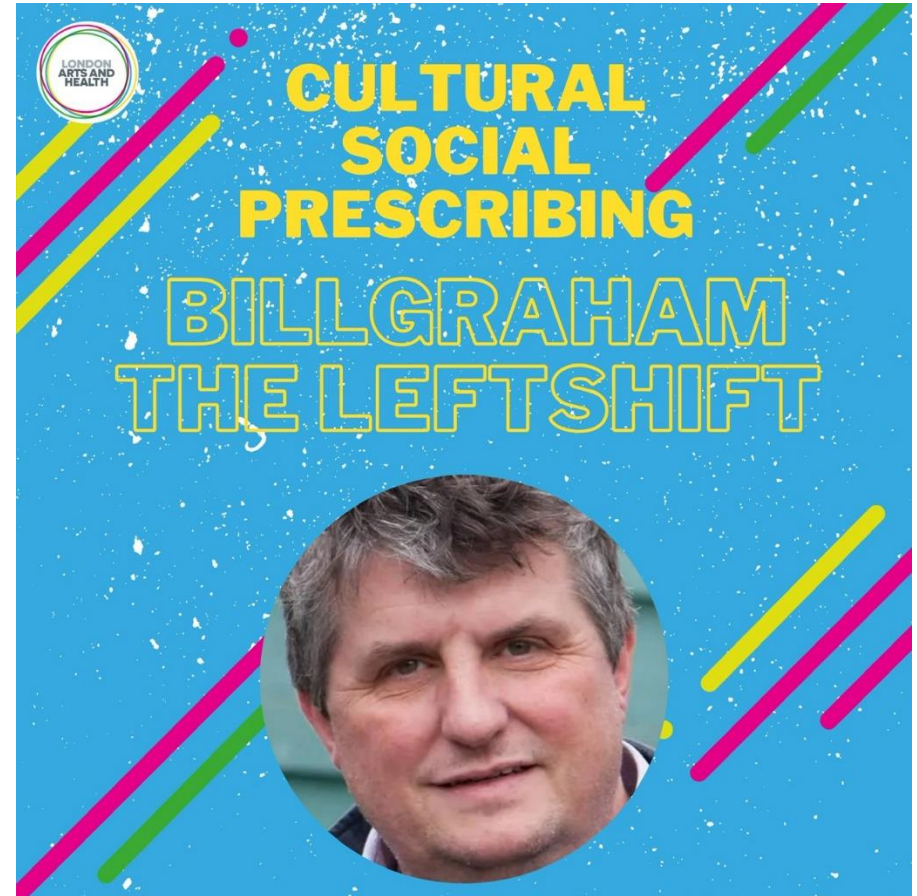




Bradford District and Craven  
Health and Care Partnership



**Influencing the Left Shift**  
**Bill Graham**  
**LAH**  
**October 2022**



Bill Graham – *“seeing health through a different lens”*

2010 - Community development worker / VCS leader

2019 - Community and Innovation Lead Modality AWC

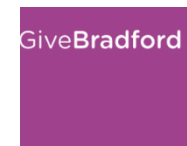
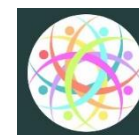
2022 - Lead for health Inequalities - Modality AWC



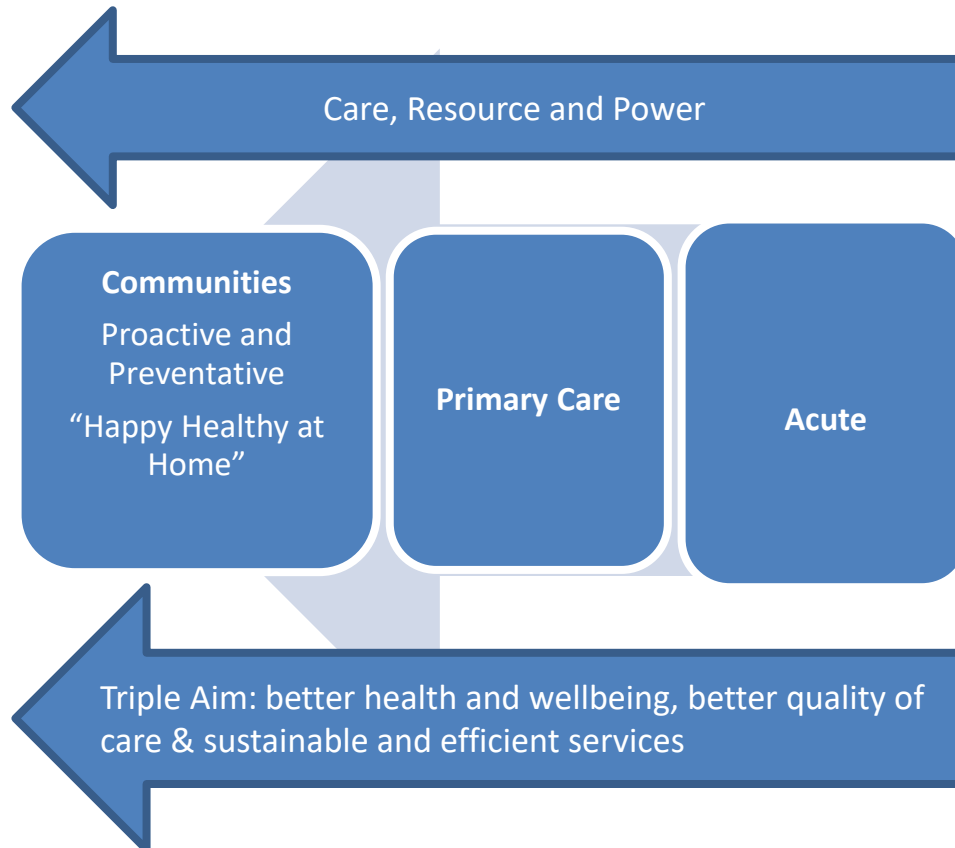
Follow @systemanarchist



Bradford District and Craven  
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## Why and what – Prevention and better care

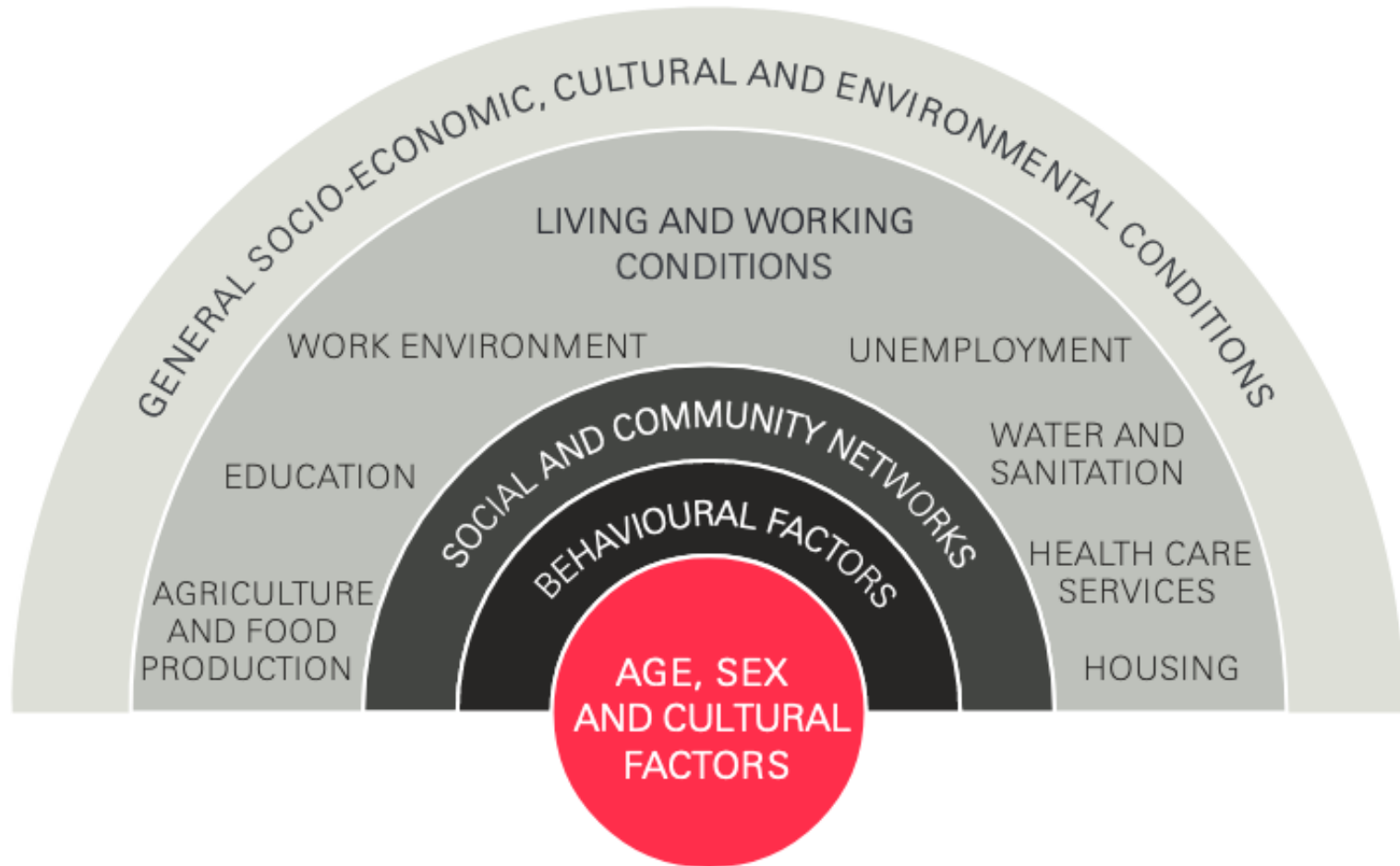


## The voluntary sector - a Gamechanger in Integrated care systems

*Lord Victor Adebowale Chair of NHS Confederation 2022*



# Why do we need to shift?



***Factors that influence an individual's health and wellbeing show how health and healthcare inequalities can manifest***

## 1%: Making the left shift happen

- Started small at AWC H&CPB
- In 2020 our system agreed in principle that from 2022 we should commit to shifting 1% of our health and care budget to the VCSE/ left shift
- We then needed to make it real....



## Build relationships and trust

- Create a vision – a number/% focuses minds
- Create the narrative
- Lots of conversations
- Build alliances and allies – in unexpected places
- Build connections
- Create easy wins
- Take opportunities that are given to you

**PEOPLE OWN WHAT THEY  
CREATE-- REAL CHANGE  
TAKES PLACE IN REAL  
WORK-- THE PEOPLE WHO  
DO THE WORK DO THE  
CHANGE-- START  
ANYWHERE BUT FOLLOW IT  
EVERYWHERE-- KEEP  
CONNECTING THE SYSTEM  
TO MORE OF ITSELF--  
MRYON'S MAXIMS**

## How we approached the work



**What**  
(we invest in)

Short term

Longer term

Care co-ordination

Health creation

What policies/ processes do we need? E.g. to ensure we ask 'what up stream opportunity do we have here? Do we need a checklist e.g. Consider VCS first

**How**  
(we decide what to invest in)

Evidence

Allocation

Proposals

Process to evaluate

Development work with CPs – support maturity – bring in external investment

What can we learn from the Leeds left shift blueprint, and the Health Creation Alliance report?

**How**  
(we generate the funds to invest)

Iain's re-tender

NHS growth

External bids

ICS short term £s

**How**  
(we make it sustainable)

Evaluate impact

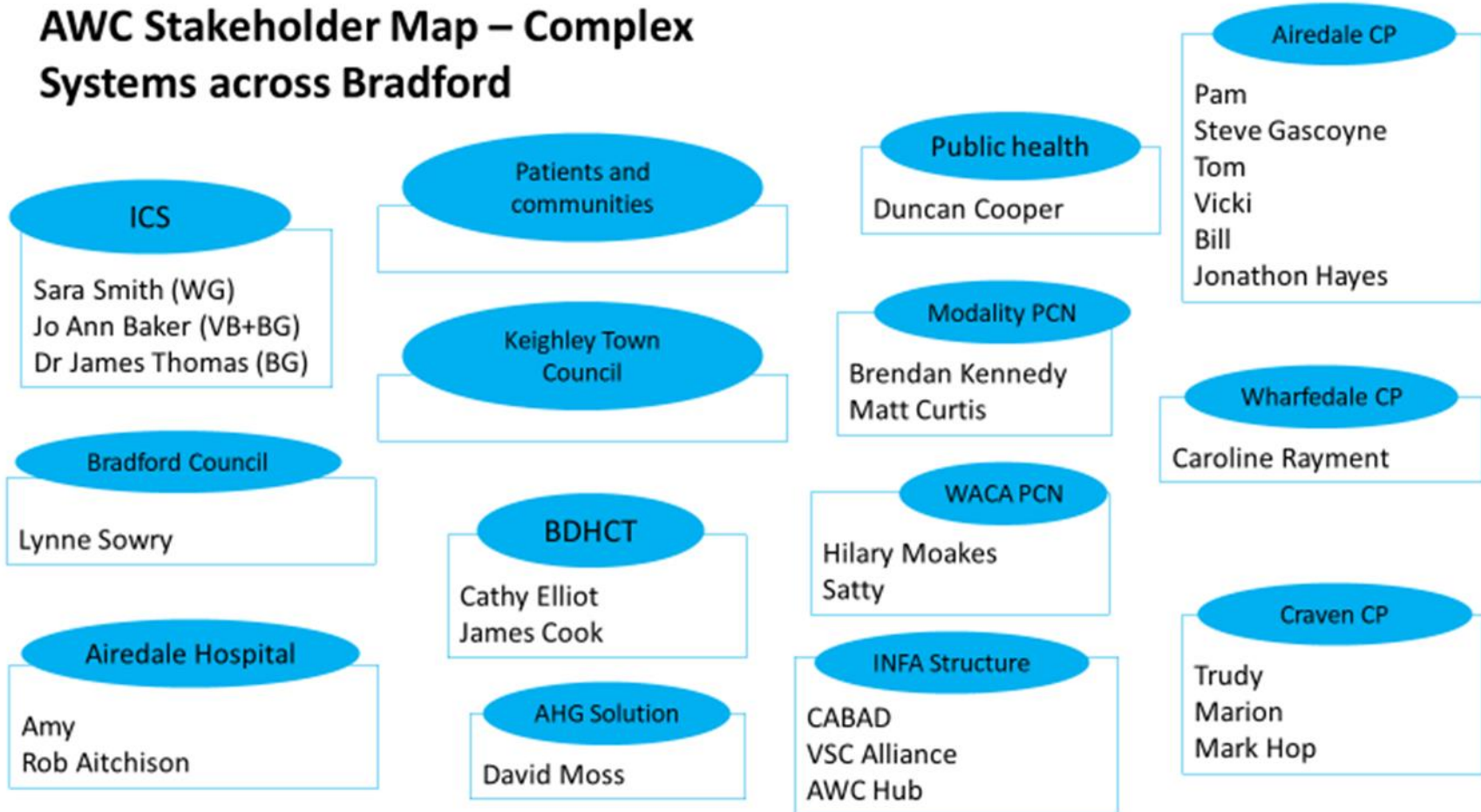
Compact with VCS

Commissioning strategy

**Enabling works** – e.g. partnering with other groups, engaging CPs etc. What else?



## AWC Stakeholder Map – Complex Systems across Bradford



## Socialise the idea and make it mainstream

### Workstreams



Planning, Finance & Quality	Health Inequalities	Care Coordination	Governance & Leadership
<ul style="list-style-type: none"> <li>Develop a process to involve Community Partnerships in planning</li> <li>Prioritisation to include community perspectives</li> <li>Facilitate 1% left shift of resources</li> <li>Identify capacity and resource required to support CPs</li> </ul>	<ul style="list-style-type: none"> <li>Developing plans integrated plans</li> <li>Developing insight and intelligence (data)</li> <li>Working with Enabling Programmes</li> <li>Engaging with Communities</li> <li>Agreeing/ Measuring Outcomes</li> <li>Working with Localities</li> </ul>	<ul style="list-style-type: none"> <li>Existing Workstream to be incorporated</li> <li>Develop new models of integrated care</li> </ul>	<ul style="list-style-type: none"> <li>Refining the Vision</li> <li>Reporting &amp; Accountability</li> <li>Leadership Development</li> <li>Community Partnership Development (Maturity Matrix)</li> <li>Facilitate and nurture CP/PCN relationships</li> </ul>

*Happy healthy at home*



		[C] £312,000	funding	[C] Building on his projects (from broader city centres), support these showing benefits)
Community model 3 (5 clinical priorities + inclusion health)		[A] £700,000 [B] £420,000 [C] £312,000	Core20PLUS5 (incorporating community investment standard / 1% shift)	[A]. Universal funding for all community partnerships areas for inclusion health [B] Targeted funding for the most deprived areas [C] Core20PLUS5 support posts embedded in localities working with CPs/PCNs

# Operating model – Example

## **1. Oversight and support (Reducing Inequalities Alliance)**

*Core20PLUS5 support: data & evidence, strategy support, evaluation, prioritisation, Act as One programmes alignment, governance*

## **2. System model- interventions to reduce inequalities & improve inclusion health**

- a. To address priority areas from Core20PLUS5 (plus local priority of reducing ACEs)
- b. To develop successful Reducing Inequalities in Communities (RIC) schemes

## **3. Community model**

- a. Universal funding for all community partnerships to improve inclusion health
- b. Targeted funding for the most deprived areas
- c. Core20PLUS5 support posts embedded in locality/community teams

*Key interdependencies:*

*Community integrated health and care model (locality based with Area teams)*

*Act as One programmes – Bradford and Craven wide*

*PCNs and Primary Care Inequalities Premium*

*Living Well services*

# Operating model – example

Healthy Communities Board

Community Partnerships

Locality Collaboratives

Place-based Community  
Health and Care  
Integration

Current Community  
Partnership Programme

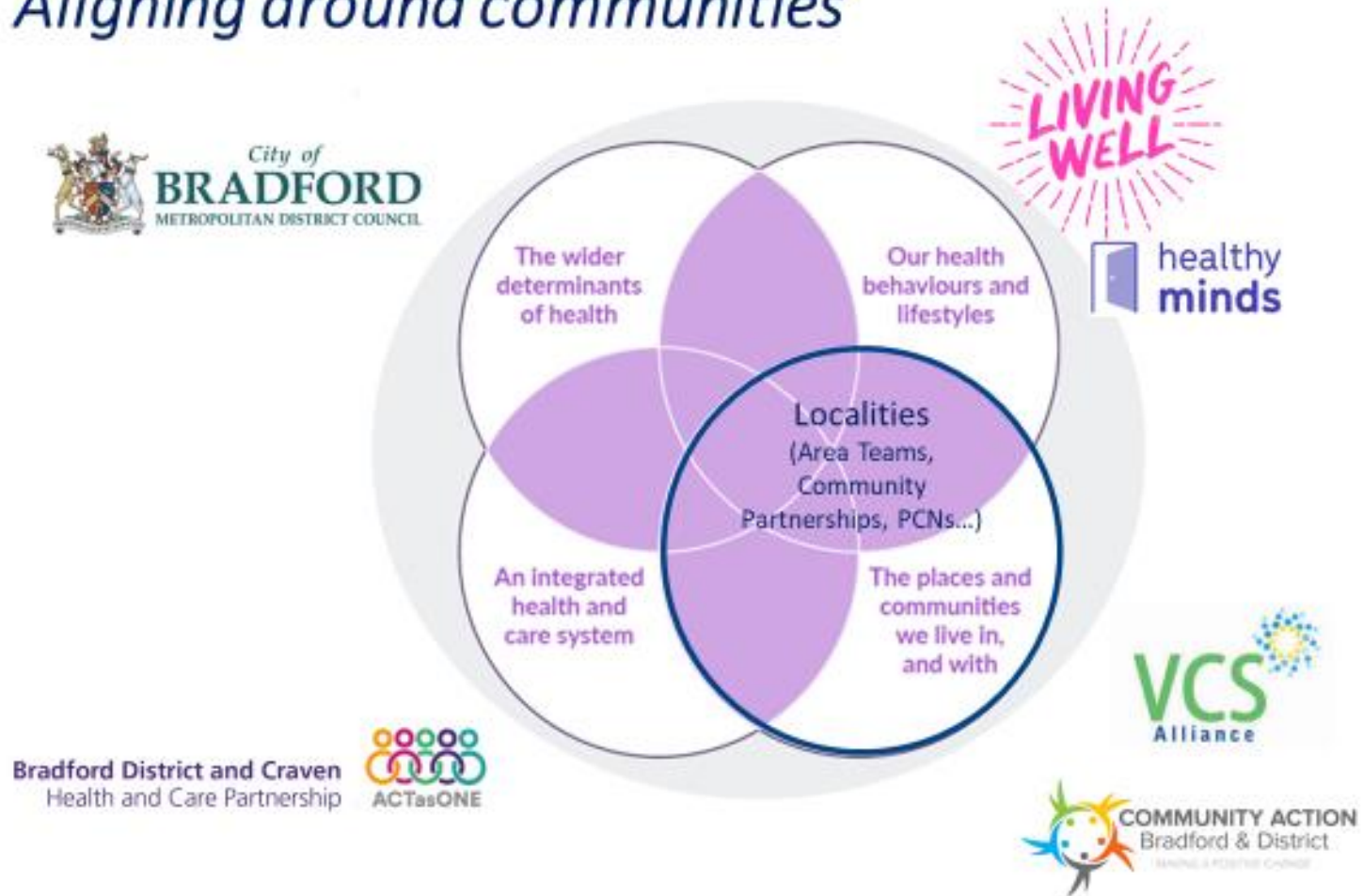
Delivery of anticipatory  
care

Reset Better Lives, Better  
Health Locality  
Collaborative

Establish “mid-layer”  
accountability  
infrastructure for resource

Virtual ward  
Enhanced Care in Care  
Homes  
Digital support in  
community  
Planning anticipatory care  
“team up” approach

## Population health model *Aligning around communities*



## How we generate the funds to invest



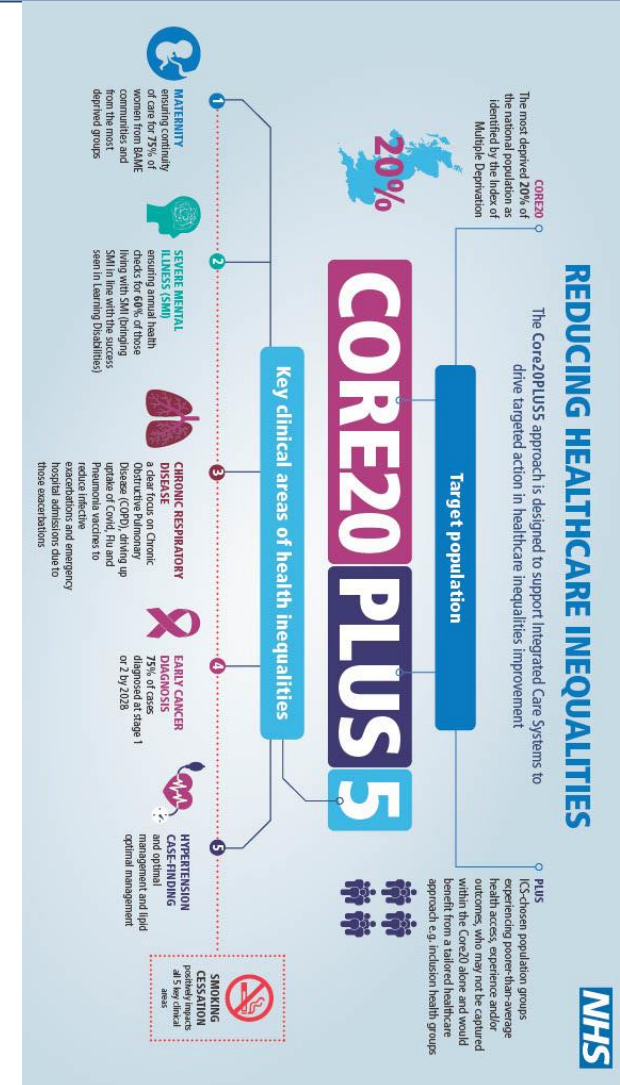
Multiple approaches:

- Differential investment of Bradford District and Craven NHS growth monies
- Local Government tendering activity – Health and Wellbeing Directorate (and others) reviewing current commissions. As opportunities arise, re-specify following co-production, and tender with the aim of achieving the ‘left shift’
- Additional Non-recurrent funding opportunities through the West Yorkshire Health and Care Partnership – e.g. Winter Resilience, Health Inequalities
- Additional external bids to funders by VCS and other partners (e.g. via the Inward Invest Programme)

# Where can we get funding from?

## What else will we do...

- Identify a small number of priority areas using **Reducing Inequalities Alliance** intelligence and **Core20PLUS5**
- Each footprint will be supported and enabled to work on these in the way that works for, and **matters** to, their population
- **The community investment standard**, local decision-making processes and assurance built in at Locality level will all enable **empowerment** of Communities
- Creating the opportunities for Community footprints to **test** ideas, **innovate**, measure success, **learn** and/or scale up
- Working together to co-ordinate care and support through signposting, integrated planning, design and delivery



## Where can we get funding from....

Primary Care Contract  
Investments  
- QOF, Investment & Impact  
Funding  
- Health Inequalities  
Premium  
- Health Inequalities DES  
- Anticipatory Care DES

Existing investment  
in other RIC  
schemes and  
Psycho-social hubs

Others e.g. mental  
health  
transformation

Investment in  
additional posts in  
Bradford Council –  
Assistant Ward  
Officers etc

Investment in  
additional Living  
Well roles

Community Partnership  
baseline allocation



## How do we decide what to invest in



### Understanding needs and defining system priorities:

- Utilise RAIDr and similar tools to identify the needs, gaps and issues for the population.
- Identify measurable targets or objectives e.g. initial focus could be on reducing hospital admission or facilitating effective discharge
- Support implementation of RAIDr e.g. through alignment of BI support with each PCN/CP
- Care coordinators, social prescribers, hubs, PCNs etc develop their relationships through joint work (OD in action) to identify common objectives.

### Understanding communities:

- Community engagement on issues/priorities provides insight to go with the intelligence gained from RAIDr
- Defining common goals. This isn't about targets but is about jointly agreed expectations.
- Identifying support needed
- Clarity on care coordination resource – currently piecemeal across PCNs
- Need to fully commit to the development of community partnerships. How do we transfer the learnings and support to ensure consistently effective

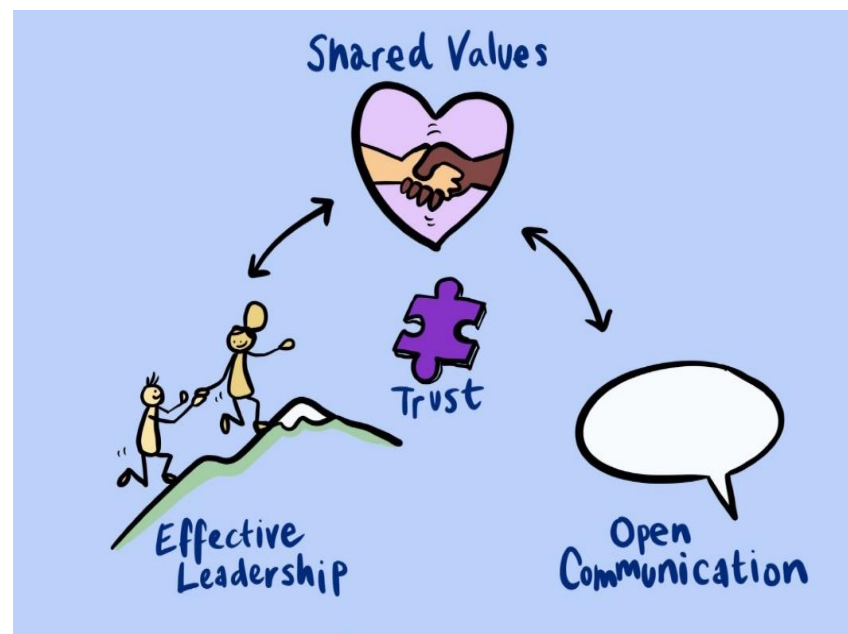
# Community Investment Standard – to increase year on year

## Community partnerships

- Approx £750K being distributed current year 2022/23

## Reducing Inequalities/ Core 20 plus 5

- Approx £2.8M with £1.5M community investment standard





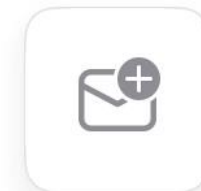
## What's next?

Keep going/plugging away – keep on the agenda through out the year – this links back to the take every opportunity

Commissioning Strategy Review work

Community Partnership Developments

VCSE Collaboration not competing



- Any Questions

