Happy, Healthy at Home in Bradford

Our journey in building our Community Partnership model

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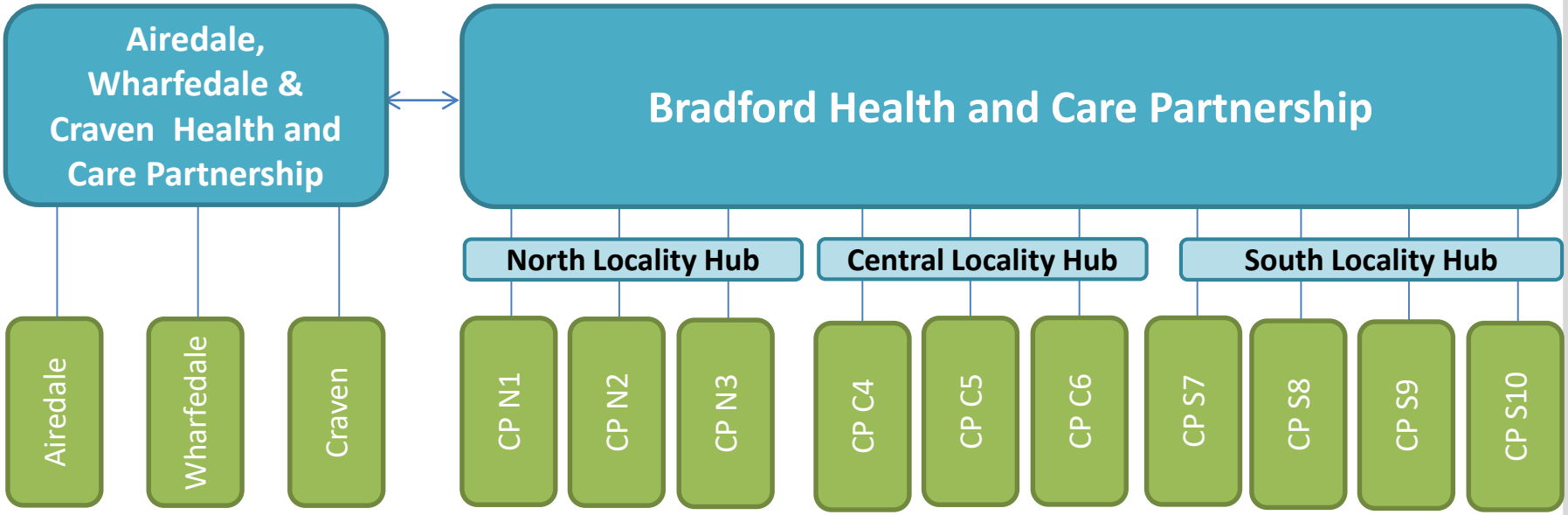
Bradford City and Districts CCGs

Our 'architecture' for commissioning and delivery

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

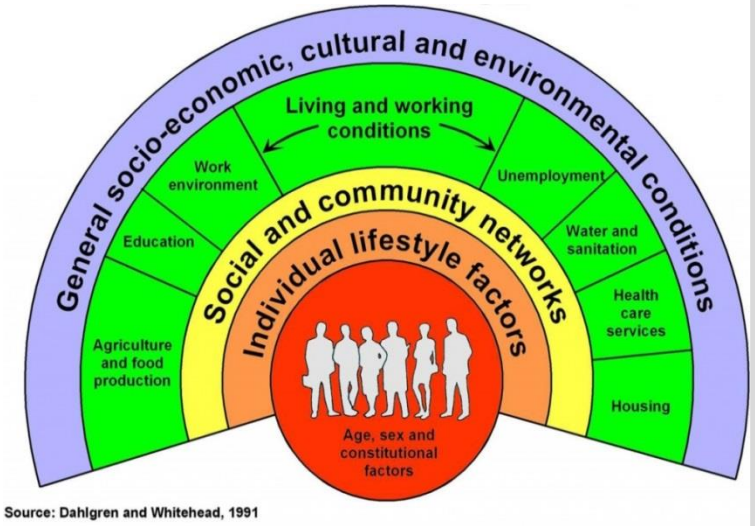
We are delivering our 'place' through 2 health and care partnerships and 13 communities



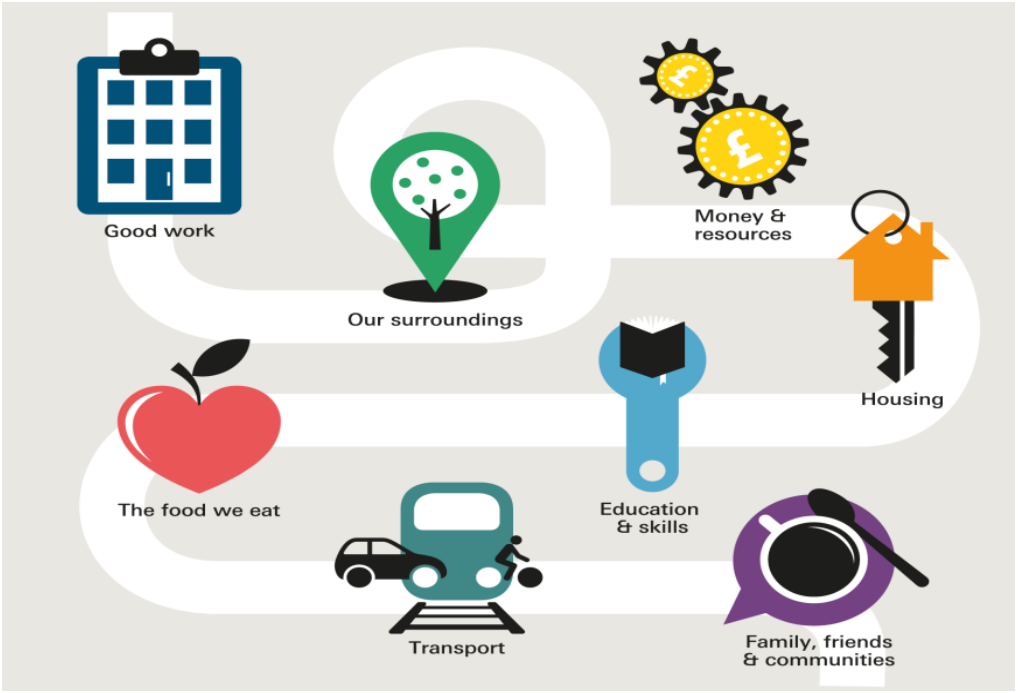
AWC 3 communities, 1 partnership **Bradford** (City & Districts) 10 communities, 3 localities, 1 partnership

Much Broader than just health

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



Source: Dahlgren and Whitehead, 1991



We need to look at the bigger picture !!

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

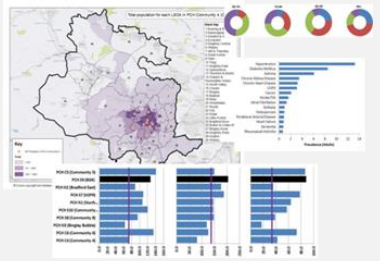
January 2018

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

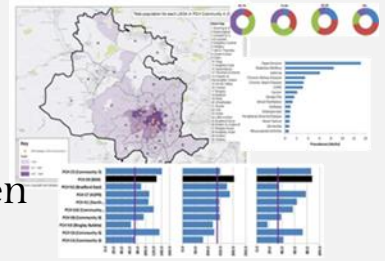
1st Community plans submitted

September 2018

Community leaders development session

November 2018

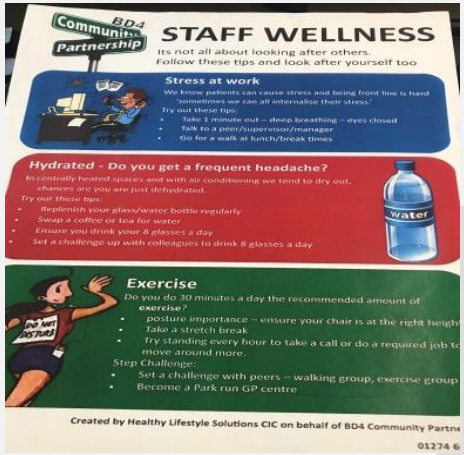
Agree priorities for NHSE transformation fund



January 2019

Health and Wellbeing profiles produced for children

What's going well?



BRADFORD CARE ASSOCIATION · Bradford Provider Alliance · CPWY Community Pharmacy West Yorkshire · NHS Bradford City Clinical Commissioning Group Bradford Districts Clinical Commissioning Group

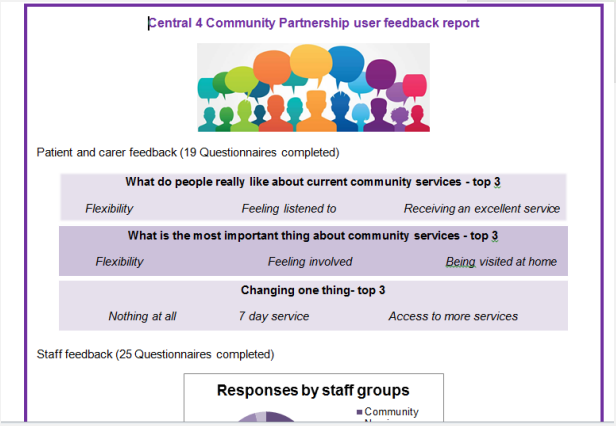
COMMUNITY PARTNERSHIP 7 WORKSHOP

Wednesday 6th Feb 9.00am @Royds Community Association

(Estimated finish 1pm)

Come and hear what's going on in your community and influence its future!

Discover the exciting opportunities available to you in your area with this new approach to Delivering health & Social Care. Help develop the projects and priorities that will improve the health & wellbeing of our local community – what matters to you?


Central 4 Community Partnership user feedback report

Patient and carer feedback (19 Questionnaires completed)

What do people really like about current community services - top 3		
Flexibility	*Feeling listened to*	*Receiving an excellent service*
What is the most important thing about community services - top 3		
Flexibility	*Feeling involved*	*Being visited at home*
Changing one thing- top 3		
Nothing at all	*7 day service*	*Access to more services*

Staff feedback (25 Questionnaires completed)

Responses by staff groups

Community


BD4 Primary 9 Autumn 2018 Edition

your Community Partnership Self Care News Feed

THIS NEWSLETTER IS BROUGHT TO YOU QUARTERLY BY YOUR SELF CARE CHAMPION

The aim of developing PCH Community Teams is to **bring together a range of health and social care providers,** who will work collaboratively within a unified leadership team to identify local population needs. These teams will lead on the development, design, implementation and evaluation of service improvement initiatives. And, in turn, these initiatives will ensure the most efficient and effective use of existing resources to offer the best possible care for people to remain happy, healthy and at home www.bradfordcarealliance.org

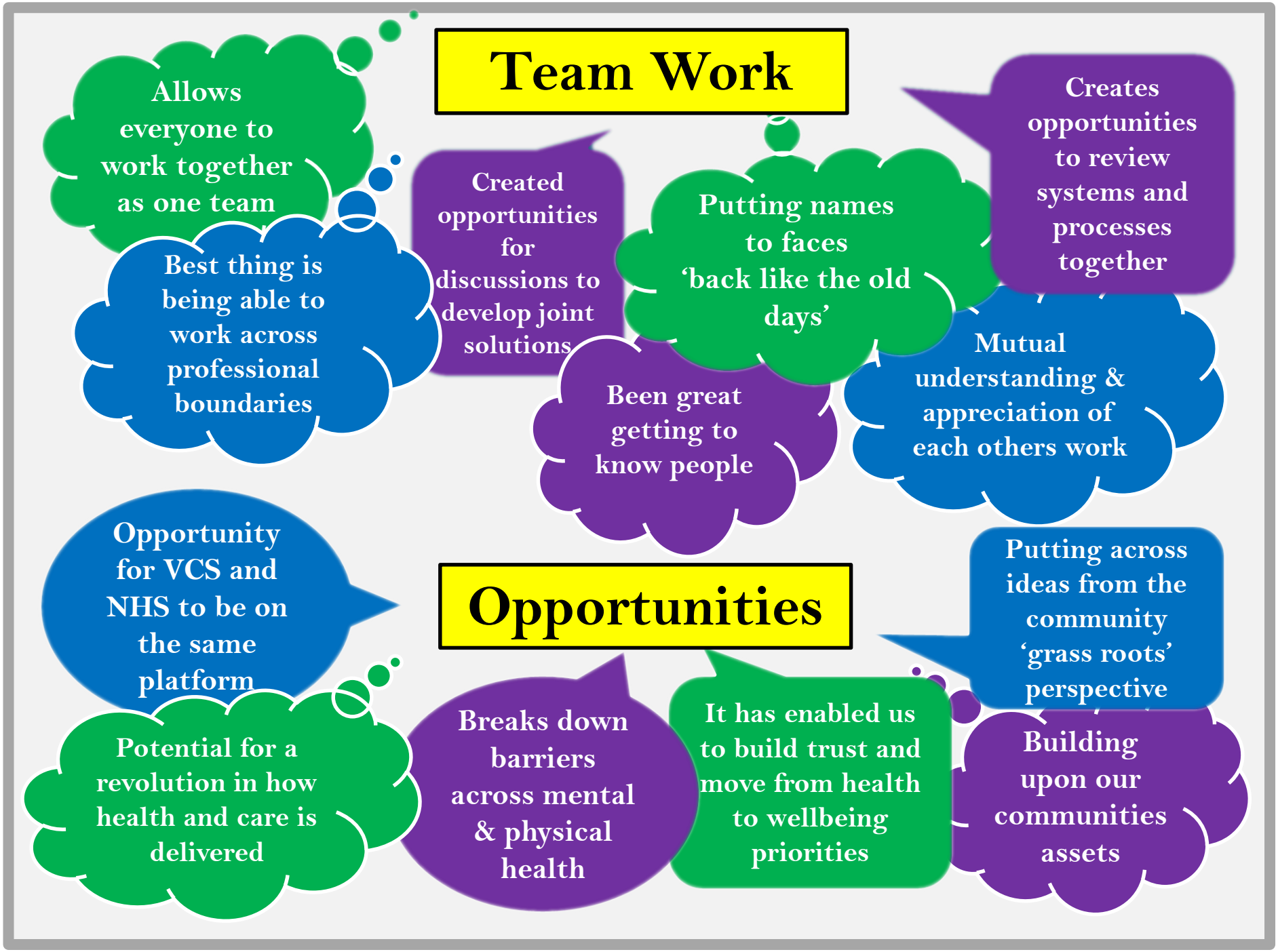
Your Primary Care Home GP Practices:

Tong Medical Practice · Highfield Health Centre · Bolling Hall Medical Practice · Rooley Lane Medical Centre

WORKING TOGETHER FOR YOU

Do you need a challenge? Do you want to support a good cause?

This STOPTOBER we are challenging YOU to quit and in doing so not help


Team Work
Allows everyone to work together as one team
Best thing is being able to work across professional boundaries
Created opportunities for discussions to develop joint solutions
Been great getting to know people
Putting names to faces 'back like the old days'
Creates opportunities to review systems and processes together
Mutual understanding & appreciation of each others work
Opportunities
Opportunity for VCS and NHS to be on the same platform
Potential for a revolution in how health and care is delivered
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

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 woman 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

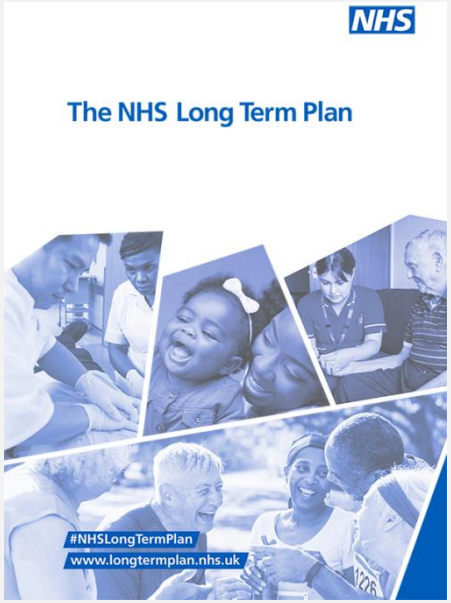
Enhance delivery of existing services to meet the needs of local populations based on Community Partnership priorities

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

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

NHS England

Continuing to socialise the model and share best practice

NAPC | National Association of Primary Care

Team training & support

June 2019
Shared web portal

May 2019
Implications from GP contract