Report of the Chief Officer- Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs to the meeting of the Health and Wellbeing Board to be held on 25thJuly 2017

Subject: Update to the Bradford Districts and Craven Health and Wellbeing Plan

Summary statement:

The Health and Wellbeing Board is invited to consider this update to the progress of the Bradford Districts and Craven Health and Wellbeing Plan (formerly titled 'STP').

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Health and Social Care





1. SUMMARY

This paper presents a progress update on the delivery of the Bradford Districts and Craven Health and Wellbeing plan. The components of the delivery are:

- A joint operational plan
- The progress and achievements of the transformational programmes and workstreams
- The performance dashboard and report ('tracker')
- Involvement on workstreams at West Yorkshire and Harrogate STP level

2. BACKGROUND

The STP plan for Bradford Districts and Craven was submitted in late 2016 as the local Bradford 'place' contribution within the West Yorkshire and Harrogate STP. Locally, it is now termed the **Health and Wellbeing Plan** to reflect its purpose in being the high level summary of the system wide goals for health and care for the area. Its evidence base is principally in the population health and wellbeing gaps as described in the Joint Health and Wellbeing Strategy and the care and quality gaps recognised by other evidence available to statutory organisations.

Each of the health and care sector organisations drew up their individual operational plans for the period April 2017 to March 2019 for their contracted activity in NHS and local authority services. Each organisation continues to maintain its own service delivery and performance and corporate functions whilst working together with partners to develop a stronger system across the area.

The transformational programme plans contributing to the Health and Wellbeing plan have been documented numerous times. These are key to the progression and delivery of sustainable and outcome focused health and care for local people between now and 2021. The system recognises that success will be as a result of delivery through local partnerships.

At the West Yorkshire and Harrogate level, transformational and enabling workstreams were agreed which addressed common challenges at scale - and complemented, supported or leant from local programmes.

The performance metrics represented by the Health and Wellbeing Plan triple aims were agreed in late 2016 and are a series of key targets to be delivered by the system 2021, covering health and wellbeing, care and quality, finance and efficiency.

The health and wellbeing measures are weighted towards population health measures and some outcomes. The care and quality measures are weighted towards service (process) measures, with only 2 measures related to outcomes.





The delivery programmes behind the health, wellbeing, care and quality measures represent the consolidation of many areas of work from day to day health and care services through to specific transformation programmes underway.

3 OTHER CONSIDERATIONS

3.1 The content of the Bradford plan submitted to NHS England within the West Yorkshire and Harrogate STP has remained unchanged to date and continues to steer the focus of targeted work and delivery of outcomes.

3.2 The Integration and Change Board (ICB) continues to be the forum for system leadership and oversight of the plan and its components. ICB has agreed that the vision for the system is to enable people to be *Healthy, Happy and at Home* and we will do so collectively and in partnership. This vision brings a very strong imperative to focus our energy on ensuring the health and wellbeing plan remains relevant and we are creating the right environments and opportunities to deliver it.

3.3 ICB has now appointed a substantive Director of Transformation and Change. James Drury is currently at South West Yorkshire Partnership NHS Foundation Trust and will commence in post in August 2017, picking up responsibility for supporting ICB and the system wide leadership in delivery of the plan in conjunction with the links in to the West Yorkshire and Harrogate STP.

3.4 The joint operational plan for Bradford District and Craven has been revised to reflect more of the detail of the transformational programmes central to the Health and Wellbeing Plan. ICB will review this plan in July and consider any further amendments and next steps.

- **3.5** There are three high level programmes of work:
 - Acute provider collaboration this includes our local providers Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Trust who are working together on a collaborative programme which seeks to ensure ongoing sustainability of hospital services as well as improving outcomes for local people. It also includes some West Yorkshire & Harrogate wide work e.g. increasing cancer diagnostics through the acute hospital providers working together; and collaboration between West Yorkshire mental health providers to improve some of our acute mental health provision.

• Accountable Care

The health, care and support system in the Bradford district and Craven is working together as a system, blurring the boundaries between providers and between providers and commissioners to improve the effectiveness and efficiency of our whole system. Our strategic aim is for an operating model that improves quality, experience and population health outcomes through triple, seamless integration between mental and physical health services, social care and health care and community and hospital based services. We





believe, based on international evidence, that this approach is our best chance of managing increasing demand, mitigating the workforce risks and challenges and maximising the resources we have to spend.

We have a number of projects running under the banner of accountable care in both Airedale, Wharfedale and Craven and Bradford. These include:

- Care model development for complex care and universal care
- Estates review to ensure we are maximizing the facilities we have available
- Workforce development to mitigate reductions in workforce availability and facilitate changes in roles
- Technology developments including shared records, interoperability of systems, enhanced role of digital solutions in care and support
- Primary care development and investment to ensure the right primary and community support required for these new models of care can be implemented

We are trialling the principles of accountable care through a change to how we transform diabetes care in Bradford including primary and secondary prevention activities; through enhanced primary care and complex care in Airedale, Wharfedale and Craven.

Other developments such as the implementation of the mental wellbeing strategy, building the right support for people with learning disabilities, home first and the early help and prevention programme are all working to the same concept of getting it right in communities, investing in prevention and support so people get help much earlier. This not only improves the outcomes and experience for people but is a much more efficient way of using the resources we have available.

Self Care and Prevention

The vision of the programme is that people are increasingly independent, selfsufficient and resourceful to confidently manage their needs and thus, reduce dependency on the health and care system by improving their health, wellbeing and lifestyle. We recognise that self-care and prevention is about people doing more for themselves, either with support or individually.

The programme states that 'An important part of doing things differently is how we refocus health and social care *to help people do more to help themselves*, whatever their level of vulnerability or ill-health. The vision is that people are increasingly independent, self-sufficient and resourceful to confidently manage their needs, thus reduce dependency on the health and social care system and improving their wellbeing and lifestyle.

We recognise that self-care and prevention is about people doing more for themselves, either with support or individually. People will feel more confident





to manage their health and wellbeing because they understand their needs and where to access help and support'

The programme has developed three enabling and delivery themed areas; Workforce, People and Communities and System Change. There are now eight project groups, with the following objectives:

- Train and empower staff across health, social care and the Third Sector to support delivery of the self-care and prevention agenda in the workplace to facilitate collaborative decision making with people.
- The key principles of Self Care and Prevention are embedded within commissioning or contracting services with robust evaluation and monitoring mechanisms in place
- Population within Bradford and Craven have access to a good range of preventative services across the system and are empowered to improve lifestyles and tackle the wider determinants of health through clear integrated pathways.
- To work collaboratively with key stakeholders to link existing and develop new digital technology to embed technology enabling care services across the health and care landscape
- To embed a culture which mainstreams self-care as part of normal working practice
- Self-Care tools and resources are embedded in service delivery and selfcare initiatives are reflected and implemented by stakeholders in their marketing objectives and priorities
- Develop a series of learning opportunities to engage people and communities

The above programmes are predominantly focussed on how the system, the people we serve and those who work in it can operate differently to achieve change. Some of this work is inextricably linked to the design of models of care in the community. In addition, we have some specific programmes of work which seek to transform other areas and that regardless of whether we had signed up to accountable care as our preferred operating model we would still need to make these changes. Also we have recognised that simply shifting our current models of care into an 'accountable care' operating system will not transform services on its own. It is also worth pointing out that none of these changes are independent of each other. This is a complex programme of change with significant interdependencies. The other programmes are:

The Urgent Care Programme aims to create a simple to navigate, sustainable and people-focussed urgent and emergency care system. With the CCGs the programme has engaged the acute trusts, Local Care Direct, primary care, the local authority, Yorkshire Ambulance Service (YAS), and the voluntary sector and considers its successful progress is as a result of managing long term transformation and short term resilience within one programme board.

The programme has five key work streams:





- Urgent Care service where a primary care and multiagency team has been created to see patients with lower acuity presenting at the Emergency Department (ED). Recent developments include implementing streaming at the front of the ED which lowered the first time to assessment to 15minutes (all ages).
- Transforming urgent and emergency care for children and young people
- Developing a step up model for acutely unwell children to prevent hospital admission and promote self-care.
- Reviewing and reducing ambulatory admissions. This is a multifaceted work stream that includes pathway review, clinical audit and service development.
- Linking Urgent Care Practitioners to most frequent ambulance calling care homes. This service is now working with the top 15 ambulance calling care homes across Bradford.
- Resilience planning for winter and Easter. The group retains the overarching operational planning for periods of surge and escalation.

To date the programme has

- Reduced the time to first assessment to 15 mins, developing a robust specification for the children and young people children's step up model.
- Launched a refocused urgent care practitioner's service to prevent conveyance to A&E.
- Provided a successful primary care additional hours scheme over bank holidays and Christmas.

Bradford district and Craven health commissioners and providers are also involved in the West Yorkshire Urgent and Emergency Care Vanguard and the time limited West Yorkshire Acceleration Zone work. Initiatives include developing an urgent care service model to introduce a number of consistent approaches to improve pathways and care for patients, to implement a model for transforming urgent care for children and young people, urgent care practitioner roles and out of hours care offered by general practice.

The Planned Care programme is developing a model which is financially sustainable and that ensures maximum quality and economic value at every clinical encounter, enhancing patient experience by ensuring the patient receives right care at the right time throughout journey.

The current overarching focus of Planned Care is to improve referral management processes across the system. Working closely with our provider organisations, we aim to deliver developments through the review, redesign and implementation of pathways. This will be underpinned through the use of Map of Medicine, which will enable consistent adherence to agreed pathways.

The programme will work with local providers to ensure that inefficiencies and unwarranted variation will be removed. Clinical encounters, investigations and interventions that do not add value will be stopped. The population of Bradford will be guaranteed that every referral, outpatient appointment, investigation and intervention will give maximum value.

The programme aims to deliver referral efficiencies, specific service review/redesign, avoid variation in demand, variation in supply, eligibility and criteria, and improving the interface between primary and secondary care.





3.6 The Enabler Programmes

Those reporting to ICB are Digital 2020, the Estates Strategic Partnership, Integrated Workforce Programme, Finance Workstream(reported separately) and an Organisational Development Workstream (under development).

• Digital 2020

Digital 2020 aims to lead the implementation of a digital vision for the local area, including the championing of innovations to improve health and wellbeing. During 2016/17 the programme has:

- Extended take up of Patient Online patients having online access to their GP clinical record including the ability to book and cancel appointments and order repeat prescriptions.
- SystmOne Optimisation collaborative working across the district to simplify and standardise clinical templates and protocols
- Implementation of SystmOne Adult Social Care in preparation for the sharing of Social Care Information with Health and vice versa (in 17/18)
- Implementation of a fast modern network with improved security in all GP Practices. This will provide a cornerstone to build future services including Wi-Fi for staff and patients, online Video Consultations and health and care collaboration.

• The Estates Strategic Partnership

The estates programme aims to delivery a strategy in order to drive rationalisation of estates and effective utilisation of the assets across the local STP area. This will also include developments to support multipurpose health and care sites and release of sites for housing development in line with national guidance. The strategy is due to be completed in the early part of 2017/18.

• The Integrated Workforce Programme

The integrated workforce strategy aims to promote health and care as the sector of choice to work for, attracting and recruiting people to the local area, and maximising workforce resilience and sustainability. The programme will be critical to numerous others across the STP area, where workforce constraints, impacts, opportunities and development occur.

The programme aims for 'The best people, providing seamless care – the Bradford District and Craven way''

There are 13 workstreams that underpin the strategy, within four work programmes:

- Growing Our Own
- Developing Our Workforce Together
- Creating the conditions to retain talent in the system
- Developing a shared culture of integration and system wide working

To date the programme has made significant progress including agreeing and signing off the vision statement. The integrated workforce strategy has been developed using a bottom up and top down approach with genuine involvement from partner agencies and reflecting national, regional and local workforce priorities across the health and care sector with links established with the West Yorkshire wide work. Exploratory workshops were





held with a wide range of health, care and education partners to agree whether to pursue the development of a health and care Industrial Centre for Excellence (ICE).

3.7 Involving people in our plans

The health and wellbeing board was keen to ensure the people of Bradford district and Craven have the opportunity to influence and engage with our plans before anything is firmed up. Healthwatch Bradford has been commissioned to undertake this engagement work and under the hashtag #oursaycounts have established a social media presence which is encouraging people to feed in their views, complete a survey and, if they prefer, attend a public meeting and or a drop in session. An update on this campaign can be shared at the meeting.

3.8 The Performance Dashboard and Report ('tracker')

The CCGs have commissioned a periodic report with a front-end dashboard to track progress and health, wellbeing, care and quality indicators (Attached separately).

The report is now populated with data where available and comparable metrics across the Bradford system and other appropriate benchmarks.

The report is currently incomplete, however we continue to work with the Programme Boards of each of the transformation programmes to align their plans with the targets and trajectories of the plan (represented in the Report) and their aims, intended outcomes and ongoing progress narratives.

The intended audiences of the Report are primarily the Health and Wellbeing Board and ICB. Subject to quarterly, half yearly or annual sign-off a public facing document will be available.

Progress to date against targets is currently variable.

3.9 Bradford District and Craven involvement in West Yorkshire and Harrogatewide priority programmes, leadership and governance functions

The Bradford system is fully committed to maintaining a significant level of influence and contributing our expertise and learning to the West Yorkshire and Harrogate level governance and programmes. Representation has been increasing.

ICB members currently sponsor the Cancer Alliance, provide clinical leadership to the Primary and Community Services workstream, provide financial leadership to mental health and finance workstreams, and chair the Cancer Alliance Early Diagnosis Group, the Stroke Task and Finish Group and the Primary Care Vanguard group and belong to other workstream groups including Urgent and Emergency Care, System Leadership Executive, Joint Committee of CCGs, Acute Trust Chief Executive Group and Place Based Planners Group. Other senior officers and clinicians from Bradford District and Craven are members of several other clinical and non-clinical workstream groups.





4. FINANCIAL & RESOURCE APPRAISAL

The Financial Report of the Health and Wellbeing Plan will be presented at the Board meeting.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance and risk management for the Health and Wellbeing Plan is provided through the Integration and Change Board – a working group of the Health and Wellbeing Board that reports to the Board.

6. LEGAL APPRAISAL

Legal appraisal will be undertaken as the Health and Wellbeing Plan is developed.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Equality Act 2010 unifies and extends previous equality legislation and has been taken into account when developing the Health and Wellbeing Plan.

7.2 SUSTAINABILITY IMPLICATIONS

Development of the Health and Wellbeing Plan is a key element of ongoing work to ensure sustainability of the health, care and wellbeing sector.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None specific to this paper

7.4 COMMUNITY SAFETY IMPLICATIONS

None specific to this paper

7.5 HUMAN RIGHTS ACT

None specific to this paper

7.6 TRADE UNION

None specific to this paper

7.7 WARD IMPLICATIONS





None specific to this paper

8. NOT FOR PUBLICATION DOCUMENTS

None

9. **RECOMMENDATIONS**

9.1 The Board notes and supports the actions being taken to develop an integrated Health Plan for Bradford Districts and Craven as being a key element of ensuring the sustainability of the health, care and wellbeing sector and of the Board's forthcoming Joint Health and Wellbeing Strategy.

11. APPENDICES

11.1 Bradford Districts and Craven Health and Wellbeing Plan Tracker.



