Happy, Healthy at Home in Bradford

Our journey in building our Community Partnership model

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Our ‘architecture’ for commissioning and delivery

Bradford & Craven: 1 of 6 places in the West Yorkshire & Harrogate Integrated Care System (ICS)

We are delivering our ‘place’ through 2 health and care partnerships and 13 communities

AWC 3 communities, 1 partnership Bradford (City & Districts) 10 communities, 3 localities, 1 partnership
Much Broader than just health

As little as 10% of a population’s health and wellbeing is linked to access to health care.

We need to look at the bigger picture!!

Source: Dahlgren and Whitehead, 1991
Vision

People will be happier, healthier and have access to high quality care when needed that is clinically and financially sustainable.

People will take action, and be supported to stay healthy, well and independent through their whole life and will be supported by their families and communities through prevention, early intervention with greater focus on healthy lifestyle choices and self-care.

When people need access to care and support it will be available to them through a proactive and joined up health, social care and wellbeing service designed around their needs and as close to where they live as possible.

... Happy, Healthy at Home
What will it mean for people?

- Every community will be a healthy place – with better prevention and earlier intervention – live longer in good health, be happy, ‘demand’ less, contribute more
- Services will be planned and delivered based on the needs of communities underpinned by clear expectations of the responsibility of individuals
- Everyone with long term conditions will have support to self care
- People will have fewer assessments and contacts, continuity of care supported by shared records and professional trust
- Everyone with multiple needs will have a team that works together with them and their family/carers
- Local hospitals will be networked with each other and with services in communities
Quick Recap………..

**August 2017**
System conversations about adopting the PCH community model

**September 2017**
Established a multi agency working group with key leaders across the Health and Care System

**December 2017**
59 GP practices aligned to 10 communities across the 2 CCGs

**January 2018**
Development funding proposal shared
£40k one off funding per community

**March-May 2019**
Series of system wide engagement events

**April 2018**
Health and Wellbeing profiles produced for adults
Quick Recap………

April-September 2018
Alignment of H&C reps to leadership teams

June 2018
Launch of monthly news bulletin

July 2018
1st Community plans submitted

September 2018
Community leaders development session

November 2018
Agree priorities for NHSE transformation fund

January 2019
Health and Wellbeing profiles produced for children
What’s going well?
Team Work

- Allows everyone to work together as one team
- Best thing is being able to work across professional boundaries

Opportunities

- Opportunity for VCS and NHS to be on the same platform
- Breaks down barriers across mental & physical health
- It has enabled us to build trust and move from health to wellbeing priorities
- Putting across ideas from the community ‘grass roots’ perspective
- Building upon our communities assets
- Creates opportunities to review systems and processes together
- Mutual understanding & appreciation of each others work
- Putting names to faces ‘back like the old days’
- Been great getting to know people
- Opportunity for VCS and NHS to be on the same platform
- Potential for a revolution in how health and care is delivered

Team Work

- Created opportunities for discussions to develop joint solutions
North Locality (3 CPs)
Support for the frail elderly/people living in Care Homes/people who are housebound
Reduce isolation and loneliness

Support for carers
Increase physical activity
Dementia friendly communities
Improved support for people with Severe Mental Illness
Support for people with respiratory conditions
Central Locality (3 CPs)
Work with children and families to promote a brighter future for all
Increase physical activity for all ages

Support for people with complex health and care needs
Working with local schools
Enhanced support for people with respiratory conditions
South Locality (4 CPs)

Support for people with complex health and care needs
Reduce social isolation and loneliness
Support for people living in Care Homes and the frail elderly in their own homes

Improved support for people with low level mental illness
Enhanced support and treatment options for people with musculoskeletal conditions
Asset Based Community Development

- Well-being bags filled with health, hygiene and mood boosting items to support people presenting with homelessness or rough sleeping

- Local yoga sessions to support people to relieve anxiety, stress, fight depression etc

- Social events for people with dementia

- Mindfulness groups for South Asian ladies

- Football club for girls who would not usually play in mixed teams
Asset Based Community Development

- Support for Bangladeshi women who face loneliness and isolation to become physically active

- Play fair in Sport project providing opportunities for young people from BME communities

- Wellbeing activities aimed at men

- Gardening and healthy eating club building raised beds at local GP practice

- Singing courses

- Breakdance sessions
Community Partnership funding

Non recurrent one off funding:
- Development Funding £40k
- Self care champion roles £9k - £18k
- Learning and development fund £6k - £11k

Recurrent funding
Enhance delivery of existing services to meet the needs of local populations based on Community Partnership priorities
2018-19 £38k - £72k
2019-20 £56k - £106k
2020-21 £.........
New GP Contract

Primary Care Networks (PCNs) become an essential building block of every Integrated Care System, and under the Network Contract DES, general practice takes the leading role in every Primary Care Network. It is hoped that the PCNs will be across the same footprint as the community partnership but they will have additional retirements specific only to GP practices.

We are ahead of the game!!!
This is a GP contract and GP practices have to agree which PCN they want to be in.
This could result in some changes……………. 
- Lack of time
- Governance
- Relationships
- Information Governance
- Interoperability of IT systems
- Communication and engagement with wider teams
- Managing conflicts of interest
- Duplication system versus local

“WHEN FACED WITH A challenge
LOOK FOR A WAY NOT A WAY OUT”

DAVID WEATHERFORD
Addressing Challenges

- **Lack of time**
  - Project Managers can support with future planning & production of robust plans/business cases

- **Governance**
  - Reflection and lessons learnt from 2018/19
  - A good governance guide for all Community Partnerships is being produced in line with system thinking around governance, this will support management of conflicts of interest
  - Training and support for leadership teams

- **Duplication system versus local priorities**
  - Development of a local document to highlight system wide priorities & work programmes to minimise risk of duplication and increase efficiency
  - Opportunities for CPs to influence future commissioning activity

- **IT and IG issues**
  - Working with system wide Digital 2020 group
So what’s next........

From April 2019....
Building upon plans
Making ideas a reality

May 2019
Recruitment of Project Managers

Continuing to socialise the model and share best practice

June 2019
Shared web portal

Team training & support

May 2019
Implications from GP contract