

# Report of the Head of Community Partnership & Locality Development to the meeting of Shipley Area Committee to be held on 17<sup>th</sup> January 2024

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## Subject:

Community Partnerships in the Shipley Locality

## Summary statement:

This report has been provided at the request of the Chair of the Shipley Area Committee. It aims to raise awareness and understanding amongst members of the Area Committee about work they undertake in the Shipley Locality.

## EQUALITY & DIVERSITY:

Community partnership work is focussed on reducing healthcare inequalities and we know that those with protected characteristics (termed as 'inclusion groups' in the Core20+5 framework) face greater inequalities. Data covering gender, age, ethnicity, disability status, etc. is routinely collected and evaluated for all Core20+5 funded projects and, to a lesser degree, for small grants funded projects.

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**Overview & Scrutiny Area:**

**Health & Environment**

## 1. SUMMARY

This report has been provided at the request of the Chair of the Shipley Area Committee. It aims to raise awareness and understanding amongst members of the Area Committee about work they undertake in the Shipley Locality.

## 2. BACKGROUND

2.1 Community partnerships, focussing on supporting and improving the health and wellbeing of local communities were established by the then NHS Clinical Commissioning Groups in Bradford District & Craven in 2018.

2.2 The impetus for their creation came from a national initiative known as 'primary care home' which aimed to increase collaborative working between neighbouring primary care providers (primarily GP practices) on a hyper-local level covering populations of approximately 30-50K patients.

2.3 The Bradford District & Craven vision, however, was always for far wider, multi-disciplinary working within communities than solely GPs. This led to the establishment of 'community partnerships' rather than 'primary care home' where partners from the relevant local authority, local voluntary and community sector organisations and primary and community health care providers came together.

2.4 It should be noted that community partnerships are not legal entities, rather they are partnership networks. Each partnership therefore has a specific 'community partnerships fundholder' (either a GP practice or a VCS organisation) which holds monies and contracts on behalf of the partnership. The relationships between each fundholder and the ICB is set out in a Memorandum of Agreement.

2.5 The role and responsibilities of community partnerships and their members is set out in *Appendix A*. In summary, the role of the community partnerships is to:

- provide local leadership to the challenge of addressing health inequalities
- engage and empower communities using an asset-based approach ('inverting the power to act')
- focus on prevention, early intervention and seeking to understand and influence the wider determinants of health and wellbeing
- develop the broadest possible approach to partnership working at a local level

2.6 The broad alignment of community partnerships to council wards is set out at *Appendix C*. It should be noted that community partnerships are based on GP practice lists and as such do not fit neatly in to ward or locality boundaries. Nevertheless we have attempted to identify the key wards in which individual community partnerships operate in order to

- More readily define and explain the place / geographic footprint of community partnerships in the Bradford area as a means of improving improve communications and engagement with stakeholders

- Ensure that no geographic areas are 'missed out' due to a lack of clarity as to community partnership areas of responsibility
  - Assist community partnerships in identifying and prioritising the geographic areas where they particularly need to collaborate and with which other community partnership(s)
- 2.7 More detailed information about the community partnerships that operate in the Shipley locality is provided at *Appendix C*.

### **3. OTHER CONSIDERATIONS**

- 3.1 None specific.

### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 Community partnerships are entirely NHS funded via NHS West Yorkshire Integrated Care Board and predecessor Clinical Commissioning Groups. Going forward we hope to develop some joint-funding opportunities (for example via Give Bradford).
- 4.2 The baseline budget for community partnerships is £760K per annum. This funds the small grants allocation (£20K per partnership per annum), funding for the Heads of Community Partnerships & Locality posts plus infrastructure funding for the community partnerships themselves. Infrastructure varies depending on who holds the key roles within a partnership (for example, there is funding to support Chairs from VCS organisations or GP practices, but not for those employed by statutory services) and whether there is any other partnership and project support available (for example, the 5 partnerships in the most deprived parts of Bradford have full-time support from a dedicated Reducing Inequalities Manager).
- 4.3 In addition, for a period of 3.5 years (from October 2022 to March 2026) a further £1.2 million per annum of project monies has been allocated to community partnerships by Bradford District & Craven Health and Care Partnership from the national Core 20+5 reducing healthcare inequalities framework. As far as we are aware, BD&C HCP is the only area nationally to have effectively delegated the commissioning of reducing healthcare inequalities work to a hyper-local level.
- 4.4 Information regarding the Core20+5 frameworks for adults and children and young people are provided at *Appendices D & E*.

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1 There are no direct risk management or governance implications for CBMDC, other than potentially a small degree of reputational risk which is shared with all member organisations represented within individual community partnerships.
- 5.2 There is a community partnerships terms of reference template that has recently been updated and all partnerships are in the process of reviewing their governing document in light of this, and outcomes from their recent self-assessment against the Community Partnership Development Toolkit.

The contractual relationship for Core20+5 funded projects is between NHS West Yorkshire Integrated Care Board and the relevant project provider. The contractual relationship for small grants funded projects is between the community partnership fundholder and the relevant project provider. The relationship between NHS West Yorkshire Integrated Care Board and community partnership fundholders is governed by a Memorandum of Agreement.

Within Bradford District & Craven Health and Care Partnerships, the work of community partnerships forms part of the Healthy Communities Priority and there is formal accountability and reporting to the Healthy Communities Board which meets monthly.

There is also a Community Partnerships Network which meets on-line, bi-monthly and is an opportunity to highlight and celebrate the work of individual community partnerships, their successes and good practice as well as sharing of lessons learnt. Membership of the network is open to anyone with an interest, please sign up here for invites or to keep up-to-date with community partnership news: [Sign up \(es-mail.co.uk\)](mailto:es-mail.co.uk)

## **6. LEGAL APPRAISAL**

- 6.1 There are no direct legal implications for CBMDC. Whilst council representatives are key partnerships in all community partnerships, any legal implications would lie with NHS West Yorkshire Integrated Care Board / Bradford District & Craven Health & Care Partnership and / or individual community partnership fundholders.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

- 7.1.1 Not applicable

### **7.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS**

- 7.2.1 Not applicable

### **7.3 COMMUNITY SAFETY IMPLICATIONS**

- 7.3.1 Not applicable

### **7.4 HUMAN RIGHTS ACT**

- 7.4.1 Community partnership work is focussed on reducing healthcare inequalities and we know that those with protected characteristics (termed as 'inclusion groups' in the Core20+5 framework) face greater inequalities. Data covering gender, age, ethnicity, disability status, etc. is routinely collected and evaluated for all Core20+5 funded projects and, to a lesser degree, for small grants funded projects.

## **7.5 TRADE UNION**

7.5.1 Not applicable

## **7.6 WARD IMPLICATIONS**

7.6.1 There are no particular ward implications. The broad alignment of community partnerships to wards is set out in *Appendix B*. However, it should be noted that community partnerships are based on GP practice lists and as such do not fit neatly in to ward or locality boundaries.

Representatives from the Shipley Area Office (Ward Officers and / or Assistant Ward Officers) are members of all community partnerships in the Shipley locality.

## **7.7 AREA COMMITTEE LOCALITY PLAN IMPLICATIONS**

7.7.1 Community partnerships are particular focussed on the 'Better Health, Better Lives' (BHBL) section of the Locality Plan and wherever possible, their work should align with BHBL objectives.

## **7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**

7.8.1 A framework has been set nationally for reducing healthcare inequalities for children and young people (see Appendix E).

7.8.2 In addition, Bradford District & Craven Health and Care Partnership have set a further, local priority relating to adversity, trauma and resilience for children and young people as part of its reducing healthcare inequalities work.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

7.9.1 Not applicable

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 Not applicable

## **9. OPTIONS**

9.1 Not applicable; this report is for information

## **10. RECOMMENDATIONS**

10.1 Members note the information provided relating to community partnerships within Bradford District & Craven Health & Care Partnership and particularly those operating in the Shipley locality

10.2 Members contact their Ward Officer or Assistant Ward Officer for further information or updates regarding individual community partnerships, with any other general enquiries directed to [sarah.dick@bradford.nhs.uk](mailto:sarah.dick@bradford.nhs.uk)

## **11. APPENDICES**

- 11.1 Appendix A: Community partnership role descriptions
- 11.2 Appendix B: Alignment of community partnerships with wards
- 11.3 Appendix C: Information about community partnerships in the Shipley locality
- 11.4 Appendix D: National Core20+5 Reducing Healthcare Inequalities Framework: Adults
- 11.5 Appendix D: National Core20+5 Reducing Healthcare Inequalities Framework: Children & Young People

## **12. BACKGROUND DOCUMENTS**

- 12.1 Not applicable