

Integrated health and care partnership arrangements for Bradford district and Craven

North Yorkshire Health and Wellbeing
Board

14th September 2022

Nancy O'Neill COO BD&C HCP



Legislative overview

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Following several years of locally-led development and based on the recommendations of NHS England and NHS Improvement, the government has now put ICSs on a statutory footing with the Health and Care Act 2022

Legislative overview

The basic shift in policy is from competition towards collaboration as the key driver of improvement.

Other significant factors to note and discuss:

- Movement from CCGs to Integrated Care Boards (1st July)
- Variation in models across the Country
- The 2022 Act provides new powers to support NHS to NHS integration, but relies on existing powers for LA & NHS integration.

There are other White Papers and policy documents shaping the context:

- [Health and social care integration: joining up care for people, places and populations](#)
- [People at the Heart of Care: adult social care reform white paper](#)
- [Next steps for integrating primary care: Fuller stocktake](#)
- [Health and social care review: leadership for a collaborative and inclusive future: Messenger review](#)

West Yorkshire approach



Benefits for colleagues and communities

In West Yorkshire we
have four aims



Old model

- NHS providers and commissioners were subject to the **separate regulatory and oversight regimes operated** by NHS Improvement and NHS England
- These approaches were focused largely on **individual organisations**, not whole places
- Intervention was '**all or nothing**'
- It focused on **failure** rather than supporting continuous improvement
- Councils are locally democratically accountable to their population and not subject to the same national oversight or system management approach as the NHS
- They have a **sector-led improvement** culture, supported by peer review.

New approach

- We are working to a new integrated approach to leading **performance development** and culture change, encompassing:
 - operational performance,
 - quality and outcomes,
 - service transformation, and
 - finance.
- Our approach must be **value adding** in comparison to the old NHS model. Featuring:
 - a **single framework**, covering individual places, and WY as a whole;
 - An increasing focus on making judgements about a **whole place**, while understanding the positions of individual organisations;
 - a strong element of **peer review** and mutual accountability.
 - a clear approach to improvement-focused **intervention, support and capacity building**.

Trusting relationships built over time



February 2018
Integrated care system

November 2021
Integrated Care System
of the Year (HSJ Awards)



2022/2023
Refreshed five
year plan

March 2016
Sustainability and
transformation
partnerships



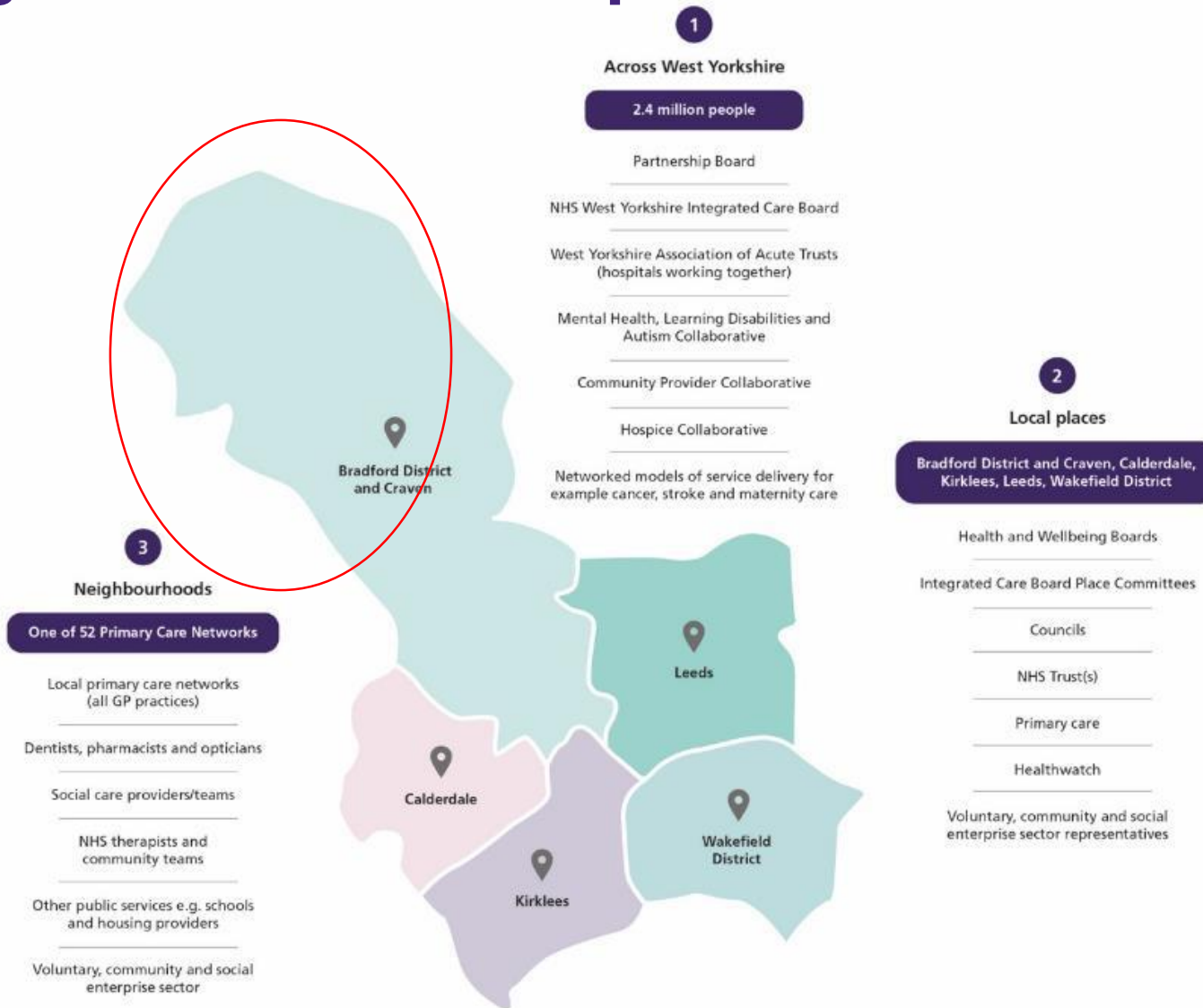
February 2020
Launch of the
Partnership's five-year plan
and big ten ambitions



2022
Statutory integrated care
board and integrated care
partnership arrangements



Partnership starts with neighbourhoods and places



West Yorkshire Health and Care Partnership's 10 Big Ambitions

1. increase the years of life that people live in good health
2. reduction in the gap in life expectancy for people with mental health, learning disabilities and/or autism
3. address the health inequality gap for children living in households with the lowest incomes
4. increased our early diagnosis rates for cancer
5. reduce suicide
6. reduction in anti-microbial resistance infections
7. reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality
8. a more diverse leadership
9. global leader in responding to the climate emergency
10. strengthen local economic growth by reducing health inequalities

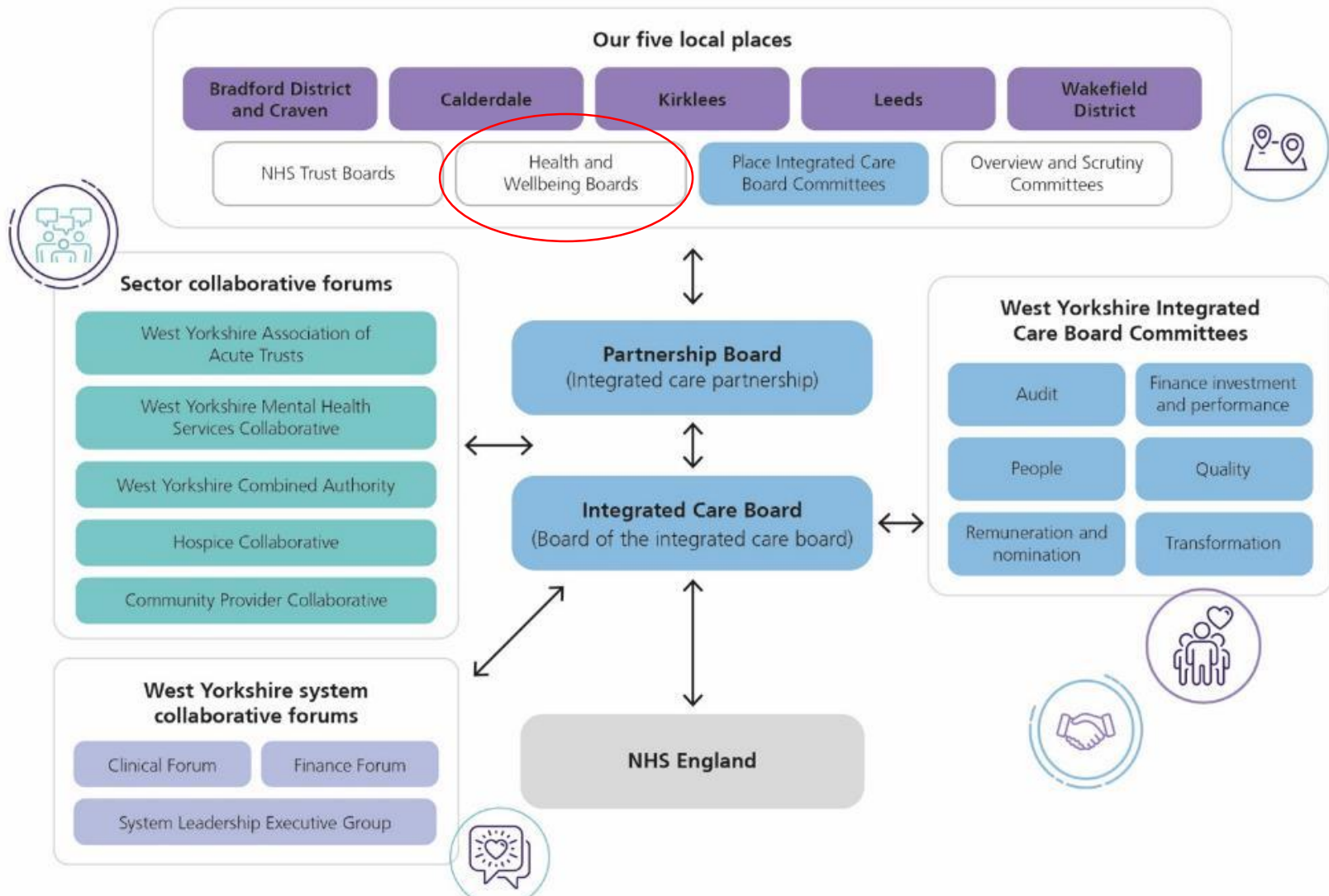
BD&C Partnership Board delegated responsibilities

Ref.	Responsibility
ICB 1	Agree a plan to meet the health and healthcare needs of the population
ICB 2	Allocate resources to deliver the plan
ICB 3	Develop joint working arrangements with partners
ICB 4	Establish governance arrangements to support collective accountability
ICB 5	Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including: contracts and agreements; transformation programmes; primary care networks (PCNs); working with local authority and VCSE sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care , and agreeing personal health budgets and direct payments for care
ICB 12	Approve decisions on the review, planning and procurement of primary medical care services
Cons. 4.3.2	Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006), for approval by the ICB Board
Cons. 4	Make arrangements to implement in place ICB risk management arrangements.
Cons. 7	Agree arrangements for complying with the NHS Provider Selection Regime .

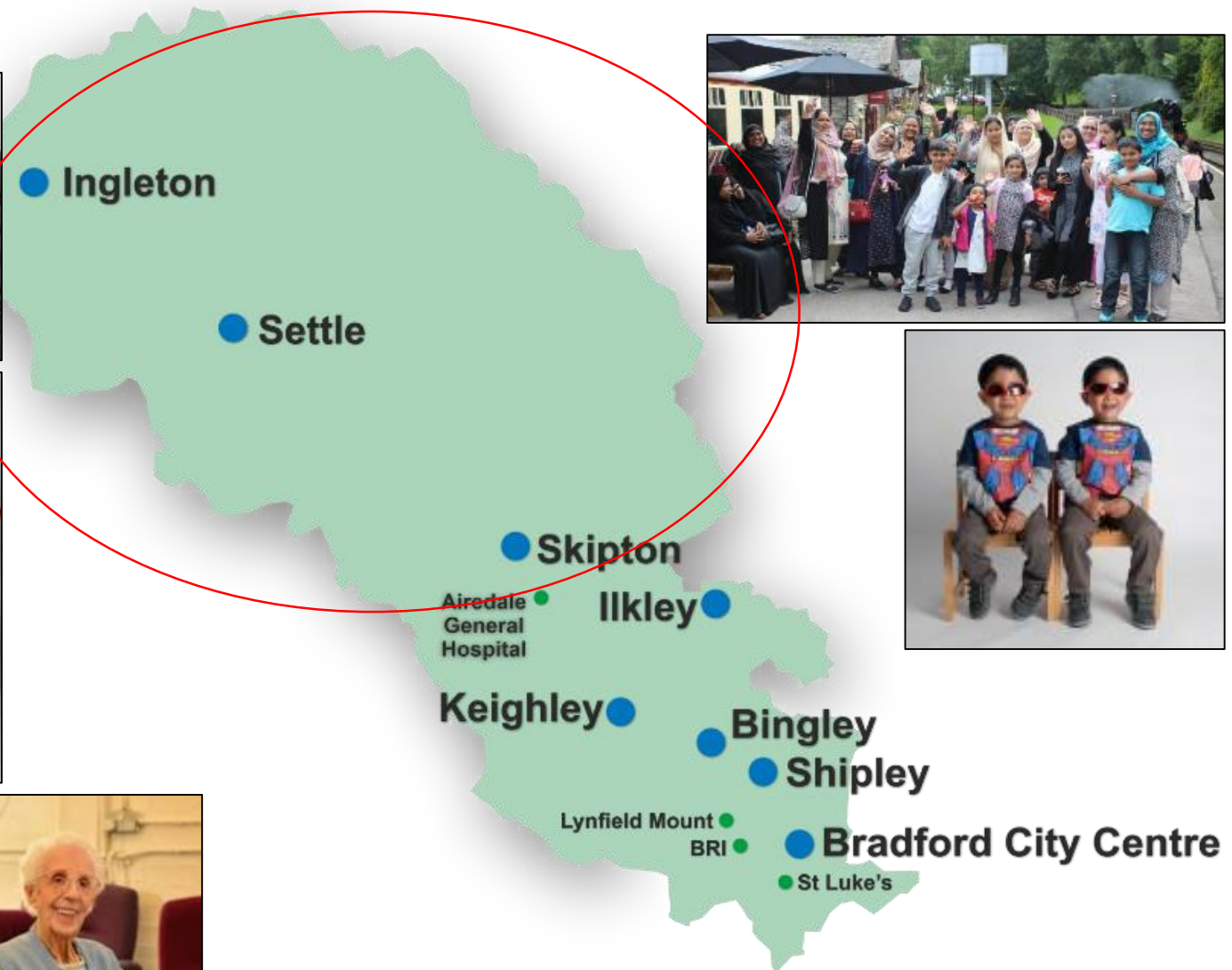
Structures & relationships



West Yorkshire Health and Care Partnership (integrated care system) - Governance and Accountability



Our people and our place



Our purpose & our priorities



Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing



MIND THE GAP



Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners

Our Workforce

Empowered to lead on behalf of the Partnership and the people we serve



Our Partnership Plan

Tackling the issues no one part of our Partnership can address alone, through public stewardship

Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone

Community
Resilience

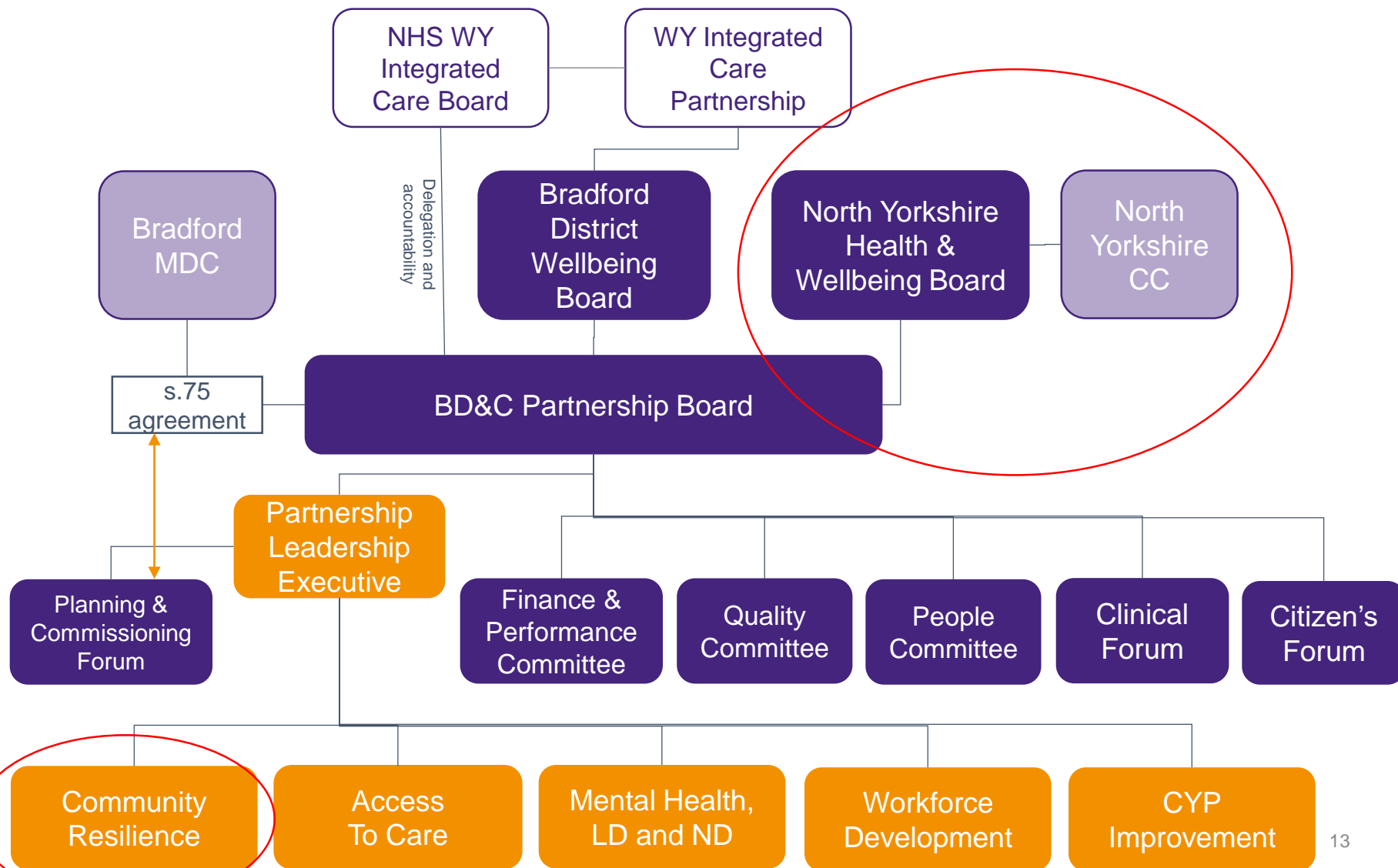
Access
To Care

Mental Health,
LD and ND

Workforce
Development

CYP
Improvement

Bradford District & Craven arrangements

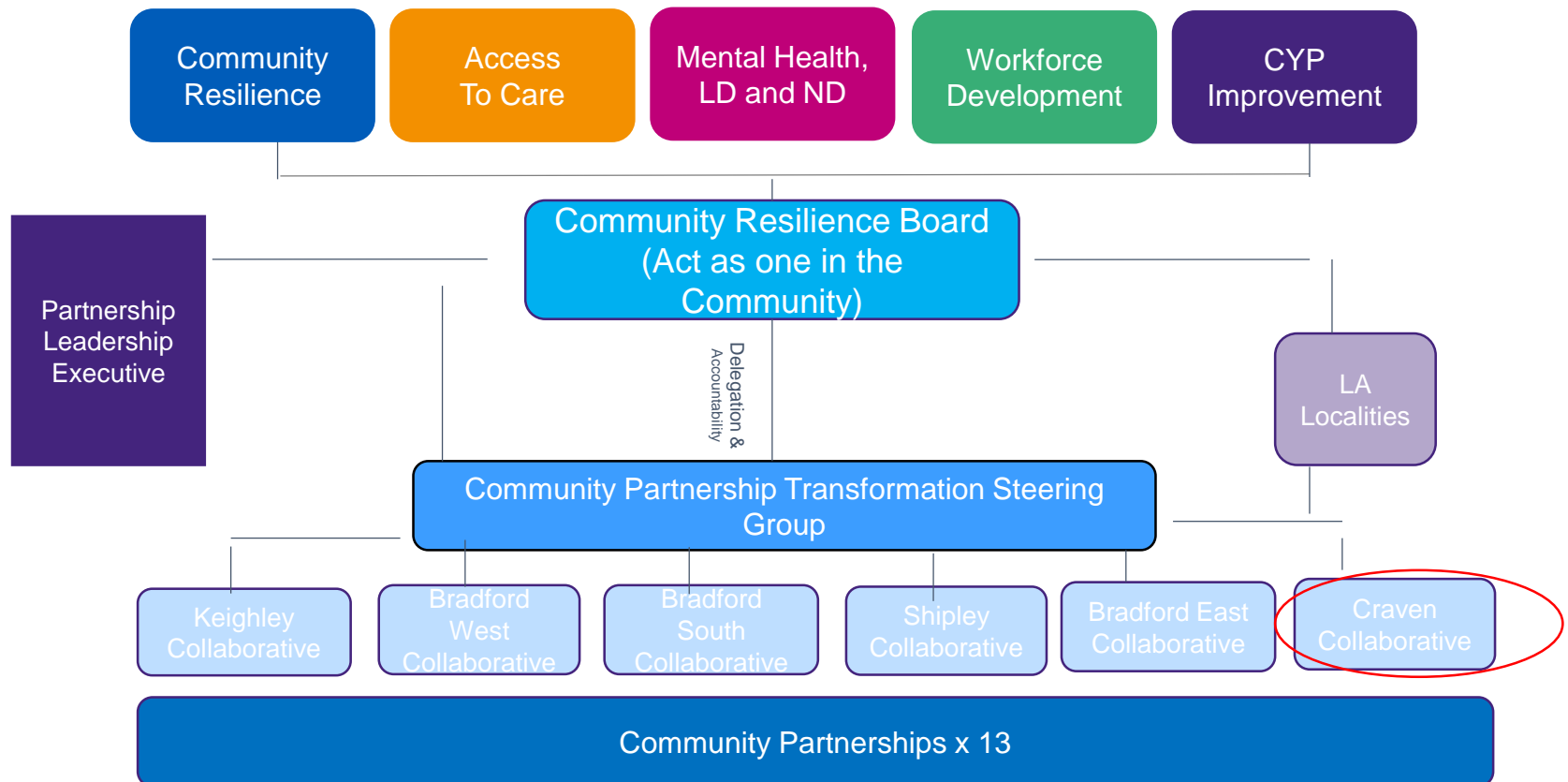


BD&C Partnership Board membership

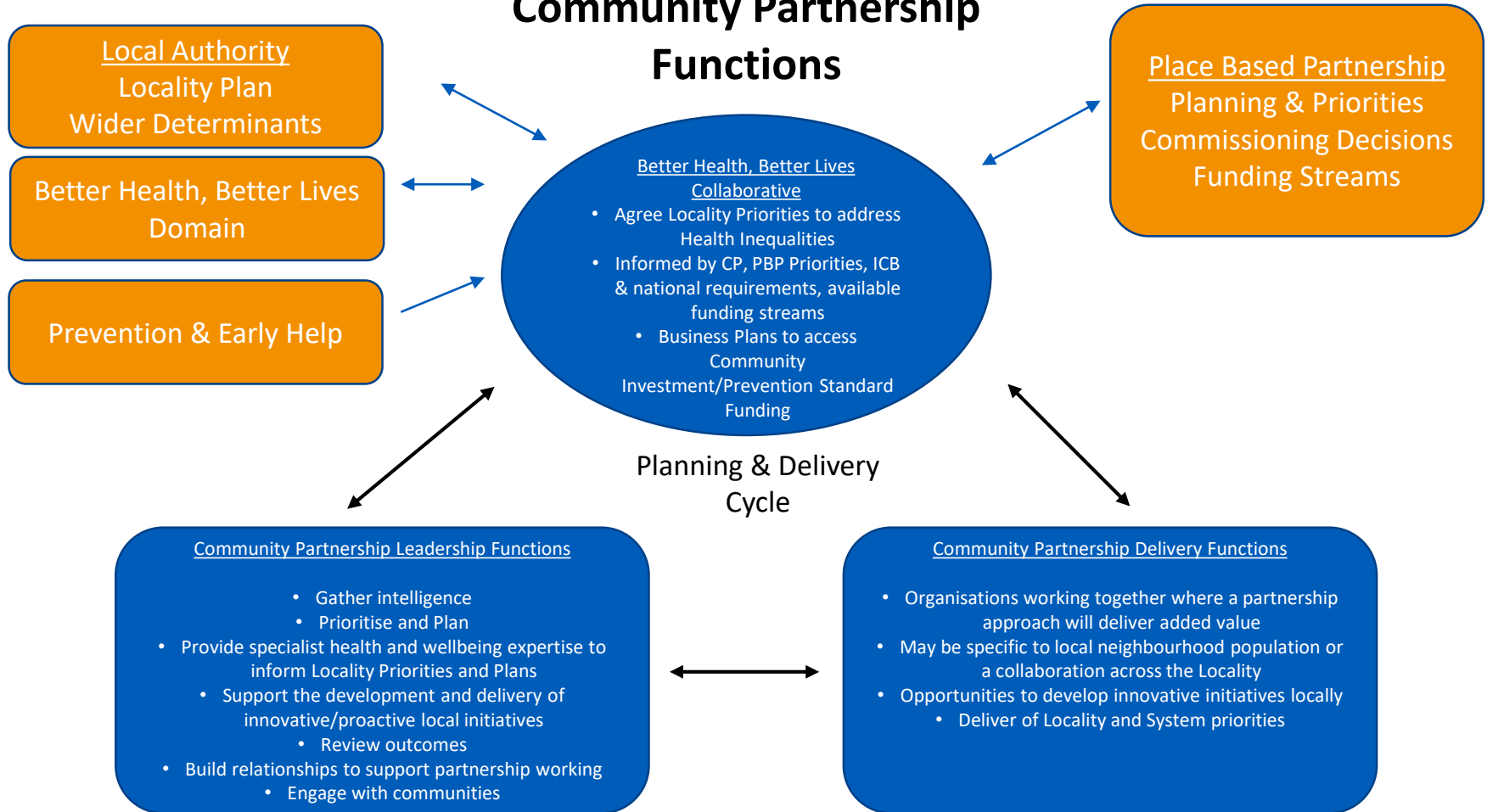
Expectation	Proposal	Number
Chair of Partnership Board	<ul style="list-style-type: none"> Independent chair 	1
Place lead	<ul style="list-style-type: none"> Included amongst membership listed below 	n/a
Primary care leadership	<ul style="list-style-type: none"> Chair of Clinical Advisory Board Chair of LMC 	2
Providers of acute, community and mental health services	<ul style="list-style-type: none"> Chief Executives of ANHSFT, BDCFT, and BTHFT Chairs of ANHSFT, BDCFT, and BTHFT 	6
People who use services and their representatives, including Healthwatch	<ul style="list-style-type: none"> Chief Executive Healthwatch BDC Chief Executive Healthwatch North Yorkshire 	2
Local authorities	<ul style="list-style-type: none"> CBMDC Chief Executive, SD HWB, SD Children's and DPH NYCC DASS, DCS and DPH CDC Chief Executive 	8
Social care providers	<ul style="list-style-type: none"> Chief Executive Bradford Care Association Senior representative of care sector in North Yorkshire 	2
VCSE sector	<ul style="list-style-type: none"> Senior representative of Bradford District VCS Senior representative of Craven VCS 	2
System committees	<ul style="list-style-type: none"> Chair of Clinical Forum Chair of Citizens Forum (counted in membership above) Chair of People Committee Chair of Finance and Performance Committee Chair of Quality Committee 	4
		27



Community Partnerships



Community Partnership Functions





Craven Community Partnership

WACA PCN

ANHSFT
Community
Services

Craven District
Council

North Yorkshire
ASC, Stronger
Communities,

Modality PCN

BDCFT Mental
Health

VCS
Organisations

NY Fire &
Rescue

NY Police



A strong voice for Craven in the Place Based Partnership and the ICB

Subsidiarity is key:

- Health & Wellbeing in Craven is generally better than the Bradford and Craven average
- But rurality in the north and hidden deprivation in the south raise issues around access to services
- Craven Community Partnership (Craven Communities Together) is well established and provides a strong foundation to move forward
- Strong involvement from local VCS, LA, PCN's and health providers and wider agencies e.g Police/Fire and Rescue