



BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP

OUR PARTNERSHIP STRATEGY

NOVEMBER 2021



OUR PARTNERSHIP STRATEGY

Welcome

Our Partnership Strategy sets out our **strategic ambition** to reduce health inequalities and improve population health and wellbeing for the people of Bradford district and Craven. We are committed to our partnership vision of keeping people **'Happy, Healthy at Home'** through the actions taken to support our population to stay healthy, well, and independent throughout their whole life.

This strategy sets out our vision, shared purpose, and commitments as a health and care place-based partnership. Its audience is those who work in health, care and wellbeing in **Bradford district and Craven – our Place**. Our workforce has a central role to play in delivering our shared purpose.

It is written as we shape our system role within our guiding principle to **'Act as One'**; with each organisation working together as one team, **pursuing one vision**. It acts as a guide in our decision-making and in how we work together.

Over recent years the importance of partnership working has grown significantly. We have made a determined effort to increase the sharing of resources and look at a broader perspective for improvement of our health and wellbeing. This is underpinned by a recognition that organisations, particularly in the public and third sectors, can deliver better value for money by **working together**.

We need to be confident that our partnership is fit for purpose and that we are using our resources appropriately to support it. We also need to ensure that they support our strategic goals, **deliver value** and that we have the mechanisms in place to make these judgements.

By coming together as a formal partnership, building on our years of collaboration, we know that we can improve value and **maximise health and wellbeing** outcomes, making the biggest difference we can. By seizing this opportunity, we can shift the conversation from the provision of 'good health and care services' to creating the right environments for 'good health'.

Our strategy is aligned with our wider aspirations for **Better Health and Wellbeing for Everyone** as a West Yorkshire partnership and locally with our Council Plan 2021-2025 priority **Better Health, Better Lives**. *Our Partnership Strategy* frames our commitment as we come together as Bradford District and Craven health and care place-based partnership.

Bradford District and Craven Health and Care Partnership Board

Bradford District and Craven Health and Care Partnership Board is the group responsible for setting the strategy for the health and care system in Bradford District and Craven, in line with the strategy of the **Health and Wellbeing Board**.

The Board leads the Partnership’s collaborative approach to the services, the development of our Place Based Partnership and works following the principles across the Bradford District and Craven system to work in **good faith**.

Through this strategy, we consider the **value** we will add for our population, through our shared purpose, as a partnership.

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Introduction

This strategy, our first as **Bradford District and Craven Health and Care Partnership**, considers our shared purpose, our approach to working in partnership and the early actions we will take together.

The delivery of health care has changed significantly from when the NHS was formed and, perhaps more importantly, since we faced a global pandemic. Our challenge now is to create a new partnership that respects this legacy but aims firmly towards the future, grounded in the **talent of its people** today.

The things that we do, the ways that we do them, and the successes that we have are all held in the footprints we leave behind. For a successful health and care partnership at 'Place' we will need our new partnership to be **agile and adaptable**, thriving in times of constant change, respecting the old but embracing the new. We need a partnership that is deeply fair to local people, and to the societies within which we operate. We need the best of both worlds – a partnership that is safe and old, yet dynamic and new.

In exploring the boundary of the formal worlds of organisations and the social worlds of our communities, we will find a new partnership at the boundary between the two. We are committed to moving from a domain-based partnership to a new, socially dynamic one. One where the connections between partners lifts our individual and collective effectiveness. This will require a determined rebalancing of power, enabling our emergent communities and **influencing changes** in our society; seeing our population as people, not solely patients. Our Partnership will work across traditional boundaries and collaborate with all health and care providers as community partners.

We are increasingly experiencing long term and multiple conditions throughout our lives, needing care from different agencies in different settings. As individuals, control, autonomy and mastery over our lives is fundamental to our overall health and wellbeing. We recognise that we must take a bigger role in the prevention of ill health and in promoting good health. Our Partnership will do this by providing the conditions in which people can be healthy and helping them to be so – **creating health** through our actions.

It is important that we start by focusing on those areas we can do something about. While contributing, planning, and shaping outside of the traditional health offer, our sphere of influence and starting point is the inequity and inequality in access to, and outcomes from, health care. Those unfair and avoidable differences in the health of local people that we can choose to do something about. We choose to act, as one, to improve the chances people get to **live healthier lives**.

Inequality, Equality, Equity and Justice

Our aspiration as a partnership is that our system offers **equal access** to the tools and opportunities people need **to live well**, throughout their lives. We want to go beyond adapting to people's needs, we want to meet people where they are, working with them to access the tools and opportunities to enable them to live longer in good health. We describe this as '**justice**' and use the justice tree to explain this.

Addressing Imbalance



The first image shows **inequality**. One person has access to all the apples falling from the tree and one person does not. The second represents **equality**. While both people are given ladders of equal height, the tree leans to the left, making the apples accessible for one person but not the other. The third represents **equity**. The person on the right side of the tree is given a taller ladder to access the apples while the person on the left has a shorter one that allows her access.

Finally, there's **justice**. In this we see that the tree has been straightened, removing the barrier for the person on the right. They no longer need a taller ladder to access the apples. We use this story to tell our aspiration for improved **access for all**.

We know that people still face inequality in access to opportunities to lead a healthy life. This inequality can mean a reduction in our life expectancy and our healthy life expectancy; those years we spend in **good health**. Inequality is everywhere, but it is not inevitable. The strategic choices we take together now can and will make a difference.

OUR POPULATION





OUR POPULATION

Our priorities supporting a better experience of health and care

Bradford district and Craven stretches from **Bradford** city centre, past Keighley in the **Aire Valley**, through the large market towns of Ilkley and Skipton, to Ingleton in the **Craven basin**.

As a partnership we serve a GP-registered population of over **647,000 people** in this mixed urban and rural area covering **595 square miles**.



Population Health

Our understanding of **population health** and the benefits of a population health management approach is helping shape our current (and predict our future) health needs. This is so that we can work to support people to lead their best healthy lives and make the most of their **life opportunities**.

Population health is **our approach** that aims to improve physical and mental health outcomes, promote wellbeing, and **reduce health inequalities** across our entire population. By finding those who are at risk, and working with them in a targeted way, we can proactively shape the design of our **health-creating services**.

We want **population health management** to be our common and consistent approach; the vehicle by which we **target improvements** in the wellness of local people. Through data, we will design new models of **proactive care** and deliver improvements in health and wellbeing that make best use of our collective resources, ensuring value. We can achieve our strategy through supporting communities to help them address issues that are important to them.

Our collective partnership resources are significant, but finite. By working together as our organising principle, we can take a **system approach** to population health strategy, monitoring finances, and performance and quality. Measuring in the here and now how we are **affecting future health** of our population.

In agreeing priorities and taking difficult decisions together, we have more opportunities to **improve lives and life chances**. We want to use the collective resources of the NHS, local authorities, the voluntary sector, and others to improve the health of local people. By securing and integrating our resources we can position them to **focus on the greatest need**, to deliver best outcomes.

Through our **public stewardship** we can address issues that no one part of the system can address alone; ensuring value by using our resources in the right areas, on the right things.

Inverting Power



Unequal distribution of **power** across a population can be one of the fundamental causes of health inequalities. We use the concept of 'power' in terms of our capacity to do, or not to do something; but also, in relation to **inferring responsibility**. Power, or lack of power, can have an important impact on people's circumstances and therefore their health.



Power doesn't belong to one person but exists in the **relationships** between people and groups of people. Inequalities in income, wealth and the **distribution of power** lead to the better off in society being able to take advantage of their circumstances to a greater extent. One consequence of this advantage is that they have persistently better health.

In the exercise of our power as a partnership, we want to **shift power** closer to our communities and local people. Our vision relies on a vibrant, sustainable, and resilient Voluntary, Community and Social Enterprise Sector across our district, which is fully integrated into our partnership. The VCSE is an equal stakeholder and partner, influencing decisions, delivering solutions and innovation for the benefit of the population and offers critical insight when planning and shaping strategy and services system wide.

We want to shift more of our focus to the **wider determinants** of health and the crucial role of communities and local people. We all want control, autonomy, and mastery over our lives, it is of fundamental importance to our overall health and wellbeing. To achieve this, we need a model of **shared responsibility** with local communities, where people are active and engaged partners in the development of healthy places, not merely consumers of care services.

Our VCSE partners are experienced and knowledgeable in this, much more so than traditional models of service. We are committed to building on the best of what we already have, to the importance of our **shared purpose** and we will enact this with and through our partnership. Careful design can be healing. By paying attention to what matters to people, the reality of their lives, we can be part of creating a new model of healthy, **vibrant communities**.

Our partnership has the ability and motivation to work in a way that looks at what matters to people on a personal level as well as for the health of our whole population. To enact this, we must foster the conditions in which it can occur by **inverting the power to act**.

Where it makes sense, we will work on bigger geographical footprints for those issues that are better dealt with at scale, those things that cannot be done at a more local level. Power held regionally in our ICS will be devolved to us at Place. We will continue this by **devolving power** to the community and moving it ever close to our population, to the individual.

Our health, the health of **our communities**, and wider society go hand in hand.

OUR SHARED PURPOSE





OUR SHARED PURPOSE

Our population to have more chances to lead healthier lives

To create a sustainable health and care economy that supports people to be healthy, well and independent, our approach now signals a move from one of a predominantly health care focus to one of population health; planned and delivered from a system, not organisational, focus. Our response to the pandemic exemplified this when we all pulled together with a single shared purpose achieving huge gains. Our strategy sets out the **big commitments** that will allow us to make cohesive plans that will make a difference to the health and wellbeing of local people.

Our strategic priorities are ambitious but feasible. We will increasingly align ourselves to a common set of goals, supporting the shift towards a partnership that has strong engagement with communities, helping people lead healthier lives. Our four **core purposes** are:

- Improving population health and wellbeing;
- Tackling unequal outcomes and access to care;
- Ensuring a sustainable health, care, and wellbeing system; and
- Supporting broader social and economic development.

We have set **tackling inequality** in health, wellbeing, outcomes, and access as our shared purpose because less equal societies fare worse than more equal ones, across everything from education to life expectancy. Our health inequalities can only be mitigated through working in partnership, developing new integrated service offers between health and care at every interface that reflect the fundamentally changing nature of our population in coming years.

Transforming the health of our population is complex and requires a partnership approach. We have agreed that, when people need it, care will be available to them through proactive and joined up health, social care and wellbeing services designed around their needs and as close to where people live as possible. Our partnership is underpinned by recognition that no single organisation alone can effectively address the opportunities and challenges we face. **Shared action** makes us greater than the sum of our parts.

As a new partnership we bring together a diverse group, against an overall plan, to use our collective strength to achieve our strategic ambitions on a larger scale. Central to this, is that **collective effort** can achieve more than an individual or a collection of individuals. Our best chance of achieving our vision is through our approach to taking decisions and managing risk to give us '**effect at scale**'.

Acting as One

Preventable poor health affects every place and every social group, but it is worst for poorest people and places. We are, therefore, planning for the longer term – to **narrow the gap** between the richest and poorest communities in terms of a healthy life expectancy. To give the opportunity of **a long life, lived well**, and for everyone to have five extra years of healthy, independent life by 2035.



Our operating model of Act as One shows our clear commitment to a new model of **mutual accountability**; collective decision-making with a shared responsibility for managing collective performance, resources, and the totality of population health. This isn't just through services, but also by supporting people to take good care of their own health and wellbeing; helping more people to take control of their lives and to have more of a say in how their health and wellbeing needs are met.

Our new partnership allows us to reflect our **local priorities**, with a shared analysis of problems and issues as the basis for acting, together. It is a known space in some ways, but with an opportunity to work in new and novel ways. Part of the new will act in tension with the old, but we will use that tension as a strength to exploit.

Our partnership will carry a broad remit for **fairness**: to individuals, to the partnership and to wider society. These scales may sometimes be hard to balance. We will hold ourselves and each other to account for the value we bring. We will do everything we can at place, other than the things we can't. We will take with us the best of what we have now and leave behind that which does not prepare us for the future.

Our organisations are entirely made up. Every aspect of power, every mechanism of effect, every structure of control, all are made up, and all can be deconstructed and **rebuilt stronger**, more relevant, fairer, better. Building a new partnership will require us to give up many of the things we currently own such as power, position, resource, and control. **Our workforces** will be employed by our organisations but act on behalf of our partnership for the wider wellbeing of the people of Bradford district and Craven.

Our challenge is to build a new partnership that that is not simply a tuning of the existing one, but evolution and a **structural shift** away from the current domains. We have chosen not to root ourselves in now, but to be constantly curious, populated by good people doing good things, with the space and elbow room to act.

Our new partnership **draws strength** from being part of the West Yorkshire Integrated Care System, where we will plan and deliver collectively at a system level for over 2.6million people. We will **ensure alignment** with those wider strategies and plans for our system, while working within the principle that only those things that cannot be done at place will be done at system.

Our partnership has a shared identity and purpose in our ambition for a population that has more chances to lead healthier lives. This clear, **common purpose** is shaping how we plan together for the future, at a whole population health level, for the first time.

The health of many local people is poor, and we have significant health inequalities. We, as an integrated care partnership, are **uniquely placed** to do something about it. We have an opportunity to improve the healthy life expectancy of our district. Our current design and delivery of services do not make us well. It largely works hard to slow or ease illness when necessary. To improve the health of local people we must prevent ill-health, not only treat or manage it.

Economic hardship is highly correlated with poor health. It threatens individual and family wellbeing. Increased levels of education are strongly and significantly related to improved health. Improved housing conditions and greater access to green spaces should have a **positive impact** on health.

Premature poor health will greatly increase demand and cost for the NHS and social care. **Through our action** we could prevent 75% of new cases of heart disease, stroke, and type 2 diabetes, 40% of cancer incidence and significantly reduce dementia risks. We can do this if we cut smoking, unhealthy diet, harmful use of alcohol and the impact of insufficient physical activity.

Becoming ill early in our lives makes it more likely we will develop multiple long-term conditions, and this will increase demand for social care. We will start by limiting our scope to those few things that, done well, can cascade through our neighbourhoods, communities, and population. Simple, **clear choices** that our staff, local people and our stakeholders can recognise and support. Choices that influence everything from our collaborative workforce planning to the configuration of our health and care estate.

Using the totality of our resources, across both health and care, we are committed to making the 2020's the **decade of prevention**. Our offer must be universal, in that it is proactive, predictive, and personalised. But our universal offer does not mean the same for all. Beyond equality, we will use equity to shape how we distribute our resources. We will purposefully treat people differently, based on their needs, for the benefit our whole society.



OUR PARTNERSHIP





OUR PARTNERSHIP

Greater value through the best use of our collective resources

Our partnership needs to prepare us for a **sustainable future**, from sharing good practice, collaborating on workforce developments, to enabling integration to support delivery. Collaboration has become an essential part of a sustainable future; allowing us to design how we will work as we move to acting as one integrated care partnership.

We will **Act as One** in our approach to planning, recovery and priority setting in our pursuit of improved health outcomes. We will be held to account, and hold ourselves to account, for the reduction in health inequalities for our population.



Our experience of the pandemic underlines the importance of a focused **population health** approach; preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience.

Our health and care system continues to experience multiple challenges. It has also brought out the best in our people and our leadership. It focused our efforts, used our skills and experience in new ways, enabled shared decision-making and built lasting, **trusted relationships**. We did the things that mattered most, and organisational boundaries virtually disappeared. Our collective workforce is our most valued asset, being best placed to do the right things to support people. We will endeavour to empower our workforce to act in this way beyond traditional limits.

We want our partnership, and our leadership, to **unlock opportunities** for better population health, working at the level of the neighbourhood and communities, as well as the district and with regional partners across West Yorkshire. We have chosen to widen our focus to all local people, not only patients requiring treatment.

Our communities with the highest deprivation were those hit hardest by the pandemic. It has exacerbated our health inequalities and makes our **core purpose** even more important. Alongside this, the health and care needs of the people of Bradford district and Craven are changing; our lifestyles are increasing our risk of preventable diseases, we are living longer, often with life-limiting conditions and the health inequality gap is increasing.

Too many people report significant assessment and treatment delays for serious medical conditions, fragmented management of care through the system with a lack of care coordination, and duplications of assessment and referral procedures.

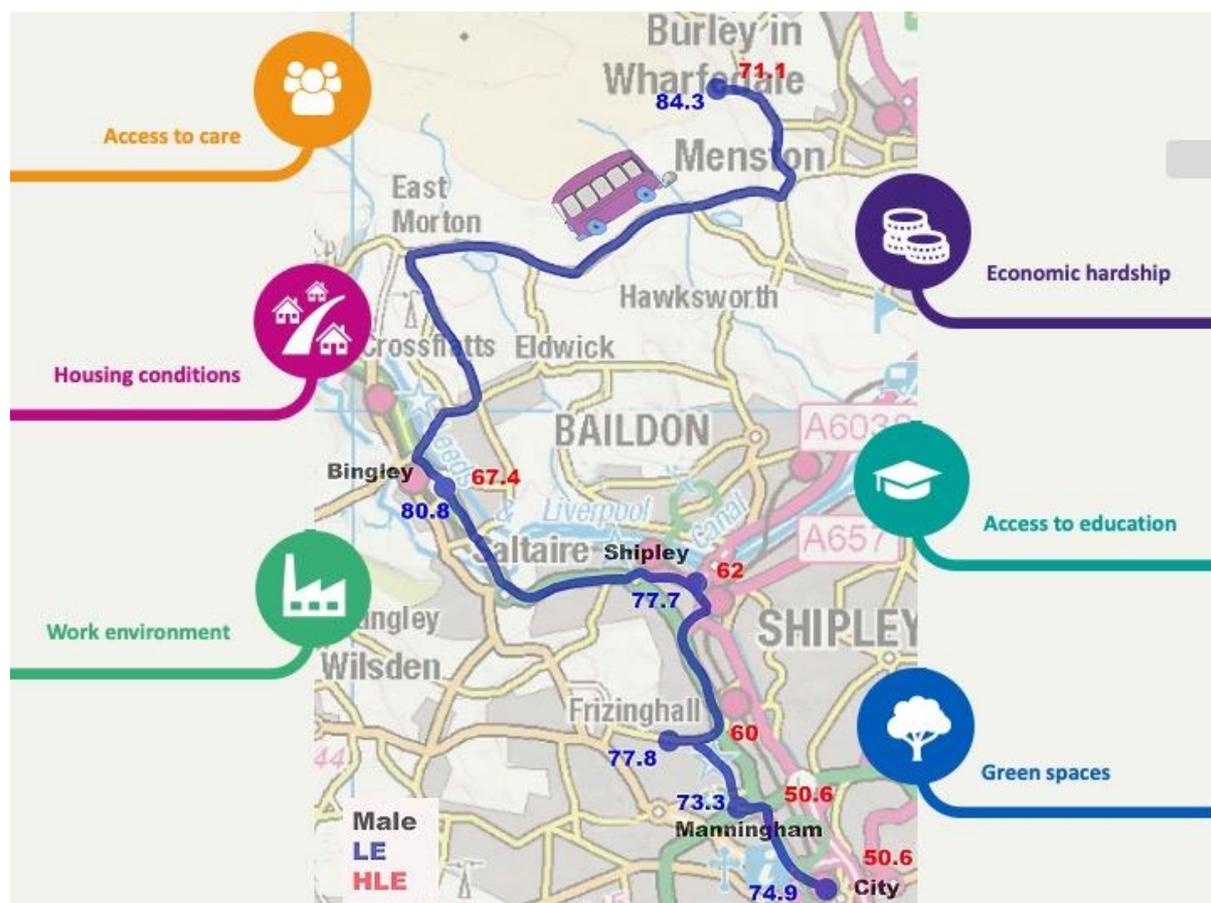
Our population health approach, informed by insights from data; is aimed at preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience. Population health management and predictive analytics are integral to our creation of a fully **integrated health and care system**.

Our Inequalities

How healthy you are should not be decided by who you are, where you live or how much you earn. Our health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. These **broader determinants** of health are more important than health care in ensuring a healthy population.

Our population faces inequalities that effect their health and wellbeing as individuals and within their communities as well as at a broader place level. We face inequalities in relation to everything from age, access to care, the conditions in which we live, to digital and transport. Ultimately, inequalities are associated with increased morbidity and decreased **life expectancy**.

10 miles and 20 years apart





When we need a reminder of why we work as a health and care partnership, we reflect on the healthy life expectancy of a child **born in Bradford**. Bradford has the third lowest life expectancy in the region. A boy born today in the district of Bradford has a life expectancy of 77.5 years. But a key difference is also where you are born. People living in more affluent areas live significantly longer than people living in deprived areas.

A male living in a deprived area of Bradford, let's say Manningham, can expect to live 10 years less than a male from the least deprived, let's say Wharfedale. But it's not just life expectancy that's different. A boy born today in Bradford has an average **healthy life expectancy** of only 60 years. Healthy life expectancy is an estimate of years lived in 'very good' or 'good' general health.

The boy can expect to live 17 years of his life in poor health. For a female, living longer, it is over 22 years in poor health. It is important to say that this is not at the end of your life. The years spent in poor health will be throughout your life span if you live in an area with a low healthy life expectancy; and it is particularly between the ages of 25 and 64 years. In areas of low healthy life expectancy, nearly twice as many people die from causes considered **preventable** when compared to areas of high healthy life expectancy.

Why we work in partnership

We are clear that our partnership can add value. The aim of this strategy is to set out how we ensure that this is delivered. Partnerships provide several **opportunities**:

- We can deliver more in partnership than we would working in isolation;
- We can ensure that we are not duplicating work of other organisations;
- We can improve value for money to our population by making sure work is both joined-up and complimentary to that of our partners; and
- By aligning strategic agendas, we can make sure that all partners are working to the same goals.

We want **fair access** for patients that delivers care and treatment quickly, and where possible, within a community setting. We see our Community Partnerships and Primary Care Networks as the footprint of service delivery, **taking responsibility** for population health needs and leading the development of partnerships that meet those local needs.

We plan to make genuine transformation support available to enable partners to implement new integrated models of care, for local people where they live. Developing a cohesive primary and community model must reduce unwarranted

variation in outcomes of care, to allow the **redistribution of our resources** nearer to people before they need care, not just when.

As a partnership we are working in a distributive leadership model: taking place-based decisions **together**, taking responsibility for outcomes **together** and taking accountability for the health of our population **together**.

Strategy is simply a set of choices, the path we choose to our destination. Our strategic focus is the longer-term health and wellbeing of local people, the next and future generations of Bradford district and Craven.

We have set out a statement of **our commitments** that shape us as a partnership.

For our People, we will all:

- **Prioritise as One** those who have the worst outcomes for health and wellbeing
- **Understand as One** what matters to local people
- **Work as One** with people in our system and our community to achieve what matters
- **Integrate as One** to better enable people to achieve what matters to them

For our Place, we will all:

- **Commit as One** to our role in making our district a great place to live, work and thrive
- **Plan as One**, taking actions now that create a legacy for future generations
- **Focus as One** on preventing the causes of ill health
- **Measure as One** our impact on health and wellbeing through one data

For our Partnership, we will all:

- **Lead as One** in partnership with our population, in their communities
- **Share as One** the power and responsibility to make the best use of our collective assets
- **Grow as One** to strengthen our relationships, trust and our ambition; improving together
- **Deliver as One** through our shared, skilled and trusted workforce

This first strategic plan provides direction and guiding principles to inform our choices and purpose as Bradford District and Craven Health and Care Partnership.

OUR PLAN ON A PAGE



OUR VISION

By meeting people where they are, working with them to access the tools and opportunities to enable them to live longer in good health...

we Act as One to keep people Happy, Healthy at Home

OUR ADDED VALUE



OUR POPULATION
Supporting the delivery of our priorities and a better experience of health and care



OUR SHARED PURPOSE
All working to the same goal, for our population to have more chances to lead healthier lives



OUR PARTNERSHIP
Greater value through the best use of our collective resources, minimising duplication and waste

OUR PURPOSE – WHAT CONNECTS US

Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing



Our Workforce

Empowered to lead
On behalf of the Partnership and the people we serve



Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone

Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners

Our Partnership Plan

Tackling the issues no one part of our partnership can address alone, through public stewardship

OUR COMMITMENTS

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our People

our Place

our Partnership

OUR PARTNERSHIP STRATEGY

The secret of success is not to foresee the future.

*It is to build a system that can prosper in
any of the unforeseeable futures.*

We know that the circumstances in which we work continues to change.

Our strategy holds us on course to deliver our commitments.

Our strategy will be lived through our partnership and is the foundation
of our actions as we...

Act as One to keep people happy, healthy at home.

