

Report of the Programme Director – Integration and Change Board to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 25 January 2018

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Subject:

Refresh of the Health and Care Plan

Summary statement:

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

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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 Committee for discussion and feedback. This initial draft of the Plan has been considered by the Health and Wellbeing Board in December 2017 and is due for further consideration there once amended to take account of stakeholder comments including those of the Overview and Scrutiny Committee. It is planned to complete the document in January 2018.

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 was approved by the Health and Wellbeing Board in December 2017.

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

4. 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.

5. RECOMMENDATIONS

That the Committee provide feedback and receive the finalised version of the Plan at a later meeting following approval by the Health and Wellbeing Board.

6. APPENDICES

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