

Report of the Chair of the Integration and Change Board to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on the 19th December 2017

Subject:

**Happy, Healthy and at Home. A Health and Care Plan for
Bradford District and Craven**

Summary statement:

**A first draft of a Health and Care Plan for Bradford District and Craven is brought to
the Board for early discussion and feedback.**

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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The first draft of Happy, Healthy and at Home: A Health and Care Plan for Bradford District and Craven is brought to the Board for discussion and feedback.

2. BACKGROUND

This plan is a refresh of our existing place based transformation plan for care and health. The Plan is owned by the Health and Wellbeing Board and responsibility for its delivery is delegated to the Integration and Change Board (ICB).

ICB supports a partnership of local government, NHS and voluntary and community sector organisations to improve the way we plan and deliver health and wellbeing support and services. Increasingly the focus is on the wider determinants of health, and this requires a broader partnership that encompasses factors including economy, skills, housing and communities.

The purpose of the plan is to ensure that we achieve:

- Better outcomes for the people of Bradford District and Craven; more people live longer in better health, and good health is enjoyed by everyone rather than being determined by where you live
- Better services that meet the needs of people; providing access to the highest quality interventions, delivered by teams with the best expertise, at the times people want, through the routes they prefer
- Better use of the resources available to us; by reducing waste, arranging services to avoid delay and duplication, and working together to keep people well because this delivers better outcomes for people and is cost effective.

We are refreshing our place based plan now because our Health and Wellbeing Strategy has been refreshed and we are acting together on the wider determinants of health, as well as on the health and care system itself.

This is a natural evolution of our existing plan that is informed by our greater understanding of what people want and need following the Our Say Counts engagement exercise which took place in Summer 2017 and aimed to hear the views of as many people as possible from all communities across Bradford District and Craven. The independent local Healthwatch organisation led the conversation and produced a summary report which has influenced this plan. Chapter 3 describes what we learnt and how we are using the learning to guide us.

We are also part of the Health and Care Partnership for West Yorkshire and Harrogate, which was formerly known as the West Yorkshire and Harrogate Sustainability and Transformation Partnership. Since we first wrote our plan for health and care this regional partnership has enabled us to work with others to improve care and to access national funds. Chapter 5 includes detail of how Bradford District and Craven contributes to the Health and Care Partnership and what opportunities we see ahead through collaboration across the region.

3. OTHER CONSIDERATIONS

The Plan is constructed in eight chapters, the purpose and summary of content in each is as follows;

Chapter 1 Introduction: describes that the purpose of the Plan is to show what actions will be taken by partners to achieve the triple aim of 'better health, better quality, and better use of resources'. It set out the principle that health is created by many factors (wider determinants) as well as access to good quality health and care services. Therefore to achieve the 'triple aim' we must act on those wider determinants as well as on the health and care system itself.

Our vision of 'happy healthy and at home' is described, starting with the aim that every neighbourhood in Bradford District and Craven will be a healthy place. The critical elements of our approach are set out:

- working with people not doing things to them;
- neighbourhoods and communities as the basic organising unit;
- whole systems working; and
- being open and honest with people

Chapter 2 Where we are now: Recognises the significant strengths that exist locally, and describes the successes achieved through our local partnership work. It also recognises that more is required to achieve the health outcomes that everyone in Bradford District and Craven deserves.

- Notable successes include;reducing the number of unnecessary days spent in hospital by people waiting for the right support to help them return home. City of Bradford MDC rated 4th out of 150 local authorities for combined metric on 'NHS adult social care interface dashboard'
- elimination of adult acute mental health 'out of area' placements, helping more people to maintain links to friends and family that support their recovery
- Pioneering programmes such as Bradford's Healthy Hearts and Bradford Beating Diabetes that identify people at risk of heart disease and type 2 diabetes, provide information and support, and where needed early access to treatment. Through these approaches 131 heart attacks and 74 strokes have been prevented.

Results that we must continue to focus on changing for people include;

- 22% adults smoke in Bradford (147th out of 150 local authorities)
- Mortality from coronary heart disease. In Bradford City CCG under 75 CHD mortality rates are 208th out of 209 CCGs
- The gap in healthy life expectancy between the richest and poorest communities locally is 19.1 years for males and 22.1 years for females.

Chapter 3 What People Say: summarises the findings of the Our Say Counts engagement exercise undertaken by Healthwatch on behalf of health and care partners during Summer 2017. This engagement exercise informs this plan. Further engagement will be undertaken throughout the lifetime of this plan. Key findings include;

- People recognise the challenges of rising demand and limited resources
- People most frequently commented on access to general practice

- People support the need to design services around outcomes, and recognise the need to balance access to specialist support with user experience and accessibility
- People are largely willing to take responsibility for their own health and wellbeing

Chapter 4 Improving Outcomes: describes our Joint Health and Wellbeing Strategy and other actions needed in order to address the ‘better health’ element of the triple aim. The Joint Health and Wellbeing Strategy is the subject of a separate agenda item and content is not repeated here.

Chapter 5: Improving Quality and Experience: describes the work we do together as a partnership to improve the effectiveness and experience of local care and health services.

This chapter also describes how we are improving the alignment and integration of health and care delivery, to better meet the needs of people requiring support from multiple sources. This section describes the ways in which the vision set out at Chapter 1 will be realised.

Chapter 6 Improving Use of Resources: this section is to be added. Local health and care organisations are increasingly aligning and sharing planning assumptions to avoid or mitigate unintended consequences on people and services across the system. This section will describe the processes and outcomes of this work.

Chapter 7 Supporting Change: describes the way in which the delivery of the plan will be supported. Key aspects include;

- Workforce
- Digital
- Estates
- Self care and prevention
- Communication and engagement
- Support for cultural change and system development

Chapter 8 Making a Difference: this section is to be added. It will draw together the measures and improvement trajectories required for all parts of the plan. It will address the major risks and issues in delivery, and will describe how people will be communicated with and engaged in relation to the plan

It is proposed that further development of the plan is undertaken throughout December and January and a final version is prepared for HWB by the end of January 2018.

See Appendix 1 for the full text of the Plan.

4. FINANCIAL & RESOURCE APPRAISAL

The Joint Health and Wellbeing Strategy provides a broad framework for decisions about the use of local resources for the health and wellbeing sector across the District.

This Health and Care Plan operates within the direction and local framework set by the Joint Health and Wellbeing Strategies for Bradford District and for Craven in respect of

health and wellbeing outcomes, and within the wider priorities of the West Yorkshire and Harrogate Health and Care Partnership for health and wellbeing and care quality.

An update on the financial resources available to the Health, Care and Wellbeing sector will be presented at the December Board meeting.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance of the plan will be through the Integration and Change Board, a sub-group of the Health and Wellbeing Board. Risk will be managed by the Integration and Change Board through a performance management framework with regular reporting to the Health and Wellbeing Board.

6. LEGAL APPRAISAL

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 by adding the following section 116A(2) in respect of the preparation of the Joint Health and Wellbeing Strategy, following an assessment of need:

"The responsible local authority and each of its partner clinical commissioning groups must prepare a strategy for meeting the needs included in the assessment by the exercise of functions of the authority, the National Health Service Commissioning Board or the clinical commissioning groups ("a joint health and wellbeing strategy").

The Health and Care Plan outlines in greater detail the plans to improve health and wellbeing and care quality in Bradford District and Craven, including the use of resource.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The plan aims to improve wellbeing and prevent avoidable ill-health on a large-scale or population level. Any specific service changes arising from the direction set by this plan will be subject to equality impact assessment processes. The plan is committed to reducing the District's health inequalities and to targeting resource by need and vulnerability. This will help to address the health and wellbeing of protected characteristics groups.

7.2 SUSTAINABILITY IMPLICATIONS

The Health and Care Plan aims to improve wellbeing on a large-scale, or population level, which will help to manage demand for health and care services and to bring local services onto a more sustainable footing through cross-cutting workstreams such as the estates work.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications. Implementation of the plan will involve co-ordinated action to increase physical activity levels and active travel in the District which may have some impact on greenhouse gas emissions if the number of car journeys were to decrease as a result. Similarly the estates work may contribute.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications, however community safety is an enabling factor, allowing people to engage in community activities, and to use streets and neighbourhood amenities for physical activity. Reduced social isolation and increased physical activity will both act to enhance wellbeing.

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

None.

10. RECOMMENDATIONS

That the Board provides feedback on the draft Health and Care Plan for the Bradford District and Craven and a further draft of the plan be submitted at a future meeting.

11. APPENDICES

1. Happy, Healthy and at Home: A Plan for the future of health and care in Bradford District and Craven.

12. BACKGROUND DOCUMENTS

“Our Say Counts” Report. Healthwatch Bradford.

At the time of drafting this report was due to be published It will be available through the

Healthwatch Bradford website.