



# Health & Care Forum Community Partnerships Programme

**17<sup>th</sup> January 2022**

Steve Gascoyne

# Community Partnership Programme



- Development sessions July
- Programme SRO's (Therese Patten, Iain MacBeath, Dr Richard Haddad)
- Programme Board
- Governance/Reporting arrangements in place
- Workstreams agreed
- CP's developing plans
- CCG Support Team established
- Work to align with Locality Programme
- Presentations to key stakeholders

# Workstreams



## Planning, Finance & Quality

- Develop a process to involve Community Partnerships in planning
- Prioritisation to include community perspectives
- Facilitate 1% left shift of resources

## Health Inequalities

- Developing Plans
- Working with Localities
- Working with Enabling Programmes
- Engaging with Communities
- Measuring Outcomes

## Care Coordination

- Existing Workstream reporting jointly to Community Partnership Programme and AWC HCPB
- Build on existing projects

## Governance & Leadership

- Refining the Vision
- Reporting & Accountability
- Leadership Development
- Community Partnership Development Toolkit

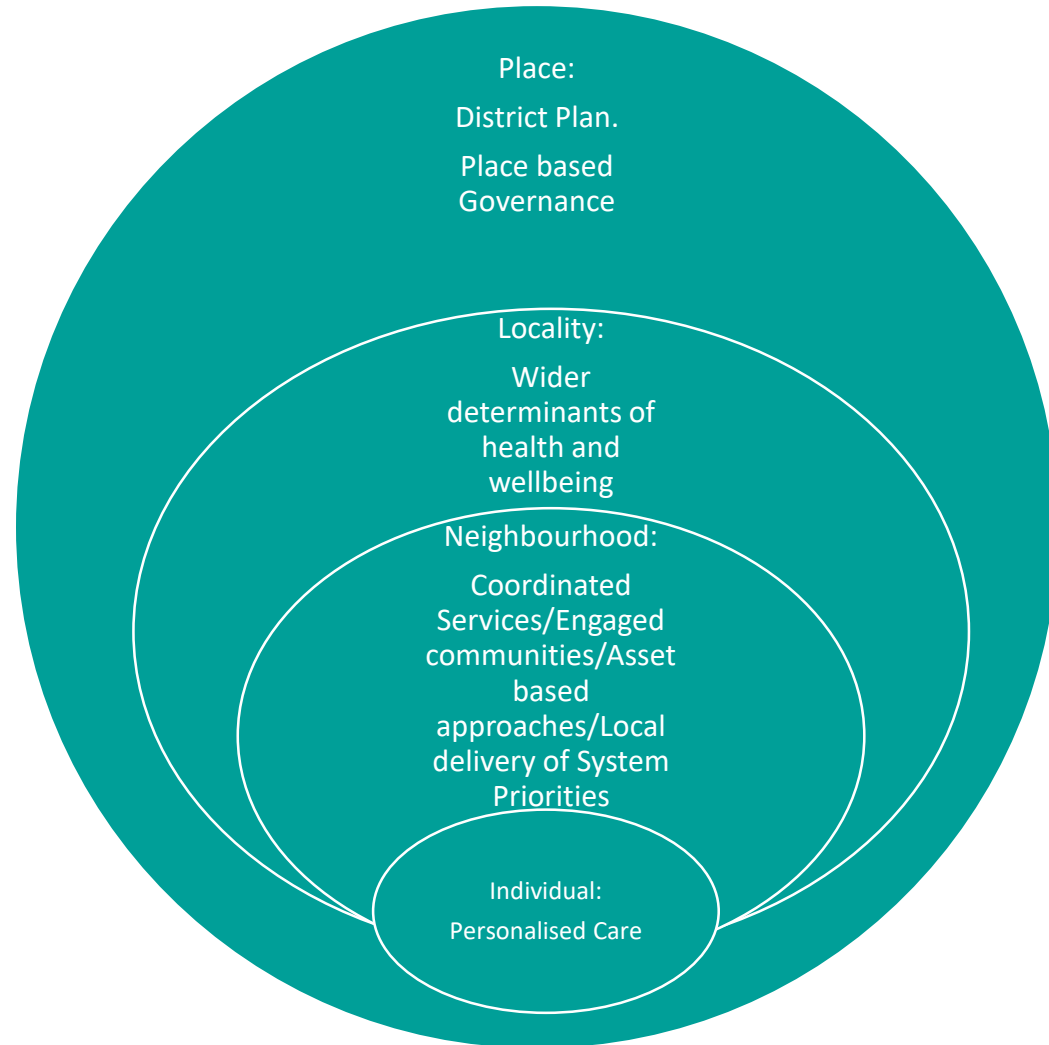
*Happy healthy at home*

# Community Partnership Programme – Next Steps



- Community Partnerships implement Development Toolkit – Identify key themes (January/February)
- Development Workshop – follow up key themes and forward planning (1<sup>st</sup> March)
- Workstreams identify and build on key areas of focus (ongoing)
- Forward Plan – Programme Objectives for 2022/2023 – submit to March Joint HCPB for approval/sign off

# A Whole System Approach



Individual

Neighbourhood  
13 x Community  
Partnerships (12 PCN's)  
Circa 50k population  
Health Footprint

Locality  
5 x Localities (30 Wards)  
Local Authority Footprint

Bradford (&  
Craven) Place  
District Plan

Care  
Coordination  
Programme

Community  
Partnerships  
Programme

Locality Working  
Programme

System Programmes  
Condition focussed  
(Eg Diabetes/Respiratory)  
Enabling  
(Eg Living Well/Public  
Health)

# Challenges



- Boundaries. Health and Local Authority not coterminous at a local level
- Programmes working in parallel. Brings particular focus to key areas but risks misalignment of priorities.
- Ambition. Requires ownership of a common purpose at all levels.
- Capacity. developing new ways of working when the system is under maximum pressure.
- Community Engagement. Successful engagement implies a shift in the power relationship with services. Are we ready to hand over control?

# Questions?

