishing impact of schemes through a logic modelling process. Following this process schemes may be revised or refreshed in order to ensure impact.

Legal Framework

10.5 The Better Care Fund in Bradford is managed through a Section 75 Framework Partnership Agreement between the Council and the CCGs. The Framework approach was agreed to best reflect where the Council and the CCG are in terms of developing an integrated commissioning approach in that it provides for a dedicated lead commissioner for each scheme. In the event of under spends achieved through prudent fund management, these will be managed in line with the Section 75 agreement.

Assurance Framework

10.6 A high level Assurance Framework has been developed and is supported by a Dashboard to monitor trajectories for key Better Care Metrics and implications for risk sharing. The Assurance Framework is monitored through the Executive Commissioning Board which holds responsibility for managing remedial actions should plans go off track. Updates are provided to the Health & Well Being Board on a quarterly basis. A comprehensive Better Care Fund Risk Register shall be put into place during 2017/18. This shall include risks and mitigation in the following five areas; Finance, Operational, Quality, Governance and IT/IG. Updates on risk and mitigating actions shall feed into each organisation's own risk registers and performance management processes.

Culture and Systems Leadership

10.7 The Health and Wellbeing Board have mandated our system leaders to integrate the strategic commissioning of health and social care by 2021. This formal mandate will provide a backbone for the BCF Plan and ensure that we collaborate as a joined up system to work seamlessly together to deliver better quality care. We are committed to transforming our systems and modernising health and social care in our area so that our local communities can enjoy the right quality of service and support at the right place at the right time, provided by the right person(s). Our success in doing so will be determined by local people and depend on our ability to positively fuse and maximise the potential of the different organisational cultures across health and social care. Our approach requires determined and purposeful leadership that recognises and steps up to the challenge of a creating and actualising a new ambition.

11. ASSESSMENT OF RISK AND RISK MANAGEMENT

Risk Log

11.1 Each party to the Better Care Fund pooled budget carries any significant risks in their own risk registers as well as in the joint BCF risk register. This ensures that everyone is fully aware of the risks and the impact on their own organisation. In assessing the likely impact of financial risks, we have predominantly assessed the impact of the cost of additional activity. For operational and quality risks, we have taken into consideration the cost of returning to acceptable levels of quality or service. In translating the BCF risks into each party's risk registers we are building on the risk sharing arrangements set out in the Section 75 Agreement. In addition, risk sharing and indemnities are set out in CCG and Council contracts with providers.

11.2 Every scheme has a Pooled Fund Manager. The role of Pooled Fund Managers in flagging potential risks and ensuring they are mitigated and managed is covered in the Section 75 Agreement. The BCF risk register is proactively monitored by the BCF Operational Commissioning Group with escalation to the Executive Commissioning Board as appropriate, including mitigating actions. Risk management includes managing the immediate impact of the risks occurring and planning to resolve the root cause of the problem. The BCF risk register is attached in the annexe.

Contingency Plan and Risk Sharing

11.3 The Health and Wellbeing Board has received quarterly update briefings on the BCF as a standing item during 2016/17.

11.4 Strategic risks have been monitored during 2016/17 through the Bradford Health & Care Commissioners which is becoming the Executive Commissioning Board in 2017/18, including financial and non-financial risks. The five key commissioning risk areas which shall be reported to the Executive Commissioning Board relate to:

1. Finance
2. Operational
3. Quality
4. Governance
5. Information Technology and Information Governance

12. NATIONAL CONDITIONS - DToC

Managing Transfers of Care and the High Impact Change Model

12.1 The context for the development of this plan is that delayed transfer of care is a significant issue both locally and nationally. The impact of a person being in a hospital bed longer than is necessary has a negative impact on patient outcomes, patient experience and the ability of the system to match capacity with demand. The NHS England Mandate for 2017-18 sets a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. Bradford has achieved this standard and our focus is to make that standard sustainable.

12.2 Bradford commissioners have worked collaboratively with local providers, including those from the voluntary sector, to develop a multi-agency, integrated approach to planning hospital discharge for people with complex needs, leading to the formation of a multi-agency integrated discharge team (MAIDT) and an expansion in the range and capacity of support available to people on immediately leaving hospital. As a system, we are considering through our Accountable Care Programme Boards the actions that are required so that we can fully adopt the High Impact Change Model for managing transfers of care to underpin our service improvement approach to reducing delays and improving people's experiences. This model is endorsed at a national level by NHSE, ADASS, LGA, NHS Improvement and the Department of Health. The model recognises that there is no simple solution to creating an effective local system of health and social care, but that where health and wellbeing partners are committed to working together to identify what can be done to improve outcomes for people, high impact changes can be made.

12.3 A workshop took place to undertake a self-assessment against the high impact change model with partners from across the health and social care system in Bradford and Districts in June 2017. Membership included the 3 CCGs, the Local Authority, Bradford Care Trust, Bradford Teaching Hospitals Trust and Airedale Hospital Trust. The outcome was agreement across the partnership that Bradford, Airedale, Wharfedale and Craven systems have made progress in implementing the High Impact Changes. In the main, these areas have been progressed through existing service improvement work and reprioritisation across collaborative systems across the health and social care economies.

12.4 There are different stages of development in the Bradford and Airedale localities that each have their own local governance arrangements for out of hospital care. However, there are clear opportunities for both adopting and spreading good practice and joint initiatives and plans. There is the potential to accelerate progress through sharing emerging good practice across the two planning footprints of Bradford and Airedale. The CCGs are working to agree DToC improvement trajectories based on the current level being sustained with the acute Trusts. Commissioners are working towards further integration of commissioning datasets and optimising the potential from using the NHS number as a single unique identifier to further enable transparency of how people experience the health and social care system and granularity of detail in relation to cost and outcomes from commissioning across the system as a whole.

13. IMPROVED BETTER CARE FUND NATIONAL REQUIREMENTS

Homecare Capacity

13.1 As of March 2017, 24,000 hours per week of home care was being provided to 2,302 people as part of their planned support arrangements. Of this, 15% was provided by the Bradford Enablement Support Team (BEST) service. Of the remainder, 75% was called off from the Council's Framework Agreement for home care services and 25% was arranged through self-directed support including use of Direct Payments. Our BCF funded BEST service provides support to people who need reablement and support to optimise their rehabilitation and recovery before they are assessed for long term home care.

Residential and Nursing Home Capacity

13.2 There are over 4,200 older people in care homes in Bradford. Bradford benchmarks as having high numbers of people over the age of 65 living in care homes. The rate of new admissions led to 441 new placements for people over the age of 65 during 2016/17. The 2016/17 outturn position was 2056 people over the age of 65 in care homes per 100,000 population, which was above national and regional averages (Bradford was ranked 10 of 15 in Yorkshire Humber). The rate of admission for younger people is high and increasing. There are very high numbers of people whose annual cost of care is high (range £35 – 175K). In keeping with the Health and Wellbeing Board's strategic intent to promote a Home First mind set, commissioners are working with the sector to mitigate known risks associated with changes to the size of the care home sector. There remains room for further improvement in reducing placements to meet CIPFA and national top quartile performance, particularly as the strategic shift towards extra care is realised with new developments coming on stream in the next two to three years in keeping with the Council's ambition for Home First in Bradford and Districts. There is a need for careful market oversight of the impact on the sector and system as a whole as these changes are implemented.

13.2.1 Care Home Improvement Programme

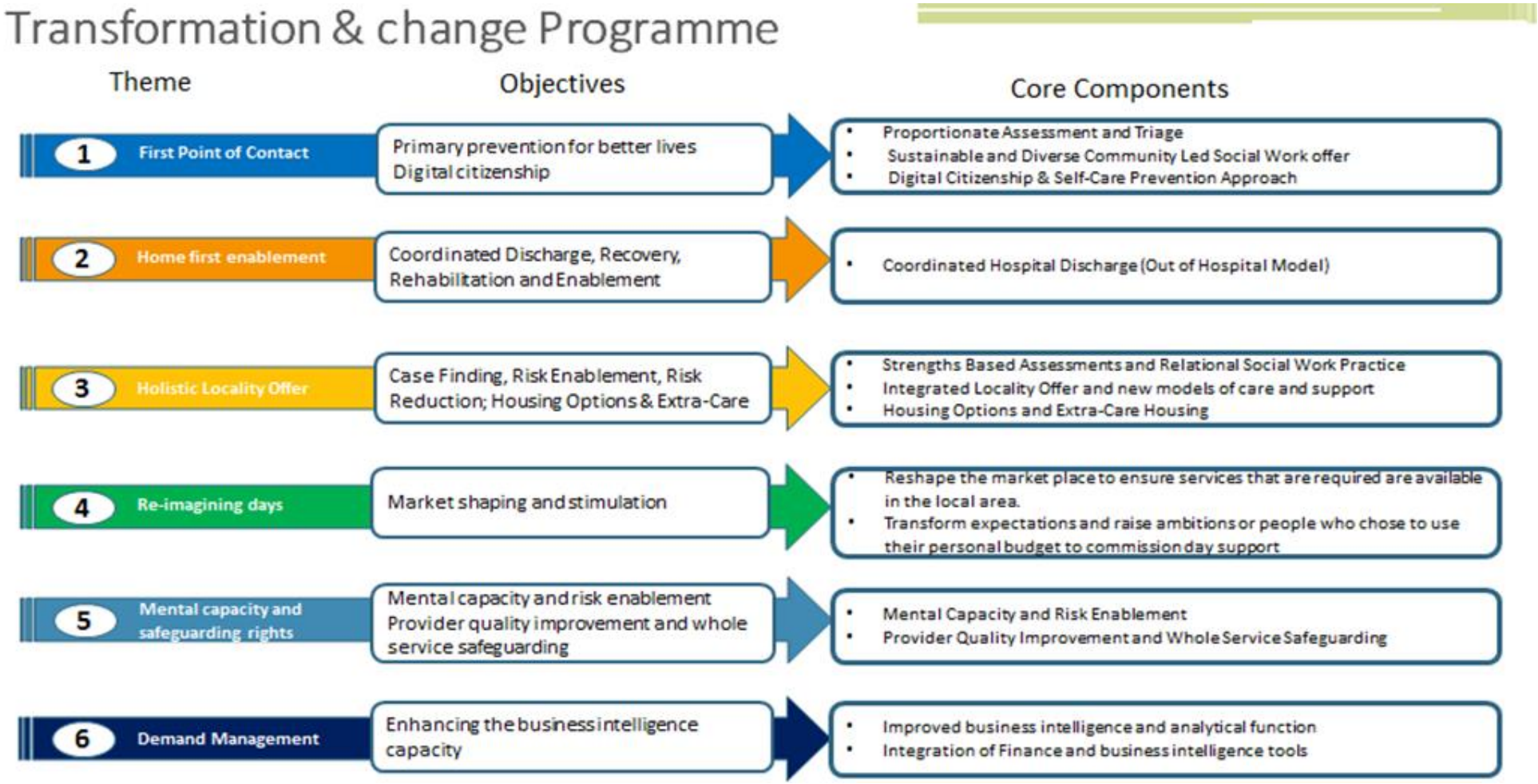
In order to stabilise and improve the quality of care in the care homes sector, targeted support has been offered by the system. This has included training, support with CQC inspection processes, specialist equipment provision and use of technology. This has enabled improvements in setting with fewer homes being rated as inadequate and more homes being rated as good or outstanding.

Intermediate Care Capacity

13.3 Intermediate care services across the District are provided by a range of providers to people in their own home and also in bed based settings in local authority and community hospital beds. The National Audit for Intermediate Care (NAIC) is conducted annually; results have consistently shown that there is insufficient intermediate care nationally to meet population need. Modelling based on the NAIC

and local data also suggests that more people could benefit from intermediate care in the District than are currently doing so. Models estimate that more than 14,000 people aged 65+ could benefit from intermediate care each year in Bradford and Districts. Furthermore, consistent with the national picture, local intermediate care services predominantly support people to leave hospital; opportunities for preventing admissions to acute beds through the provision of step up intermediate care remain.

Figure 3: Adult Social Care Transformation and Change Programme



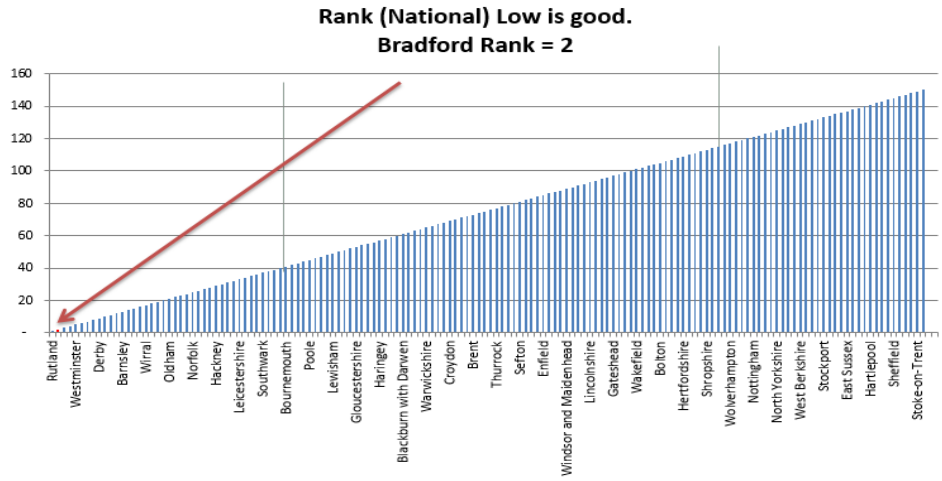
ANNEXES

ANNEX 1 BCF NATIONAL METRICS

1. Composite Metric

Bradford is ranked 2 for the new composite measure nationally.

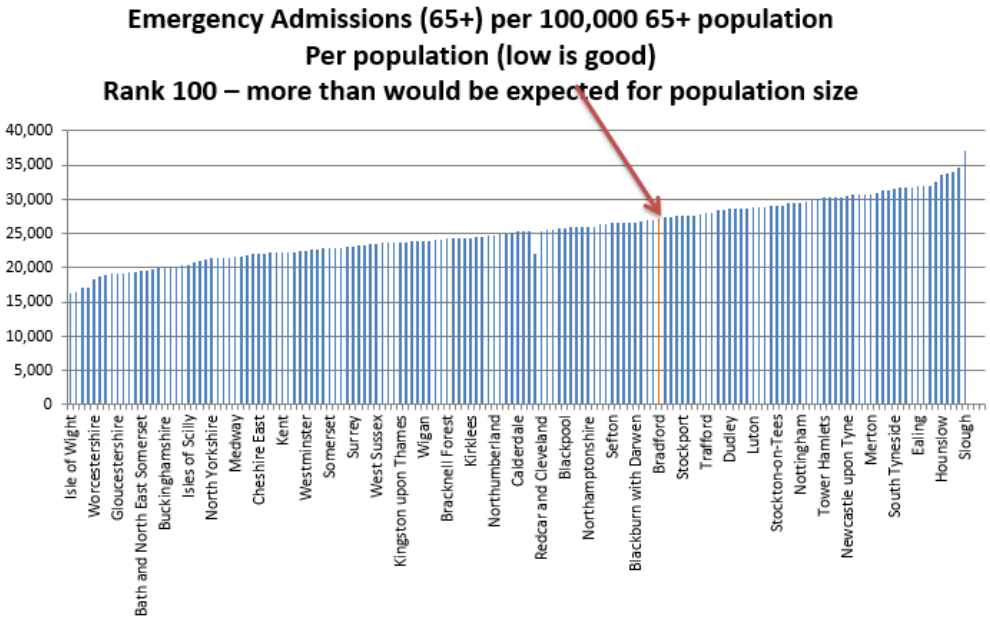
Figure 1: National Ranking for new BCF Composite Metric



2. Non-elective admissions

There were 27,223 non-elective admissions Mar 2016 - Feb 2017. Bradford is ranked 100 of all Health and Well Being Board areas with higher than would be expected for the size of population levels of emergency admissions.

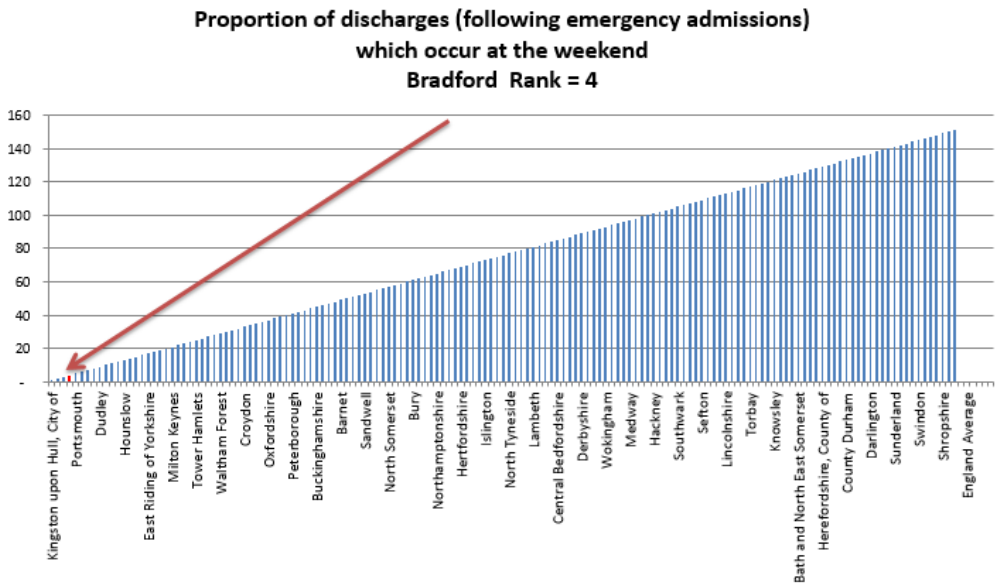
Figure 2: Emergency Admissions (65+) per 100,000 65+ population



2a. Non-Elective Admissions – Weekend Discharges

This is a new metric which contributes to the BCF composite metric score. Bradford is ranked 4 nationally and ranked 1 of 16 compared with statistical neighbours.

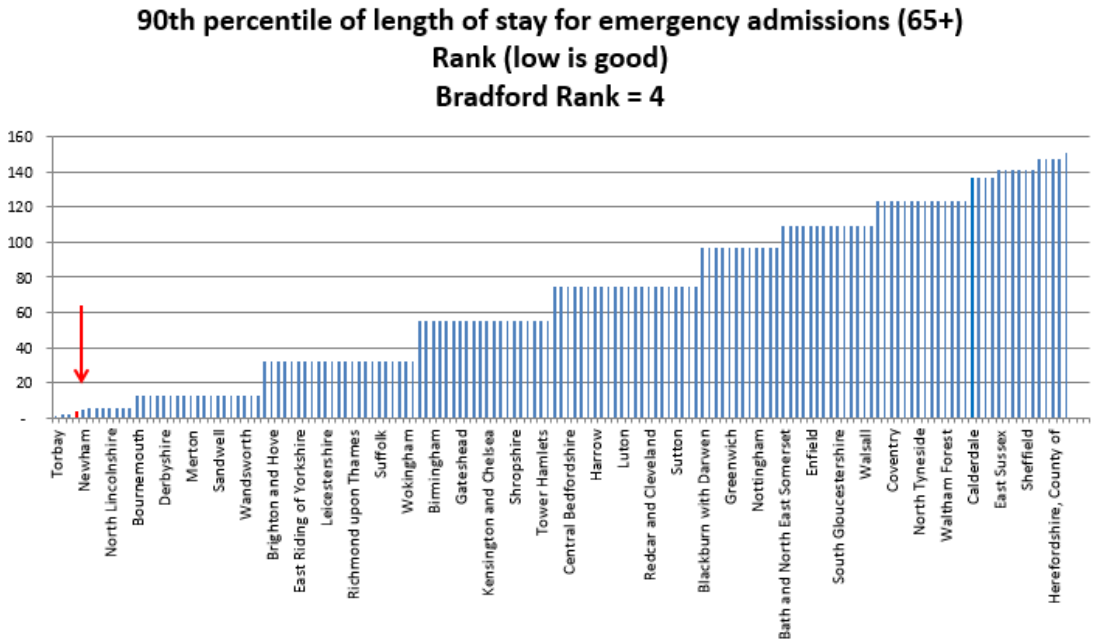
Figure 3: Proportion of discharges (following emergency admissions) which occur at the weekend



2b. Non-Elective Admission – Length of Stay

This is a new metric which contributes to the BCF composite metric score. Bradford is ranked 4 nationally and ranked 1 compared with statistical neighbours.

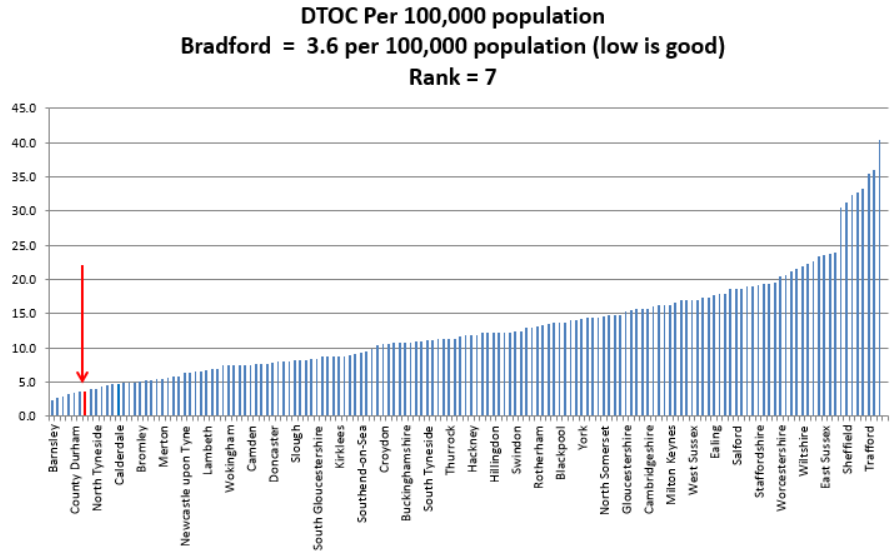
Figure 4: Proportion of discharges (following emergency admissions)which occur at the weekend



3. Delayed Transfers of Care

Bradford is ranked 7 nationally and ranked 3 compared with statistical neighbours with current performance at 3.6 per 100,000 population. NHS England have set a target for Bradford to perform better than 3.8 per 100,000 population for all delays: of which 2.8 per 100,000 are attributable to the NHS and 1 per 100,000 is attributable to social care.

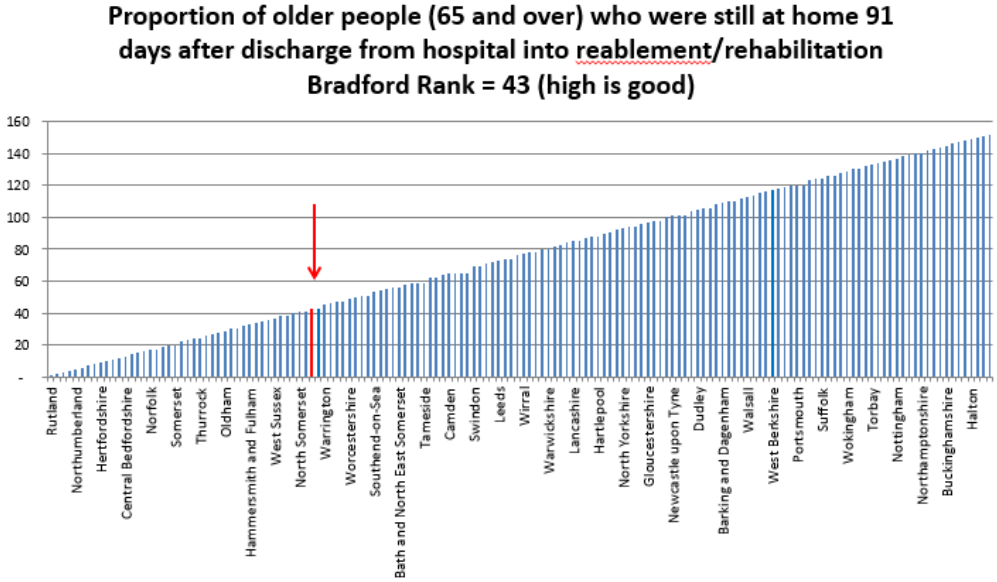
Figure 5: Total Delayed Days per 100,000 18+ population



4. Reablement

Bradford is ranked 43 nationally and ranked 6 compared with statistical neighbours.

Figure 6: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



ANNEX 2 BCF SPENDING PLAN

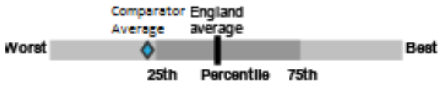
Scheme Name	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Local Schemes	£2,164,770	£2,308,276
Virtual Ward	£3,750,810	£3,792,069
Early Supported Discharge	£598,512	£605,096
Re-ablement Services	£1,368,894	£1,383,952
Re-ablement Services	£1,528,886	£1,557,935
ACCT	£979,659	£990,435
Intermediate Care Beds	£6,099,156	£6,166,247
Community Equipment	£1,433,000	£1,460,227
Disabled Facilities Grant	£3,857,621	£4,195,774
Carers Support	£941,558	£959,448
Maintaining Social Services	£14,934,629	£15,218,386
Care Act New Duties	£1,390,451	£1,416,870
BACES - Home First	£500,000	£500,000
Winter Pressure Beds	£1,000,000	£1,000,000
Intermed. Care Reviewing Team	£500,000	£500,000
Transformation and Assistive Technologies	£1,000,000	
Increased Home Care Capacity	£4,979,821	£4,545,472
Protecting Social Care	£4,066,000	£9,889,946
	£51,093,767	**£56,490,133**

ANNEX 3 ADULT SOCIAL CARE OUTCOMES FRAMEWORK

Key:

Better than England average

Worse than England average



Indicator	Bradford Value	Eng Avg	England Range	Direction of Travel	Overall Rating
1A-Social Care Quality Of Life	19.4	19.1		↓	
1B-Control Over Daily Life	75.1	76.6		↓	
1C(1a)-Self Directed Support (Cared For)	82.0	86.9		↓	
1C(1b)-Self Directed Support (Carers)	100.0	77.7		↑	
1C(2a)-Direct Payments (Cared For)	16.7	28.1		↓	
1C(2b)-Direct Payments (Carers)	82.6	67.4		↑	
1D-Carers QOL	8.2	7.9		↓	
1E-LD Employment	3.3	5.8		↓	
1F-MH Employment	8.0	6.7		↑	
1G-LD Independence	88.9	75.4		↑	
1H-MH Independence	73.0	58.6		↑	
1I(1)-Social Contact	50.3	45.4		↓	
1I(2)-Social Contact Carers	41.6	38.5		↓	
2A(i)-Perm Admissions To Care 18-64	17.1	13.3		↓	
2A(ii)-Perm Admissions To Care 65+	580.0	628.2		↓	
2B(i)-Re-ablement (effectiveness)	87.8	82.7		↓	
2B(ii)-Re-ablement (offered)	2.6	2.9		↓	
2C(i)-Delayed Transfers of Care (ALL)	3.0	12.1		↑	
2C(ii)-Delayed Transfers of Care (social care)	0.6	4.7		↓	
2D-Outcomes from Short Term Support	57.5	75.8		↓	
3A-Satisfaction	64.5	64.4		↑	
3B-Carers Satisfaction	37.4	41.2		↓	
3C-Carers Discussion/Consultation	74.9	72.3		↓	
3D(1)-Information and Advice	69.9	73.5		↓	
3D(2)-Carers Info & Advice	72.4	65.5		↑	
4A-Feeling Safe	73.1	69.2		↓	
4B-Feeling Safe As A Result of Services	86.0	85.4		↑	

ANNEX 4 RELATED DOCUMENTATION

Document or information title	Synopsis and links
Bradford & Airedale Joint Strategic Needs Assessment	Assessment by the Health & Wellbeing Board of the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities in Bradford District and Craven https://jsna.bradford.gov.uk/JSNA.asp
Bradford Joint Health & Well Being Strategy 2013 – 2017	The Wellbeing Strategy sets out the priorities and actions to tackle systemic health inequalities in Bradford and Districts http://Bradfordforward.org.uk/Bradford-wellbeing-strategy/
West Yorkshire & Harrogate Sustainability & Transformation Plan	Sets out the approach towards meeting national challenges for health services across West Yorkshire and the priorities for the 'Healthy Futures' Programme. http://southwestyorkshire.nhs.uk/wp-content/uploads/2016/10/Final-draft-submission-plan.pdf
Bradford District & Craven Sustainability & Transformation Plan	Sets out the approach towards meeting challenges for health services across Bradford District and Craven and the priorities for developing an accountable care system which transforms primary care and enhances the out of hospital services model. http://bradfordcityccg.nhs.uk/be-informed/our-publications/sustainability-and-transformation-plan/
Clinical Commissioning Groups Operational Plans	A public facing document which places the patient at the centre of the care and describes the case for change consistent with the 5YFV. It sets out the ambition of each CCG to co-create solutions with local people and transform the way services are delivered. http://www.bdct.nhs.uk/wp-content/uploads/2017/04/BDCFT-2017-19-Plan-ex-FINAL.pdf

Document or information title	Synopsis and links
City of Bradford MDC Home First: Vision for Well Being in Bradford & District	Sets out the strategy for meeting population wide wellbeing outcomes and the Council's general duty of wellbeing towards individuals with social care needs and their carers (S1 Care Act 2014). https://www.bradford.gov.uk/adult-social-care/policies-and-reports/home-first-vision/
City of Bradford MDC Adult Social Care Market Position Statement	Market facing document(s) which describes the current state of the market and the offer of support the Council is making to providers to encourage them to develop their business models within the District. https://bradford.gov.uk/business/commissioning-adult-health-and-social-care-services/commissioning-adult-health-and-social-care-services/
City of Bradford MDC Adult Social Care Local Account	A public facing document which describes the performance of adult social care and the extent to which social care maximises people's independence and upholds people's rights. https://bradford.gov.uk/adult-social-care/policies-and-reports/adult-and-community-services-local-accounts/
Bradford District and Craven Transforming Learning Disabilities Plan	A public facing document which describes our programme to improve community infrastructures and reshape services for people with a learning disability and autism. The plan is framed around Building the Right Support and the National Service Model. https://bradford.gov.uk/media/3306/bradford-learning-disabilities-transformation-plan.pdf
Great Places to Grow Old: Bradford District's Housing Strategy for the Over 50s 2011 - 2021	Describes how many and what type of homes will be needed in Bradford and Districts to meet demand for housing for the over 50. Also describes the strategy for affordable warmth and tackling fuel poverty. https://bradford.gov.uk/media/1858/greatplacestogrowold.pdf

Document or information title	Synopsis and links
Individual CCG QIPP Plans and Local Authority Budget Savings Programme Plans	Detailed plans by Bradford & Districts CCG and the Council for the funding and delivery of services and associated efficiency targets. http://www.bradforddistrictsccg.nhs.uk/about-us/what-we-do/qipp-programme/
BCF Risk Register	A commissioning document capturing key strategic and operational risks associated with the implementation of the BCF Programme and cross referenced to the Clinical Commissioning Group(s) Assurance Frameworks and City of Bradford MDC scrutiny functions.
NHS Five Year Forward View (5YFV)	Sets out NHS England's strategy vision for the next five years and espouses a number of new care models including multispecialty community providers, primary and acute care systems, and urgent and emergency care networks. https://www.england.nhs.uk/five-year-forward-view/

This page is intentionally left blank

Executive Commissioning Board (ECB)

Terms of Reference

Document Information

Programme Name	**Strategic Partnerships – integration of health and care**
Date produced	**31st May 2017**
Version	**v.03**
Author	**Ali Jan Haider**
Owner	**Ali Jan Haider and Bev Maybury**

Sign off

Executive Commissioning Board

Date adopted	**7th July 2017 at the Executive Commissioning Board meeting**
Date of review	**By the end of July 2018**

Document Control

Version	Date	Author	Change Ref	Pages Affected
V.01	31st May 2017	Ali Jan	Initial Draft	All
V.02	19th July 2017	Ali Jan	Membership – add Kersten England	4
V.02	19th July	Ali Jan	Purpose – expand to include 'alignment' of commissioning functions so that the focus of the group is not exclusively on 'integration'	2
V.02	7th September	Ali Jan	Establishment - 'a time limited group as the commissioning landscape move towards and Accountable Care system'	4
v.03	7th September	Ali Jan	Reporting arrangements: Amended to read: Receive quarterly reports on progress of the Better Care fund and wider Integration Programme Receive annually, a report on the use of resources in support of the Better Care Fund	5

Purpose of the Executive Commissioning Board

The purpose of the Executive Commissioning Board is to provide system leadership, clinical oversight and strategic direction to the integration and alignment of commissioning arrangements so that our vision for integrated health and care is delivered. This arrangement is between Airedale, Wharfedale and Craven Clinical Commissioning Group, Bradford City Clinical Commissioning Group, Bradford Districts Clinical Commissioning Group and Bradford Metropolitan District Council.

Terms of reference

The Executive Commissioning Board will have a role and duties which will include:-

1. Agree the scope of the programme of work to integrate health and care in Bradford District by 2021, setting the scale of ambition and pace needed for effective delivery.
2. Encourage collaborative planning and ensure that integrated commissioning is working well.
3. Align the priorities of the Better Care Fund Plan for Bradford (2018-19 and 2019-20) as a subset of the integration programme for approval by the Health and Wellbeing Board and lead its delivery.
4. Develop a programme plan to ensure delivery of all components of the integration programme to agreed milestones.
5. Provide quality assurance to business cases for individual developments including the strategic assumptions, models of care, evidence base, financial analysis and equality impact assessment.
6. Develop pooled arrangements for the Integration Programme for approval by the Health and Wellbeing Board.
7. Develop an agreed basis for a section 75 agreement for the BCF for approval by the Health and Wellbeing Board and undertake the strategic management of this agreement.
8. Support the business focus of the Health and Wellbeing Board
9. Monitor the performance of the integrated commissioning function and ensure that it delivers the statutory and regulatory obligations of the partners. As a minimum the Executive Commissioning Board will monitor:
    a. Delivery of the priorities set out in the STP
    b. Financial plans and financial performance of the integrated commissioning function, including forecasts for the year
    c. Compliance with any specific reporting requirements associated with the Better Care Fund and other section 75 agreements
    d. Performance against progress in delivering against the commissioning priorities agreed
    e. Management response to risks identified and the assurance against them regarding the integrated commissioning function
10. Provide assurance to the governing bodies of the partners on the progress and outcomes of the integrated commissioning function.

Establishment

The Local Authority and the CCGs have agreed to establish the Executive Commissioning Board. The Board, a time limited group as the commissioning landscape move towards and Accountable Care system is established to deliver the intended benefits arising from the integration of commissioning for health and well-being for the people of Bradford District.

Membership

The Chair and membership of the ECB will be reviewed annually. During its first 6 months the ECB will be jointly chaired by the Strategic Director of Health and Wellbeing from the Local Authority and the Chief Officer from the CCGs.

Director of Strategic Partnerships	Ali Jan Haider	Airedale, Wharfedale and Craven, and Bradford City and Districts CCGs
Strategic Director of Health and Wellbeing	Bev Maybury	Bradford Council
Chief Officer	Helen Hirst	Airedale, Wharfedale and Craven, and Bradford City and Districts CCGs
Chief Executive BMDC	Kersten England	Bradford Council
Strategic Director of Children's Services	Michael Jameson	Bradford Council
Strategic Director Place	Steve Hartley	Bradford Council
Director of Accountable Care Bradford	Liz Allen	Bradford City and Districts CCGs
Director of Accountable Care Airedale	Sue Pitkethly	Airedale, Wharfedale and Craven CCG
Director of Finance	Julie Lawreniuk	Airedale, Wharfedale and Craven, and Bradford City and Districts CCGs
Strategic Director of Finance	Stuart McKinnon-Evans	Bradford Council
Clinical Chairs	Dr Akram Khan	Bradford City CCG
	Dr Andy Withers	Bradford Districts CCG

	Dr James Thomas	Airedale, Wharfedale and Craven CCG
Director of Public Health	Anita Parkin	Bradford Council

Meeting frequency

Meetings will take place initially monthly, with a first stage review after 6 months, annually thereafter.

If a member is unable to attend a formal meeting of the Board, they shall appoint a suitable individual to deputise for them.

Chair

The role of chair will be shared between Health and Social Care.

Location of meetings

Meetings will be administered by the Health and Wellbeing Department in BMDC.

The agenda and papers will be issued no later than 4 working days in advance of meetings unless later circulation has been authorised by the Chair (exceptional circumstances only).

Quoracy

In order to meet and conduct routine business 6 members must be present of which at least:

1 must be a clinical representative

1 must be from BMDC

In order to take decisions in relation to the scope of the programme or resource allocation 6 members must be present as follows:

2 representatives from the Clinical Commissioning Group

2 representatives from BMDC

1 provider representative

1 clinical representative

Reporting Arrangements

The Executive Commissioning Board will submit summary reports to the Health and Wellbeing Board:-

Receive quarterly reports on progress of the Better Care fund and wider Integration Programme

Receive annually, a report on the use of resources in support of the Better Care Fund

This page is intentionally left blank

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Deputy to the Director of Public Health to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 26th September 2017.

Subject: **G**

The Healthy Bradford Plan: Shaping the System, Improving Lifestyles.

Summary statement:

The Healthy Bradford Plan sets out four core activities to be undertaken to tackle the lifestyle behaviours which lead to poor health outcomes and premature mortality for people in the District.

This plan requires multiple partners to work together to take coordinated action at scale to transform the District to a place which supports making living healthier lifestyles easier for everyone.

The Healthy Bradford plan aligns and coordinates with the existing work of the Self Care and Prevention Programme, together delivering the priority actions of the 2017 Health and Wellbeing Board Strategy.

Sarah Muckle
Deputy to the Director of Public Health

Report Contact: Rose Dunlop
Phone: 07834 062144
E-mail: rose.dunlop@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

As Summary Statement

2. BACKGROUND

2.1 Context

On the 26th July 2016 the Health and Wellbeing Board received a discussion paper to outline the challenges to health outcomes that are posed by high rates of excess weight in both the adult and child population. The paper was broad-ranging, aiming to facilitate discussion of the scale of the issue through local and national data, and exploring the evidence of effective approaches to achieving healthy weight for the population of the District.

Discussions recognised that there is no single approach or single organisation that can address a population level issue with such complex causes. It described the best current evidence which points towards a system wide approach encompassing: the built environment and healthy eating and physical activity, requiring the commitment and input of a wide range of sectors and organisations.

A system-wide or 'whole systems' approach seeks to work at scale to link together the large number of factors that influence individuals' lifestyles. The approach resolves to do this through acknowledging that the system in which we live too often impedes, instead of supports, individuals' and whole communities' efforts to improving their lifestyles.

The Board resolved:

1. That the Health and Wellbeing Board leads a system-wide approach to healthy weight for the population of the District.
2. That a Programme Delivery Board be established to develop an action plan for an integrated system wide approach to healthy weight; the Programme Delivery Board to comprise of representatives from the Local Authority, Clinical Commissioning Groups, Health Providers, and the Voluntary and Community Sector and led by the Portfolio Holder for Health and Wellbeing and the Director of Health and Wellbeing
3. That the Terms of Reference for the Programme Delivery Board be submitted to the Health and Wellbeing Board in 2016.

2.2 Progress to date

The Healthy Weight Board was set up in August 2016 and is chaired by Councillor Val Slater. The Board incorporates a wide range of partners; these include senior representatives from: the Directorate of Health and Wellbeing and Directorate of Places in the Local Authority; Bradford City and District and Airedale CCGs; Active Bradford; the Voluntary Sector and Bradford Teaching Hospitals Foundation Trust.

The Healthy Weight Board has met six times in the past 12 months and examined the root causes of people becoming overweight and obese. In understanding the parallels and associations between the wider range of lifestyle issues which lead to obesity, long term

conditions and diseases resulting in premature mortality, the Healthy Weight Board resolved that it would wish to extend its remit to include excessive alcohol consumption and smoking and has renamed itself the Healthy Bradford Board, subject to approval from the Health and Wellbeing Board.

Over the past 12 months the Healthy Bradford Board has explored different areas contributing to why people find it so challenging to lead a healthy lifestyle. In the process of our meetings, the Board have discussed opportunities and examples of existing good practice locally as well as looking at the latest evidence base, research and thinking on the issues at hand.

The core themes which emerged during this process included; the need for us to all **work together** and take **coordinated action at scale** to match the extent of the embedded lifestyle issues in our population; the need to **change behaviours** and how the latest research and evidence can help us develop tools and techniques for doing this on a **population level** using a **system wide approach to tackle the drivers of poor lifestyles.**

3. OTHER CONSIDERATIONS

3.1 The Healthy Bradford Plan: an overview

The Healthy Bradford Plan incorporates five key areas of lifestyle behaviours in its scope:

- eating unhealthy food,
- over eating,
- physical inactivity,
- smoking
- excess alcohol consumption

The “Healthy Bradford Plan: Shaping the System, Improving Lifestyles” to be presented at the Health and Wellbeing Board on the 26th September 2017 sets out a four core activities to be undertaken to ensure that Bradford is at the forefront of the national challenge to help people improve their lifestyles through delivering a system wide approach addressing poor lifestyle behaviours at their roots. See Appendix 1.

The four core areas are:

1) **The Healthy Bradford Partnership**: Establishing a delivery group of key stakeholders to identify and map drivers of unhealthy lifestyles. The partnership, overseen by the Healthy Bradford Board, will identify and prioritise multiple system-wide actions to be undertaken to address the drivers and make healthy lifestyles easier for everyone every day.

2) **The Healthy Bradford Charter**: Enacting the Healthy Bradford Charter framework developed to support and enable the implementation of changes, at scale, in organisations, schools, offices and services to help make living healthy lifestyles

easier for everyone every day

3) **The Healthy Bradford Movement**: Delivering a sustained series of health education and health promotion activities to be launched to educate and raise awareness of opportunities for healthy living in the District

4) **The Healthy Bradford Service:** Commissioning an integrated lifestyle and wellbeing service to be launched to support people struggling to change their lifestyles through 1:1 guidance and peer to peer support focussed on targeting those most in need

The four activities to be undertaken are embedded in the latest research, evidence and innovative concepts identified to change lifestyle behaviours at scale and simultaneously work to ensure inequalities in the levels of preventable ill health are reduced.

3.2 Outcomes

The Healthy Bradford Plan assures that processes and milestones for assessing both the implementation of the plan itself, as well as the actions it takes, are embedded into the work as it is undertaken.

The overarching outcome of the plan is improve the five key lifestyle behaviours that subsequently lead to the longer term outcome of reducing preventable ill health across the District, but particularly in the areas most in need.

3.3 Links to other programmes

Once implemented, the Healthy Bradford Plan will complete a coordinated continuum to reducing preventable ill health in Bradford District. The continuum of activity will run from system wide actions addressing the drivers of poor lifestyle behaviours, through to targeted prevention, early intervention and then self care.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising; all work will be undertaken within existing budgets.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance and risk management operates through the established governance structure of the Health and Wellbeing Board and its working-groups. Dependent on the decision of the Board as to future action further governance arrangements will be developed as needed.

6. LEGAL APPRAISAL

No legal implications.

7. OTHER IMPLICATIONS

None

7.1 EQUALITY & DIVERSITY

The suggested approach to healthy lifestyles would contribute to more of the population enjoying better health and seeing a reduced rate of preventable illness. Tackling the impacts of unhealthy lifestyles, in particular through the provision of a guidance and support service on lifestyles and wellbeing, will help to reduce health inequalities. This most commonly mirrors the social inequalities found between some protected characteristics groups and the general population.

7.2 SUSTAINABILITY IMPLICATIONS

The suggested approach will represent a shift towards prevention at the scale discussed in the national Five Year Forward View for the NHS, with the aim of improving health outcomes and reducing preventable illness in order to bring the health and wellbeing economy back into a sustainable position.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Adopting wide approach to healthy lifestyles should increase the rate of active travel. Success in this area would contribute to reductions in greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

Safety and perceptions of safety in respect of neighbourhoods and communities impact on willingness to use urban neighbourhoods and local green space for physical activity.

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

Ward level action may be needed to engage more people in becoming physically active and to eat healthily and to ensure that local green space and urban space is safe and accessible particularly in wards with higher levels of preventable illness.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

1) Adopt the Healthy Bradford Plan as a comprehensive system-wide approach to encouraging healthy lifestyle behaviours in the district, i.e. for this plan to continue to include overweight/ obesity, smoking and excess alcohol consumption in its scope
2) Request this plan is revised to a narrower remit as a Healthy Weight Plan only focus entirely on tackling overweight/ obesity

10. RECOMMENDATIONS

10.1 That the broader lifestyle behaviours approach set out in the Healthy Bradford Plan be accepted.

10.2 That the development of the system wide Partnership and the implementation of the actions it identifies as priority areas for improving lifestyles be supported.

10.3 That the Board encourages and support its own Members to use the Healthy Bradford Charter within their own organisations to identify and achieve the potential to make healthy lifestyles easier for everyone.

11. APPENDICES

1. The Healthy Bradford Plan

12. BACKGROUND DOCUMENTS

None

This page is intentionally left blank

Appendix 1

The Healthy Bradford Plan

Shaping the system, improving lifestyles

September 2017

1. The Issue

Bradford District has some of the highest rates of preventable diseases in the country these include; obesity; Type 2 Diabetes; and some kinds of cardiovascular, respiratory and liver diseases and muscular skeletal disorders.

These preventable diseases, often called 'lifestyle diseases', are linked to five key behaviours:

eating too much **eating unhealthy food** **being physically inactive** **drinking excessive alcohol** **smoking**

It has been recognised both nationally and locally that current efforts to support people to address these behaviours themselves are not making enough impact on the scale that we need them too. For example, over 67% of people in the District have a Body Mass Index over 30 and are classified as being overweight or obese.

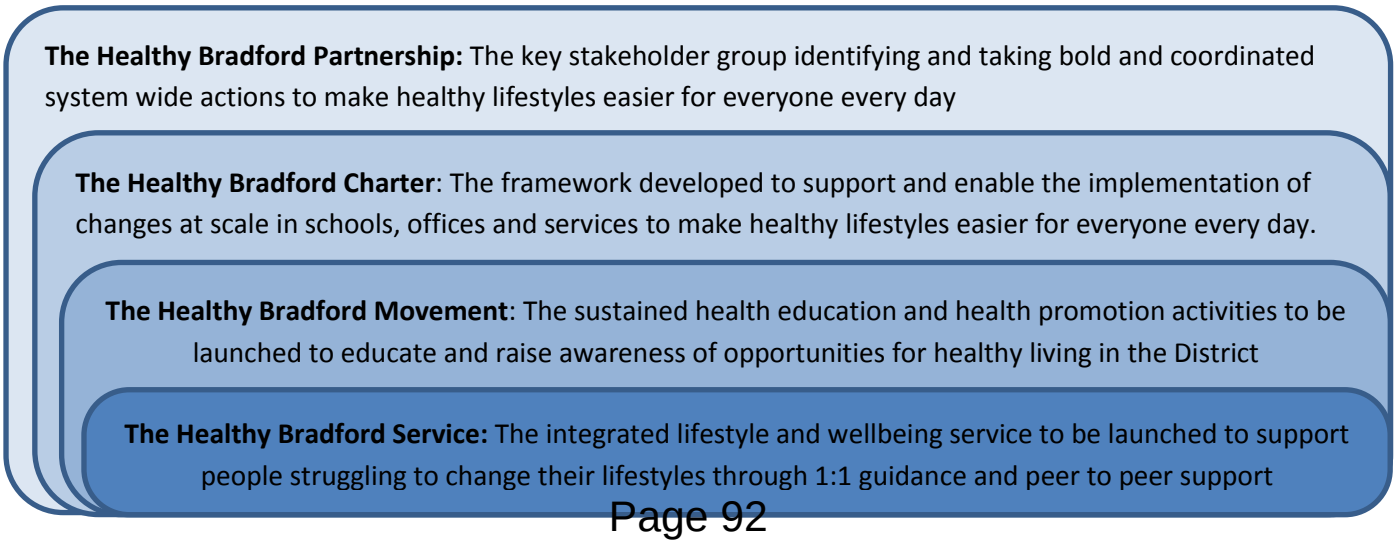
Interventions to directly tackle these behaviours (e.g. diet and exercise classes) have had a relatively low impact. While the changes made by people participating in such activities are normally very positive, there are often low numbers of people when looking at the District as a whole and the changes being made are very challenging to sustain.

This lack of sustainability when we make lifestyle changes is evidenced to be a result of the culture and environments in which we now live making *un*healthy lifestyles behaviours much easier to maintain than healthy ones. For example, compared to even 20 years ago, we now find ourselves with cheaper and high calorie foods readily available to eat and snack on, convenient motorised transport to travel just short distances, spending long hours sat at computer/tv screens with less opportunity to exercise or having family time to cook from scratch… the list of changes to our lives and lifestyles is long. Furthermore, many of these 'drivers' of unhealthy behaviours are interrelated; working together to make living a consistent healthy lifestyle a challenge. We call these interconnected drivers working together the 'system'. There is now overwhelming research showing that, in order for us address the root causes of peoples unhealthy behaviours, we must find ways to understand this system and work together to shape it for a better and healthier future for our District.

2. The Plan

The Healthy Bradford Plan aims to bring a collaboration of partners together to shape the system with coordinated actions towards a shared ambition: **To make it easier for everyone, everywhere in the District, to live healthy and active lifestyles every day**. The plan consists for four core activities shown in Figure 1. Each activity will build on the previous and each will develop numerous actions with multiple partners to identify and tackle the drivers of unhealthy lifestyles across the population.

Figure 1: The four core activities to be undertaken to deliver the Healthy Bradford Plan



2.1 The Healthy Bradford Partnership

The Healthy Bradford Partnership will be established in October 2017 as a working group to include a wide range of partners from across the District. The group will be tasked to map the local drivers of poor lifestyles using the latest tools and techniques developed by Leeds Beckett University on behalf of Public Health England. The system map developed will identify and prioritise areas where we can work together to positively shape and change our existing system at pace, and at scale. This may include both scaling up existing good practice or entirely new areas of activity. Examples of the kinds of drivers and actions that could be used are shown in Figure 2. There are known to be multiple drivers to lifestyle behaviours and addressing each will result in multiple potential actions; the Partnership will work together to identify key themes of activity from these and prioritise the actions for delivery.

Figure 2: A sample of the type of drivers of poor lifestyles and examples of the kind of actions that may be undertaken to address them

Learned activity pattern in early childhood	Identify, facilitate and raise aware of opportunities for families based physical activity in the District
	All Children's centres to provide a programme of physical activity for early years
Level of recreational activity	Healthy Charter Movement to highlight simple daily changes to be more active e.g. keeping the remote control away from your sofa area , ways to discourage children from excess screen time
	Provide and develop safe spaces where children can enjoy active play across the District
	Support communities to develop with easy low /no cost opportunities for physical activity – both sporting (e.g. park runs) and non-sporting (e.g. walking meetings, active travel)
Parental role modelling of activity	Identify, facilitate and raise aware of opportunities for families based physical activity in the District
	Promote walking and cycling for journeys under two miles using a mixture of methods (e.g. awareness campaigns, car parking restrictions)
	Continue delivery of HENRY programme at scale
Level of occupational activity	Work with employers and use Healthy Bradford Charter to promote physical activity in general and where possible encourage occupational physical activity
	Work with employers to encourage voluntary take up of Business Travel Plans
Dominance of	Provide innovative and evidence based ideas and suggestions to increase physical activity in schools, workplaces and care homes through the Healthy Bradford Charter

2.2 The Healthy Bradford Charter

The Healthy Bradford Charter (Figure 3) is a framework that has been developed specifically to support implementation of a large scale approach to making living healthy lifestyles easier in the Bradford District and facilitate the ability to make positive changes at scale.

The framework is designed to support everyone in the District to examine their own environments, workplaces and whole organisations to identify ways in which they can contribute to making it easier for people to live healthier lifestyles.

In its design the Charter applies some of the basic approaches of behavioural change science and population wide working through its core principle: **Being healthy is made easier for everyone, every day, everywhere**

Toolkits will be developed to provide different sectors such as schools, factories, restaurants or offices with tailored resources to help them utilise the framework and share simple innovative ideas for activity they can undertake within each of three areas. Examples of the kinds of actions and opportunities we might expect organisations to identify are shown in Figure 4. Incentives and promotional activities will be developed to inspire and encourage uptake of the Charter, including a self-scoring system and the opportunity to receive awards.

Figure 3: The Healthy Bradford Charter

Figure 4: Examples of the kinds of actions and opportunities we might expect organisations to identify through using the Healthy Bradford Charter and the sector specific toolkits to be developed

EXAMPLE ACTIONS: PEOPLE		
All our staff and pupils will be automatically registered to use a free health and wellbeing app and online tool (*School/ employer*)	We will run a monthly competition between staff with who have walked the most steps per person that month – the winner will get a paid early finish and first pick of shifts for the following month (*Factory)*	We will encourage staff to start to grow vegetables in our waste ground area at the rear of the building and allow staff and customers to pick and take them home for free (*Café*)
EXAMPLE ACTIONS: POLICY		
We will develop a policy that all the offers and special deals we put on in our staff canteen will be on healthy meal choices only (*Factory*)	We will create a school policy to request parents not to bring birthday cakes or sweets into the classroom and provide them with a list of ideas for other great fun ways they can help their child celebrate with their class at school. (*Primary School*)	We will develop a policy to ensure that sub-contractors we use in future are caring for their own staff's health and wellbeing too (*Local medium size business*)
EXAMPLE ACTIONS: PLACE		
We will install an exercise bike and table tennis into our staff room to make it easier for staff to be active in their breaks (*Retail shop*)	We will encourage our staff and customers to join Stoptober and to stop smoking by banning tobacco in our grounds but continue to allow vaping. (*Museum*)	We will clear and mark out a mile long route around the our grounds for pupils and encourage teachers to run/ walk a daily mile with ease (*School*)

2.3 The Healthy Bradford Movement

A sustained health promotion campaign will be developed by the partnership with the following aims:

- To educate the public on easy steps they can take to live a healthier lifestyle
- To raise awareness of local activities and ways to become involved in healthy activities in the community
- To raise awareness and uptake of the Healthy Bradford Charter

The campaign will feature a single recognisable brand/ slogan that will be available for use by any group, business or organisation wishing to raise awareness of a health improving activity. It will also include unusual high profile activities to inspire the inactive public to challenge themselves for example a District wide digitally tracked walking game such as Beat the Street..

At its core, the Healthy Bradford Movement will be responsible for providing consistent key messages on healthy living and improving the understanding of health related information in the population (health literacy). Where relevant, all activity will be coordinated with those of national campaigns where appropriate (e.g. Change 4 Life and One You) to maximise the impact and audiences. The unique and high profile challenges and activities being developed will provide continued momentum and new audiences for these health education messages.

2.4 The Healthy Bradford Service

A community based Integrated Healthy Lifestyles and Wellbeing Service will be commissioned. The service will be specified to provide:

- Individual 1:1 personalised behavioural change support targeted to people who face additional challenges to improving their health and physical and mental wellbeing

- To establish Health Champions in communities across the district working to understand and support people in their community using a peer to peer training and support model.

The aim of the service will be to ensure that, while all the other elements of the plan are being delivered to across the population, people in the most disadvantaged areas who often experience worse health outcomes are given the necessary additional support, guidance and motivation they need to improve their own wellbeing. The service will be focussed towards helping those with the greatest changes to make and who also often face the greatest challenges to overcome to make those changes. This service will also be the interface of the Healthy Bradford Plan with those services and activities being delivered under the Self Care and Prevention Programme; working together delivering the priority actions set out in the 2017 Health and Wellbeing Board Strategy.

3. Measuring our activity and impact

The actions developed through this Healthy Bradford Plan will be subject to thorough evaluation with clear metrics set out to identify the changes in behaviour we will need to see. In turn, these changes in behaviour will go on to achieve the longer term high level outcome of reducing the numbers of people living with, and dying of, preventable diseases.

We will also seek to evaluate not only the actions developed but also the implementation of each of the four key elements of the plan itself, setting out clear milestones and ensuring we continually reflect on and refine our ways of working.