NHS

Bradford District Care

NHS Foundation Trust

Better Lives, Together:

Our Strategy 2026–2031

Our shared direction for improving health, reducing inequalities and creating better lives across Bradford District and Craven.

Together

We Care

We Listen

We Deliver

better lives, together

W: www.bdct.nhs.uk

: @BDCFT

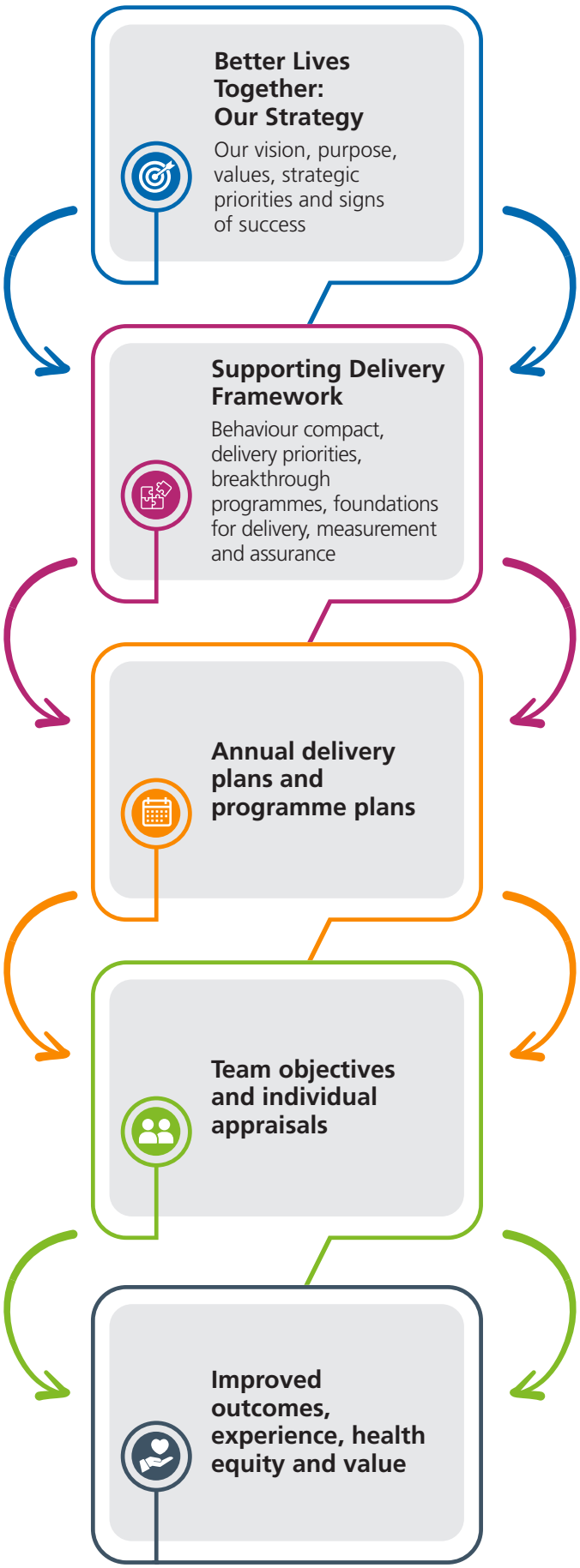
Better Lives Together: Our Strategy 2026–2031 sets out our shared direction for the next five years. It describes the needs of our population, what our colleagues, communities and partners have told us, the choices we have made and the difference we want people to experience by 2031.

This strategy should be read alongside Better Lives Together: Supporting Delivery Framework 2026–2031. The Framework provides the next level of detail, including our values and behaviour compact, strategic delivery priorities, breakthrough programme outcomes, foundations for delivery, connected strategies, and the arrangements through which progress will be planned, measured, assured and reviewed.

The two documents have distinct but connected purposes:

- Our Strategy sets the direction and defines success.
- The Supporting Delivery Framework translates that direction into delivery.
- Annual delivery plans, programme plans and team objectives will set out the actions, ownership, milestones and measures required each year.

Together, they create a clear golden thread from our vision and strategic priorities to the everyday work of teams and the experiences and outcomes of the people and communities we serve.



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1. Foreword from the Chief Executive and Chair

At Bradford District Care NHS Foundation Trust (BDCFT), we are proud to serve the people and communities of Bradford District and Craven (BDC). Every day, our colleagues, volunteers and partners make a difference through compassionate care, support and early intervention, helping people live healthier and more independent lives.

Better Lives Together remains the right long-term ambition for our Trust, but the context in which we deliver it continues to evolve. People's needs are becoming more complex, health inequalities remain significant, demand is growing and resources are under increasing pressure. At the same time, people rightly expect care that is easier to access, more joined-up and centred on what matters most to them.

This strategy refresh has been shaped by what our communities, colleagues and partners have told us. The people who use our services, carers and families, have also contributed, particularly on access, communication, coordination and support on 'waiting well'. While there is strong support for our direction of travel, there is a clear expectation that we focus on what matters most, demonstrate visible progress and show how change is improving people's lives. As a result, this strategy is more focused, more measurable and more explicit about the choices we need to make. We cannot do everything. We must concentrate our effort where it will have the greatest impact, create more time for care, make the best use of our resources and strengthen partnership working across BDC.

Reducing health inequalities is the golden thread that runs throughout this strategy. Alongside this, we remain committed to supporting our workforce, improving access and experience, delivering high-quality care and using our resources responsibly to achieve the greatest benefit for our communities.

Most importantly, this strategy is as much about how we will deliver change as it is about what we want to achieve. Our accompanying Supporting Delivery Framework explains how our priorities, breakthrough programmes, annual planning and measures will work together. Through the Care Trust Way and our Quality Performance and Management System, we will create a clear line of sight between our ambitions, the work of our teams and the outcomes experienced by the people we serve.

Success will not be measured by this document, but by the difference it makes: whether people experience more responsive and coordinated care; whether colleagues feel supported, valued and able to thrive; and whether, together with our partners, we improve health and reduce inequalities across our communities.

Better Lives Together is more than a strategy. It is our commitment to deliver better health, reduce inequalities and create lasting benefits for the people and communities we serve.

Sarah Jones,
Chair

Therese Patten,
Chief Executive

2. About us

2.1 Who we are

At BDCFT, we are proud to support people across our communities at every stage of life, from before birth to end of life. We provide a wide range of services, including mental health, learning disability, community and specialist dental services, alongside children's public health services for people of all ages across Bradford, Airedale, Wharfedale and Craven.

Supporting the health and wellbeing of our communities is a privilege. Every day, we have the opportunity to make a meaningful difference by helping people stay well for longer and providing high-quality care and treatment when it is needed most.

We are committed to designing services that are accessible, inclusive and responsive to the diverse needs of our communities. This means working closely with partners across health and care, understanding the wider factors that influence health and wellbeing, and providing joined-up, person-centred care. Co-production is central to this approach, ensuring people using our services help shape design and improvement.

Our colleagues are at the heart of everything we do. More than 3,000 clinical and non-clinical colleagues bring dedication, compassion and expertise to the services we provide every day. Together, we are united by a shared purpose: to care for, support and improve the lives of the people and communities we serve.

We oppose racism and all forms of discrimination. As a mental health and community provider, we recognise our responsibility to tackle structural inequalities, create a culture where everyone can bring their whole selves to work, and provide the conditions our colleagues need to deliver safe, high-quality care.

2.2 Our colleagues at the Trust

Our colleagues are our most important asset. Their skill, compassion and commitment enable us to care for our communities every day and deliver our ambition to improve health and wellbeing across BDC.

Our workforce at a glance:

3084 substantive colleagues

434 bank colleagues

50+ services

961 nurses and midwives

803 administrative, corporate and non-clinical colleagues

60 sites

111 doctors and specialists

326 professional, scientific and technical colleagues

696 clinical support workers

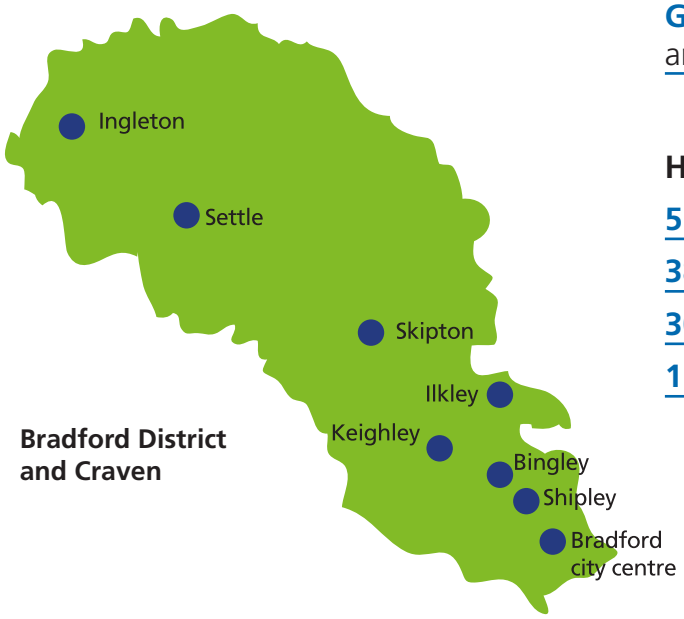
187 allied health professionals

200 volunteers

Together, our colleagues make the difference.

2.3 Our population

We serve a population of more than 647,000 people across Bradford, Airedale, Wharfedale and Craven, covering 595 square miles of vibrant urban and rural communities. Our population is one of the most diverse in the country, with more than 100 languages spoken. This diversity is a strength, but it also requires services to be accessible, inclusive and responsive to different needs. We provide over 1,000 hours of interpreting support each month to help people access our services.



Our population at a glance*

Headline figures*

647,000+ people served

595 square miles

100+ languages spoken

1,000+ interpreting hours every month

Changing population

27% increase in people aged 65+ by 2040

53% increase in people aged 85+ by 2040

Greatest growth in Shipley, Keighley and Craven

Health profile

51% relatively healthy

38% living with long-term conditions

30% of ill health linked to lifestyle factors

1 in 3 people living in poverty

*Bradford District and Craven Health and Care Partnership strategy, Our plans for health care and wellbeing in Bradford District and Craven, published September 2025.

2.4 Our partnerships

The future health and wellbeing needs of BDC cannot be met by any organisation acting alone. Delivering better outcomes, reducing inequalities and improving the experience of care requires stronger partnership working across health, care, communities and the voluntary sector.

As a mental health, community, learning disability and children's services provider, we play a unique role in connecting services, supporting prevention and helping people access coordinated support closer to home.

Through this next phase of our Better Lives, Together Strategy, we will strengthen how we work with communities, carers, local authorities, primary care, NHS providers and Voluntary, Community and Social Enterprises (VCSE) partners to design services around people rather than organisations. This will help create simpler pathways, smoother transitions and more joined-up care.

People told us they want stronger collaboration, more community-based support and clearer evidence that partnerships deliver real improvements. This strategy responds directly to that feedback.

2.4.1 Joint strategic ambition

In 2026, Airedale NHS Foundation Trust, BDCFT and Bradford Teaching Hospitals NHS Foundation Trust agreed a shared strategic ambition for BDC. This represents a commitment to work more closely together to improve outcomes, reduce inequalities and use public resources more effectively for the benefit of our population.

Over the last decade, we have worked on joint clinical pathways, shared improvement initiatives and collaborative programmes to integrate services and demonstrate what we can achieve to improve value and outcomes for our patients when we act as one system.

We are proud of this progress and are committed to building on it and going further. This commitment is underpinned by a shared set of values across our three organisations, including a focus on improving outcomes for our population, reducing health inequalities, working collaboratively, and using public resources responsibly.

These shared principles provide the foundation for how we lead, make decisions and work together as a system. This strategic ambition is therefore a commitment to deepen our organisational collaboration and integration that will help inform each of our respective corporate strategies for the next five years.

Our ambition is also aligned to the UK's 10-Year Health Plan for England, which calls for care to move closer to communities, greater use of digital technology and a stronger focus on prevention. Together, these shifts reinforce the direction we are already taking across BDC.

Our shared approach across BDC reflects these national priorities, translating them into practical, place-based action that improves outcomes, experience and sustainability for our population. Over time, this direction of travel also aligns with emerging national thinking on more integrated delivery models, such as Integrated Health Organisations, while recognising that BDC is at an early stage of this journey.

Over the next five years, we will strengthen our collaboration by aligning our priorities, coordinating our services more effectively, and removing duplication where it exists. This will include sharing expertise, data, and innovation to improve outcomes and experiences for the people and communities we serve.

Through changes to the local NHS commissioning arrangements, we also have the opportunity to work together to lead the local health and care system, overseeing key operational and improvement work, role modelling behaviours, and speaking a unique voice with other strategic partners so we can more effectively meet the collective challenges ahead.

2.4.2 Bradford District and Craven health, care and wellbeing strategy

In 2025, the Bradford District and Craven Health and Care Partnership launched its Health, Care and Wellbeing Strategy, setting out the shared ambitions of partners to improve health and wellbeing and reduce inequalities across our communities.

As national arrangements continue to evolve, Place Provider Partnerships (PPP) are expected to play an increasingly important role in coordinating delivery of this ambition from 2027 onwards. Delivery of the Health, Care and Wellbeing Strategy at place level will depend on organisations aligning their strategies and delivery plans, working collectively and holding one another to account for progress. Strong partnership with primary care, local authorities, communities and the voluntary, community and social enterprise sector will be essential, particularly in supporting prevention, early intervention and tackling inequalities.

Through existing partnership arrangements, organisations across Bradford District and Craven are already working together on a number of shared priority programmes that support delivery of the Health, Care and Wellbeing Strategy. These programmes provide a practical foundation for strengthening collaboration now whilst helping shape the future development of place-based partnership arrangement.

2.4.3 Building on what we are already doing

Across Bradford District and Craven, partners are already working together on a number of shared priority programmes that support delivery of the Health, Care and Wellbeing Strategy. These programmes bring organisations together around common challenges and opportunities, focusing collective effort on areas where collaboration can have the greatest impact on outcomes, experience, health inequalities and the long-term sustainability of health and care services.

Cross-partnership strategic delivery groups are established for each priority programme, bringing together expertise from across partner organisations to coordinate activity, support delivery and drive improvement. These programmes will continue to evolve as partnership working develops and will help provide a strong foundation for emerging Place Provider Partnership arrangements from 2027 onwards.

Airedale and Bradford Collaboration of Acute Services (ABCAS)
Acute care and hospital sustainability

Integrated Neighbourhood Health Care (INH)
Closer to home

Corporate Services Review (CSR)
Efficiency and sustainability

Children & Young People (CYP)
Earlier intervention and better outcomes

Healthy Minds (HM)
Mental wellbeing and prevention

Together, these programmes demonstrate how partnership is already being translated into practical action. Through collaboration across NHS organisations, primary care, local authorities, VCSE partners and local communities, they provide a practical mechanism for delivering shared priorities and improving outcomes for the people of Bradford District and Craven. As Place Provider Partnerships develop, these programmes will continue to play an important role in turning shared ambition into measurable improvement for our population.

Workstream	Purpose	Why it matters
Airedale and Bradford Collaboration of Acute Services (ABCAS)	Integrating acute services across Bradford and Airedale, improving hospital performance, sustainability and planning for the future Airedale Hospital.	Supports better patient flow, improved access to acute care and the long-term sustainability of local hospital services.
Integrated Neighbourhood Health (INH)	Bringing together primary care, community services, mental health, social care and VCSE partners to deliver coordinated neighbourhood-based care.	Helps people receive more proactive, joined-up care closer to home whilst reducing inequalities and avoidable hospital use.
Corporate Services Review (CSR)	Reviewing corporate and support services across organisations to reduce duplication and improve efficiency.	Releases resources for frontline care and supports the long-term financial sustainability of the health and care system.
Children and Young People (CYP)	Aligning services across organisations to improve outcomes, strengthen prevention and provide more joined-up support for children and families.	Improves lifelong outcomes, tackles inequalities early and reduces future demand on health and care services.
Healthy Minds (HM)	Improving mental health and wellbeing through prevention, early intervention and integrated support across NHS, local authority and VCSE partners.	Supports earlier access to mental health support, reduces crisis presentations and improves wellbeing across communities.

Together, these programmes demonstrate how partnership is already being translated into practical action. Through collaboration across NHS organisations, primary care, local authorities, VCSE partners and local communities, they provide a practical mechanism for delivering shared priorities and improving outcomes for the people of Bradford District and Craven.

As Place Provider Partnerships develop, these programmes will continue to play an important role in turning shared ambition into measurable improvement for our population.

2.4.4 Place Provider Partnerships

As part of the changes to the commissioning landscape, by April 2027, all local areas in England, covering populations of around 500,000 are being urged to form PPPs. These partnerships will take on some of the commissioning, governance and leadership responsibilities that were once held by NHS Integrated Care Boards. The PPP will work alongside primary care, local authorities, VCSE and a range of healthcare support organisations as key partners in delivering integrated, preventative and communitybased care, particularly through Integrated Neighbourhood Health, and Children and Young People pathways.

The PPPs matter because they will offer NHS organisations a practical way to lead change at the scale where people experience care. They are a forum where providers can align their decisions, pool their strengths, and act with a single purpose for a defined population. The PPP will give organisations a structured way to respond to these pressures collectively, rather than individually absorbing risk and cost.

While NHS providers will play a central leadership role within PPP, success will depend equally on strong collaboration with primary care, local authorities, VCSEs organisations, and the communities we serve. The most sustainable improvements in health and wellbeing will come from collective action across all partners, bringing together clinical expertise, community insight and local assets to improve outcomes and reduce inequalities.

That shift - from organisations working side by side to providers shaping a shared system of care - opens opportunities that individual organisations cannot unlock alone.

Some of these opportunities include:

- Shared data and insight.
- Joint engagement and co-production.
- Shared workforce solutions.
- Estates and digital infrastructure.
- Efficient use of resources.
- Innovation at scale.

Partnership outcomes by 2031

- More care closer to home.
- Reduced inequalities.
- A more sustainable NHS.
- Organisations planning and innovating together.
- Stronger place-based leadership.

This matters because partnership is not simply about meetings, structures or shared intentions. It will shape how we plan services, how we make decisions, how we use our people and resources, and how we work with others to improve care.

Ultimately, partnership is how we will deliver Better Lives Together. It is how we will improve health, tackle inequalities and create a more sustainable future for our communities. Over the life of this strategy, we will expect services to think beyond organisational boundaries, focus on what matters most to people, and demonstrate how working with partners is making care easier to access, better coordinated and more responsive.

Our success will not be measured by the strength of our relationships alone, but by the difference those relationships make to the lives of the people we serve.

This reflects what our people, population and partners told us throughout the strategy refresh: a desire for clearer links between ambition and delivery, visible follow-through, and practical improvements in access, coordination and responsiveness.

2.5 Our why – reducing health inequality

Reducing health inequality is the golden thread that runs throughout everything we do.

Health inequalities are unfair and avoidable differences in people's health, access to services, experience of care and outcomes. Identifying and addressing these inequalities is essential if we are to improve health and wellbeing across BDC.

The challenge

- 8 years difference in female life expectancy.
- 10 years difference in male life expectancy.
- 23 years difference in female healthy life expectancy.
- 20 years difference in male healthy life expectancy.

What drives inequality?

- Housing.
- Education.
- Income and poverty.
- Environment.
- Access to services.

Our response

- Equity in access, experience and outcomes.
- Inclusive service design and co-production.
- Prevention and early intervention.
- Partnership working on wider determinants.
- Data, evidence and insight-driven improvement.

2.5.1 Delivering social value

Delivering social value also supports in reducing health inequality.

As a major local employer, partner and anchor institution, we a have a wider responsibility to understand and increase the social value we create for BDC. This means looking beyond the direct delivery of services and being clearer about the broader benefit created through how we employ, procure, use our estate, support volunteering, work with the VCSE sector, reduce our environmental impact and strengthen local communities.

Over the life of this strategy, we will strengthen how we define, measure and report social value, building on existing work to develop a Trust-wide position. This will help ensure that social value is not treated as an additional activity, but as part of how we make decisions, use our resources and demonstrate the wider impact we create for our communities.

'Meaningful involvement is about more than being given a voice; it is about knowing that voice has been heard, valued and has the power to influence change. Involvement has shown me that good healthcare is not only about what we can do for people; it is about what becomes possible when we are courageous enough to listen to them.'

Involvement partner

3.0. Why refresh our strategy and what will be different?

3.1 Why refresh our strategy

Our Trust has a strong foundation, shaped by our purpose, values and commitment set out in Better Lives, Together. Since its launch, we have achieved a great deal. However, the needs of our communities, workforce and the wider health and care system continue to evolve, alongside changes in the national context, including the introduction of the 10 Year Health Plan.

Refreshing our strategy provides an opportunity to build on what is working, learn from experience and set a clear direction for the next five years. In a period of increasing demand and finite resources, we must focus our effort where it will have the greatest impact.

Why refresh now?

National drivers

- 10 Year Health Plan.
- National quality strategy.
- Financial pressures.

What our communities told us

- Improve access.
- Better coordination.
- Visible delivery.

What our colleagues told us

- More time for care.
- Better workforce support.
- Less duplication.

What we need

- Greater focus.
- Clear priorities.
- Stronger accountability.

This refresh responds to these challenges whilst building on the strengths that already exist across our organisation and partnerships.

3.2 What makes this strategy different?

Whilst this strategy builds on the strengths of Better Lives Together, it is designed to be more focused, more deliverable and more accountable than previous strategies.

We have listened carefully to the views of colleagues, people using our services, carers, partners and our Board. A consistent message emerged: people wanted fewer priorities, greater clarity, stronger follow-through and clearer evidence that change is making a difference. We have also looked to understand those things that have perhaps held our strategies back from being as impactful as they could have been in the past and agreed ways in which those things can be addressed.

This strategy therefore makes several deliberate choices:

- We are focusing on fewer priorities and concentrating our effort where it will have the greatest impact.
- We are becoming clearer about what we will do less of, creating capacity for what matters most.
- We are focusing on outcomes, experience, impact and how things 'feel' for our colleagues and people using our services, not simply activity and performance.
- We are aligning delivery through our organisational improvement methodology the Care Trust Way (CTW), creating a single approach to planning, improvement, performance and accountability.
- We are concentrating leadership attention and investment on a small number of breakthrough programmes that address our most significant opportunities and risks.
- We are committing to listen, learn and adapt continuously, ensuring the strategy remains relevant as circumstances change.
- We are focussed on our people owning the strategy and feeling empowered to make the ambitions a reality.

We need to use the CTW to embed continuous improvement, co-production and learning in everything we do. Above all, this strategy is designed to help us turn ambition into action and demonstrate visible improvements for our people, our communities and our partners.

3.3 The journey we have been on to refresh our strategy

To be able to build on what is working and learn from our experiences it was essential that our colleagues and our service users, their carers and families along with our delivery partners and stakeholders were at the heart of our strategy refresh.

All elements of the strategy in this section have been developed using feedback from surveys, engagement sessions, drop-in sessions and meeting with teams to hear their thoughts on:

- Our vision and purpose.
- Our values and behaviour framework.
- Our strategic priorities.

Throughout this participative strategy engagement, a number of common themes emerged. The table following highlights the key things we heard and how they have been reflected in our strategy.

What we heard	What has changed
The strategy must be deliverable. **'How does the 'Better Lives Together' strategy translate into everyday experiences for both colleagues and service users?'** Engagement session with colleagues	There are fewer priorities in this strategy and a focus on how delivery plans will be developed.
Workforce support is essential to successful delivery. **'A supported staff member will always provide a better service, a supported manager will always have a happier more productive workforce.'** Colleague survey	Better supporting the workforce is our number one strategic priority.
Access, coordination and responsiveness are the biggest experience risks. **'All too often we are responding in crisis as needs have escalated.'** Delivery partner survey	Addressing this challenge is the focus of our second strategic priority.
Listening is valued - but follow-through is inconsistent. **'We don't then always act on what we have heard.'** Colleague survey	Our staff feeling listened to and heard through new mechanisms we are proposing along with existing mechanisms is one of our 'signs of success' that effectiveness of the strategy will be judged on.
Integration is a shared ambition - but not consistently experienced. **'I feel that the current system is fragmented and not particularly person-centred.'** Engagement session with colleagues	Enhancing our work in partnership working is our fourth strategic priority.

4.0. The core of our strategy

Vision
A future where people live healthier lives, inequalities are reduced, and communities thrive - with care closer to home, delivered together by our people and partners.

Purpose
Working together to improve health, reduce inequalities and create a compassionate, inclusive environment for all our staff and our communities.

Our values

Together

Our strategic priorities

Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

Sign of success 1: Staff spend more time caring for people and less time navigating systems, duplication and administrative tasks.

Providing safe, effective compassionate care.

Sign of success 1: People experience seamless, well-coordinated care that feels easy to navigate and centred around what matters most to them.

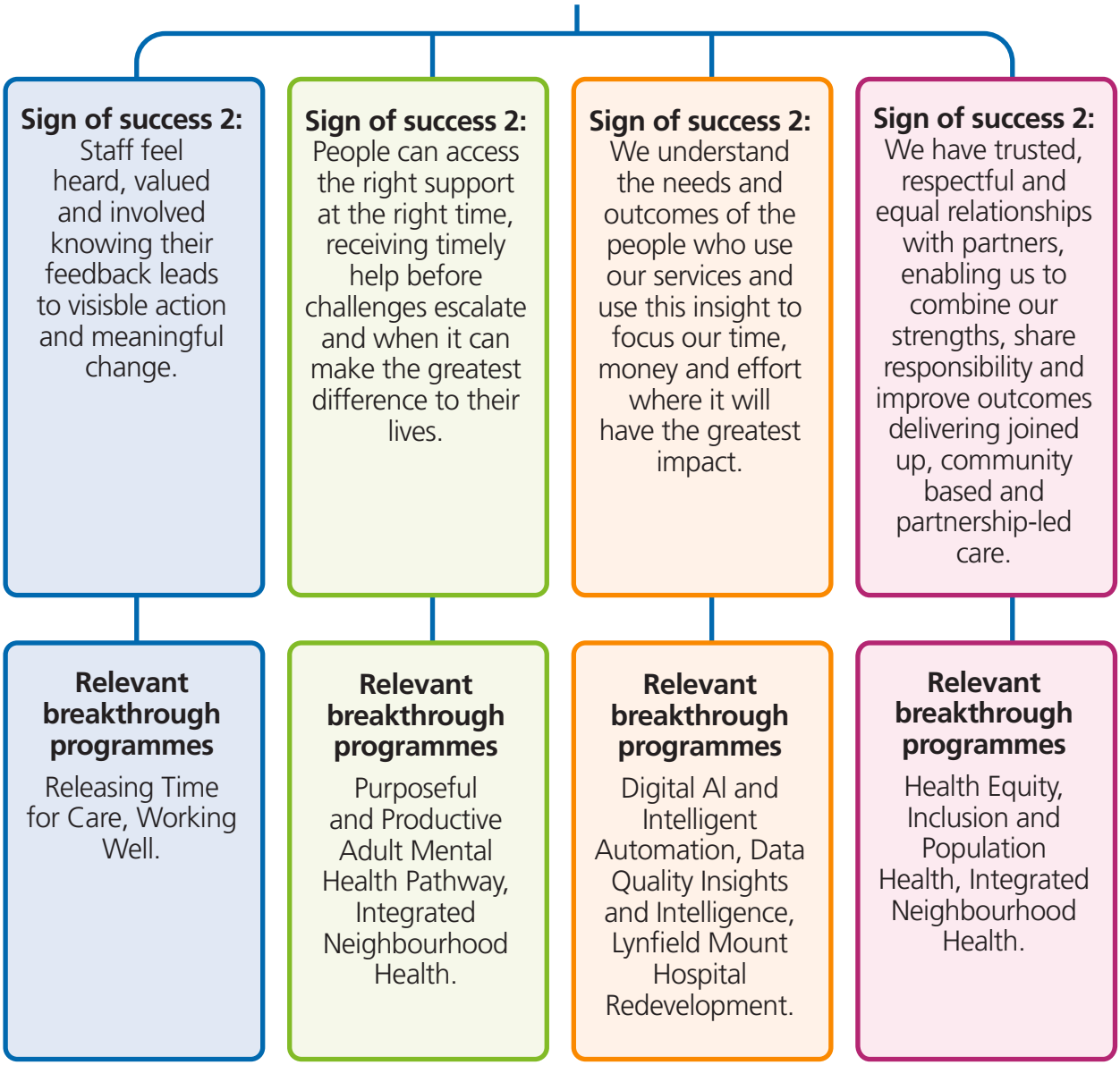
Using our resources effectively to deliver the greatest benefit for our communities.

Sign of success 1: Staff have the data, technology and tools they need to do their jobs well, supporting consistent, high-quality care and reducing unnecessary variation across our services.

Working together with partners to improve care for our communities.

Sign of success 1: People receive joined-up support because health, care, voluntary and community organisations work together around their needs, sharing responsibility, expertise and resources to improve outcomes.

Our strategic priorities (continued)



It sets out our:

- Vision and purpose.
- Our values.
- Our strategic priorities.
- Our signs of success that will tell us if we are making progress.
- Our breakthrough programmes of work – our vehicles for driving change.

Each of these elements are covered in this section.

4.1 Vision and purpose

Vision

A future where people live healthier lives, inequalities are reduced, and communities thrive, with care closer to home, delivered together by our people and partners.

Purpose

Working together to improve health, reduce inequalities and create a compassionate, inclusive environment for our colleagues and our communities.

Our vision and purpose provide a clear and shared direction for the future. They reflect the outcomes we want to achieve together: better health, reduced inequalities, stronger communities, care closer to home, effective partnerships, and a compassionate, inclusive environment where our colleagues can thrive. These themes will guide our decisions, shape our priorities, and help ensure we focus our energy and resources on what matters most to our colleagues and the people and communities who use our services.

4.2 Our values

Our values describe how we work every day and the behaviours people can expect from us.

They matter because they shape people's experiences of care and of working here, and they are essential to building trust and improving health outcomes. Feedback from colleagues, partners and the people using our services shows that while our values are widely understood, they are not always consistently experienced in practice, particularly when it comes to listening, acting on feedback and delivering real change.

The behaviour compact developed for each of our values sets out clearly what this means in practice including the actions all colleagues, leaders and the organisation will take to bring our values to life. Our behaviour compact is summarised below. The detail can be found in our Better Lives Together Strategy Delivery Framework.

4.2.1 We care

We show compassion by responding to need early, create a sense of belonging where people feel safe to be themselves, and consistently treat everyone with dignity and respect. Our behaviour compact sets out how we bring the areas below to life in our every day work:

Compassion: We notice and respond to need early.	**Belonging:** We create environments where people feel and are safe to be themselves.	**Respect:** We treat everyone consistently with dignity.

4.2.2 We listen

We listen to understand, act on what we hear, and provide clear feedback so people know what has changed and why. Our behaviour compact sets out how we bring the areas below to life in our every day work:

Hear: We listen to understand	**Act:** We use feedback to make change and learn	**Feedback:** We demonstrate what has changed and why

4.2.3 We deliver

We take ownership for what matters most, working collaboratively, simplifying how work gets done, and continuously improve outcomes through learning, evidence and action. Our behaviour compact sets out how we bring the areas below to life in our every day work:

Own: We take responsibility, work collaboratively and follow through on what matters.	**Simplify:** We value each other's expertise and together remove unnecessary complexity making work easier to do well.	**Improve:** We continuously learn together, adapt and make things better for people and in a way that delivers improved outcomes.

4.3 Our strategic priorities

Our strategic priorities describe the four areas in which we need to make the greatest difference. Each priority is supported by a consistent set of measures:

- Signs of success describe the difference that people have told us matters most and help us understand whether change is being experienced in practice.
- Overarching measures provide a high-level indication of progress against each strategic priority.
- Health equity measures help us understand whether improvement is being experienced fairly across different communities and population groups.
- Breakthrough programme measures, set out in the Supporting Delivery Framework, track whether our major programmes are delivering their intended outcomes and benefits.
- Annual delivery measures translate the strategy into specific milestones and improvement expectations for each year.

Together, these measures will give us a rounded view of progress, combining performance information with experience, outcomes, equity, qualitative insight and learning.

The detailed delivery priorities, linked breakthrough programmes and supporting measures for each strategic priority are set out in the Better Lives Together Supporting Delivery Framework. These will be translated into accountable actions, milestones and measures through annual delivery and programme planning.

Our new strategic priorities and delivery outcomes

Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

- Improved well being and more time for care through reducing the administrative burden.
- Staff feel supported, heard and valued.
- There is an inclusive, trauma informed workforce.
- Our workforce feels skilled and able to grow.

Providing safe, effective compassionate care.

- We provide care that is equitable and centred around the person's needs.
- People are supported to stay well with the knowledge and confidence to manage their own health.
- Care is safe, evidence-based and personalised.
- People feel listened to, involved in decisions, and able to shape their care alongside their families and carers.
- People are able to access care more quickly and feel supported while they wait.

Using our resources effectively to deliver the greatest benefit for our communities.

- We focus on the priorities that matter most and deliver them effectively.
- Digital and data are used routinely to improve decision-making.
- Our workforce and capacity are used effectively, with the right skills in the right places.
- Our estate and resources are sustainable, efficient and deliver social value.

Working together with partners to improve care for our communities.

- People are supported to be healthy, happy and at home through joined-up neighbourhood care.
- Our workforce supports multidisciplinary teams working together in local communities.
- Strong, equal partnerships with a particular focus on communities and the VCSE.
- Partners work together with shared goals. decisions and accountability, supported by shared data and insight.

4.3.1 Strategic priority one:
Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

We cannot deliver high quality care without a supported and engaged workforce. Evidence consistently links colleagues' wellbeing, capacity and feeling valued to better care, stronger teams and improved experience for people. This priority recognises that workforce support is not separate from strategy delivery – it is what enables it. This is our first priority as it is the foundation required to achieve success in our other priority areas.

In line with the NHS 'staff' standards we believe all our employees should:

- **Expect us to provide** supportive, fair, developmental and compassionate line management, helping staff to perform well, feel valued and fulfil their potential.
- **Expect us to support** their wellbeing, prevent work-related ill health, and ensure they feel safe, cared for and able to perform at their best.
- **Expect us to take sustained and meaningful action** to prevent and eliminate racism and all forms of discrimination in the workplace.
- **Expect us to create** a 'flexible first' culture where flexibility is the norm rather than the exception.
- **Expect us to ensure** they feel safe and supported at work by taking meaningful action to prevent violence, aggression, intimidation discrimination and abuse in any form.
- **Expect us to take clear and consistent action** to prevent sexual misconduct and harassment, and to promote a culture of openness and transparency where concerns are reported and acted upon promptly and appropriately.

We will act in all these areas and regularly assess the difference it is making. We will do this not only through measures and indicators, but by listening to colleagues and understanding their lived experiences of working here.

The four outcomes we are looking to achieve through this strategic priority are:

- Improved wellbeing and more time for care through reducing the administrative burden.
- Colleagues feel supported, heard and valued.
- There is an inclusive, trauma-informed workforce.
- Our workforce feels skilled and able to grow.

From strategy to delivery

The detailed delivery priorities, linked breakthrough programmes and supporting measures for this priority are set out in the Better Lives Together Supporting Delivery Framework. These will be translated into accountable actions, milestones and measures through annual delivery and programme planning.

Signs of success for this priority

Our first sign of success will be:

Colleagues spend more time caring for people and less time navigating systems, duplication and unnecessary administrative tasks.

For staff who are not frontline facing, colleagues 'spend more time delivering on objectives that directly impact on patient care and less time navigating systems, duplication and unnecessary administrative tasks' - staff quote.

'There is a strong emphasis on data collection, yet the IT systems supporting this are insufficient. This combination increases staff stress and limits our ability to provide services as effectively as we could' - colleague survey.

To understand whether we are making progress against this sign of success, we will regularly ask colleagues:

- To what extent do administrative tasks and processes get in the way of your ability to provide patient care?
- What single change would make the biggest difference to releasing more time for care?
- Are you usually able to finish work on time? If not, what is preventing this?

Our second sign of success will be:

Colleagues feel heard, valued and involved, knowing their feedback leads to visible action and meaningful change.

'Staff voices prioritised so they feel it's worth saying something when they need to' – colleague survey.

To understand whether we are making progress against this sign of success, we will regularly ask colleagues:

- Do you feel listened to and heard?
- Have you had opportunities to influence decisions that affect your work?
- If you have provided feedback recently has this resulted in positive change?

Our overarching measure of success for this priority will be the annual NHS staff survey staff satisfaction score. By reducing unnecessary administrative burden and ensuring colleagues feel listened to and involved in decisions, we aim to create a workplace where people feel valued, supported and empowered to deliver safe, high-quality care. We expect this to be reflected in improving colleague experience, wellbeing and satisfaction over time.

From a health equity perspective, we want our workforce to reflect the diversity of the communities we serve. A workforce that better reflects our population is more likely to understand different needs, perspectives and experiences, helping us design and deliver services that are responsive to our communities.

4.3.2 Strategic priority two: Providing safe, effective compassionate care

Delivering high quality, equitable, safe care is at the heart of our strategy because it is fundamental to the experience and outcomes of our service users. We know that quality is experienced through timely access, clear communication, joined-up care, and feeling listened to, respected and supported. We also know that pressures such as demand, staffing and fragmented pathways can lead to delays and inconsistent care and unwarranted variation.

This priority focuses on improving access, flow, responsiveness and person-centred care and reducing unwarranted variation so that high quality, safe care is experienced consistently in everyday practice.

The five outcomes we are looking to achieve are:

- We provide care that is equitable, consistent and centred around the person's needs.
- People are supported to stay well with the knowledge and confidence to manage their own health.
- Care is safe, evidence-based and personalised.
- People feel listened to, involved in decisions, and able to shape their care alongside their families and carers.
- People can to access care more quickly and feel supported while they wait.

From strategy to delivery

The detailed delivery priorities, linked breakthrough programmes and supporting measures for this priority are set out in the Better Lives Together Supporting Delivery Framework. These will be translated into accountable actions, milestones and measures through annual delivery and programme planning.

Signs of success for this priority

Our first sign of success will be:

People experience seamless, well-coordinated care that feels easy to navigate and centred around what matters most to them.

'If we did this people would not be passed between services or have to repeat their story' – staff survey.

To understand whether we are making progress against this sign of success, we will regularly ask people using our services, their families and carers:

- Did you feel the different people and services involved in your care worked well together?
- To what extent did your care feel joined-up and centred around what mattered most to you?

Our second sign of success will be:

People can access the right support at the right time, receiving timely help before challenges escalate and when it can make the greatest difference to their lives.

'People would be referred to the right place sooner and not sent to the wrong place. People would be waiting less for things they don't need' – patient, carer and family survey.

To understand whether we are making progress against this sign of success, we will regularly ask people using our services, their families and carers:

- Did you receive the right support at the right time for your needs?
- If you had to wait, did you feel supported and informed while you were waiting?

Our overarching measure of success for this priority will be whether our colleagues would recommend our services to their family and friends.

This question is included within the annual NHS Staff Survey, and we will seek to understand this more regularly throughout the year. We believe our colleagues are one of the most reliable indicators of whether people are receiving safe, effective and compassionate care.

If our colleagues would confidently recommend our services to those closest to them, we can be reassured that we are making progress towards delivering the quality of care we aim to provide.

This will be considered alongside feedback from people using services, carers and families, including differences between population groups.

From a health equity perspective, we want to understand whether people living in communities experiencing the greatest health inequalities are accessing our preventative community services. This will help us ensure that support is reaching the people who are most likely to benefit from it and that access to our services is fair and equitable.

4.3.3 Strategic priority three: Using our resources effectively to deliver the greatest benefit for our communities

Using our resources effectively is essential to delivering sustainable, high-quality care. Resources include not only funding, but also our people, time, buildings, technology and wider system capacity. When these are not used well, duplication, inefficient processes and fragmented systems reduce capacity, increase pressure on colleagues and take time away from direct care. By simplifying how work gets done, reducing unnecessary burden, making better use of digital and focusing our effort where it adds the greatest value, we can create capacity for prevention, earlier intervention and more community-based support.

Financial sustainability is a critical part of this approach: with demand continuing to grow faster than available resources, we must make deliberate choices about how we use our resources, improve productivity, reduce waste and duplication, and be prepared to stop activities that are important but deliver less value when resources are stretched. We will maximise the value of every pound entrusted to us, strengthen our long-term sustainability and improve outcomes for the people and communities we serve.

Our aim is not simply to spend less, but to create more value - improving outcomes, experience and equity from every pound, every hour and every asset available to us.

The four outcomes we are looking to achieve are:

- We focus on the priorities that matter most and deliver them effectively.
- Digital and data are used routinely to improve decision making, productivity and care.
- Our workforce and capacity are used effectively, with the right skills in the right places.
- Our estate and resources are sustainable and efficient and deliver social value.

From strategy to delivery

The detailed delivery priorities, linked breakthrough programmes and supporting measures for this priority are set out in the Better Lives Together Supporting Delivery Framework. These will be translated into accountable actions, milestones and measures through annual delivery and programme planning.

Signs of success for this priority

Our first sign of success will be:

Colleagues have the data, technology and tools they need to do their jobs well, supporting consistent, high-quality care and reducing unnecessary variation across our services.

'It would be helpful to have statistics showing measurable service improvements backed up by feedback from users' – colleague survey.

To understand whether we are making progress against this sign of success, we will regularly ask our colleagues:

- Do you have the technology and digital tools you need to do your job effectively?
- Do you have access to the information and data you need to make informed decisions about the people you support and the service you provide?

This sign of success is equally important to the people using our services, although the sign of success is framed slightly differently:

People receive a consistent and high-quality experience across the teams involved in their care, supported by shared approaches, reliable information and joined-up technology.

'I do not get text reminders for my CMHT appointments and often forget about them when I am having a bad mental health and physical health day. Some services remind you' – service user, carer and family survey.

To understand whether we are making progress against this sign of success, we will regularly ask people using our services, their families and carers:

- Did the people involved in your care have the information they needed to support you effectively?
- Did you have to repeat your story or information unnecessarily?
- Did you receive a consistent approach from the different teams involved in your care?

Our second sign of success will be:

We understand the needs and outcomes of the people using our services and use this insight to focus our time, funding and effort where it will have the greatest impact.

'Resources focused on the right areas – preventative – rather than corrective actions' – colleague survey.

To understand whether we are making progress, we will regularly ask our colleagues:

- Do you have access to meaningful information that helps you understand whether your service is making an equitable difference for the diverse population you support?
- Do you feel time, funding and effort are focused on the areas where they can make the biggest difference?

Our overarching measure of success for this priority will be productivity. By reducing unnecessary administrative burden, reducing waste, improving health equity, reducing variation, simplifying pathways, improving the quality of information available to colleagues and enabling better decision-making, we expect to release more time and resources for activities that improve outcomes for people using our services. Our aim is not simply to do more with the same, but to work in a way that creates more value - improving outcomes, experience and equity from every pound, every hour and every asset available to us.

As a balancing measure, we will work towards every service having an agreed outcomes framework that helps teams understand the impact of the care they provide. Over time, we expect to see evidence that decisions about service delivery, investment and improvement are increasingly informed by the outcomes achieved for the people and communities we serve.

From a health equity perspective, once outcomes frameworks are embedded, we want to understand whether people living in our most deprived communities experience outcomes that are as good as those experienced by the wider population. This will help us identify and address inequalities in outcomes.

4.3.4 Strategic priority four: Working together with partners to improve care for our communities

Our focus is to translate partnership into measurable improvements in outcomes, experience and equity for our communities.

Building on our joint strategic ambition and place partnerships, we will work alongside others to improve access, strengthen prevention, coordinate care and make better use of collective resources.

The four outcomes we are looking to achieve are:

- People are supported to be healthy, happy and at home through joined-up neighbourhood care.
- Our workforce supports multi-disciplinary teams (MDTs) working together in local communities.
- Strong, equal partnerships with a particular focus on communities and the VCSE.
- Partners work together with shared goals, decisions and accountability supported by shared data and insight.

From strategy to delivery

The detailed delivery priorities, linked breakthrough programmes and supporting measures for this priority are set out in the Better Lives Together Supporting Delivery Framework. These will be translated into accountable actions, milestones and measures through annual delivery and programme planning.

Signs of success for this priority

Our first sign of success will be:

We have trusted, respectful and equal relationships with partners, enabling us to combine our strengths, share responsibility and improve outcomes delivering joined-up, community based and partnership-led care.

'There is clear energy and determination of people across the organisation to make a positive difference – you just need to find a way to give them the space to collectively drive forward whilst still being accountable or responsible for service delivery and coherence' – partner survey.

To understand whether we are making progress, we will regularly ask our partners and our colleagues:

- What is working well through collaboration in our neighbourhoods, and what could work better?
- Does it feel as though there is shared trust, ownership and accountability across partner organisations?
- To what extent do partners feel valued as equal contributors to improving outcomes for our communities?

Our second sign of success will be:

More people can stay well, independent and connected to their communities through earlier support, prevention and joined-up support.

'People would experience care earlier, closer to home, and in ways that feel easier to access, less fragmented, and more joined-up' – staff survey.

To understand whether we are making progress, we will regularly ask people using our services, their families and carers:

- Did the different organisations involved in your care and support work well together?
- Do you have the support you need within your community to help you stay well and independent?

From a health equity perspective, we want to understand whether the people benefiting from more care and support closer to home, and therefore avoiding unplanned care, are representative of the population we serve. This will help us identify whether any communities or population groups are benefiting less from our neighbourhood approach and where additional action may be needed to reduce inequalities and achieve fairer outcomes.

4.4. Continuing to listen, learn and adapt

This strategy is about delivering genuine change and making a meaningful difference to the people using our services and communities we serve. It has been shaped by what our colleagues, people using our services, their families, carers and our partners have told us matters most. These things that matter most have shaped our signs of success that we will be relentlessly focused on delivering and understanding the progress we are making against them.

As an organisation, we already have many measures and performance indicators. While these remain important, we also want to understand whether the changes we are making are being felt by people now, rather than waiting for this to appear in performance reports months later.

To achieve this, we will continue to ask our colleagues, people using our services, their families, carers and our partners about their experiences. This will provide us with real-time insight into what is working well, where we need to improve, and where we need to adjust our approach before challenges become more significant.

By listening more frequently, we can make better decisions about where to focus our time, attention and resources. We can also identify positive change earlier, helping us learn from success and celebrate the difference people are making every day. These listening strategies will support our co-production approach.

Below outlines the strategies we plan to deploy to do this.

How we will listen more frequently

For our colleagues	For service users, their carers and families	For our partners
• We will check in more regularly to understand how things are going and gather real-time feedback about working at BDCFT. • More emphasis on our quarterly pulse survey which will focus on the things you have told us are most important to you, our signs of success. • We will provide more regular 'you said, we did' updates so our colleagues can see how feedback is influencing change and what the impact has been. • We will share the changes made in response to feedback and seek views on whether those changes have made a difference.	• We will create more opportunities for people to share their experiences and tell us what matters most to them. • We will hold more frequent listening sessions in our communities to understand people's experiences and priorities. • We will introduce simpler, more accessible ways for people to provide feedback, helping us understand experiences and use insights to improve services. This may include real-time feedback mechanisms, digital tools and other approaches that make it easier for people to share their views. We'll also provide accessible 'you said, we did, we learned' updates to show what's changed as a result.	• We will engage with partner organisations more regularly to understand how effectively we are working together and how we can strengthen our relationships. • We will create more opportunities for partners working alongside us in multidisciplinary and neighbourhood teams to provide feedback on how we are working together. • We will use partner feedback to identify opportunities to improve collaboration, reduce barriers and strengthen our collective impact for local communities.

5.0. What does this mean in 2031 – our picture of success

Our strategic priorities are clear. We know what our measures of success are and our breakthrough programmes are aligned. But what does this mean in practice? What will be different in 2031?

5.1 What will be different for our colleagues?

If we deliver our strategic priorities well, our colleagues will work in an environment that enables them to spend more time providing care and less time navigating unnecessary administration. Simplified processes, effective use of digital tools and stronger partnership working will support a connected 'team of teams' focused on improving lives and reducing inequalities.

Colleagues will feel heard, valued and supported, with opportunities to develop, grow and contribute their best. Clear expectations, meaningful performance information and timely feedback will help teams focus on what matters most and understand the difference they make.

Ultimately, colleagues will feel empowered to spend their time where it adds the greatest value: caring for people, improving outcomes and supporting healthier communities.

If we are getting it right, our colleagues will say:

- I have more time to care.
- I understand what matters most and how my work contributes.
- Work is simpler – unnecessary duplication and bureaucracy have been removed.
- My voice is heard and leads to visible action.
- I feel safe, supported and able to speak up.
- I have fair opportunities to learn, grow and progress.
- I have the data, technology and tools I need to do my job well.
- I work seamlessly with colleagues and partners to provide joined-up care around each person.
- I feel proud of the difference I make.

5.2 What will be different for the people using our services?

If we deliver our strategic priorities well, people will experience care that feels joined-up, responsive and centred around what matters most to them. Services will work more seamlessly across health, care, community and voluntary sector partners, with clearer pathways, better coordinated support and smoother transitions between teams. People will feel listened to, involved and respected, with care shaped around their goals and priorities and lived experience helping to drive improvement.

A stronger focus on prevention, early intervention and waiting well support will help people access the right support at the right time, while our commitment to tackling inequalities will ensure care is fair, inclusive and accessible for all communities.

Ultimately, people will experience personalised, coordinated care that helps them live healthier, more independent lives and achieve the outcomes that matter most to them.

If we are getting it right, people using our services will say:

- I know where to go when I need help.
- I do not have to keep repeating my story.

- The people supporting me work well together.
- I feel informed, supported and safe while I wait for care.
- I have access to advice and support that helps me manage my health and wellbeing.
- My care reflects what matters to me and the people who support me.
- Services understand my circumstances, community and individual needs.
- I get help early enough to prevent problems from becoming a crisis.
- Care feels joined-up and easy to navigate.

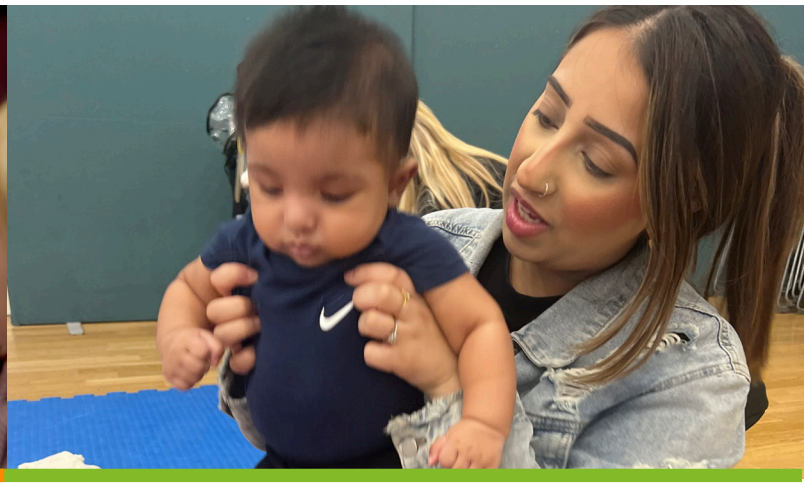
5.3 What will be different for carers and family members of people using our services?

If we deliver our strategic priorities well, carers, families and friends will feel recognised, informed and supported in the important role they play. Services will be easier to navigate, with clearer pathways, better coordination and more joined-up support across organisations, reducing the effort needed to access help and advocate for those they care for. Where appropriate and agreed, carers and families will be involved in decisions and recognised as valued partners in wellbeing and recovery, with access to clear information, advice and practical support. Greater use of technology and flexible ways of accessing care will make it easier to stay involved and connected.

Ultimately, carers, families and friends will feel valued, included and confident that they are working alongside services to help the people they care about live well and achieve the outcomes that matter most to them.

If we are getting it right, carers, families and friends of people who use our services will say:

- I know where to go for help and advice.
- I am recognised and valued for the role I play.
- I feel listened to and involved when it is appropriate to do so.
- I have the information and support I need to help myself and the person I care for.
- My contribution to helping someone stay well is reflected in their care and support plan.
- I am kept informed and know who to contact if I have concerns.
- I can access support without unnecessary travel or effort.
- People work together to support the person I care for.



- The person I support gets help early enough to prevent problems becoming a crisis.

5.4 What will be different for our partners?

If we deliver our strategic priorities well, our partners will experience BDCFT as a trusted, collaborative and delivery-focused organisation, working alongside them to improve outcomes, reduce inequalities and make the best use of our collective resources. We will be clear about our priorities, open in our decision-making and focused on turning shared ambition into practical action, using data, insight and lived experience to make better decisions, target resources where they can have the greatest impact and support more joined-up care across organisational boundaries.

Strong relationships, shared accountability and collective ownership will help us improve outcomes, experience and sustainability across BDC.

Ultimately, our partners will feel that working together enables us to make the best use of our collective resources and achieve better results than working alone, creating lasting improvements in the health and wellbeing of local people and communities.

If we are getting it right, our partners will say:

- We have a shared understanding of what we are trying to achieve.
- We are involved in decisions that affect our communities.
- We work together to solve problems and improve outcomes.
- Information, insight and expertise are shared openly and constructively.
- We make the best use of our collective resources.
- We trust each other to do what we say we will do.
- Partnership working is making support more joined-up, preventative and effective.
- Together, we are reducing inequalities and improving outcomes for local people.
- Together, we are making a measurable difference to the lives of our communities.

5.5 What are the principles we will need to adopt to achieve this picture?

There are a number of guiding principles to support and guide consistent decision making that will help make our picture of success a reality.

These principles will guide how we make decisions, prioritise resources and deliver improvement. They reflect our commitment to focus on what matters most and to create the greatest possible benefit for the people and communities we serve.

Principles

In detail

Principle	What it means we will do	What it means we will not do
Focus on what matters most	• Be data led - prioritising our time, resources and improvement effort on the things that make the greatest difference to outcomes, experience and equity. • Have the courage to stop, simplify or reduce activities that do not clearly contribute to our strategic goals or add sufficient value.	• Focus on things that we cannot demonstrate will make a difference through a data led approach. • Continue with everything we are currently doing; we are going to need to prioritise if we are going to make progress against our signs of success. • Deliver in pockets. If an initiative improves health outcomes in one area, it is likely to deliver improved outcomes in another. So wherever possible we will look to deliver across our organisation.

Start with people	• Design services, pathways and decisions around what matters most to our colleagues, people using our services, their carers and family members and communities. • Listen, involve and work alongside people to shape care and support that is personalised, accessible and responsive to their needs.	• Develop and deliver change programmes without co-producing / involving the people using our services.
Work together as one team	• Work across teams, organisations and communities to improve population outcomes rather than organisational performance alone. • Break down barriers, share responsibility and build strong partnerships that make it easier for people to receive joined-up support.	• Solve challenges alone. Instead, we will reach out to other teams and partners for their learning and advice. • Operate as a silo. Instead, we will always understand where we fit on the internal and system pathway and how we can adjust our services to work better together and deliver the best value collectively.
Act early and reduce inequalities	• Focus on prevention, early intervention and proactive support wherever possible. • Use evidence, data, insight and lived experience to understand need, reduce inequalities and improve equity in access, experience and outcomes.	• Presume a one size fits all approach works for the people using our services. Through considering data, evidence and insight, services might have to be delivered differently in different geographies or with different populations so people can benefit from the same outcomes.
Make it easy to do the right thing	• Simplify processes, reduce duplication and administrative burden, and make the best use of digital, data and technology removing barriers that take away time to care. • Create the conditions for our colleagues and partners to do their best work.	• See manual, paper based and fragmented ways of working as being OK. • Make small changes to small parts of the pathway. To deliver our strategy we need to be bold focusing on things that will make the biggest difference.

Deliver value and continuously improve	• Act as responsible stewards of the resources entrusted to us. Recognising that resources are finite, we cannot always provide everything to everyone, nor always deliver the most intensive or 'gold-plated' solution. Instead, we will focus on delivering the best possible outcomes, experience and value from the resources available. • Focus on outcomes not outputs, continuously use evidence, data, insight and lived experience to understand what is making the greatest difference and where improvement is needed. This may sometimes mean redirecting resources to the areas where they will have the greatest impact for people, communities and our colleagues.	• Focus on inputs and not outcomes. • Try and deliver multiple competing priorities that dilute focus and slow delivery. • Protect those things we have always done. Change will be needed if we are to make a difference against the things that will have the biggest impact. • Be reactive rather than proactive. We will therefore focus on the plans and changes that will make the biggest difference.

5.6 Our ten breakthrough programmes - how change will be delivered?

Achieving our picture of success for 2031 requires more than incremental change. Growing demand, health inequalities, workforce pressures, financial constraints and increasing expectations mean we must focus our effort on a small number of breakthrough programmes capable of delivering meaningful and lasting improvement.

We cannot do everything.

Our ten breakthrough programmes are the principal mechanisms through which we will deliver our strategy.

The breakthrough programmes are not intended to cover every delivery priority though. They represent areas where concentrated organisational transformation focus, investment and change are most likely to accelerate delivery of the strategy and address our most significant opportunities and risks.

They are summarised here to show the connection between our ambition and the major programmes of change. The full programme descriptions, intended 2031 outcomes, and proposed measures are set out in section four of the Better Lives Together Supporting Delivery Framework. Each programme will also have an approved programme plan setting out scope, leadership, milestones, dependencies, risks, benefits and delivery arrangements.

1 Releasing time for care

Strategic priority linked to: Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

Purpose: Improve colleague experience and satisfaction by removing unnecessary burden and making the best use of our resources, creating more time to deliver high-quality care and improve outcomes.

2 Working well

Strategic priority linked to: Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

Purpose: Improve colleague experience and satisfaction by creating an environment where people feel valued, supported and able to thrive, enabling them to deliver high-quality care and improve outcomes.

3 Purposeful and productive adult mental health pathway

(mental health flow, recovery and service transformation)

Strategic priority linked to: Providing safe, effective compassionate care.

Purpose: Improve people's experience and outcomes by creating a more responsive and sustainable mental health system that makes the best use of our collective resources.

4 Health equity, inclusion and population health

Strategic priority linked to: Providing safe, effective compassionate care.

Purpose: Improve health outcomes for people and reduce health inequality by working with communities to remove barriers, improve inclusion and create opportunities for everyone to live healthier lives.

5 Data quality, insight and intelligence

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Purpose: Improve outcomes, decision-making and productivity by ensuring high-quality information is used to make the best use of our resources and drive continuous improvement.

6 Digital, Artificial Intelligence (AI) and intelligent automation

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Purpose: Improve colleague and patient experience, productivity and sustainability by using digital, AI and automation to make the best use of our resources, improve services and create more time for care.

7 Lynfield Mount Hospital redevelopment and mental health campus transformation

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Purpose: Improve the experience, health outcomes and recovery of the people who use our in-patient services by creating therapeutic, modern and sustainable environments that support high-quality mental health care.

8 Smarter spaces

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Purpose: Improve colleague and patient experience, productivity and sustainability by making the best use of our estate to create modern, flexible environments that support high-quality care and new ways of working.

9 Integrated Neighbourhood Health

Strategic priority linked to: Working together with partners to improve care for our communities

Purpose: Improve the health outcomes and reduce the health inequalities of our population by organising care around neighbourhoods, bringing services together to provide joined-up support closer to home.

10 Place Partnership and Integrated Provider leadership

Strategic priority linked to: Working together with partners to improve care for our communities.

Purpose: This programme provides the leadership, governance and delivery arrangements required to translate our joint strategic ambition and emerging Place Provider Partnership arrangements into measurable improvements for our population.

6. Foundations for delivery

Our six foundations for delivery describe the capabilities and ways of working that will support every strategic priority and breakthrough programme. They are not separate initiatives. They work together as one delivery approach, with the Care Trust Way describing how we work and the Quality Performance and Management System (QPMS) providing the routines through which we plan, measure, assure, learn and improve.

This section provides a concise overview. Further detail on how each foundation will operate is set out in section five of the Better Lives Together Supporting Delivery Framework.

The Care Trust Way	Annual delivery planning	Innovations, research and continuous improvement	Co-production	Digital	Quality Performance and Management System (QPMS)
How we work	How we translate startegy into action	How we learn and improve	How we ensure change is shaped by people who experience it	How we enable delivery	The management system that supports delivery of the Care Trust Way.

Better Lives Together Strategy - foundations for delivery

6.1 How we work – The Care Trust Way

The Care Trust Way is how we work together to deliver Better Lives Together. It brings together our values, leadership behaviours, quality management approach, improvement methods, performance arrangements and daily ways of working into a single approach that helps us focus on what matters most, continuously improve and achieve better outcomes. By combining clear priorities, meaningful measures, co-production and continuous learning, it helps turn ambition into action and ensures everyone understands the part they play in improving the lives of the people and communities we serve.

6.2 What will enable delivery?

6.2.1 Annual delivery planning – how we translate strategy into action

Annual delivery plans are how we translate strategy into action. They turn our strategic priorities into clear objectives, actions and accountabilities for teams and individuals across the Trust, creating a golden thread from organisational ambition to everyday practice. While the priorities are shared, teams will have the flexibility to develop plans that reflect their local context, challenges and opportunities, recognising that those closest to the work are best placed to identify where improvements are needed and how change can be delivered. This helps ensure everyone understands their contribution to delivering Better Lives Together while empowering teams to lead improvement in ways that will make the greatest difference for the people and communities they serve.

6.2.2 Innovation, research and continuous improvement - how we learn and improve

Research, innovation and continuous improvement are how we learn and improve. Research helps us generate new knowledge, understand what works and

ensure our decisions, services and models of care are informed by the best available evidence. Building on this foundation, innovation and continuous improvement create the conditions for colleagues, people using our services, carers, families, communities and partners to identify opportunities, test ideas, evaluate impact and share learning. By combining research, innovation, improvement, digital and data, we will develop, spread and embed approaches that improve outcomes, reduce inequalities, release time for care and create value for the people and communities we serve

6.2.3 Co-production – how we ensure change is shaped by the people who experience it

Co-production is how we ensure change is shaped by the people who experience it. It involves working in partnership with people using our services, carers, families, communities and colleagues to plan, deliver and improve services. We will place particular emphasis on engaging and involving those who experience the greatest inequalities, poorest outcomes and barriers to accessing care, ensuring their voices help shape decisions, priorities and improvements. By valuing lived experience, promoting shared decision-making and making involvement inclusive, meaningful and representative of the diverse communities we serve, co-production helps us design better services, reduce inequalities and improve outcomes, experience and quality for the people and communities we support.

6.2.4 Digital enabled care and service delivery

Digital is how we enable delivery. It helps people access care more easily, communicate with services in ways that work for them, and receive more joined-up, responsive support. For colleagues, it reduces administrative burden, simplifys processes, improves information access and creates more time for care. Investing in modern digital tools, systems and infrastructure, will support safer, more coordinated care, improve operational flow, strengthen productivity and make the best use of resources. Digital underpins every strategic priority within Better Lives, Together. It helps us improve outcomes, experience and long-term sustainability for the communities we serve, whilst also considering digital inclusion, accessibility and privacy, with non-digital options and human support where required.

6.3 How we manage and measure delivery - Quality Performance and Management System (QPMS)

The Quality Performance and Management System (QPMS) is the management system that supports delivery of the Care Trust Way. It sets out how we manage and measure our performance. It brings together planning, performance management, quality improvement, assurance, accountability and organisational learning into a single approach that helps us understand whether we are making progress, where improvement is needed and how we will respond. By providing clear objectives, meaningful measures, consistent review processes and a clear golden thread from Board priorities to frontline teams, the QPMS helps ensure we remain focused on improving outcomes, reducing inequalities, supporting our workforce and making the best possible use of our resources.

7.0 Other critical connected strategies

Better Lives, Together provides the overarching strategic direction for the Trust. It does not replace our clinical, workforce, quality, equality, sustainability, research, risk or enabling strategies. These connected strategies provide specialist direction and detail in their respective areas, while contributing to our common vision, priorities and signs of success.

The relationship is two-way. Better Lives, Together shapes the priorities and outcomes of connected strategies, while those strategies provide the specialist plans, standards and actions needed to deliver Better Lives Together. As each connected strategy is updated and developed from 2026 onwards, it will explicitly demonstrate how it contributes to one or more Better Lives, Together strategic priorities, signs of success, breakthrough programmes and delivery outcomes.

Further information on the purpose of each connected strategy and how it contributes to our priorities is provided in section six of the Better Lives, Together Supporting Delivery Framework.

The diagram below sets out some of these key connected strategies, their focus and their role in delivering this refreshed Better lives, Together Strategy. Further detail on these strategies can be found in our Better Lives, Together Strategy Delivery Framework.

Health Equity Strategy.
How they connect: Link to our vision and purpose each of which talks about 'inequalities reducing and communities thriving'. Links throughout but particularly providing safe, effective compassionate care - we provide care that is equitable and centred around the person's needs.

The Belonging and Inclusion Plan.
How they connect: Link to our vision and purpose each of which talks about 'inequalities reducing and communities thriving'. Links throughout but particularly providing safe, effective compassionate care - we provide care that is equitable and centred around the person's needs.

The Clinical and Professional Strategy. How they connect: Strong connection with each of our four strategic priorities as this strategy sets out how they will be achieved through the lens of clinical professions.

The Patient Safety Strategy.
How they connect – Clear links to 'Providing safe, effective compassionate care', with a strong link to 'care is safe, evidence based and personalised'.

The Green Plan. How they connect: Using our resources effectively to deliver the greatest benefit for our communities, with a particular link to 'our estate and resources are sustainable, efficient and deliver social value'.

The Research and Knowledge Strategy. How they connect: Creates the conditions for colleagues to deliver safe, high-quality care through access to evidence that improves care delivery and service transformation. Develops research careers, strengthens collaboration with academic institutions and partners, and increases research participation among underserved communities.

- **Social Value / Anchor Institution Framework.** How they connect: Links directly to using our resources effectively, reducing inequalities, partnership working, sustainability and community wealth. It will support the Trust to agree, measure and report social value commitments, ensuring that wider community benefit is planned, visible and evidenced over time.

- **Risk Management Strategy.** How they connect - Clear links to 'providing safe, effective compassionate care', with a strong link to 'care is safe, evidence based and personalised'.

8.0 Looking forward

Better Lives, Together is more than a strategy. It is a commitment to the people and communities we serve, to our colleagues and volunteers, and to the partners with whom we work every day.

The challenges ahead are significant. Demand is increasing, resources remain constrained and expectations continue to evolve. Yet throughout the development of this strategy, we have been reminded of something equally important — the commitment, compassion and capability that already exists across BDCFT and our partners.

By focusing on what matters most, listening to those we serve, supporting our workforce, embracing innovation and working together across organisational boundaries focusing on our signs of success, we believe we can create meaningful and lasting improvements in people's lives.

This strategy will not be judged by the document itself. It will be judged by the difference it makes.

By 2031, we want people to experience services that are easier to access, more joined-up and more responsive to their needs. We want our colleagues to feel valued, supported and able to spend more time doing what they do best. We want our partners to see us as trusted, collaborative and delivery focused. Most importantly, we want our communities to experience better health, reduced inequalities and improved opportunities to live healthier, more fulfilling lives.

Delivery will be taken forward through our Supporting Delivery Framework, annual delivery plans and breakthrough programmes. We will report openly on progress, listen to people's experiences, learn from what is and is not working, and adapt our plans while remaining focused on the outcomes and signs of success set out in this strategy.

Together, we will create better lives, together

Bradford District Care
NHS Foundation Trust

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We Care
We Listen
We Deliver

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