



Our Health & Care System: Act as One, ICP, SPA – and all that

ASG 28 01 21



'the system' or multiple systems?



Infrastructure Support

Wellbeing Board

Strategic Partnerships

Strategic Coordination Group

Scientific Advisory Group

Shared Comms and Engagement

community voice and influence

Equalities Group

partnership secretariat/ support

Social, economic, and environmental wellbeing of the population

Childrens System Board

Cultural Place Partnership

Economic Partnership

Employment & Skills Partnership

Health & Care Executive Board

Safer Communities Partnership

Stronger Communities Partnership

Sustainable Development Partnership

Themes across all partnerships

- Reducing inequalities
- Prevention & Early Help
- Asset based community development approach

Act as One Whole System Governance



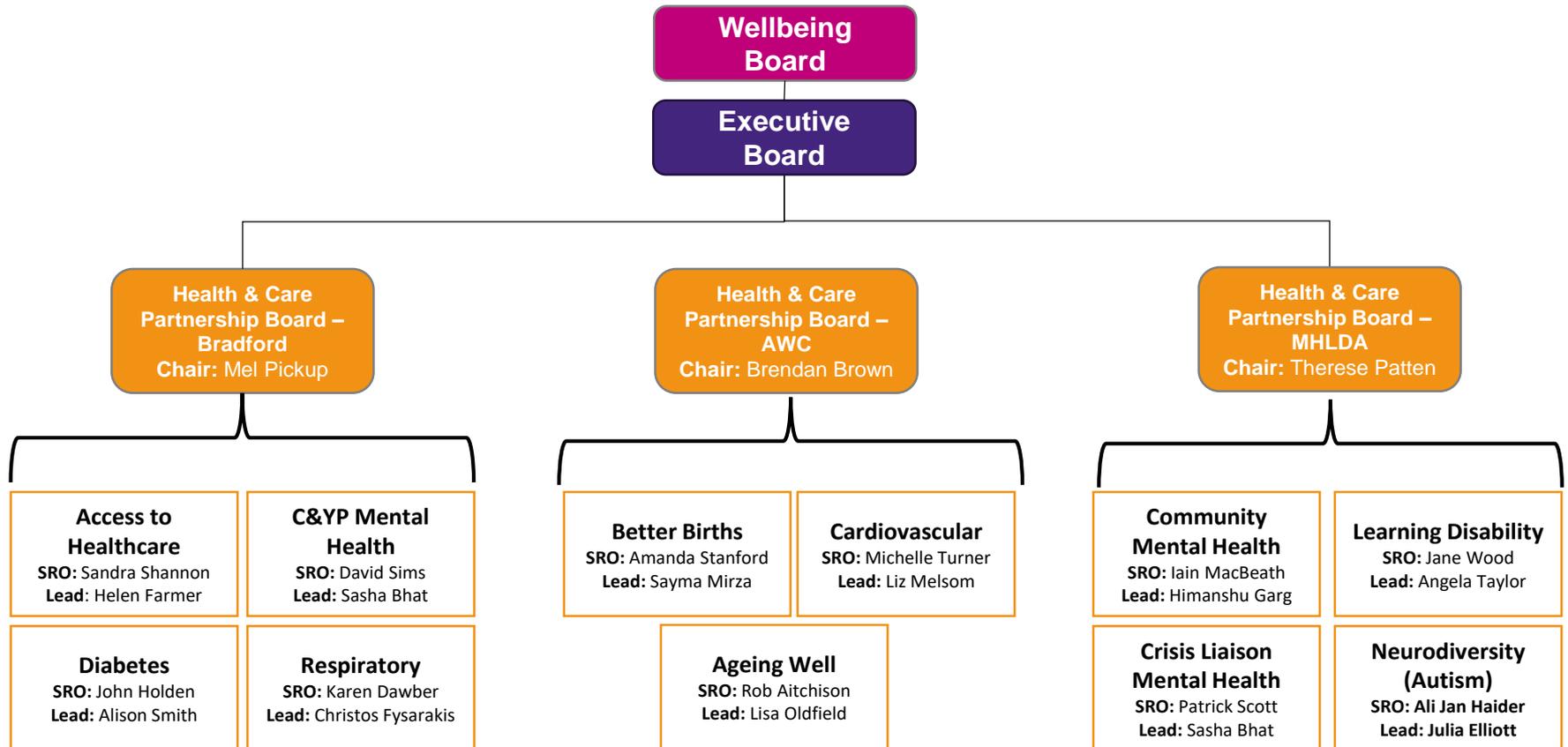
Wellbeing Board

Executive Board



* Includes two geographical HCPBs, Mental Health, LD and Autism Partnership and Community Partnerships

Transformation Programmes





Our vision

People will be healthier, happier, and have access to high quality care that is clinically, operationally and financially stable.

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 and 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.

In short ... ***Happy, Healthy at Home***



Our Act as One ambition

United in our greater purpose to improve population health outcomes

One team, pursuing one vision

For our resources to be all our resources and purposefully deployed on behalf of our population

Listen to people and act on their feedback

Continuous learning and improvement

Hold ourselves to account for our outcomes and the reduction of inequalities



We are describing Act as One as:

A guiding principle for how we do things and get things done

Built on great examples of how we worked pre-COVID and in-COVID

Bringing together the right combinations of people, organisations and sectors (different for different things) to deliver a transformation change and our core business and ensure a better outcome for people as a result of working together



To Act as One we need:

Cultural change that involves mind sets, relationships, values and behaviours

Leadership that embeds the expectations and demonstrates through example

A shared narrative that we all use to share the message of Act as One and signs and symbols that reinforce the narrative

To build on examples of where we have made a difference as a result of 'Act as One'



We have agreed:

Notwithstanding the guiding principle we have created the following to support and deliver both core business and transformation change in Bradford district and Craven:

- Executive Board with responsibility for leadership of the health and care system.
- A set of system committees and groups to provide assurance and oversight as a whole system
- Transformation change programmes for agreed priorities for change
- A whole system approach to planning, recovery and priority setting that builds on our work over the last two years

So what's an ICP then?



Integrated Care Systems are designed to serve four fundamental purposes

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

Integrated Care Partnerships are the place-based partnerships that make up the ICS. So in our case

- Bradford District and Craven = ICP
- West Yorkshire and Harrogate = ICS

The rationale for place based partnerships is

- decisions taken closer to communities are likely to lead to better outcomes
- collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people



The offer to the public in every ICP

- access clear advice on staying well
- access a range of preventative services
- access simple, joined-up care and treatment when they need it
- access digital services (with non-digital alternatives) that put the citizen at the heart of their own care
- access proactive support to keep as well as possible, where they are vulnerable or at high risk
- expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability



The four main roles of ICPs

1. To support and develop primary care networks (PCNs)
2. To simplify, modernise and join up health and care
3. To understand and identify (using PHM) people and families at risk of being left behind and to organise proactive support for them
4. To coordinate the local contribution to health, social and economic development to prevent future risks to ill-health



Success factors for ICPs

- Full involvement of all partners who contribute to the place's health and care
- An important role for local councils (often through joint appointments or shared budgets)
- A leading role for clinical primary care leaders through primary care networks
- A clear, strategic relationship with health and wellbeing boards

Further developing our partnership



Vision & Ambition

Integrated Care Partnership delivering improved health and reduced inequality for our people

Single shared vision and priorities, with strategy to achieve

- ICP Strategy refresh (and District Plan)
- Integrated system planning

Leadership & behaviours

Act as One is built on our relationships and behaviours. We will support everyone to do this.

Our leadership & behaviours will help us be one team pursuing one vision

- System Development engagement & comms
- System Development (OD) Plan

Governance & structure

Provide assurance that we have clear frameworks for decision making, and operational delivery, and that we have the capability and experience to operate effectively

- SPA review
- ICP BAF
- System resourcing & Act as One HR framework

- ICP Maturity self assessment – informing integrated ICP development plan

- Revisit our priority programmes in light of 2020 learning – renewed focus on inequalities

- Ensure inclusive as possible across our whole system

- Oversight: Wellbeing Board, NEDs etc
- Citizens: co-creation and governance roles
- Local neighbourhood level subsidiarity

System programmes



Nearly 300 people attended the Breakfast Bites sessions over a week in December



Continued focus on supporting services through the programmes during COVID



Health Overview & Scrutiny Committee presentation in January



New System Associate Director of Communications appointed – likely Spring starting date



Agreeing representative from finance deputies and IT/Digital enabling groups



Focus on VCS and key community groups, including Council of Mosques and Racial Equality Network



As of 25th December, over 25,000 more people have been vaccinated in 2020/21



Further GP Assist pathways complete and ready for roll out to optimise care for patients by their GP



System-wide resources to support programmes for the year



System-wide Discharge to assess poster signed off and being rolled out across place



Met with Ops Directors at both Acute Trusts to develop Acute pathways work



Using January to hear from key partners in Primary Care, Public Health, Mental Health and Voluntary Sector



Using the IS to support restart and recovery



Continued roll out of digital developments such as PIFU and e-consults



Development of joint work programmes and strategies across paediatrics and radiology