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Leeds CITY COUNCIL

WEST YORKSHIRE
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Meeting to be held at
Huddersfield Town Hall, Corporation Street, Huddersfield, HD1 2TU
on Monday, 8th October, 2018 at 1.30 pm

(Pre-meeting for all Joint Committee Members at 1.00 pm)

MEMBERSHIP

Councillors

Councillor M Gibbons	-	Bradford Council
Councillor V Greenwood	-	Bradford Council
Councillor A Evans	-	Calderdale Council
Councillor S Baines	-	Calderdale Council
Councillor J Hughes	-	Kirklees Council
Councillor E Smaje	-	Kirklees Council
Councillor B Flynn	-	Leeds Council
Councillor H Hayden (Chair)	-	Leeds Council
Councillor Y Crewe	-	Wakefield Council
Councillor B Rhodes	-	Wakefield Council

Co-opted Members

Councillor J Clark	-	North Yorkshire County Council
Councillor A Solloway	-	North Yorkshire County Council

Please note: Certain or all items on this agenda may be recorded

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Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 24 74707

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified on this agenda.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**PUBLIC STATEMENTS** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations on matters within the terms of reference of the Joint Committee. No member of the public shall speak for more than **three minutes**, except by permission of the Chair. Due to the number and/or nature of comments it may not be possible to provide responses immediately at the meeting. If this is the case, the Joint Committee will indicate how the issue(s) raised will be progressed. If the Joint Committee runs out of time, comments may be submitted in writing at the meeting or by email (contact details on agenda front sheet).	
7			**MINUTES - 30 JULY 2018** To confirm as a correct record, the minutes of the meeting held on 30 July 2018.	1 - 10

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			**WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP: MEMORANDUM OF UNDERSTANDING** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support that introduces the draft West Yorkshire and Harrogate Health and Care Partnership, Memorandum of Understanding.	11 - 82
9			**SPECIALIST STROKE CARE PROGRAMME - UPDATE** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support that introduces a report from the West Yorkshire and Harrogate Health and Care Partnership that provides a further update on the Partnership's Specialist Stroke Care Programme.	83 - 96
10			**FINANCIAL CHALLENGES** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support that introduces a report from the West Yorkshire and Harrogate Health and Care Partnership that provides a breakdown of financial challenges across the Partnership and plans intended to address these.	97 - 102
11			**WORK PROGRAMME** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the West Yorkshire Joint Health Overview and Scrutiny Committee's work programme.	103 - 112

Item No	Ward/Equal Opportunities	Item Not Open		Page No
12			**DATE AND TIME OF NEXT MEETING** Wednesday, 5 December 2018 at 10:30am (pre-meeting at 10:00am for all members of the Joint Committee). Please note the venue for the meeting is to be confirmed.	

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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 30TH JULY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, Y Crewe, A Evans, B Flynn, V Greenwood, J Hughes, B Rhodes, N Riaz and L Smaje

1 Welcome and introductions

The Chair welcomed all present to the first meeting of the 2018/19 Municipal Year and brief introductions were made.

2 Late Items

No formal late items of business were added to the agenda, however the Committee was in receipt of the following supplementary information:

- Agenda Item 6 Minutes – A copy of the previous meeting held 28th November 2017 (minute 5 refers)
- Agenda Item 11 Access to Dentistry – additional information (minute 10 refers)

3 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interest were made, however Councillor S Baines MBE wished it to be recorded that he had a non-pecuniary interest in Agenda Item 9 'Specialist Stroke Services' as a member of the Board, Calderdale & Huddersfield NHS Trust (minute 8 refers).

4 Public Statements

The Joint Committee received the following statements:

Jenny Shepherd, Calderdale and Kirklees 999 Call for the NHS - made a representation seeking support for closer scrutiny of changes proposed through the development of Integrated Care Systems (ICS); the notification of two named co-optees for consideration by the JHOSC and a request for the Group to be formally invited as a witness at JHOSC meetings. JHOSC members were also invited to attend meetings of the Group. The representation also suggested extending the remit of JHOSC to include Public Health and Adult Social Care providers to match the ICS configuration with a renewed operating protocol and an increase in the number of JHOSC meetings per year.

Dr John Puntis, Leeds Keep Our NHS Public – made a representation regarding the perceived substantial service changes to be brought about through the development of the ICS; highlighting his concerns over the public consultation process; possible loss of accountability and outsourcing of NHS provision to private service providers.

Christine Hyde, North Kirklees Support the NHS - made a representation on the development of the ICS, requesting public consultation on the perceived substantial service changes; presentation of the proposed Memorandum of Understanding between the West Yorkshire and Harrogate Health and Care Partnership members and expressing concern regarding measures for public accountability.

Following each of the representations the Chair thanked those making the statements for their attendance, advising that if the matters raised were not considered as part of the Joint Committee's business at the meeting, a formal response would be sought from appropriate representatives.

RESOLVED –

a) To thank the members of the public for their attendance and representations made to the Joint Committee.
b) To note the content of the representations and to have regard to them during consideration of the matters included within the formal agenda.
c) To seek a response from appropriate representatives should the matters raised not be considered as part of the Joint Committees business at the meeting.

5 Minutes - November 2017

RESOLVED – To agree the minutes of the previous meeting held 28th November 2017 as a correct record.

6 West Yorkshire Joint Health Overview and Scrutiny Committee - Governance Matters

The Joint Committee received a report of Leeds City Council's Head of Governance and Scrutiny presenting a number of governance issues for consideration, including:

- Terms of Reference
- Arrangements for Chairing the meetings
- Membership of the Committee
- Co-opted members
- Proposed meeting dates and venue arrangements

Members were also asked to consider proposals to review and refresh the JHOSC arrangements, particularly since the legislative framework affecting local authorities and the NHS had changed, alongside significant operational and administrative developments.

The Principal Scrutiny Adviser (Leeds City Council) presented the report and invited comments and questions from the Joint Committee.

The Joint Committee's discussions covered a range of matters, including:

- A review of the terms of reference, membership and operating procedure was welcomed, to reflect the West Yorkshire and Harrogate Health and Care Partnership footprint.
- The proposal to co-opt representatives from North Yorkshire County Council to the Joint Committee was supported, with members

supporting a proposal to formally appoint two representatives to JHOSC and, accordingly, seek appropriate nominations from North Yorkshire County Council.

- The term of office for co-optees (if appointed), noting the different co-option mechanisms operated across the member authorities. Members supported the request for officers to review best practice across other JHOSCs and to reflect on that in the anticipated report back on the terms of reference/operating procedure review.
- Potential additional co-optees; including seeking a nominee from Health Watch to support the JHOSCs work on specific issues/service areas as appropriate.
- Support for alternating future meetings at venues throughout the member authorities, with a request to revisit the proposed meeting dates for February and April 2019.
- The potential for rotating the position of Chair of the Joint Committee on an annual basis amongst member authorities. This to be further considered as part of the terms of reference/operating procedure review.
- A request that any draft refreshed terms of reference and draft operating procedure rules be shared with all Members of the Joint Committee for comment prior to being finalised and agreed.

RESOLVED

a) To note the Joint Committee's Terms of Reference as set out in Appendix 1 of the report;
b) To note the current membership of the Joint Committee;
c) To agree the arrangements for Leeds City Council to continue to chair the meetings of the Joint Committee for the remainder of the 2018/19 municipal year;
d) To appoint Councillor Jim Clark (North Yorkshire County Council) as a non-voting co-opted member of the Joint Committee for the remainder of the current 2018/19 municipal year, or until such time that the current arrangements for the Joint Committee are superseded.
e) To seek a further nomination from North Yorkshire County Council for a non-voting co-opted member of the Joint Committee to serve for the remainder of the current 2018/19 municipal year, or until such time that the current arrangements for the Joint Committee are superseded.
f) To agree the following future meeting dates, noting the intention to rotate the venue between the member authorities, subject to the availability of suitable venues;
    - Monday 8th October 2018 at 1.30 pm;
    - Wednesday 5th December 2018 at 10.30 am
g) To request officers to review the proposed meeting dates for February and April 2019 and present alternative dates for future consideration by the Joint Committee.
h) To request officers proceed to review the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements and to develop proposals for the following;
    i. The establishment of new (refreshed) arrangements and terms of reference of a discretionary health overview and scrutiny

committee to reflect the geography and work of the West Yorkshire and Harrogate Health and Care Partnership and associated arrangements..

ii. The establishment of a statutory joint health overview and scrutiny committee arrangements and terms of reference to reflect any future substantial NHS service changes or developments affecting all of the member local authorities.

iii. Arrangements to facilitate the establishment of statutory joint health overview and scrutiny committees (as sub-committees of the discretionary JHOSC) to reflect any future substantial NHS service changes or developments, where those proposals are likely to impact on two or more, but not all of the member local authorities (as required).

i) That the review of the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements (referred to in (g) above) includes, but is not restricted to consideration of the following matters:

i. Appropriate membership of all relevant local authorities.

ii. Specific operational / procedural rules, in order to ensure consistency of approach across all arears of work of the Joint Committee, irrespective of the hosting local authority.

iii. Alternating the position of Chair on an annual basis, and the associated impact on the local authority officer support for the Joint Committee;

j) That the current membership of the West Yorkshire Joint Health Overview and Scrutiny Committee arrangements be invited to comment on any draft terms of reference and proposed procedural rules prior to them being finalised and agreed by each constituent authority.

7 Integrated Care Systems (ICS) Update

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support that introduced an update on Integrated Care Systems (ICS).

The following were in attendance:

- Ian Holmes - Director, West Yorkshire & Harrogate Health & Care Partnership
- Rachael Loftus – Head of Regional Health Partnerships
- Jo Webster - Chief Officer NHS Wakefield CCG and Senior Responsible Officer (Commissioning) West Yorkshire & Harrogate Stroke Programme
- Andy Withers - Clinical Chair Bradford Districts CCG and West Yorkshire & Harrogate Stroke Programme Chair
- Karen Coleman - West Yorkshire & Harrogate Health & Care Partnership Communication and Engagement Lead

The Director introduced the item, highlighting the following matters in the development of the ICS:

- The ICS role as facilitator and the relationships with local plans; providing strategic direction for the local delivery of services.
- The announcement in May 2018 that the West Yorkshire and Harrogate Partnership had achieved shadow ICS status. This would provide an opportunity to draw down additional transformational funding to progress the development of the ICS, establish working relationships with the statutory regulators and access to support and expertise.
- The next steps to include the establishment of a Partnership Board with representatives of local authorities (including local Councillors), which would consider the strategic direction of service delivery across the WY&H footprint.
- Further discussions on accountability would be welcomed, particularly in terms of establishing relevant forums.

The Joint Committee's discussions covered a range of matters, including:

- The role of the proposed Partnership Board, its membership and the balance in proposed membership between elected local councillors and non-elected officials.
- The impact of the current financial position of some CCGs and their ability to participate fully in the partnership; and the need for financial accountability and transparent commissioning across all partner organisations within the ICS.
- A request to present a further report to the next JHOSC meeting that would provide a breakdown of financial challenges across the Partnership and plans intended to address these challenges, in order to provide information on:
  - Where savings and service changes were proposed
  - Where funding would be drawn from and whether this would be new funding or diverted from elsewhere.
  - How closer working will be delivered at a local level and how local Health and Wellbeing Boards will feed into the ICS
  - Any plans for hospitals to provide specialised hospital services only, supported by the provision of services elsewhere
- How social care is reflected in the Partnership and the role of local authorities within the Partnership, specifically in terms of:
  - The wider determinants of health; and those issues where local authorities have a role (housing/employment etc) which contribute to prevention/intervention; and,
  - Democratic accountability and decision-making
- How local residents will understand the proposed changes to healthcare

(Councillor Baines left the meeting at 3.45 pm during consideration of this item)

RESOLVED –

a) To note the contents of the report and the information provided at the meeting

b) That a further report be presented to the next meeting of the joint committee that addresses the matters identified at the meeting.

(Councillors Crewe and Rhodes left the meeting at 3.55 pm after consideration of this item)

8 Specialist Stroke Services

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support introducing an update on Specialist Stroke Services, setting out the context of the review.

The following were in attendance:

- Jo Webster - Chief Officer NHS Wakefield CCG and Senior Responsible Officer (Commissioning) West Yorkshire & Harrogate Stroke Programme
- Andy Withers - Clinical Chair Bradford Districts CCG and West Yorkshire & Harrogate Stroke Programme Chair
- Stacey Hunter - Chief Operating Officer, Airedale Hospital, West Yorkshire Association of Acute Trusts (WY AAT)
- Karen Coleman - West Yorkshire & Harrogate Health & Care Partnership Communication and Engagement Lead

The Chief Officer presented the report setting out the key issues considered during the review, which sought to ensure that care pathways are universal across the area. The issues highlighted included:

- National standards
- Standards set out by Royal College of Surgeons
- Clinical outcome improvements
- To ensure care and outcomes are equitable across the Partnership
- To ensure that services remained sustainable in the longer-term.

The Clinical Chair outlined work undertaken with providers regarding the clinical pathway, lessons learned from previous reconfiguration in Bradford and Airedale, and the future focus of Stroke Services.

It was also highlighted that the long-term future of the hyper-acute stroke unit at Harrogate Hospital remained in doubt, largely due to current and predicted patient numbers, potential patient safety matters and associated workforce issues. Notwithstanding the issue regarding Harrogate Hospital, one of the main recommendations arising from the review was there should be no further reconfiguration proposals of hyper-acute stroke services across the geography of the West Yorkshire and Harrogate Partnership.

The Joint Committee's discussions covered a range of matters, including:

- Concern regarding the limited information presented in the written report submitted to the Joint Committee in advance of the meeting, with an over-reliance on a verbal report and update – which made it difficult for a range of stakeholders, including members of the Joint Committee and also interested members of the public not in attendance.

- The development of any outline business cases and how these had been developed across the network, including links to social care providers.
- Processes to engage and consult on the outline business case, due to be considered by the Joint Committee of Clinical Commissioning Groups in September 2018.
- Recognition of proposed configuration of services to provide equitable access to acute service response within 72 hours of an incident, with patients then moving to units nearer their home.
- Measures, including GP training, would seek to identify and take a preventative approach with patients at a higher risk of experiencing a stroke, which would potentially reduce the number of acute service requests.

The Joint Committee noted the intention to provide a more detailed update for consideration by the JHOSC at its October 2018 meeting, which was likely to consist of the details reported to the Joint Committee of Clinical Commissioning Groups in September 2018, with the associated outcomes. Members of the Joint Committee requested this should include specific details on the preventative aspects of the care pathway and how local authorities would support the care aspect of rehabilitation.

RESOLVED –

a) To note the contents of the report and the information provided at the meeting.
b) That future reports relating to specific programmes of work from the West Yorkshire and Harrogate Health and Care partnership, provide sufficient information, in advance of attending the meeting, to allow proper consideration of the matters under consideration..
c) To note the intention to provide a more detailed update for consideration by the JHOSC at its October 2018, as noted at the meeting.

(Councillor Flynn withdrew from the meeting for a short while)

9 West Yorkshire and Harrogate Health and Care Partnership - Our Next Steps to Better Health and Care for Everyone

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support introducing the "Our next steps to better health and care for everyone" document, published by the West Yorkshire and Harrogate Health and Care Partnership in January 2018.

Noting that Members had discussed matters set out in the document during consideration of the previous agenda items; and noting the time constraints, the Chair suggested that the Joint Committee note the content of the information provided without further detailed discussion.

RESOLVED – To note receipt of the document and information provided, without further discussion.

(Councillors Evans and Riaz left the meeting at 4.00 pm)

10 Access to Dentistry

The report of the Head of Governance and Scrutiny support introduced an update from NHS England regarding progress made on access to dentistry services across West Yorkshire.

The Joint Committee previously considered the matters associated with Access to Dentistry across West Yorkshire in March 2017 and had received a supplementary document prior to the meeting, providing a summary of the key issues facing dentistry, actions taken to date and the proposed next steps.

The following attended the meeting:

- Emma Wilson – Head of Co-Commissioning (Yorkshire and Humber), NHS England
- Debbie Pattinson – Commissioning Lead for Urgent Care, NHS England

The Head of Co-Commissioning gave a brief introduction to the supplementary document provided and an outline of the key issues.

The Joint Committee's discussions covered a range of matters, including:

- Funding of £1.9M (over 3-years) had been made available on 1st April 2018; with some services commencing the new approach on 1st July 2018; however some services required additional time to secure additional staff – and new ways of working would commence at the end of July/early August. Members of the Joint Committee requested details of the specific practices currently involved in the work outlined in the report and discussed at the meeting.

- The natural end of existing urgent dental care contracts had been an opportunity to procure different providers to support better access to urgent dental care services and to refocus the care pathway to help improve access to regular dental services; thus reducing the need / demand for urgent care services.

- The refocus brings investment in the NHS 111 service – dental nurses will assess callers and direct those to regular services where applicable; with more service provision to ensure any requiring urgent care are seen sooner. It was reported that the 111 service is often used by patients seeking access to a local dentist, but by the time they call they often require urgent care, particularly pain management.

- Reference was made to recent NHS England and NHS Yorkshire & Humber public and stakeholder engagement and communications on urgent dental care. A comment that significant service changes and/or reconfiguration would be a matter for scrutiny was noted; the Joint Committee was assured that the refocus of access to dentistry was not "a service reconfiguration" and that NHS England would not miss the opportunity to engage with scrutiny on such matters.

- The impact of the 0-2 age range focus of the 'Starting Well' programme, which aimed to address areas of greatest need. The pilot scheme in Hull and Wakefield had been successful and further discussions had been scheduled to help identify how to initiative could be rolled out into other areas.

(Councillor Hughes left the meeting at 4.50 pm)

The meeting became inquorate and the formal meeting closed at 4.50 pm

The remainder of the discussion continued for the information of those Councillors remaining at the meeting, with the remaining Councillors only able to make recommendation on the remaining business.

RECOMMENDATIONS

a) To note the content of the report and the details provided at the meeting
b) That the request for details of the specific practices currently involved in the work to improve access to appropriate dental care, outlined in the report and discussed at the meeting, be progressed accordingly.

11 Date and Time of Next Meeting

Monday 8th October 2018 at 1.30 pm (with a pre-meeting at 1.00 pm for Members). Venue to be confirmed.

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Report author: Steven Courtney
Tel: (0113) 378 8666

Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 8 October 2018

Subject: West Yorkshire and Harrogate Health and Care Partnership: Memorandum of Understanding

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to present the draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding for consideration by the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC).

2 Background

2.1 At its meeting in July 2018, the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) considered an update report on the Partnership's shadow Integrated Care System status (announced in May 2018).

2.2 At that meeting the JHOSC highlighted the following matters:

- The role of the proposed Partnership Board, its membership and the balance in proposed membership between elected local councillors and non-elected officials.
- How closer working will be delivered at a local level and how local Health and Wellbeing Boards will feed into the ICS
- How social care is reflected in the Partnership and the role of local authorities within the Partnership, specifically in terms of:
  - The wider determinants of health; and those issues where local authorities have a role (housing/employment etc) which contribute to prevention/intervention; and,
  - Democratic accountability and decision-making

3 Summary of main issues

3.1 In October 2017 the West Yorkshire and Harrogate Partnership (WYH) Senior Leadership Executive Group (SLE) agreed that a Memorandum of Understanding (MoU) should be developed to formalise working arrangements and support for the next stage of the Partnership's development.

3.2 The MoU is proposed as a formal agreement between WYH health and care partners. The MoU is not a legal contract but it is proposed as a formal agreement to continue working together in partnership to deliver better health and care outcomes across the West Yorkshire and Harrogate area.

3.3 The draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of is appended to this report for consideration by the JHOSC.

3.4 It should be noted that the draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding is likely to be considered by a number of different partner organisations, including local Health and Wellbeing Boards, local Health Overview and Scrutiny Committees and relevant NHS bodies.

3.5 As previously indicated, in May 2018, the Partnership was one of four areas to be invited to part of the Integrated Care System (ICS) development programme. Being a Shadow ICS is about helping the partnership to develop the sophistication of process and relationships that means, in future, the partnership itself will be able to take on some powers and budgets from national bodies. This would mean that decisions about investment in health and care can be taken more locally by those with a closer relationship to the impact of such decisions.

3.6 In practice this does not change the status of the Partnership, or remove or revoke any responsibilities or sovereignty from the organisations that make up the Partnership. Rather, the aim of the MoU is to provide the opportunity to develop a clear statement of intent from all partners about working together to develop a greater level of sophistication for more effective local decision making.

3.7 The MoU is intended to be read in conjunction with the West Yorkshire and Harrogate Next Steps document published in January 2018 and presented to the JHOSC at its previous meeting in July 2018. The Next Steps document is also appended to this report.

3.8 The text of the MoU covers the context for the partnership, how partners are expected to work together across WYH, including principles, values and behaviours, mutual accountability and governance arrangements, including how the Partnership moves towards a new approach to assurance, regulation and accountability with the NHS national bodies.

3.9 Development of the MoU has aimed to provide a platform for:

- a refresh of the governance arrangements including the relationship and interplay between the six Places and statutory bodies.
- exploring what mutual accountability means in the context of collective ownership for delivery, rather than a top-down approach.

- developing a new approach to commissioning, and maturing provider networks that collaborate to deliver services in place and at WYH level.
- improving clinical and managerial leadership of change in major transformation programmes.
- developing more transparent and inclusive approaches to citizen engagement in development, delivery and assurance.
- improving political ownership of, and engagement in the agenda, including regular opportunities for challenge and scrutiny.
- developing a new assurance and accountability relationship with the NHS regulatory and oversight bodies that provides new flexibilities for WYH to assert greater control over system performance and delivery and the use of transformation and capital funds.
- agreeing an effective system of risk management and reward for the NHS bodies in the system.
- how partners will work together in WYH, including principles, values and behaviours.
- the objectives of the Partnership, and how joint priority programmes and enabling workstreams will improve service delivery and outcomes across WYH.
- the mutual accountability and governance arrangements, including how we will move towards a new approach to assurance, regulation and accountability with the NHS national bodies.
- a joint financial framework and how it relates to NHS partners.
- the support that will be provided to the Partnership by the national and regional teams of NHS England and NHS Improvement.
- which aspects of the agreement apply to particular types of organisation.

3.10 All parties to the MoU have been asked to take the process for sign-up through their respective governance structures, including making any final decision at a meeting that takes place in public: Anticipated to take place during September and October 2018.

3.11 Appropriate representatives have been invited to attend the meeting to help the JHOSC consider the information presented.

4 Recommendations

4.1 The West Yorkshire Joint Health Overview and Scrutiny Committee is asked to consider and comment on the details presented in this report and associated appendices and agree any specific matters that may require further scrutiny action, input or activity.

5 Background papers[1]

5.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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West Yorkshire and Harrogate
Health and Care Partnership

Memorandum of Understanding

D R A F T

August 2018

Contents

Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.6 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed to develop this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for people with a learning disability, and for cancer diagnostics, diabetes and a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This Memorandum demonstrates our clear commitment to do this.

Rob Webster
West Yorkshire and Harrogate Health and Care Partnership Lead
CEO South West Yorkshire Partnership NHS FT

1. Parties to the Memorandum

1.1. The members of the West Yorkshire and Harrogate Health and Care Partnership (the **Partnership**) , and parties to this Memorandum, are:

Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council[1]
- Wakefield Council

NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG
- NHS England

NHS Service Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- The Mid Yorkshire Hospitals NHS Trust

- South West Yorkshire Partnership NHS Foundation Trust[1]
- Tees, Esk, and Wear Valleys NHS Foundation Trust[1]
- Yorkshire Ambulance Service NHS Trust[1]

Heath Regulator and Oversight Bodies

- NHS England
- NHS Improvement

Other National Bodies

- Health Education England
- Public Health England
- Care Quality Commission [TBC]

Other Partners

- Locala Community Partnerships CIC
- Healthwatch Bradford and District
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network[1.]

1.2. As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

Definitions and Interpretation

1.4. This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

Term

1.5. This Memorandum shall commence on the date of signature of the Partners, and shall continue for an initial period of three (3) years and thereafter subject to an annual review of the arrangements by the [Partnership Board].

[1] These organisations are also part of neighbouring STPs.

Local Government role within the partnership

1.6. The West Yorkshire and Harrogate Health and Care Partnership includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils, Harrogate Borough Council and Craven District Council lead on housing. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.7. Within the WY&H partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.

1.8. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Partners in Local Places

1.9. The NHS and the Councils within the partnership have broadly similar definitions of place. (The rural Craven district is aligned with Bradford for NHS purposes, but is seen as a distinct local government entity in its own right within North Yorkshire.)

1.10. All of the Councils, CCGs, Healthcare Providers and Healthwatch organisations are part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision-making. Other key members of these partnerships include:

- GP Federations
- Specialist community service providers
- Voluntary and community sector organisations and groups
- Housing associations.
- other primary care providers such as community pharmacy, dentists, optometrist
- independent health and care providers including care homes

2. Introduction and context

2.1. This Memorandum of Understanding (Memorandum) is an understanding between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

2.2. West Yorkshire and Harrogate Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven[2], Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

2.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

2.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. Since then we have made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

2.5. The purpose of this Memorandum is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.

2.6. The Memorandum is not a legal contract and is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

2.7. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the

[2] Whilst Craven is organisationally aligned with the NHS in Bradford, it is a distinctive place in its own right, forming part of North Yorkshire.

Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

2.8. The Memorandum should be read in conjunction with the Partnership Plan, published in November 2016, the Next Steps (February 2018) and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

2.9. Our approach to collaboration begins in each of the 50-60 neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

2.10. Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

2.11. The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

2.12. These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues' (ie, complex, intractable problems).

2.13. The arrangements described in this Memorandum describe how we will organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

Promoting Integration and Collaboration

2.14. The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, whenever it can be demonstrated that it is in the interests of patients and service users to do so.

2.15. The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly.

2.16. The Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

3. How we work together in West Yorkshire and Harrogate

Our vision

3.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as Partner organisations and at a Partnership level should be supportive of the delivery of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Overarching leadership principles for our partnership

3.2. We have agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS so we will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking

place at the appropriate level and as near to local as possible

Our shared values and behaviours

3.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Partnership objectives

3.4. Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: https://wyhpartnership.co.uk/meetings-and-publications/publications). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in February 2018.

3.5. In order to achieve these ambitions we have agreed the following broad objectives for our Partnership:

i. To make fast and tangible progress in:
   - enhancing urgent and emergency care,
   - strengthening general practice and community services,
   - improving mental health services,
   - improving cancer care,
   - prevention at scale of ill-health,
   - collaboration between acute service providers,
   - improving stroke services, and
   - improving elective care, including standardisation of commissioning policies.

ii. To enable these transformations by working together to:
   - Secure the right workforce, in the right place, with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff ,

- Engage our communities meaningfully in co-producing services,
- Use digital technology to drive change, ensure systems are inter-operable, and create a 21st Century NHS,
- Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
- Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy, and
- Ensure that we have the best information, data, and intelligence to inform the decisions that we take.

iii. To manage our financial resources within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;

iv. To operate as an integrated health and care system, and progressively to build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for health and care services;

v. To act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

Delivery improvement

3.6. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

3.7. Each programme has undergone a peer review 'check and confirm' process to confirm that it has appropriate rigour and delivery focus.

3.8. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

4. Partnership Governance

4.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.

4.2. The Partnership provides a mechanism for collaborative action and common decision-making for those issues which are best tackled on a wider scale.

4.3. A schematic of our governance and accountability relationships is provided at **Annex 2** and terms of reference of the Partnership Board, System Leadership Executive and System Oversight and Assurance Group are provided at **Annex 3**.

Partnership Board

4.4. A Partnership Board will be established to provide the formal leadership for the Partnership. The Partnership Board will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters highlighted in section 7 of this Memorandum, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.5. The Partnership Board is to be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations. The Partnership Board will have an independent chair and will meet at least four times each year in public.

4.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

System Leadership Executive

4.7. The System Leadership Executive (SLE) Group includes each statutory organisation and representation from other Partner organisations. The group is responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.

4.8. Each organisation will be represented by its chief executive or accountable officer. Members of the SLE will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members of the SLE will be expected to recommend that their organisations support agreements and decisions made by SLE (always subject to each Partner's compliance with internal governance and approval procedures).

System Oversight and Assurance Group

4.9. A new system oversight and assurance group (SOAG) will be established in 2018/19 to provide a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It will:

- be chaired by the Partnership Lead;
- include representation covering each sector / type of organisation;
- regularly review a dashboard of key performance and transformation metrics; and
- receive updates from WY&H programme boards.

4.10. The SOAG will be supported by the partnership core team.

West Yorkshire and Harrogate programme governance

4.11. Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate priority and enabling programmes (the **Programmes**). Each programme has a Senior Responsible Owner, typically a Chief Executive, accountable officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each relevant service sector.

4.12. Programmes will provide regular updates to the System Leadership Executive and System Oversight and Assurance Group. These updates will be published on the partnership website.

Other governance arrangements between Partners

4.13. The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (eg commissioners, acute providers, mental health providers, Councils) that support the way it works. These are described in paragraphs 4.14 to 4.29 below.

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

4.14. The nine CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six Places that make up our Partnership.

4.15. The CCGs have established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a work plan, which have been agreed by each CCG.

4.16. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been expressly delegated to it by the CCGs.

West Yorkshire Association of Acute Trusts Committee in Common

4.17. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the West Yorkshire Association of Acute Trusts (WYAAT). WYAAT believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.

4.18. WYAAT is governed by a memorandum of understanding which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The memorandum of understanding establishes the WYAAT Committee in Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making decisions in a common forum. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually in accordance with their own internal procedures.

West Yorkshire Mental Health Services Collaborative

4.19. The four trusts providing mental health services in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust) have come together to form the West Yorkshire Mental Health Services Collaborative (WYMHSC). The trusts will work together to share best practice and develop standard operating models and pathways to achieve better outcomes for people in West Yorkshire and ensure sustainable services into the future.

4.20. The WYMHSC is underpinned by a memorandum of understanding and shared governance in the form of 'committees in common'.

4.21. Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health services to the Harrogate area.

Local council leadership

4.22. Relationships between local councils and NHS organisations are well established in each of the six places and continue to be strengthened. Complementary arrangements for the whole of West Yorkshire and Harrogate have also been established:

- Local authority chief executives meet and mandate one of them to lead on

health and care partnership;

- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority
- North Yorkshire and York Leaders and Chief Executives

Clinical Forum

4.23. Clinical leadership is central to all of the work we do. Clinical leadership is built into each of our work programmes, and our Clinical Forum provides formal clinical advice to all of our programmes.

4.24. The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.

4.25. The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.

4.26. The Clinical Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Local Place Based Partnerships

4.27. Local partnerships arrangements for the Places bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its own Place Plan.

4.28. These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

4.29. There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

5. Mutual accountability framework

5.1. A single consistent approach for assurance and accountability between Partners on West Yorkshire and Harrogate system wide matters will be applied through the governance structures and processes outlined in Paragraphs 4.1 to 4.12 above.

Current statutory requirements

5.2. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 Act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

5.3. NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

A new model of mutual accountability

5.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health. The partners will:

- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
- work through our formal collaborative groups for decision making, engaging people and communities across WY&H; and
- identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.

5.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

5.6. Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.

5.7. System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:

- Monitoring performance against key standards and plans in each place;
- Ongoing dialogue on delivery and progress;
- Identifying the need for support through a clinically and publically-led process of peer review;
- Agreeing the need for more formal action or intervention on behalf of the partnership; and
- Application of regulatory powers or functions.

5.8. The Programmes will, where appropriate, take on increasing responsibility for managing this process. The extent of this responsibility will be agreed between each Programme and the SLE.

5.9. A number of Partners have their own improvement capacity and expertise. Subject to the agreement of the relevant Partners this resource will be managed by the Partner in a co-ordinated approach for the benefit of the overall Partnership, and used together with the improvement expertise provided by national bodies and programmes.

Taking action

5.10. The SOAG will prioritise the deployment of improvement support across the Partnership, and agree recommendations for more formal action and interventions. Actions allocated to the SOAG are to make recommendations on:

- agreement of improvement or recovery plans;
- more detailed peer-review of specific plans;
- commissioning expert external review;
- the appointment of a turnaround Director / team; and
- restrictions on access to discretionary funding and financial incentives.

5.11. For Places where financial performance is not consistent with plan, the Partnership Directors of Finance Group will make recommendations to the SOAG on a range of interventions, including any requirement for:

- financial recovery plans;
- more detailed peer-review of financial recovery plans;
- external review of financial governance and financial management;
- organisational improvement plans;
- the appointment of a turnaround Director / team;

- enhanced controls around deployment of transformation funding held at place; and
- reduced priority for place-based capital bids.

The role of Places in accountability

5.12. This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

5.13. Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

5.14. In each Place the statutory bodies come together in local health and care partnerships to agree and implement plans across the Place to:

- Integrate mental health, physical health and care services around the individual
- Manage population health
- Develop increasingly integrated approaches to joint planning and budgeting

Implementation of agreed strategic actions

5.15. Mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places require support from the wider Partnership to ensure the effective management of financial and delivery risk.

National NHS Bodies oversight and escalation

5.16. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in West Yorkshire and Harrogate in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the SLE and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

6. Decision-Making and Resolving Disagreements

6.1. Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

6.2. There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners have delegated specific decisions to a collaborative forum, for example the CCGs have delegated certain commissioning decisions to the Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Joint Committee and not this Memorandum. There are also a specific dispute resolution mechanisms for WYATT and the WYMHC.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in Paragraphs 6.3 below.

6.3. Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the WY&H system and will look to reach recommendations and any decisions on a Best for WY&H basis. The terms of reference for the Partnership Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The Partnership Board will initially have responsibility for decisions relating to:

- The objectives of priority HCP work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed

6.4. SLE will make recommendations to the Partnership Board on these matters. Where appropriate, the Partnership Board will make decisions of the Partners by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may

be referred to the dispute resolution procedure under Paragraph 6.6 below by any of the affected Partners for resolution.

6.5. In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the SLE meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

6.6. Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.

6.7. Where necessary, Place or sector-based arrangements (the Joint Committee of CCGs, WYAAT, and WYMHSC as appropriate) will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

6.8. The Partnership will apply a dispute resolution framework to resolve any issues which cannot otherwise be agreed through these arrangements.

6.9. As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.

6.10. The key stages of the dispute resolution process are

i. The SOAG will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If SOAG cannot resolve the dispute within 30 days, the dispute should be referred to SLE.

ii. SLE will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. SLE will advise the Partners of its decision in writing.

iii. If the parties do not accept the SLE decision, or SLE cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by SLE. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.

iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the Partnership Board. The Partnership Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

7. Financial Framework

7.1. All NHS body Partners, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.

7.2. A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:

- aim to live within our means, i.e. the resources that we have available to provide services;
- develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
- develop payment and risk share models that support a system response rather than work against it.

7.3. We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

Living within our means and management of risk

7.4. Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the Place in the event of the emergence of financial risk outside plans. This might include establishing a Place risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.

7.5. Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

NHS Contracting principles

7.6. The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.

Allocation of Transformation Funds

7.7. The Partners intend that any transformation funds made available to the Partnership will all be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.

7.8. The funding provided to Places (based on weighted population) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements of the SLE and SOAG and be subject to on-going monitoring and assurance from the Partnership.

7.9. Funding provided to the Programmes (all of which will also be deployed in Place) will be determined in agreement with Partners through the SLE, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

Allocation of ICS capital

7.10. The Partnership will play an increasingly important role in prioritising capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:

- the capital prioritisation process is fair and transparent;
- there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
- there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
- the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
- access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

Allocation of Provider and Commissioner Incentive Funding

7.11. The approach to managing performance-related incentive funds set by NHS planning guidance and business rules (e.g. the 2018/19 Provider Sustainability Fund and Commissioner Sustainability Fund) is not part of this Memorandum. A common approach to this will be agreed by the Partnership as part of annual financial planning.

8. National and regional support

8.1. To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.

8.2. National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9. Variations

9.1. This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

10. Charges and liabilities

10.1. Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

10.2. By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them in accordance with a “Contributions Schedule” to be developed by the Partnership and approved by the Partnership Board.

10.3. Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

11. Information Sharing

11.1. The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions on a Best for WY&H basis.

11.2. The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

12. Confidential Information

12.1. Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised

disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

12.2. To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

12.3. The Parties agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

12.4. Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

13. Additional Partners

13.1. If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

13.2. The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

14. Signatures

14.1. This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.

14.2. The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

14.3. No counterpart shall be effective until each Partner has executed at least one counterpart.

[INSERT SIGNATURE PAGES AFTER THIS]

Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.

2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.

3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.

4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.

5. References to any body, organisation or office include reference to its applicable successor from time to time.

Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

ALB	Arm's Length Body A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, eg NHSE, NHSI, HEE, PHE
Aligned Incentive Contract	A contracting and payment method which can be used as an alternative to the Payment by Results system in the NHS
Best for WY&H	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of West Yorkshire and Harrogate
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Committee in Common	
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England

GP	General Practice (or practitioner)
HCP	Health and Care Partnership
Healthcare Providers	The Partners identified as Healthcare Providers under Paragraph 1.1
HEE	Health Education England
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better.
HWB	Health and Wellbeing Board
ICP	Integrated Care Partnership The health and care partnerships formed in each of the
ICS	Integrated Care System
JCCCG	Joint Committee of Clinical Commissioning Groups - a formal committee where two or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
Law	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and "Laws" shall be construed accordingly
LWAB	Local Workforce Action Board sub regional group within Health Education England
Memorandum	This Memorandum of Understanding
Neighbourhood	One of c.50 geographical areas which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people.
NHS	National Health Service
NHSE	NHS England Formally the NHS Commissioning Board
NHS FT	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS

NHSI	NHS Improvement - The operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions
Objectives	The Objectives set out in Paragraph 3.5
Partners	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 who shall not be legally in partnership with each other in accordance with Paragraph 2.7.
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
Partnership Board	The senior governance group for the Partnership set up in accordance with Paragraphs 4.4 to 4.6
Partnership Core Team	The team of officers, led by the Partnership Director, which manages and co-ordinates the business and functions of the Partnership
PHE	Public Health England - An executive agency of the Department of Health and Social Care which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities
Places	One of the six geographical districts that make up West Yorkshire and Harrogate, being Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield, and "Place" shall be construed accordingly
Principles	The principles for the Partnership as set out in Paragraph 3.2
Programmes	The WY&H programme of work established to achieve each of the objectives set out in paras 4.2,i and 4.2,ii of this memorandum
SOAG	System Oversight and Assurance Group
STP	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
System Leadership Executive or SLE	The governance group for the Partnership set out in Paragraphs 4.7 and 4.8

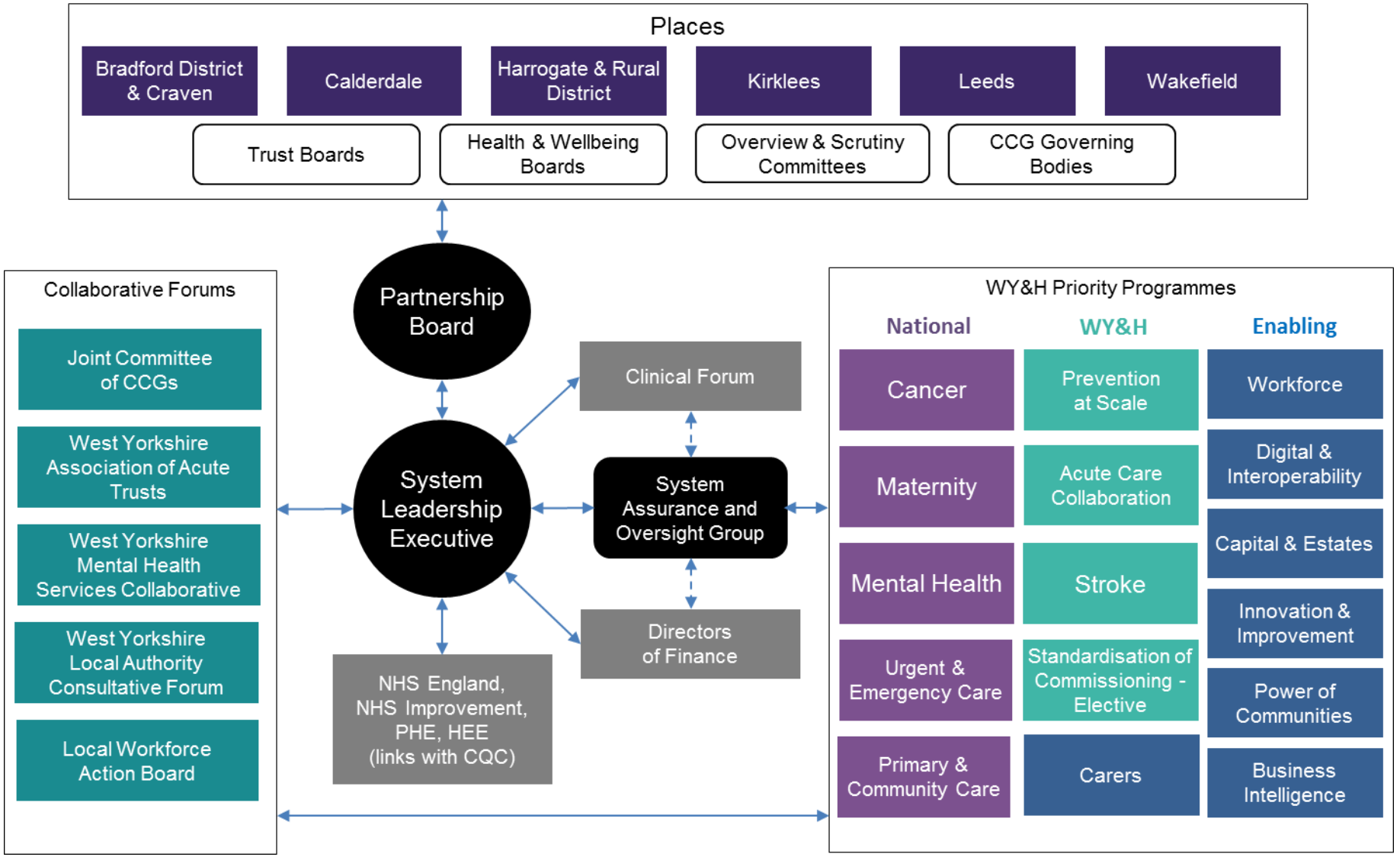
Transformation Funds	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformation priorities
Values and Behaviours	shall have the meaning set out in Paragraph 3.3 above
WY&H	West Yorkshire and Harrogate
WYAAT	West Yorkshire Association of Acute Trusts
WYMHC	West Yorkshire Mental Health Collaborative

Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers[3]	Councils	NHSE and NHSI	Healthwatch	Other partners
Vision, principles, values and behaviour	✓	✓	✓	✓	✓	✓
Partnership objectives	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financial framework – financial risk management	✓	✓		✓		
Financial framework – Allocation of capital and transformation funds	✓	✓	✓	✓		
National and regional support	✓	✓	✓	✓		

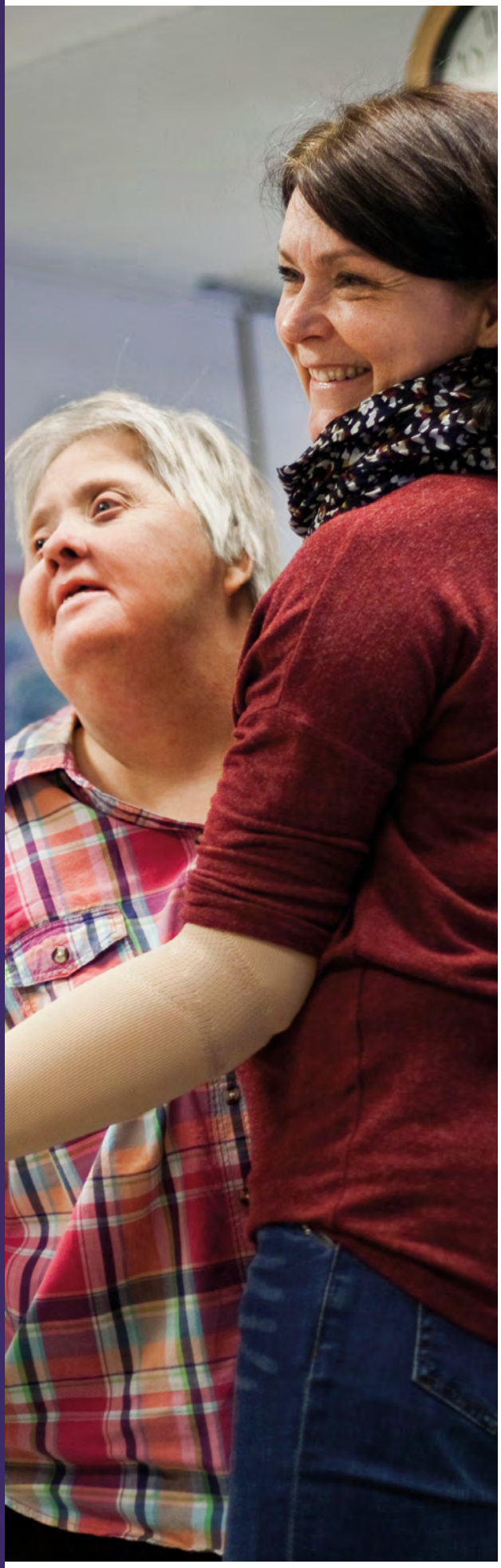
[3] All elements of the financial framework for WY&H, eg the application of a single NHS control total, will not apply to all NHS provider organisations, particularly those which span a number of STPs.
Locala Community Partnerships CIC is a significant provider of NHS services. It is categorised as an 'Other Partner' because of its corporate status and the fact that it cannot be bound by elements of the financial and mutual accountability frameworks. This status will be reviewed as the partnership continues to evolve.

Annex 2 – Schematic of Governance and Accountability Arrangements



Our next steps to better health and care for everyone

January 2018



West Yorkshire and Harrogate Health and Care Partnership

The West Yorkshire and Harrogate Health and Care Partnership is made up of organisations working closely together to plan health and care services across the area.

This includes:

Care providers

Airedale NHS Foundation Trust

Bradford District Care NHS Foundation Trust

Bradford Teaching Hospitals NHS Foundation Trust

Calderdale and Huddersfield NHS Foundation Trust

Harrogate and District NHS Foundation Trust

Leeds Community Healthcare NHS Trust

Leeds and York Partnership NHS Foundation Trust

Leeds Teaching Hospitals NHS Trust

Locala Community Partnerships

The Mid Yorkshire Hospitals NHS Trust

South West Yorkshire Partnership NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust

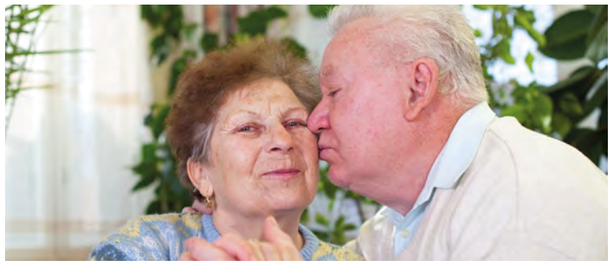
Yorkshire Ambulance Service NHS Trust

Clinical commissioning groups (CCGs)

NHS Airedale, Wharfedale and Craven CCG
NHS Bradford City CCG
NHS Bradford Districts CCG
NHS Calderdale CCG
NHS Greater Huddersfield CCG
NHS Harrogate and Rural District CCG
NHS Leeds North CCG*
NHS Leeds South and East CCG*
NHS Leeds West CCG*
NHS North Kirklees CCG
NHS Wakefield CCG

Other organisations involved

Voluntary and community partners
NHS England
NHS Improvement
Public Health England
Health Education England
Healthwatch
GP Federations working in our local areas



Local councils

Bradford District Council
Calderdale Council
Craven District Council
Harrogate Borough Council
Kirklees Council
Leeds City Council
North Yorkshire County Council
Wakefield Council

*In April 2018 the number of clinical commissioning groups will reduce to nine when the three Leeds clinical commissioning groups come together.

Contents

Foreword

This publication describes the progress made and our next steps for improving health and services across the West Yorkshire and Harrogate Health and Care Partnership.

In November 2016 we published draft proposals for our Sustainability and Transformation Partnership. We described how we will work together on the **'triple aim'** of the Forward View: to improve the health of people; provide better care; and ensure financial sustainability.

Since this point we have taken forward a significant amount of work and our partnership has grown and matured:

- We have refined and further developed our programmes into clear plans for delivery.
- We have begun to deliver improvement in a number of important areas.
- We have built capacity into programmes through alignment of staff currently working in our system.
- We have developed governance and partnership working arrangements that facilitate closer working at local place level and across the West Yorkshire and Harrogate area.
- We have attracted over £45m of national funding to support changes in areas like cancer, mental health and diabetes so we can move quickly on our priorities; and
- We continue to have meaningful conversations and effective engagement with communities – both at West Yorkshire and Harrogate level and in each of the places that make up our partnership (see page 5).

Performance and finances are stressed in many organisations within West Yorkshire & Harrogate. **Staff are working incredibly hard to deliver care and improve care in the most trying of circumstances.**

This publication provides an update on how we are working to deliver high quality and sustainable services into the future. This means working in all our communities to tackle the root cause of the issues – whether loneliness, poverty, poor housing or disjointed and complicated services. We can only do this by working together and by being clear about the choices we need to make now and in the future.

As a frontline Chief Executive I see the reality of the fantastic innovation that exists alongside the pressures in services. I have been formally appointed to the role of Partnership Leader for West Yorkshire and Harrogate. It is a privilege to continue to work with leaders across our area to build on the strong foundations we have put in place.

Rob Webster
Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership

Introduction

The purpose of our West Yorkshire and Harrogate Health and Care Partnership is to deliver the best possible health and care for everyone living in the area.

We serve a diverse range of communities and recognise that they have different needs which require different services that meet their needs.

West Yorkshire and Harrogate is the **second largest health and care partnership in the country. 2.6 million people live here.** We have strong and vibrant communities and diverse population groups.

We have a **health care budget of over £5 billion.**

There are six places that make up the partnership:

Bradford District and Craven
Calderdale
Harrogate & Rural District
Kirklees
Leeds
Wakefield

There are nine West Yorkshire and Harrogate priority programmes:

- Preventing ill health
- Primary and community services, which covers a wide range of services including your local GP, pharmacies, social care services and local charities.
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Hospitals working together
- Planned care and reducing variation
- Maternity

These local plans and our nine priorities make up the West Yorkshire and Harrogate Health Care Partnership Plan.

200,000 people
at risk of type II diabetes

Across our area we have so much to be proud of but we also need to address some significant health challenges. For example people are living longer with complex health care needs; **we have higher than average obesity levels, and over 200,000 people are at risk of type II diabetes.**

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions.

It is the only way we can genuinely put people, rather than organisations, at the centre of what we do. It is also the only way we can maximise the benefit of sharing the expertise and resources we have, including money, buildings and staff, **to achieve a greater focus on preventing ill health and reducing health inequalities.**

Over the past fourteen months our partnership has made major strides towards working together. You can see examples of this through:

- The structures we have put in place to support joint working.
- The way we have prioritised partnership working.
- The backing and support we have given to our priority programmes, including cancer and stroke, so that we can deliver change at pace.
- Our commitment to engaging with local communities and tackling inequalities.
- Our commitment to developing a joint financial strategy rather than competing organisational plans.
- Our conversations with people and communities who both provide and receive health care across our area.
- The new relationships we are building with national organisations, such as NHS England and NHS Improvement, who work closely with the partnership.

We benefit from strong partnership working in each of the six places (see page 5) that make up our partnership. This work is centred on our **Health and Wellbeing Boards.** These partnerships of councillors and NHS leaders are very important.

We remain steadfast in our thinking that change and improvement needs to happen as close to people as possible, putting the person at the centre of what we do, and that is why these local relationships are so important to us. This is a genuinely new approach to partnerships - built from the bottom up.

We believe in people, and the power that many have to improve their own health.

We also believe in the power of our local council partners and voluntary and community organisations, and the huge contribution they make to understand what really makes communities healthy.

The financial challenge we face is the biggest in a generation. Funding will grow by £0.4bn in the next five years to 2020-21, but this is significantly lower than the long term average growth by successive governments.

Demands on our resources are growing faster than those available; as a result the local health and social care system is under increasing financial pressure.

The right response is about refocusing our investment so that we are putting the available resources to their best possible use. But it will also mean that we will have difficult choices to make to live within our financial means. **It's very important that we are honest with everyone** about these choices – communicating things that we need to improve and letting you know why and when we need to save money; and being clear where service redesign will lead to better health for people.

An easy read version of this publication has been produced. **This is available on our website here.**

You can also **watch our British Sign Language films here.**

Our vision (see page 10)

- Places will be healthy - you'll have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care. This will include peer support and technology, for everything from telemedicine (where you can talk to your GP or a nurse via SKYPE, where it is safe to do so), carephones and fall detectors, to virtual communities of support from people like you.
- If you have multiple health conditions, your GP with a bigger team and social services will work together. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible.
- Local hospitals will be supported by centres of excellence for cancer, stroke, mental health which will deliver world class care and push the boundaries of research and innovation.
- All of this will be planned and paid for once, with councils and the NHS working together and removing the barriers created by planning and paying for services separately.
- Communities and staff will be involved in the design, delivery and assurance of services so that everyone truly owns their health care.

This publication has been produced for staff, stakeholders, public and communities so everyone is aware of the work we're doing and the progress we're making. You can **watch this short film here** to find out more about our partnership.

Summary

1 **We aim to deliver improvements in the quality and value for money of care** we provide, working through nine programmes and six enabling workstreams:

National priorities

- Cancer services
- Urgent and emergency care
- Mental health
- Maternity
- Primary and community care

West Yorkshire and Harrogate priorities

- Stroke care
- Preventing ill health
- Improving planned care and reducing variation
- Hospitals working together

Enablers

- Best practice and innovation
- Workforce
- Digital ways of working
- Harnessing the power of communities
- Capital and estates
- Business intelligence

2 Change needs to happen as close to people as possible, **putting the person at the centre of what we do.** This is why local relationships are the basis of our plans.

3 **The way we work:**

- **50 neighbourhoods** bringing social, physical and mental health care closer together and **seven local health and care partnerships** coming together to deliver care in **six places** where council and NHS commissioners plan and pay for services together.
- Supported by 1 association of acute hospitals and 1 group of mental health providers in **1 health and care system.**

4 **We are committed to meaningful conversations with staff and communities** and we will continue to engage people in the design, development and delivery of our plans.

5 **Housing, employment and access to green spaces can have the biggest impact on health.** Local government has a key role to play and health research is helping us to target those people at risk.

6 £45m

We have brought in **over £45million extra funding through partnership working** – and aim to attract more.

7 **We will invest in the development and skills of our workforce** to enable them to provide the best possible care. We have produced a plan to achieve this which also covers recruitment and retention.

8 The financial challenge we face is the biggest in a generation. **Our response is around getting the best value from every pound.** We will also be very open about the choices we have to make to live within our means.

9 Over the past fourteen months our partnership has made major strides towards **working together to improve health and care.**

10 **What will this all mean for you:**

Places will be **healthy.**

If you have long term health conditions you will be **supported to manage them yourself.**

If you have multiple health conditions, there will be **a team supporting your physical, social and mental health needs.**

Hospitals will work closely together to give you the best care possible.

All **healthcare will be planned and paid** for once.

You can get involved in the development of plans.

Our vision

Our partnership is not a new organisation. It is a new way of working for the 2.6million people who live in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

NHS services, councils, voluntary and community organisations will work together to improve your health and wellbeing.

Technology

We want to use the **latest technology** to give you the best health recovery possible.

We also want to use **equipment to help you** safely manage your health.

This includes using technology to let you **make GP appointments** and to **help you stay safe at home.**

Money

We aim to **spend as much of the local health and care pound as possible** in local places.

And that **we talk to you** and community representatives on how best to do this.

Our partnership staff

Our workforce is our best asset.

We will **develop and train** them to **give you the best care possible.**

If we don't, we will lose them and they are too important to us all.

Our plans

We will always ask you for your views.

You are welcome to **get involved.**

www.wyhpartnership.co.uk
01924 317659
westyorkshire.stp@nhs.net
@WYHpartnership

Our approach to delivering services

We believe firmly in the principle that services should be delivered as close as possible to people in their own homes and communities, where safe and effective.

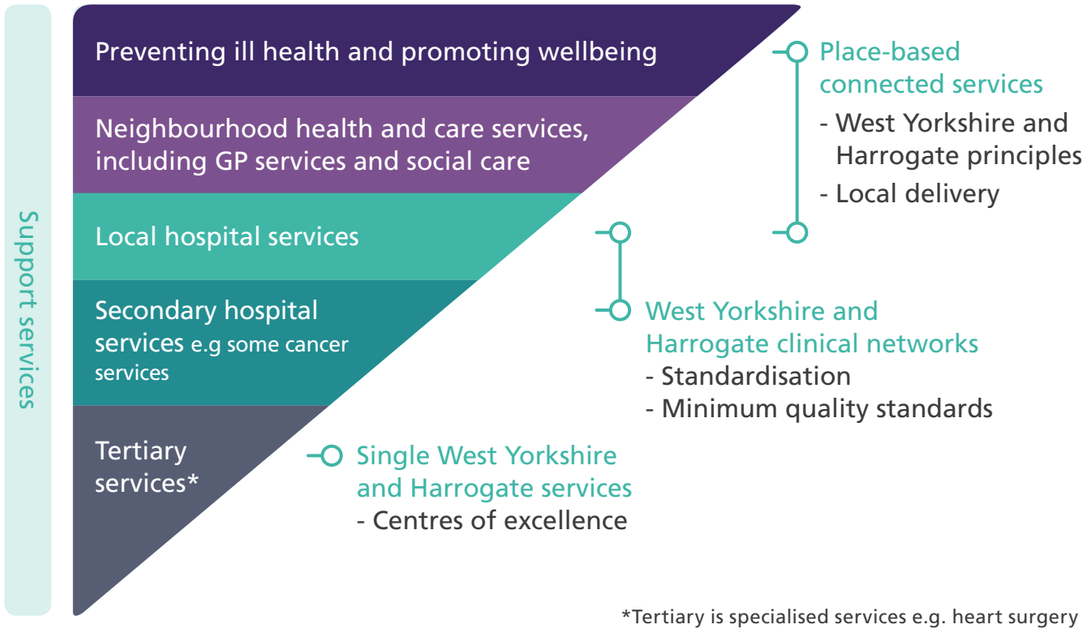
Wherever possible, services will be provided in your local neighbourhood. Only when the safety, quality and cost-effectiveness of care are improved by providing it at a greater scale will services be delivered elsewhere.

Neighbourhood health and care services

Health and care services will be tailored to meet the needs of people living in a neighbourhood of around 30-50,000 people.

They will be delivered through the Primary Care Networks model, an innovative approach to strengthening and redesigning primary care. It brings together a range of health and social care professionals from GP surgeries, mental health, community, hospital, social care and the voluntary sector to provide personalised and preventative care for local people. The model will also help neighbourhood services work together with hospitals and social care.

West Yorkshire and Harrogate service delivery model



*Tertiary is specialised services e.g. heart surgery

Local hospital services

Delivery of local hospital services will be planned based on the needs of each of our six local places (see page 5) and they will be operated and managed locally by each hospital. They will be designed to work seamlessly with services because people will often move between primary (such as GPs and dentists), community and hospital services. To avoid unnecessary differences between our six local places and **to further improve quality and the cost of care, groups of health care professionals will work together in clinical networks across West Yorkshire and Harrogate.**

Secondary hospital services (e.g. some cancer services)

Some hospital services need to be planned and delivered for larger areas and populations to be safe and effective (see page 5). For example those that deliver some cancer care. Although operational management will remain the responsibility of the hospitals, **clinical networks made up of consultants, GPs and other health and care professionals will ensure a common approach across West Yorkshire and Haorrgate, for example by agreeing shared clinical standards and procedures.**

Clinical research and education will also be managed once for West Yorkshire and Harrogate.

In some cases, this may lead to closer working between two or more hospitals to deliver services by sharing staff, buildings, and the latest technology.

Tertiary (or specialised) hospital services

The most complex services, such as heart surgery, will be planned, operated and managed as single services for West Yorkshire and Harrogate. Clinicians, for example **specialist consultants and nurses, from different hospitals will be brought together as a single team** to make the most of their skills, expertise and equipment.

This will improve care and support high quality research and education.

In some cases this may mean reducing the number of sites delivering the more complex care, such as high risk surgery, whilst other parts, for example outpatients, diagnostics and day surgery, will remain as local as possible.

Support services

The clinical and care services which look after people, are supported by a wide range of essential services. These include clinical support services (for example medicines and lab testing) and corporate support services (for example buildings, equipment and information technology).

Taking a common approach to these services across **West Yorkshire and Harrogate will enable different organisations and services to work together more easily.** This may be achieved through networks, partnerships between organisations or other ways of working.

working together
more easily

Working in partnership with communities

A big part of this is asking and listening to the views of people and acting with them to deliver improvement.

There is a wealth of expertise across West Yorkshire and Harrogate and our communities are better placed than us to know what they need and to make positive change happen in their neighbourhoods. Our partnership seeks to be in the right relationship with communities and provide support that does not displace or diminish community power.

We know that not only hospitals and doctors keep people well; a person's life choices, where they live, and family support are also very important.

Working alongside our communities is an important part of our partnership - seeing the people we serve as assets and partners. The role of councillors, council staff, voluntary community organisations and many others is essential if we are to improve the health of our communities. We want a changed relationship with people, built on trust and empowerment, where the benefits of self-care, early help and preventing ill health can flourish.

We have good leadership from the voluntary sector, and we are attracting support from Healthwatch, Nurture Development, National Voices and unpaid carers organisations to help us to think about our next steps. This is as important as getting future NHS and care staffing in place

We are committed to working with people who have experience of what can make services better. **For example in our stroke engagement work in 2017, 75% of 900 people who responded had either experienced a stroke, or cared for someone who had had one.**

75%
of 900 people

Watch this film where Soo Nevison from Community Action Bradford and District talks about the importance of working with voluntary and community organisations.

In Leeds, the local health and care plan is rooted in a community approach guided by political and public engagement.

All 99 councillors, voluntary organisations and communities have been involved in the ongoing conversation about health care plans. It has become clear that bringing people together in communities, to discuss housing and employment issues alongside health is an approach that has a natural fit for neighbourhoods and people.

Community conversations

We are committed to meaningful conversations with people on the right issues at the right time.

We believe that this approach informs the ambitions of our partnership - to work in an open and transparent way with everyone. **You can read about some of the work that has taken place over the past three years here.**

We have published our engagement and consultation timeline – setting out our plans to engage on the West Yorkshire and Harrogate priorities and each of the six local places (see page 5). **You can find them here.** Our communication and engagement plan is available **here.**

Local Healthwatch organisations have also supported engagement with people across a number of the West Yorkshire and Harrogate priorities in the last 18 months. From urgent care and stroke to health optimisation, which is all about promoting a healthy lifestyle to prevent as much ill-health as possible. Working with Healthwatch and our voluntary and community partners helps us to make sure we keep people's views at the heart of discussions.

Watch this film

Nichola Esmond, Director of Wakefield **Healthwatch talks here about the importance of engaging with communities** across West Yorkshire and Harrogate.

You can get involved in health and care in many ways, by becoming a member of your local NHS foundation trust, joining a clinical commissioning group public patient involvement group, public patient Involvement Panel, your council engagement work, volunteering with a charity or becoming a member of Healthwatch.

You can also contact us with any questions you may have. Our contact details are on the back cover.

Watch this film to find out about what we mean by working differently together, for the better. Featuring: Thea Stein, Chief Executive, Leeds Community Healthcare Trust and Andrew Sixsmith, a Leeds GP.

Working in partnership with our staff

Our staff are our most important asset. The views of staff are fundamental to our plans and we continue to engage with them throughout our work.

Most staff engagement, including conversations with GPs, community nurses, social workers, home care workers, council staff etc. takes place at the level of the neighbourhood and local place (see page 5).

For example, in Calderdale and Kirklees, the local plan includes a major reconfiguration of hospital services. The clinical model for these changes was developed with clinical colleagues and all staff. Both clinical and non-clinical, were invited to provide their views and feedback as part of the full formal consultation process.

As we work more closely together, we are seeing clinicians (ie, doctors, nurses and other health and care professionals) leading and driving the work to improve services.

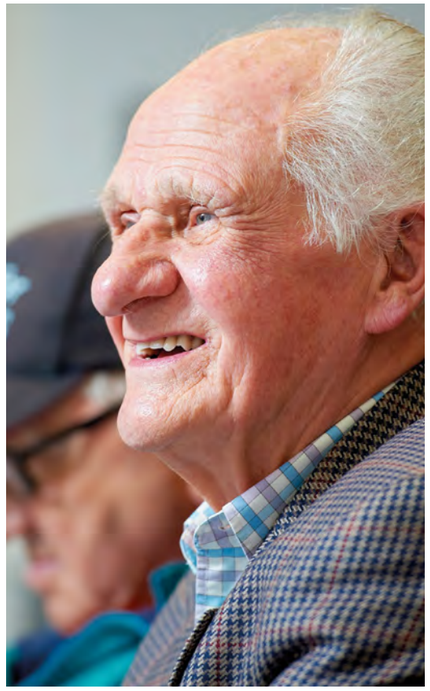
Staff have a wealth of experience and knowledge and often have the best ideas to make positive change happen. For example, Bradford District and Craven have a project between Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust that is looking at how care is provided between the two trusts, and the differences in the quality of that care.

The first service to take part is gastroenterology, and staff engagement workshops have already taken place to agree areas of focus going forward.

Building on a history of good medical leadership through our cancer networks, clinicians in primary (community health care), hospital and specialist care are involved at every level in the work of our Cancer Alliance (one of our West Yorkshire and Harrogate priorities). Their experience and expertise help to shape and support the way we do business and secure funding to deliver on our ambitions.

£4.5million
to five care providers

You can see evidence of successful staff engagement in the recent allocation of £4.5 million to five care provider organisations, who are running the first 11 projects seeking funding from our Capacity for System Change Fund here in West Yorkshire and Harrogate.



We are also looking at how we can further improve stroke care and support across West Yorkshire and Harrogate.

This is being carried out with the expertise of leading consultants, other health care professionals and is informed by the engagement work from public feedback in 2017 and a clinical summit held in 2017.

This work includes working with the Academic Health Science Network on preventing and treating atrial fibrillation at scale across the area. Atrial fibrillation causes a fast and erratic heartbeat which is a major factor of stroke.

9 in 10 people
managed by GPs

This work is about detecting and treating people who are at risk of stroke so that around **9 in 10 people with atrial fibrillation are managed by GPs with the best local treatments,** saving lives and delivering efficiencies too. Our engagement work also highlighted the importance of further improving awareness of the signs and symptoms of stroke.

GPs are key partners in both our local place and West Yorkshire and Harrogate priority programmes (see page 5). They are represented in our clinical forum, which meets every month, and is made up of 11 clinical commissioning groups chairs, NHS provider medical directors, nursing leads and allied health professionals.

Council staff are critical in many different ways to help us fulfil our Next Steps vision.

Staff are being engaged in lots of ways. Senior leaders in councils such as CEOs and directors are engaged with how council resources and the influence they have in their local places (see page 5) can be maximised for our shared health outcome improvements. Colleagues in front line services in social care, children's services and public health are core to the conversations we are having on how local partnerships can change and develop practice jointly with NHS staff.

Council staff are discussing and supporting wider sets of initiatives which help recovery and broader wellbeing. This includes ensuring we have effective transport services to and from our hospitals across West Yorkshire, ensuring our air quality improves particularly in towns and cities and ensuring physical activity opportunities are built in to our new and redeveloping housing and public spaces.

Our priorities

Preventing ill health and improving wellbeing

Preventing ill health is at the heart of our partnership and a theme that runs through all of our West Yorkshire and Harrogate priorities. We have built this into the way we work through public health involvement in all our programmes (see page 5).

We know that more needs to be done to prevent ill health. Your life chances are shaped in the early years of life. With an ageing population, helping frail and older people stay healthy and independent, tackling loneliness, and avoiding hospital stays is also important. GPs, community health, mental health, and hospital services, need to work more closely together and in partnership with voluntary community organisations, housing, social care services, care home providers, making better use of technology to support self-care. This will deliver better care for children and adults, including for people with learning disabilities, as we work to promote Independent Living in the community with a wide range of options.

Each of our six local places (see page 5) is focused on preventing ill health, and providing early help and support sooner rather than later. To do this we will develop a new relationship with communities, and promote person-led choice and behaviours that make and keep people well.

For example 'The Born in Bradford' research is helping to unravel the reasons for ill health and bringing new ways of working between communities, health services and the local council to improve child health and wellbeing.

The right home environment is also essential to delivering our partnership ambitions. Housing associations provide 2.5 million homes for more than 5 million people who typically have greater social or health needs than the general population.

Research estimates that the cost to the NHS of poor housing for those over age 55 is £624m per year.

The current housing situation presents a real risk to the health and wellbeing of people, including a person's physical and mental health associated with living in a cold damp house and household income. The right home environment is essential to delivering the NHS and council plans for social care, such as preventing hospital admissions and timely discharge as well as the wellbeing of people who are homeless – who we know are some of the most vulnerable people in our communities.

Another important part of our work is increasing the contribution of our staff to prevent ill health and wellbeing through **'making every contact count'.** This includes health promoting hospitals, tackling smoking, obesity, and heavy drinking. Key to achieving this is how we work as a partnership to influence and prevent ill health with public health colleagues and voluntary community organisations.

We continually look for opportunities to prevent people becoming ill; working together to understand what has a major impact on people's lives, including child poverty.

The right interventions will lead to people making informed lifestyle choices and feeling more in control of their life.

Our ambitions regarding smoking, alcohol and diabetes.

Smoking: We want to see a reduction of 125,000 smokers. Recent figures show we have reduced this to 23,300 fewer people smoking in 2015/2016.

Using recent work by the Healthy London Partnerships on prevention and savings, this reduction will give **£17.1m of healthcare savings over the next five years.** This is good progress overall but masks differences across our area.

£17.1m
of healthcare savings

Alcohol: Tackling alcohol related harm; including those attending hospital, as well as a focus on early prevention are part of our plan.

This requires a joined up approach with all partners and highlights the importance of balancing different people's circumstances and needs.

Focus on early **prevention**

National Diabetes **Prevention Programme**

Diabetes: We are applying the National Diabetes Prevention Programme to **reduce the numbers of people at high risk of becoming diabetic.**

This programme provides education on healthy eating and physical exercise **programmes to support people to lose weight – a key risk factor for type 2 diabetes.** Leeds and Bradford are up and running and the rest of our partnership has signed up.

Reducing health inequalities

There are long standing health inequalities across West Yorkshire and Harrogate. Whether compared to England as a whole or between different neighbourhoods within our area, too many people are dying too early and/or spending more years in ill health. Addressing these inequalities is a partnership priority.

Health inequalities arise for many reasons and cut across all age groups, including before a baby is born. Household income, housing, education, employment, loneliness, and disability can affect people's health. Creating the conditions for people to take control of their lives is central to making progress on health inequalities. To do this requires co-ordinated action by government, local councils, the NHS, community organisations, the private sector and the public. For example, we know that living in poverty has an impact on people's health and behaviours. This is often linked to those conditions most related to health inequalities such as cancer and cardio-vascular disease (such as heart attacks) through smoking, heavy drinking, drug use and being overweight.

We also know that living in an urban area with green spaces has a long-lasting positive impact on people's mental wellbeing. For example **people living in greener neighbourhoods display fewer signs of depression or anxiety.**

Work is taking place across West Yorkshire and Harrogate to help promote environments which support healthy eating communities. This includes local councils reviewing the amount of fast food outlets in any one area and how close they are to schools etc.

Travel incentives for people living in rural communities, including the elderly, and access to green spaces and outdoor activities is important to both physical and mental health.

Affordable healthy eating and physical activity is often determined by where people live and work. There have been repeated messages that investing in preventing ill health can improve health and life expectancy as well as offering significant short, medium and long term savings for the public purse. This requires a refocus on a need for investment by NHS services and local councils working together. As well as recognition that many groups of people have additional needs such as people with a disability or mental illness, minority groups, the homeless, refugees and asylum seekers, the elderly and unpaid carers etc.

We are looking for a new relationship with people in West Yorkshire and Harrogate that recognises that councils and health services alone are not the things that make communities healthy.

International evidence shows how the health of people is mainly determined by socio-economic, environmental and genetic factors **(Health Foundation, 2017).** These factors are hard to influence from within the NHS but partners such as local government, **West Yorkshire Combined Authority,** universities and business can apply significant pressure via a **'Health in All Policies'** approach.

'Inclusive Growth' has emerged as a key factor in local policy discussions and central to this is bringing economic and health strategies closer together.

Evidence shows that opportunities for employment and skills development are factors which can impact on people's health and wellbeing. Public sector partners have a key role to play, **supporting local businesses, alongside the voluntary and community sector,** and exercising their economic and social influence in this important area of work.

Preventing diabetes

There are 226,000 people at risk of diabetes in West Yorkshire and Harrogate. Our aspiration is that 50% of these are offered diabetes prevention support, with a 50% success rate. **We have secured diabetes transformation money of £2.7m to improve care for people across the area** at risk or currently living with this long-term health condition. We have been awarded funds in each of the six local places which make up our health and care partnership (see page 5).

Bradford Healthy Hearts campaign

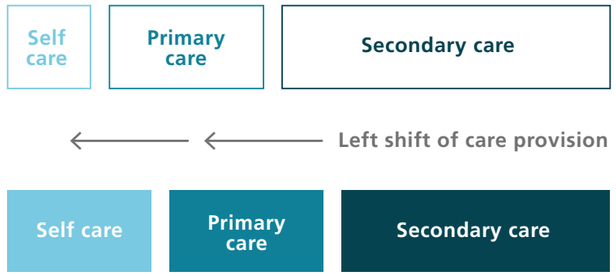
The campaign is supported by wider health and wellbeing initiatives, particularly local self-care programmes and activity relating to **effective management and prevention of diabetes**. As well as preventing cardiovascular disease (CVD) the clinical commissioning groups also ensure that people who do have CVD are supported to manage their symptoms. Our West Yorkshire and Harrogate partnership will help the development of Bradford's CVD prevention and management programme, expanding good practice across the rest of the area through shared learning.

For more information watch this film, in which Corinne Harvey from Public Health England talks about preventing ill health and inequalities.

Primary and community care

Primary and community care includes a wide range of services supporting the health and wellbeing of everyone in the community, including local GPs, pharmacies, community mental health teams and social care.

Primary and community care working together is the cornerstone of our plans (see page 12). The vast majority of care and support is provided in communities. Our vision depends on people being supported to stay well at home (we know this is where people want to be) and in their communities. Primary and community care services have a critical role in making sure this happens. This is the first point of call and people's experience of health care is usually through these services.



There is clear evidence that strong community care can offer better health for people, and more effective management of long term conditions, high levels of public satisfaction, and reduced demand on hospital services.

However we know that GPs and community services have come under increasing pressure in recent years and new investment is needed and some current ways of working need to change. **We need to ensure care is delivered as close to a person's home as possible.**

Fundamental to our plans is the idea of left shift. We want to support people so they can manage their own health and help manage their conditions in their community when they become ill.

Wherever possible we want to move towards self managed care. Some people who have a health condition could potentially take an increasing role in managing their condition alongside health professionals, and are often more motivated when they are given the chance to share their experience with others in the same situation.

We also need to reduce the deterioration with high level care needs, long term health conditions and disabilities to become less reliant on hospital and emergency services, where safe to do so. Having care closer to home and looking at the whole person's needs is a priority to us.

Our primary and community care delivery plan will set out the work we are doing. It will be published in the next few months on our website. It includes the following elements:

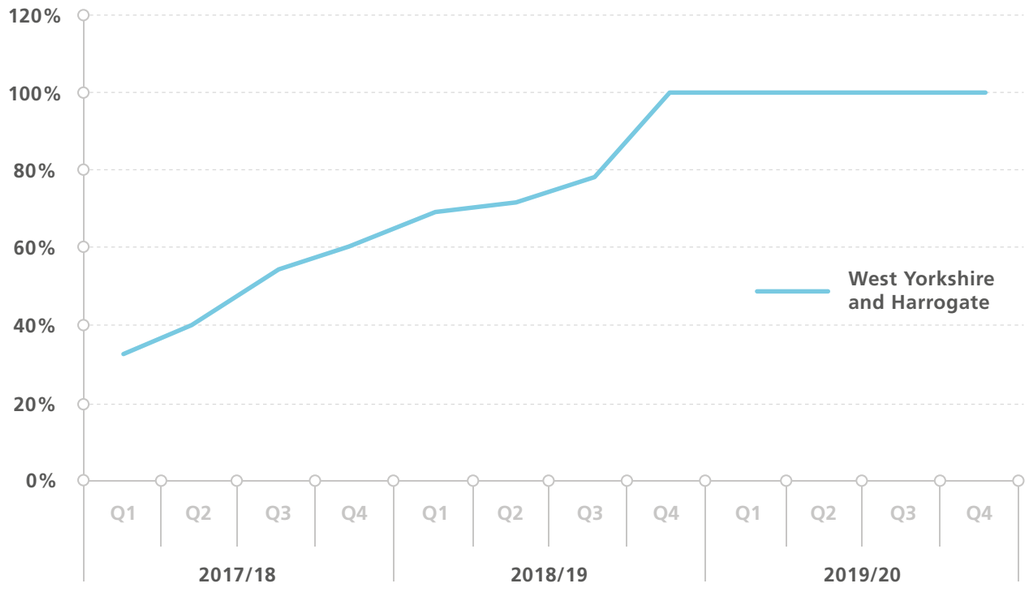
Better access to GP services

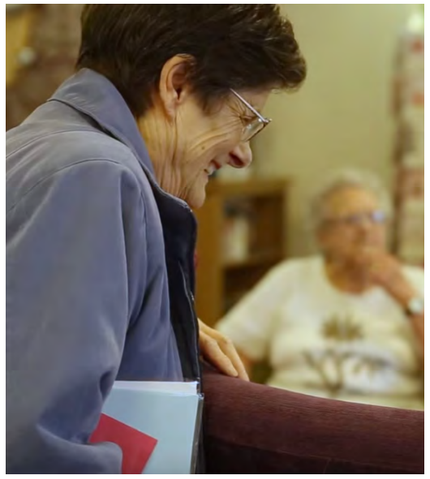
In line with the General Practice Forward View ambitions, we are working to provide more convenient, consistent and fair access to GP services, whilst making sure people with urgent care needs receive a timely response in the most appropriate way.

We know that services are not as convenient for some people as we would like them to be and that they would like to receive services on evenings and weekends.

Our ambition is to **extend opening hours so that 50% of people have more choice** by March 2018. We want to extend this way of working across West Yorkshire and Harrogate by March 2019. We are making good progress with this. Clinical commissioning groups, who buy health services, have plans in place to deliver 50% uptake by March 2018.

% of population receiving some level of extended access





New ways of working

In each of the six places (see page 5) new ways of working are being developed.

30,000 - 50,000
people covered

These involve groups of GPs and other care providers; including dentists and ophthalmologists (specialist in medical and surgical eye disease), **working closely together in networks covering populations of 30,000-50,000 people.**

These networks support various services working together, including community nursing and community mental health services. This way of working will become the norm over the next three years.

Watch this film about social prescribing – which tells you all about a project in Leeds.

Health in our care homes

Working well with independent providers, for example care homes, is very important when managing the current pressures in health care.

We recognise the important role care home providers play in caring for our most frail and vulnerable people.

They are under increasing pressure to recruit staff and deliver quality care that meets the expectations we would want for our families.

Two of the six national *enhanced health in care homes* pilots are in West Yorkshire and Harrogate – these are **Connecting Care Wakefield District and Airedale and Partners.** They are moving away from traditional ways of delivering support in care homes towards care that is more centred on people's needs, and those of their families and care home staff. This way of working can only be achieved through a partnership which aims to provide continuity of care for people, timely medicines reviews, hydration and nutrition support which is all about reducing the risks of malnutrition and dehydration while people receive care and treatment, and referral to out-of-hours services and urgent care.

These pilots have helped develop a strong approach to co-ordinated care which includes people having access to the right health care services in the place of their choosing and reducing unnecessary visits to hospitals, admissions, and length of stay.

Other work outside of the pilots is taking place, for example 'QUEST' in Calderdale. Calderdale clinical commissioning groups and Calderdale Council have invested in telehealth and telecare solutions, benefitting up to 1,000 people in care homes. Telehealth uses technology to provide services that help in the management of long term health conditions, including chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), diabetes and epilepsy.

Telehealth helps people to take more control over their own health, with information about their health condition being **monitored regularly to flag up issues before they become 'care critical'.**

committed
to boosting GP numbers

Primary and community care staff

Improved access requires staff working in different ways.

We are committed to boosting GP numbers – in line with the General Practice Forward View and it is clear that our future workforce needs to look different from how it does today, with more practice nurses and others taking the pressure off our GPs, and a wider range of services working as part of the primary and community care offer.

People with high level health and care needs, need teams of professionals working together to focus their combined expertise to achieve improved health and wellbeing for them.

This change in care requires a shift in skill mix to transform services for the better. The West Yorkshire and Harrogate Local Workforce Action Board has recommended that we invest in GPs and meet requirements such as those described in the GP Five Year Forward View.

We will see new teams emerging over time, with an increased role for non-medical staff working alongside medical staff and new roles alongside traditional roles. Some local modelling has been undertaken based on the current workforce challenges and potential transformation in service, suggesting the following to happen by 2021:

- 150 new GPs every year across our area.
- 50 new nurses every year working in GP surgeries or health centres across the area.
- 50 new clinical pharmacists every year, providing care, medication and health promotion in GP surgeries or health centres.
- 50 new advanced allied health professionals every year, including paramedics, emergency care practitioners, physiotherapists and occupational therapists.
- 50 physician associates every year working in GP surgeries.
- Health care support workers working from GP surgeries and health centres.
- 70 new clinical support workers (health care assistants) every year.
- Development of 70 practice clerical support workers every year into public facing roles such as a care navigators.
- 70 mental health therapists.
- Training of 70 existing and new volunteers as community champions, wellbeing ambassadors and experts by experience.

We recognise that as we start to see new teams and models emerge, these numbers are likely to change.

We are making good progress with expanding multidisciplinary primary care (these are teams of doctors, therapists, social workers and community colleagues all working together) and we are in line with our plans for recruitment of clinical pharmacists in general practice.

Significant progress in general practice has been made. We continue to recruit clinical pharmacists into the practice team as part of the NHS England National Scheme.

We are also looking at other long-term solutions including area wide nurse training and development.

GP buildings and digital technology

Making sure our buildings are suitable and fit for modern healthcare is an important part of our plan. Our clinical commissioning groups have local estate plans and digital maps to inform priorities for investment.

To get the full benefit of technology, we also need to look at how all our systems talk and link up to each other.

Investment

Strengthening services in this way will need increased investment. **Between now and 2021 our clinical commissioning groups (CCGs) plan to invest a total of £75million in GP services across the area.** This increase is higher than the growth in total funding available, and reflects the importance of investing in these services to achieve our ambitions. The funding will be used to expand and invest in staff, and support the development of new ways of working.

Urgent and emergency care

We need to rethink the way urgent and emergency care is provided to ensure more options are available away from hospital, ensuring our A&Es are supported by better primary and social care.

Our approach is about making sure the right treatment is received at the right time, and protecting A&E services so that they are there when they are most needed. We also need to think about how other services, such as GP practices, pharmacists, community care and mental health services need to improve, so that people are supported before their needs become urgent.

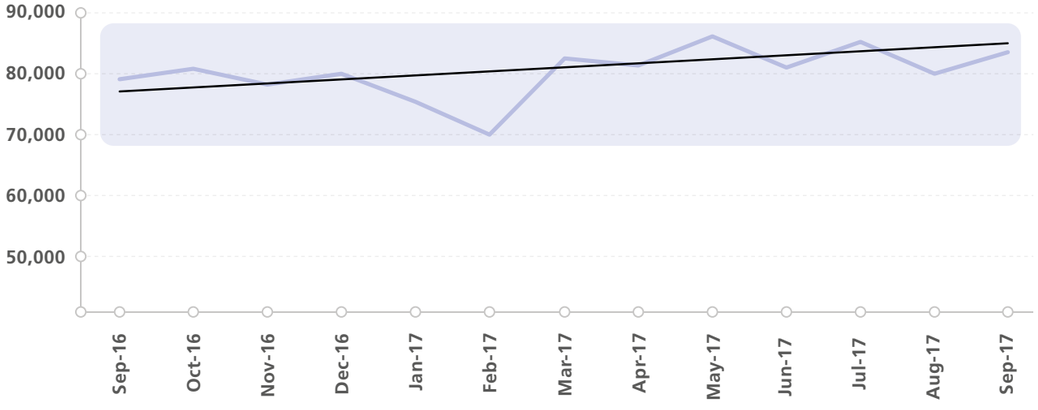
Urgent and emergency care is too often relied on because other services are not there. Our systems are complicated and people can find it hard to navigate their way around especially when they are unwell. People only need to remember three numbers 999,111 and their local surgery.

Recently the number of people attending A&E has been growing at 6.6% per year.

This is higher than the England average, faster than the rate of population growth, and greater than the pressure we would expect from this change. This level of growth is unsustainable within the funding that has been made available to the NHS.

Our partnership working in this area is well established. The West Yorkshire and Harrogate urgent and emergency care national pilot ended in March 2017. Through this programme we developed new ways of working so that NHS 111 call handlers can book appointments into some GP practices. This is being rolled out to another 100 practices in 2017/18.

Total A&E Attendances



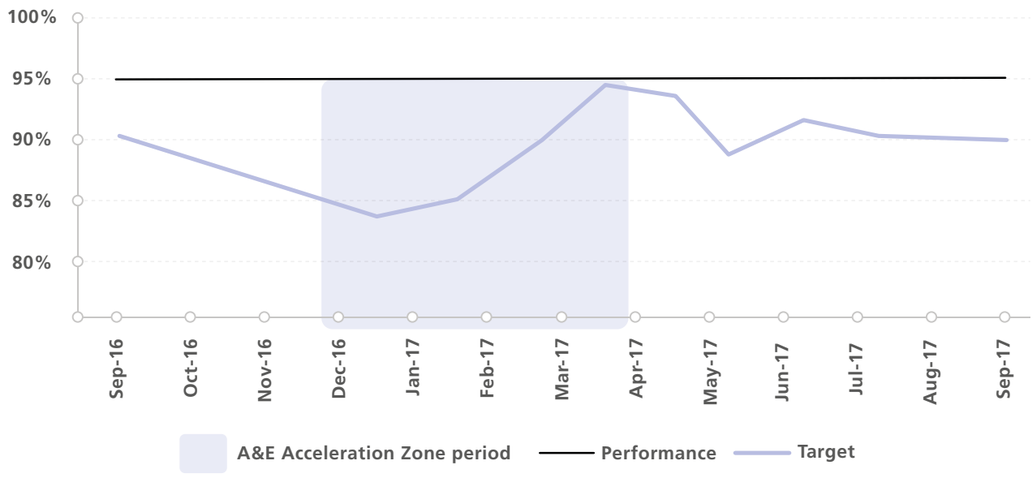
We have established the joint 999/111 Clinical Advice Service within Yorkshire Ambulance Service.

The aim is to increase the number of callers into 111 getting clinical advice on the phone, resulting in fewer people needing to go on to use more acute services. We have also led a joint procurement exercise across nine hospitals to provide the best value regional imaging solution (imaging solutions includes diagnostic equipment) to improve people's experience.

Early in 2017 the A&E acceleration zone programme focused on rapidly improving the way A&E functions to better manage demand. We achieved a 10% improvement in A&E performance in the final four months of 2016-17.

While there is more to be done to sustain this improvement and return to 95% achievement of the four hour A&E standard, we can see clearly what can be achieved through partnership working towards a common goal.

A&E 4 hour wait performance



Our ambitions for urgent and emergency care are highlighted in our milestone document here. This includes:

NHS 111: Roll out of NHS 111 online to cover all of West Yorkshire & Harrogate; increasing clinical contact through NHS 111 calls to 50% by March 2018, and expand direct booking to GP practices from NHS 111.

GP access: Increase extended access so that 100% of people have evening and weekend appointments by March 2019.

Ambulance services: Increase hear, see and treat services, to reduce the need for people being taken to hospital. Treatment starts when our ambulance crew arrive.

Hospital services: Including delivery of the 95% four hour A&E waiting time standard; co-located GP support; consistent adoption of the frailty pathway and SAFER bundle and more trusts having psychiatric liaison in place by October 2018.

Improving hospital to community care: Reducing the rate of delayed transfers of care to a minimum of 3.5%; increasing the number of continuing healthcare assessments in the hospital; and delivering effective discharge consistently across West Yorkshire and Harrogate.

The **Urgent Emergency Care Programme Board** oversees the delivery plan, connecting with the five A&E Delivery Boards across the area. Through our partnership we have begun a process of peer support so that we are sharing and learning what works well.

Dr Adam Sheppard, Chair of the West Yorkshire and Harrogate Urgent Emergency Programme Board explains the importance of people receiving the right care in the right place at the right time in this film.

Direct booking

If a person wants an urgent GP appointment they contact their surgery directly for an appointment during surgery hours. However, information shows that a certain amount of booked GP appointments were not needed and people could have received care elsewhere, for example by speaking to the pharmacist or a nurse. Our work has helped to join this up.

Going forward, people will be able to ring NHS 111 and if NHS 111 agrees that they need to be seen by Primary Care they will be able to book an appointment directly into a suitable service. This may not be their own GP practice but could be an urgent treatment centre or GP extended services. This will save people time by not having to make several phone calls and will also make sure that they are directed to the best place possible to meet their health need. This way of working was developed in partnership with West Yorkshire and Harrogate clinical commissioners and 20 pilot GP practices. The information received so far is that this offered a swifter service to people who would have otherwise attended A&E.

Mental health

There is strong evidence that tackling mental ill health early improves lives.

If you are a man with a severe mental illness in West Yorkshire and Harrogate you are three times more likely to die of circulatory disease (smoking, an unhealthy diet and stress all increase the risk of heart disease; a heart attack or stroke can occur if the circulatory condition is untreated) and you are twice as likely to die of cancer than someone who is mentally well.

This is equally true across a range of other common conditions, and the result of this that your life expectancy is **18.6 years lower**. Our mental health work across West Yorkshire and Harrogate aims to redress this imbalance. We are developing a local service framework for mental health and strong partnership on child and adolescent mental health services, low, medium and secure forensic services, autism and suicide prevention.

Watch this film Nicola Lees, Mental Health Lead for the Health and Care Partnership and Chief Executive of Bradford District Care NHS Foundation Trust, talks about our priorities for mental health services in this film.

Our ambitions include:

40% A 40% reduction in **unnecessary A&E attendance.**

A zero suicide approach to prevention (with an aspiration of **10% reduction in suicides** overall, and a 75% reduction in numbers in mental health settings by 2020-21).

A reduction in Section 136 place of safety episodes both in police and health based places of safety. Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety.

12 Elimination of out of area placements for non-specialist hospital care.

A reduction in waiting times for autism assessment.

To help make sure we meet these ambitions the four organisations (South West Yorkshire Partnership NHS Trust, Leeds and York Partnership NHS Foundation Trust, Bradford District Care NHS Foundation Trust and Leeds Community Healthcare NHS Trust) are working together, alongside clinical commissioning groups (CCGs), to strengthen partnerships and share delivery of specialist and acute mental health services.

Through these closer working arrangements we will share best practice across West Yorkshire and Harrogate, for example reducing out of area placements for non-specialist hospital care over the next 12 months. We are already achieving this in some areas across the partnership.

Our aim is to ensure that people are supported in the least restrictive environment, ideally in a community setting close to home, rather than in hospital.

We are developing a single West Yorkshire and Harrogate operating model for the management of acute mental health inpatient beds and a West Yorkshire and Harrogate commissioning approach for mental health hospital services for 2019-20, which will operate in shadow form in 2018-19.

In the last 12 months we have:

- ✓ Produced and launched West Yorkshire suicide prevention strategy **[available here].**
- ✓ Started the development of new care models for child and adolescent mental health services and adult eating disorders. These models will provide a consistent level of service across the region with more care in the community. This will avoid acute hospital admissions unless absolutely necessary. This will ensure that front line services have greater control over funding.
- ✓ **Successfully secured £13m of capital investment to build a new Children and Adolescent Mental Health Unit in Leeds.**
- ✓ Agreed, and from April 2018 we will implement a co-ordinated bed management approach for acute mental health beds, helping to ensure we stop people having to travel outside of the area for a bed.
- ✓ Developed a new perinatal mental health service which will have staff based in all locations across the area.
- ✓ Successfully secured £800,000 transformation investment to improve mental health liaison services.

Listen to Bev in this film talk about bipolar disorder, mental health stigma and her work in Leeds to support others and the pressure on young carers.

Paul talks on film about Schizophrenia and the impact this has had on his life and how he wants to help others living in Leeds and wider.

Peter explains on **film** how we can help men who contemplate taking their life.

Through our innovative approach to mental health, Wakefield now has mental health navigators within Wakefield District Housing helping people to navigate their way around health and housing services. There is also a new initiative which sees mental health nurses working with police in the Wakefield control room to enable officers to provide a more appropriate response to people who present with mental health issues.

The 'Creative Minds' programme at NHS Foundation Trust was launched in 2011. It has delivered over 250 creative projects in partnership with over 100 community organisations and benefited more than 20,000 people. We were delighted when Creative Minds received the 2014 Health Service Journal Award for Compassionate Care.

In Harrogate we are piloting a project with a local community organisation for people with long term mental health problems with the aim of supporting them back into community life, by reducing reliance on mental health services and working towards employment. Harrogate has also introduced an all age mental health crisis response through single point of contact.

Bradford's crisis care partnership and first response services have received national recognition and they have had no out of area placements for people needing an acute mental health bed in over a year. Being part of the West Yorkshire and Harrogate partnership will help strengthen the work to improve mental health and wellbeing through shared learning across our area.

The service offers mental health crisis support 24 hours a day, seven days a week, to vulnerable people needing urgent crisis support. A single phone number means that people can self-refer.

Getting involved early and signposting to the right service, has reduced demand on the police, ambulance services and A&E departments, and achieved a 50 per cent reduction in people detained under section 136, which gives police the power to take someone to a place of safety.

NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups and Kirklees Council have worked to improve access to children's mental health services. This included agreeing additional funding for autistic spectrum condition assessments, launching a one-stop-shop phone service for children and young people with emotional and mental health needs, developing a regional eating disorder service and piloting a scheme to provide support to school pupils with autism and mental health needs.

Cancer

Our draft proposals in November 2016 identified cancer as one of our top priorities.

Every week 250 people in West Yorkshire and Harrogate are diagnosed with cancer, and every week 115 people will die as a result of it. There are also significant differences in the chances of surviving cancer, depending on where you live, your gender, your ethnic background and how early your cancer is diagnosed. Screening rates are also generally low across our patch – for example, around 14,000 women eligible for breast cancer screening are not taking up this valuable opportunity. World class facilities , such as the internationally recognised Leeds Cancer Centre, need a world class approach to early detection and prevention if we are to improve people's experience and outcomes. We are placing more emphasis on prevention by tackling lifestyle choices which can impact on cancer, as well as investing in earlier diagnosis, new treatments and better support to help people live well beyond their cancer diagnosis. By doing this, we have a much better chance of reducing the incidence of cancer, of treating it more effectively and of reducing the longer term impact of a cancer diagnosis.

This will also contribute to our wider objectives for reducing the unacceptable differences between the most and least healthy people in the West Yorkshire and Harrogate area.

We have recently secured £12.4 million of national funding to support work to improve early diagnosis and make more cancers curable through a range of projects. We have also secured £840,000 of additional transformation funding to support people living with and beyond a cancer diagnosis, and in particular to improve access to the four elements of the so-called Recovery Package – a holistic needs assessment and care plan; a treatment summary; a cancer care review and access to health and wellbeing events.

£12.4m
national funding

As part of our commitment to ensuring the voices of all those affected by cancer are listened to, we have worked with people to record their experiences and share their stories. **They're available here.**

The focus of our programme is to deliver the best possible outcomes and experience for people affected by cancer, while spending the West Yorkshire and Harrogate pound as effectively as possible through delivering value for money care and treatment.

We will do this through a set of clear ambitions and targets for improvement:

Health and wellbeing

Reduce adult smoking rates from 18.6% to 13%, resulting in around 125,000 fewer smokers and preventing around 11,250 admissions to hospital.

Increase 1 year survival from 69.7% to 75%, equating to around 700 lives per year.

Increase the proportion of cancers diagnosed early (stages 1 and 2) from 40% to 62%, offering 3,000 extra people the chance of curative or life extending treatment.

Watch this film Professor Sean Duffy, Clinical Lead for West Yorkshire and Harrogate Cancer Alliance Board explains how we want to tackle cancer **here.**

Care and quality

Increase the number of patients actively involved in providing feedback and contributing to service improvement over and above the annual national Cancer Patient Experience Survey (CPES).

Improve the patient's care journey to ensure current cancer waiting times standards are met and go further to deliver a '28 day to diagnosis' standard for 95% of people investigated for cancer symptoms.

This could deliver faster diagnosis for around 5,000 people currently diagnosed with cancer through the routine referral to treatment 'pathway'.

Finance and efficiency

Deliver estimated efficiency savings of up to £12 million over 5 years based on lower treatment costs associated with earlier stage diagnosis for many forms of cancer.

We also need to support and increase our workforce so that so that we have the right capacity and skills.

We have provided 35 more places for clinical radiology training.

Plans are also in place for a new bursary scheme in partnership with **Yorkshire Cancer Research** that allows health professionals to enhance their personal development and speed up cancer diagnoses for people. It will support a total of 30 health professionals who have already enrolled on a training course to become a clinical endoscopist or reporting radiographer.

Our cancer work is delivered through a partnership of health, social care, individual patients, support groups and charities called the **West Yorkshire and Harrogate Cancer Alliance.**

The Alliance is responsible, on behalf of the local health and care partnership, for the local delivery of the ambitions and improvements set out in the national cancer strategy.

Our delivery plan sets out in greater detail how we will deliver our objectives across five areas of work:

> Tobacco control
> Patient experience
> Early diagnosis
> Living with and beyond cancer
> High quality services

Read more about them here.

Through the Cancer Alliance Board, we are improving our understanding of the outcomes around how we currently spend money on cancer services.

We will then compare this with what we could potentially achieve if we invested differently.

Our partnership provides the vehicle to work together across these commissioning bodies, and re-prioritise how we spend cancer funding to get the best possible health outcome.

Diagnosing cancer earlier

In West Yorkshire and Harrogate, supported by the Alliance, GPs and hospitals are already working together to test new models of service that help to diagnose cancer earlier. These new models focus on improving diagnosis for patients that GPs find most difficult to place on a specific part of the patient journey.

These are people who have vague but concerning symptoms such as unexplained pain or weight loss. They are part of a **national programme to test new ways of diagnosing cancer** earlier, known as the ACE programme – **Accelerate, Co-ordinate, Evaluate.**

new ways of
diagnosing cancer earlier

Currently, if a person attends their GP with specific symptoms (for example unexplained bleeding) they are referred quickly through a two week wait specific pathway for the relevant investigation or specialist assessment.

For those who have vague but concerning symptoms GPs need to decide which pathway is likely to be the most appropriate (e.g. bowel, stomach, lung) and sometimes these people can be referred from one speciality to another, often experiencing delays in their pathway, until they receive a diagnosis of cancer.

Specialists
together in one place

Airedale hospital has been running a 'best test' project. This established a new electronic referral system from GPs to radiology in order to get triage advice on the most suitable imaging for a patient who presents with vague symptoms. Early findings show that this triage advice is of high value in deciding how best to investigate the patients, helps to get the right first test for people, can result in fewer unnecessary tests to diagnose a cancer and for those who have a normal scan, they are quickly taken off a suspected cancer pathway, avoiding unnecessary visits to hospital and worry. People who are diagnosed with cancer are then able to start their treatment quickly.

In a further phase of national testing, both Leeds and Airedale are looking at how the model of a multidisciplinary diagnostic centre (MDC) - used to great effect in Denmark - could be adapted to work in the NHS. Rather than a patient going back and forth to see different specialists, an **MDC brings all specialists together in one place so that various tests can be done as soon as possible,** and discussed across all specialisms, speeding up waiting times for tests, reducing multiple appointments and a more efficient use of resources.

Although the multidisciplinary diagnostic service test sites have only been operating for less than a year (and with small groups of practices in the case of Leeds) the early results are encouraging.

Through the Alliance partnership we can work with the test sites, sharing learning to assess how these models could be adapted and spread across West Yorkshire and Harrogate to support our ambitions to diagnose more cancers earlier, improve survival and patient experience and make most efficient use of expert resources.

Barbara in this film explains the importance of early diagnosis. **Watch it here.**

Stroke

Stroke is a life changing event and is the third highest single cause of death in the UK.

Evidence shows the care people receive in the first few hours can make a difference to how well they recover. This includes having scans to assess the nature of the stroke and if appropriate receiving clot-busting drugs (thrombolysis) or clot removal (thrombectomy) delivered by specialist staff working in hyper acute stroke units.

You can see why this is important by watching **Malcolm and Sue's story here.**

Geoff also explains the difference community support has made to his recovery **here.**

There are challenges for the health and social care system and most importantly for stroke survivors, their families and carers.

This, alongside an ageing population, with complex health and social care needs, means we have to change if we want to continue to further improve people's quality of life with the resources we have available.

We want to make sure our services are 'fit for the future' and make the most of the skills of our valuable workforce and new technology whilst maximising opportunities to improve quality and outcomes for local people. We also want to ensure that **care across the whole stroke pathway is working effectively** to meet the current and future needs of people.

We have an ambition to eliminate unnecessary variation, improve outcomes for people who experience stroke and to give the best recovery care possible. For example:

Prevention – we need a more consistent approach to preventing stroke across West Yorkshire and Harrogate so that people receive information and advice to make informed decisions about their health. We have agreed an ambition to improve detection and management of Atrial Fibrillation (erratic heartbeat) to 89%. **We estimate that this will prevent 190 strokes over 3 years.**

Variation – depending on where you live, some people have better experience and access to specialist stroke services than others. Work is needed to reduce these differences so that no matter where people live and what time of day they are admitted to hospital, they are able to receive high quality stroke services.

Staff – we want to ensure we make the most of the skills of our valuable workforce so that we can recruit and retain the staff we need to further improve quality and outcomes for people and make sure our services are 'fit for the future'.

Technology – we want to maximise opportunities to further improve the use of technology so that our doctors, consultants and other health care professionals can provide earlier assessment and treatment of people, provide improved access to specialist technology, which we know can save lives.

Stroke rehab and aftercare – improving health outcomes from prevention to specialist treatment to rehabilitation and after care.

Our work has been informed by a programme of engagement – **a summary can be found here.**

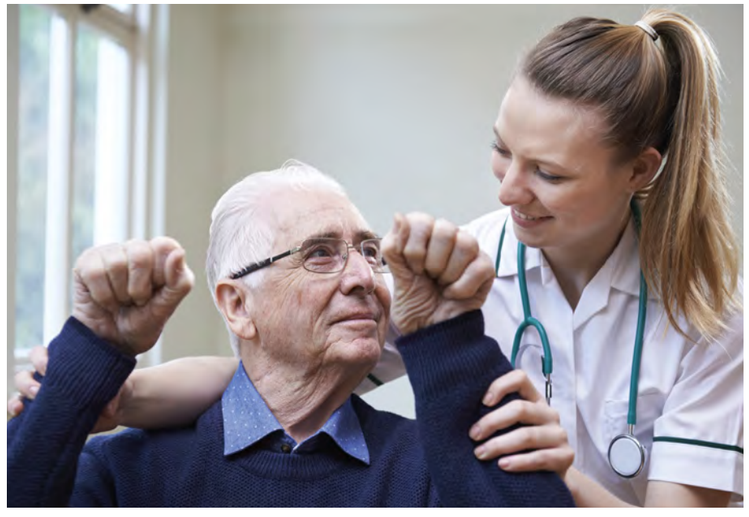
Over 1500 people gave their views via an online survey, outreach sessions with voluntary and community groups, and interviews with people in GP practices, rehabilitation units, stroke wards, and libraries.

Stroke consultants also took part in sessions so that people could hear first-hand about the care and support available from health professionals.

You can read more here.

We are now in the process of working up options for how hyper acute stroke and acute stroke services could be provided across West Yorkshire and Harrogate.

To find out more, **watch this film with Dr Andy Withers,** Chair of the West Yorkshire and Harrogate Stroke Group.



The **work** was also discussed at the Joint Committee of the 11 clinical commissioning groups meeting in November 2017 (held in public) and consultation will follow as appropriate in 2018.

Improving planned care and reducing variation

There is a big opportunity to standardise our commissioning policies and reduce differences for people receiving health care in different places across West Yorkshire and Harrogate.

These differences are often referred to as a 'postcode lottery'. Reducing unnecessary differences helps to ensure that what care people receive is fair and consistent no matter where they live. **We are tackling differences in four key areas:**

Health and wellbeing - We are exploring the potential for supporting healthier choices with people. This is about supporting people to stay healthy so that we give people the best chance of their treatment being effective, and reduce the likelihood of them needing treatment in the future.

Clinical thresholds and policies - Bringing together a consistent set of commissioning policies based on good practice from West Yorkshire and Harrogate CCGs and elsewhere. This includes developing approaches to ensure they can be consistently applied across the area.

Out-patients and follow-up appointments - Each year in the NHS there are 'follow-up' outpatient appointments where people are asked to return to hospital to have their progress checked, to undergo tests, or to get results. Whilst some of these appointments are needed, a large amount could be done differently. We want to re-think how out-patients and follow ups are done. This might mean fewer visits to the hospital, and telephone calls, online services or an appointment at their GP practice could be used instead. **This would free up time for the treatment of new people, and would save people time and money by not having to attend the hospital when they don't really need to.** We are going to develop these new approaches in elective orthopaedics and eye-care services in the first instance, and we will work closely with patients and the public to understand how we can best meet the needs of people living in West Yorkshire and Harrogate.

Prescribing treatments and medicines - By identifying and addressing differences in policy we can reduce the variation in access to medicines across West Yorkshire and Harrogate. We will also take steps to reduce medicines waste for example through the better management of repeat prescriptions. We will work with hospitals to reduce the amount spent on high-cost medicines through switching to drugs of lower cost but equal effectiveness. **Our aim is to develop a consistent approach across all of our clinical commissioning groups by 2020-21. The first set of policies will be agreed at the Joint Committee next year.**

Healthwatch engaged people on follow-up appointments in spring 2017. This led to 502 people completing the survey. You can read this here. The main themes raised were that, people were supportive of being able to have their follow-up appointments in a different way, and most wanted these to be done face-to-face so they were able to ask questions.

Maternity

This is about maternity care and it is about preparing for pregnancy – making sure people have the information and advice to make life choices before getting pregnant so women are in the best health before and after they give birth.

In support of NHS England's National Maternity Review, we have established a West Yorkshire and Harrogate Local Maternity System Board.

The Board's vision for maternity services is based on the needs of women, their partner and their families. It has been developed together with them. Our work is all about developing a culture across maternity care which puts women and their babies at the centre of care, improves choice and personalisation, supports professionals working and learning together and has the safety of women and their babies throughout.

We are:

> Implementing the local vision for improved maternity services to make sure **there is access to services for women, their partners and families, regardless of where they live.**

> Developing perinatal mental health **services to support women,** before, during pregnancy and after birth.

> Ensuring women, their partners and **families can easily access the right care,** in the right place at the right time.

> Making sure that maternity care providers in West Yorkshire and Harrogate work together so that the needs and preferences of women, their partners and families are paramount.

> Putting in place arrangements to support **services to work together effectively.**

> Making sure that women, their partners and **families and local communities are involved in developing and designing maternity care.**

> **Supporting a learning culture** between NHS staff, partners and fostering workforce co-ordination and training.

> **Engaging with children and family services** at local councils.

The number of births was 31,961 in 2015

> The number of all babies born, in 2015, with low birthweight was **8%,**

with a very low birth weight was **1.3%,**

and term babies with a low birth weight was **8%**

> Stillbirth rate for 2013 -15 is **4.9 per 1000**

> **70.6%** of women in 2014/15 were breastfeeding to begin with

> Infant mortality for 2013 to 2015 is **4.5 per 1000**

> Smoking status at time of delivery in 2015/16 was **13.1%**

We believe all women, their partners and their families, should have access to information to help them make decisions about care; and that every woman and baby should be able to receive support centred on their needs and circumstances.

All staff working in maternity should be well supported to deliver care which is centred on women, their partners and families.

They should work in high performing teams, in organisations which are well led, and in cultures which promote innovation, continuous learning and work across professional boundaries.

Watch this film where Carol McKenna, Co-lead for the Maternity Board talks about the **importance of good maternity care.**

Hospitals working together

There are six hospital trusts in West Yorkshire and Harrogate:

> Airedale NHS Foundation Trust

> Bradford Teaching Hospitals NHS Foundation Trust

> Calderdale & Huddersfield NHS Foundation Trust

> Harrogate & District NHS Foundation Trust

> Leeds Teaching Hospitals NHS Trust

> Mid Yorkshire Hospitals NHS Trust

The six trusts have come together as the West Yorkshire Association of Acute Trusts (WYAAT).

The association believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone in competition with the others; they require the hospitals to work together to achieve solutions that improve the quality of care, increase the health of people and deliver more efficient services for the whole population.

The way we work together

✓ **Specialist hospital services** delivered through a centres of excellence approach.

✓ **Collaborating to develop clinical networks** and alliances for secondary services which increase resilience while protecting local access for patients.

✓ **Standardisation across all our services** based on common West Yorkshire and Harrogate protocols, procedures and pathways so all patients receive the same high quality of care wherever they are treated.

✓ Workforce planning at scale to create **a highly skilled, capable, resilient and productive workforce** with the capacity to meet patient demand with high quality services.

✓ **High quality and efficient clinical and corporate support functions** by collaborating and sharing services to achieve economies of scale.

The association's current work can be broken down into the following programmes:

Workforce

> Developing West Yorkshire and Harrogate wide medical and nursing 'banks' to provide cost effective temporary staff and reduce the need for expensive agency and medical locum staff.

> Setting up the West Yorkshire Centre of Excellence to provide apprenticeships for all WYAAT trusts.

> Standardisation of workforce polices and processes such as: consultant job planning; common job descriptions and pay banding for the same role in every trust; and a single approach to locally determined terms and conditions.

Support programmes

By bringing together their buying power, the six trusts are often able to negotiate reduced prices for the essential goods and supplies needed to provide services. **This work has already delivered around £500,000 of savings.**

Information management and technology (IM&T) is an essential enabler for every trust's services and the association is discussing the potential for common clinical and business IT systems that talk to one another. The association is also looking to improve the efficiency and effectiveness of the trusts' IM&T services, for instance through common cyber-security software and a shared email solution.

Every trust owns a large number of buildings and the association is working together to increase their efficiency and make best use of all the buildings.

Clinical support programmes

Trusts have approved a business case to establish a shared supply system for medicines. Not only will this increase efficiency and save money, but it will also increase quality by releasing pharmacists' and nurses' **time to look after patients on wards and increase safety by enabling standardisation of medicines across all the WYAAT trusts.**

The WYAAT trusts plus others in Yorkshire and the Humber are putting in place a new IT system (known as a 'Picture Archiving and Communication System', PACS) to help them manage and share radiology imagery. This should be complete in all trusts by the end of 2019. At the same time, the association will be working with doctors and other healthcare staff to standardise processes for diagnostic imaging (such as X-Rays and Magnetic Resonance Imaging) in order to increase quality and improve efficiency. **Together these two programmes will help us cope with the increasing demand for imaging.**

Through the association, the trusts have agreed to form a West Yorkshire and Harrogate Pathology Network to enable their laboratories to work more closely together. This includes putting in place common IT systems to help trusts share testing and reporting of results.

Clinical services programmes

The trusts have agreed that vascular services (diseases of the blood vessels, arteries, veins and circulatory system), both surgery and interventional radiology, should be delivered as a single 'West Yorkshire Vascular Services Network'. Consultants from all trusts will work together as a single team, often providing care in more than one hospital in the network.

Using data from the national 'Getting It Right First Time' programme the trusts are starting work to identify and minimise unwarranted difference in planned surgery, initially focussing on orthopaedic surgery as it is one of the highest volume specialties. **The programme will standardise processes, protocols and pathways across West Yorkshire and Harrogate** to bring all care up to the highest standards of quality and efficiency.

Our staff

Our staff are our most important asset.

Around 70% of the £5billion we spend each year pays for our workforce - over 100,000 people work in health and care in West Yorkshire and Harrogate.

The number of staff has been increasing year on year, but the increasing pressure of work, and the ongoing pay restraint, has made it challenging to recruit and retain enough staff to meet our needs.

Specialties and staff groups, such as emergency medicine; psychiatry; specialist radiology; gastroenterology; microbiology, histopathology have particularly significant challenges.

'What' we need to do is relatively well known and understood. The 'how' we do it, is more challenging. For example, we have heard that:

> **Local employers compete for scarce skills,** often between neighbouring organisations.

> **Voluntary and community workforce is essential** in offering early help and maintaining people's independence.

> Current employment models hinder rather than help employee flexibility.

> There are well known 'supply'/ shortage issues in some professions, yet alternative ways of working are difficult to introduce consistently.

> **Improved primary, community care and social care services are the answer to many challenges,** yet the capacity of this workforce is stretched and employers find it hard to recruit and retain staff.

> **High quality and efficient clinical and corporate support** functions by collaborating and sharing services to achieve economies of scale.

We want West Yorkshire and Harrogate to be a great place to work.

Our Local Workforce Action Board (LWAB) has developed a West Yorkshire and Harrogate workforce plan which **describes the issues and challenges we face and sets out our plans to achieve this.**

Council staff are an important part of our workforce. For example colleagues in front line social care, children's services and public health are core to the conversations we are having on how local partnerships can change and develop to ensure we have effective transport services to and from our hospitals across West Yorkshire, ensuring our air quality improves particularly in towns and cities and ensuring physical activity opportunities are built in to new and redeveloping housing and public spaces. **The strategy includes the following actions:**

Maximising the contribution of the current health and social care workforce

> Improving recruitment and retention in all areas

> Exploiting skills development

> Improving health and wellbeing of the workforce.

Getting more people training for a future career in health and social care

> **Increasing the numbers in training to work in health and social care roles,** specifically focusing on support workers, the registered workforce (nurses, doctors and allied health professionals) and advanced clinical practitioners.

Growing the general practice and community workforce to enable the 'left shift' (see page 22)

> Increasing the numbers, developing new roles and changing the makeup of staff in primary and community care.

Transforming teamwork

> **Strengthening capability** to implement new 'workforce team' models.

Making it easier to work in different places and different organisations

> **Developing flexible employment models** across organisations – including lead employers for some contracts, and new models of employment contracts.

Agreeing and tracking workforce productivity measures

> Including a number of specific targets for productivity measures, **including reductions in sickness absence, bank and agency spend and turnover. We are already seeing reductions in agency spend.**

Strengthening workforce plans

> Ensuring that the workforce issues are built into all of the WY&H work programmes, taking in to account national strategies and priorities.

Establishing a workforce investment plan and fund

> We will develop a comprehensive workforce investment plan and a strategic workforce investment fund. **This will bring together employers, commissioners and national bodies around a sector wide approach.**

> Establishing a 'workforce hub' in partnership with Health Education England.

> This hub would provide the infrastructure for joined up workforce planning and training across WY&H. It will undertake strategic workforce planning, education and development; a point of co-ordination across programmes and each place; and ensure improved workforce information and analysis.

> **Establishing effective workforce infrastructure** in each place.

> **We will strengthen workforce partnerships** that exist in each place.

Unpaid carers

In addition to the paid workforce, we estimate that there are around 260,000 carers in West Yorkshire and Harrogate.

As the population ages, the number of people who become carers is increasing. This, combined with changes in retirement age, means the demographic of unpaid carers across the country is altering too. This will become more complex as the changes in the retirement age means people will be working until much later than is currently the case and therefore juggling work and caring for others longer.

Barbara talks about her husband Paul developing dementia in this **short film.**

Sally talks about her husband Steve's experience of Alzheimer's and their readjustment to life. **Watch it here.**

Across our area there are a significant number of working carers, many of whom struggle to cope with managing their caring responsibilities alongside work. There is also evidence that people who are carers can have poorer health than those who are not. **We aspire to be a place where working carers are recognised and supported to remain in work.**

As a partnership we recognise that unpaid carers are a significant partner in health care.

There is some excellent practice across our area, we need to use the partnership working to share good practice. We are a national exemplar for our carers work, and there are four early priorities for our work:

> Supporting carers in the workforce

> Supporting young people who are carers

> Making sure hospital care is carer friendly

> Identifying carers through primary care.

Fatima Khan-Shah, Lead for Unpaid Carers West Yorkshire and Harrogate Programmes, talks about the **aims of the work here.**

Listen to how Judy and Chris talk about how they care for one another **in this film.**

Digital ways of working

All of our work is supported by technology.

As in everyday life, technology is transforming the way people receive and use services, and the way that organisations connect with each other to deliver joined up care.

Building an effective digital infrastructure

We are working to establish an effective digital infrastructure which enables IT systems and organisations to connect. Our approach is based on the 'anytime, anywhere, any place' philosophy. This will allow health and care professionals to work across public sector buildings.

We have three main programmes of work:

> **A new health and social care network** will replace the separate digital networks that connect buildings to the required IT systems across the area. Procurement will be completed in spring 2018;

> **Funding has been made available to allow all our GP Practices to apply wifi.** This is currently live in Leeds and will be extended to the rest of the area in the next 12 months. **Our ambition is that two thirds of practices will have wifi by March 2018.** This will be free to use by the public, and will help point them to health and care advice.

> We are implementing 'Govroam', which allows people visiting another connected organisation to log on to its wifi using their own username and password. This will realise savings and **make it easier for staff to stay connected.**

There is huge potential for digital technology to support healthier lifestyles, allow people to manage their own healthcare, and enable people to benefit from more fully from health and care services.

We have recently developed a partnership with the Good Things Foundation and mHabitat, focusing on digital inclusion for people with hearing and visual impairments. The project will help to make sure that people receive health services in a way that works better for them.

The pilot is backed with £50,000 of national funding and is part of NHS Digital's widening digital participation programme.

Find out more about using digital technology here
by watching this film here with Dr Jason Broch and Dr Victoria Betton.

We are working to introduce nationally created digital solutions that have proven health and care benefits.

For example, GP practices across West Yorkshire and Harrogate are making good progress towards using Electronic Prescription Services (EPS2). This has benefits for both GPs and patients. For example, prescriptions will go straight to a nominated pharmacist. This is especially helpful for repeat prescriptions. GPs can authorise prescriptions electronically and don't need to be in the building to do this.

Well over 70% of GP practices are already working in this way with more due to come on board soon.

The Leeds Care Record enables the sharing of clinical information between health and care professionals providing direct care to a person. >>

>> The organisations participating are; Leeds Teaching Hospitals, Leeds Community Healthcare NHS Trusts, Leeds and York Partnership NHS Foundation Trust, adult social care, children's services, over 100 GP practices in Leeds, hospices in Leeds and most recently the Yorkshire Ambulance Service 111 service.

It is used by over 5000 health and care professionals and has been shown to improve clinical decision making, helping keep people out of hospital, increase the speed by which patients are discharged from hospital and reduce the time making phone calls between organisations.

Other places are moving along the same route. Calderdale and Huddersfield foundation trust and Bradford Teaching Hospitals foundation trust have recently implemented a class-leading Electronic Patient Record system. This forms the largest deployment of this particular system in Europe. Airedale foundation trust has been using an electronic patient record for several years. Such systems allow a single record of clinical care to be maintained thus support holistic clinical decision making and service scheduling.

Our region hosts 20% of the total number of digital health jobs and we plan to work with our universities, through organizations like the Leeds Academic Health Partnership, to improve that number and to design new and ground breaking innovations that will allow us to tackle the challenges inherent in prevention and early intervention, and to promote an approach rooted in self-management.

An example of this is Leeds adult social care and the clinical commissioning groups working closely with Samsung to trial new wearable devices that will prevent ill health in the frail elderly and people with long term conditions.

Financial strategy

Financial outlook

The funding available for West Yorkshire and Harrogate **health and care services is set to increase to £5.8bn by 2020-21. This represents an overall increase of £0.4bn from 2016-17, a growth rate of 2.2% per year.** This modest increase is significantly lower than the long term average growth that has been invested by successive governments.

Based on current trends and forecast levels of population changes, pay and non-pay inflation, advances in medical technology and rising patient expectations - demands on our resources are growing faster than those available; as a result our local health and social care services are under increasing financial pressure.

We refreshed the financial analysis that was summarised in our November 2016 draft plan to reflect the 2016/17 out-turn financial position and the outcome of the operational planning and contracting process for 2017-18. **This confirmed there is a £1.2bn "gap" between the resources available at 2020/21**.

We will deliver these savings through:

> Delivering care more efficiently – £0.5bn

> Providing the right care to everyone who uses our services – £0.4m

> Projects delivering savings across the area – £0.1bn

> Securing our fair share of sustainability and transformation funding – £0.2bn

Significant financial pressure is evident in 2017/18; a number of NHS organisations within the partnership are no longer forecasting to deliver their financial plans for the year. In simple terms, we are spending more locally than has been allocated to us which is not sustainable. This will make the financial challenge greater in future years, and we are working hard to address this challenge in each of our organisations, in our places and across the partnership.

Whilst the Autumn 2017 Budget provided some welcome and additional resource to the NHS in the years to 2019/20, the overall financial settlement at 2020/21 remained as previously published. It will be critical to ensure that a fair share of the additional resource in 2018/19 is made available to support our services in West Yorkshire and Harrogate, and that we have the discretion to use this to meet local priorities which will include meeting existing demand requirements. **The financial challenge we face is the biggest in a generation.**

Approach to financial delivery

We need to maximise the value from every pound we spend.

Part of the way we will do this is to achieve targets for efficiency savings within each organisation. We will also work collaboratively within each of our places and across the partnership to develop different ways of delivering better services in a more efficient way. We need to avoid focusing simply on delivering financial savings within current models of service provision, and rather consider the totality of funding that is available, and how it might be best used to deliver the best services and care possible.

We are currently developing a single financial strategy for the West Yorkshire and Harrogate partnership.

This aim of the strategy is to set out how we spend the resources we have available on models of service provision that is high quality, deliver excellent care to the local population, and are financially and economically sustainable. It will also set out some of the new and changed arrangements that we will need to move to if we wish to plan for and commission our services differently, particularly in the run-up to the 2018/19 planning and contracting process. Part of the context for this change is that the current arrangements **(known as "Payment by Results")** were introduced into the NHS when there was a concerted effort on the part of government to shorten waiting times in hospitals, encourage more planned surgery being done as day cases rather than staying overnight in hospitals, and also shortening the length of time patients stayed in hospital where they required at least an overnight stay.

This system has been successful, but there is an increasing sense that in the current financial climate of the NHS, it can be a barrier to collaborative working.

We will be reviewing current financial flows and the incentives they create.

This may lead to agreement to a move away from the existing payment system **towards risk-share arrangements, outcome based contracting and how we design incentives that encourage system working.**

Working together to address the difficult choices

The scale of the financial challenge we are facing will require us to make difficult choices in terms of how we prioritise the resource we have available.

It will be critical for us to ensure that we work alongside the public who we serve to ensure that we make the best choices we can. We will act to ensure that these choices are made locally wherever possible, although there will be some instances where we will make decisions that impact on services across West Yorkshire & Harrogate. **In all cases, we will maintain the principles of transparency and honesty.**

We know that, without significant change to the ways in which services are provided to patients, the level of growth in demand for hospital activity and beds over the next four years is not unaffordable. Part of our strategy to address this is about how we invest resources into primary and community services to keep people well, supported and at home.

We will need to review all of our services to ensure that we prioritise those that have the greatest positive impact on people's health and lives. This will include reviewing those clinical interventions which have limited clinical benefit and the medicines that are prescribed by GPs.

We will need to ensure that all of our services are as efficient and effective as they can be. **We will work collaboratively across all organisations in West Yorkshire & Harrogate** to share what works well and will challenge each other constructively where we need to.

Managing NHS resources across the system

Our financial strategy will set out how we are working collaboratively to manage the financial resources available to NHS organisations. This will include how we will plan and commission services, and how we will monitor our combined financial position, taking on greater responsibility as a partnership for system financial management. Discussions are underway about how this would work in practice, and we are developing options alongside our wider partnership strategy work.

These developments are being part of an overall move towards greater local autonomy and control over key financial flexibilities and levers that are currently held nationally by regulators; these include access to transformation funding to support service change and flexibility in how we use this money.

Capital and buildings

As part of the financial plan that was submitted in November 2016, we identified that we had significant capital requirements to ensure that the buildings we operate out of were both fit for purpose and supported the new ways of working identified in the **NHS Five Year Forward View.**

Understanding these capital priorities across West Yorkshire and Harrogate and making these support the clinical service strategy has been an important part of the move nationally towards capital resource that is allocated through the partnership rather than to individual organisations.

We have already been notified that our CAMHS proposal has been supported, and we are hopeful that further funding will be made available in due course.

Transformation funding

Having access to funds available to enable new ways of working is often a key part of service change. **To date we have been successful in securing £45m of transformation funding from national organisations** to support transformation – this is summarised in the table below.

Transformation funding secured through STP	
West Yorkshire Acceleration Zone (2016/17)	£8.6m
West Yorkshire Acceleration Zone (Q1 of 2017/18)	£4.3m
Primary care extended access (2016/17)	£1.7m
Mental Health Liaison (2017/18)	£0.2m
Mental Health Liaison (2018/19)	£0.6m
Diabetes (2017/18)	£2.7m
Cancer (2017/18)	£6.7m
Cancer (2018/19)	£6.8m
CAMHS (capital for a new facility)	£13m
Total	**£45m**

We aim to get to a position where we can secure access to a share of the national transformation funding, based on a greater level of independence so that we can make decisions locally over the priorities we back.

A new health and social care partnership

The West Yorkshire and Harrogate Health and Care Partnership has been created through the authority of the boards and governing bodies of its member organisations.

Each of them remains sovereign and, of course local councils remain directly accountable to their electorates.

Most decisions on how we manage health and care services in each local place will continue to be made by these individual bodies.

The partnership provides a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale.

Overall support
through system leadership

At present, the partnership has a series of specific agreements that underpin the way we work:

> **A shared ambition** and five common principles for how we work.

> **An agreement on ways of working,** governance and coordination.

> **A Joint Committee of the 11 Clinicial Commissioning Groups** supported by a Memorandum of Understanding, terms of reference and workplan, agreed by all clinical commissioning groups governing bodies.

> **A Committee in Common of Acute Trusts** (WYAAT) supported by a Memorandum of Understanding, signed by all parties.

> **Mental health trusts** introducing a committee in common supported by a Memorandum of Understanding (to be approved March 2018).

> **Six place based plans** overseen by Health and Wellbeing Boards and associated arrangements.

> **WY&H wide programmes** with clear terms of reference and leadership, agreed by all sovereign Boards.

> **An advisory group of local politicians** coordinated with support from the West Yorkshire Combined Authority.

> **Clinical input from the Clinical Forum**, and Clinical Senates at local level.

> **Overall support through system leadership** executive function with senior responsible officer and team.

Leadership

We have guiding principles that shape everything we do as we build trust and delivery:

> We will be ambitious for the people we serve and the staff we employ.

> The West Yorkshire and Harrogate Health and Care Partnership belongs to commissioners who buy care, providers, councils and NHS.

> We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.

> We will undertake shared analysis of problems and issues as the basis of taking action.

> We will apply subsidiarity principles (i.e. we make the decision as close to local people as possible) in all that we do – with work taking place at the appropriate level and as near to local as possible.

Our partnership, working with the Canterbury Health Board in New Zealand, has given a strong insight into the importance of collective leadership working towards a shared set of goals.

At the centre of these collective arrangements is our leadership executive group.

The group includes representation from each health and care sector and the six places that make up the partnership. The group is responsible for setting and overseeing the strategic direction, building leadership and collective responsibility for our shared objectives. It has no formal delegated powers.

It works by **building agreement with leaders across health care organisations to drive action around a shared direction of travel.**

Joint decision making

West Yorkshire and Harrogate Joint Committee of the 11 Clinical Commissioning Groups.

Joint Committee of the Commissioning Groups (CCGs)

Over the past 12 months the management structure of these CCGs has changed and there is closer working with the six places that make up our partnership. **The three Bradford District and Craven CCGs, the three Leeds CCGs and the two Kirklees CCGs have each moved to a single management structure.**

A Joint Committee of the clinical commissioning groups has also been established with delegated authority to take decisions collectively.

The joint committee is made up of representatives from each clinical commissioning group and has an independent lay chair and two lay members drawn from the clinical commissioning groups.

The joint committee is underpinned by a memorandum of understanding and a work plan **which you can read here.** The committee meets in public every second month. More information on attendance and how you can get involved is **available here.**

The programme of work is agreed by the clinical commissioning groups together. This currently reflects our partnership priorities for which collective decision making is essential.

The clinical commissioning groups retain their statutory powers and accountability. The joint committee is a sub-committee of the clinical commissioning groups. It only has decision-making responsibilities for the West Yorkshire and Harrogate programme work that have been delegated by the clinical commissioning groups.

West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common

Our hospital trusts have formed a Committee in Common made up of the Chairs and Chief Executives of the six organisations represented. **This Committee in Common provides the vehicle for working together,** and decisions that are taken by the Committee in Common are then approved by each Trust Board.

Mental health services working together

There has been a historically strong partnership working between the five organisations across our area:

- South West Yorkshire Partnership NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Tees Esk and Wear Valley NHS Trust
- Leeds Community Healthcare NHS Trust.

This close working has been strengthened and reinforced through our partnership approach.

The four Trusts in West Yorkshire are in the process of developing a 'Committee in Common' to strengthen their partnership working and to deliver the priorities set out in this plan.

Local council leadership

We have important and well established relationships with local councils in each of the six places (see page 5) and these relationships continue to strengthen across the West Yorkshire and Harrogate area. We have established an area-wide council leader group which is an important part of our partnership working.

established relationships

Clinical leadership

Clinical leadership is central to all of the work we do.

Clinical leadership is built into each of our work programmes, and our Clinical Forum provides formal clinical advice to all of our programmes.

Governance arrangements

Our partnership includes a range of West Yorkshire and Harrogate **priority programmes** as well as the significant amount of work happening in each of our six local places. **Our way of delivering services reflects this.**

West Yorkshire and Harrogate programme governance

Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate-wide programmes (see page 5).

Each programme has a chief executive or clinical commissioning group chief officer and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each part of the partnership, for example council, voluntary community, NHS.

The next steps for our partnership

Each of our six places (see page 5) are having conversations about what developing stronger local partnerships means for them. **Commissioners and providers are coming together to take responsibility for the cost and quality of care** for an area, for example Bradford District and Craven; Calderdale, Harrogate etc

These new ways of working reflect local priorities and relationships. There are common themes running through them of a greater focus on population health management, integration between providers of **services around the individual's needs, and a focus on care provided in primary and community settings.**

Next steps for developing our partnership

The West Yorkshire and Harrogate Sustainability and Transformation Partnership has evolved in three phases:

Phase 1:
Mobilising and producing draft proposals (May to December 2016)

Phase 2:
Consolidating, building capacity, governance and infrastructure (January to September 2017)

Phase 3:
Mutual accountability, greater ownership of system performance – towards greater autonomy and control (October 17 to April 18).

We are now in the third phase of this evolution.

The System Leadership Executive Group has agreed to refresh and strengthen the partnership's governance and accountability mechanisms and ways of working, and to set out them out in a single memorandum of understanding (MoU).

The new memorandum of understanding will provide a platform for:

> Clarification of effective governance arrangements for partnership level commissioning and the management of risk;

> Maturing provider networks that collaborate to deliver services in places and WY&H level;

> Clinical and managerial leadership of change in major transformation programmes, including national priorities;

> Citizen engagement in development, delivery and assurance;

> Better political ownership or engagement in the agenda; and

> Light touch system management and support of all of the above.

It will provide **a mutual accountability framework that ensures we have collective ownership of delivery,** rather than a hierarchical approach. **We also aim for it to provide the basis for a refreshed relationship with national oversight bodies.**

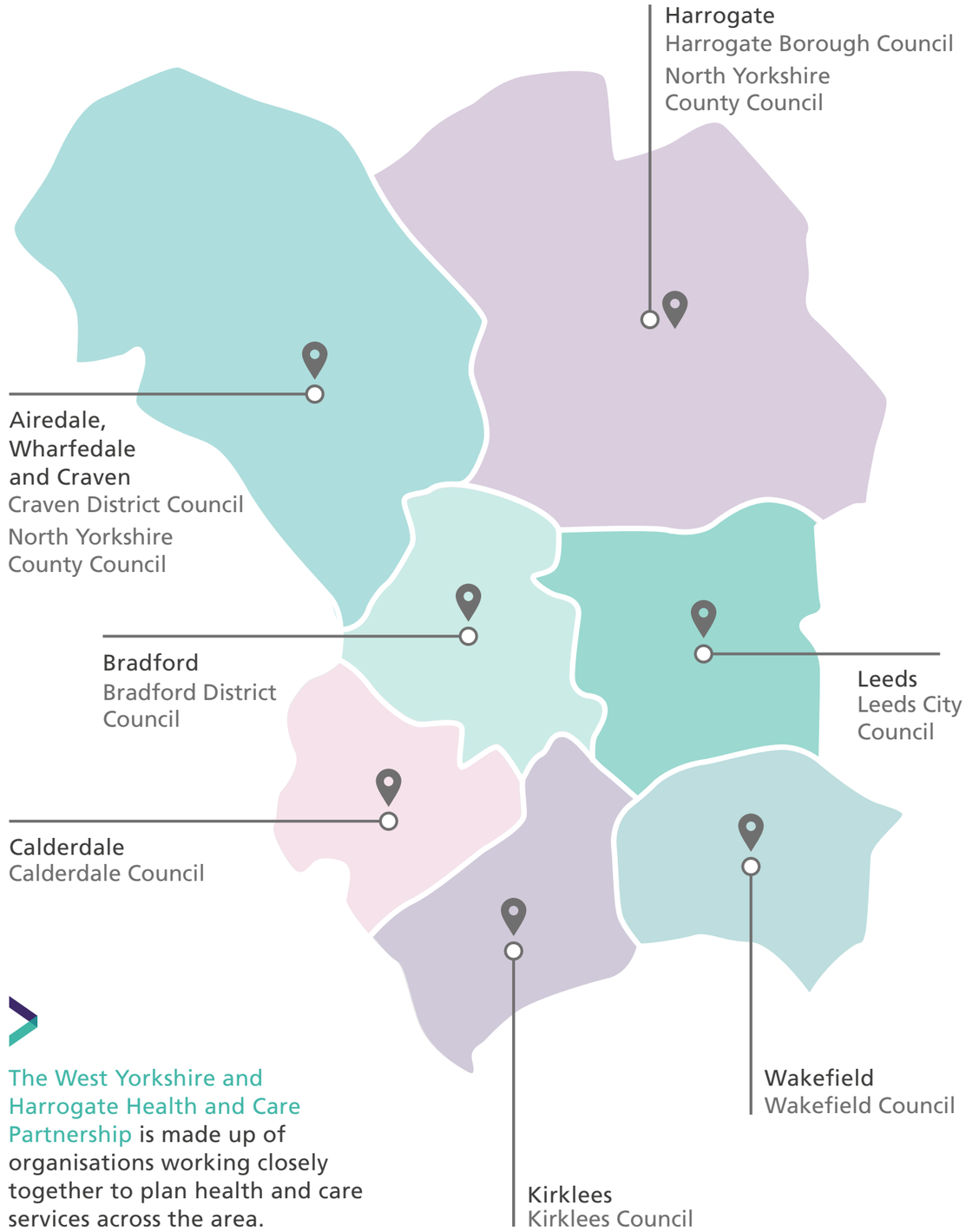
The new governance and accountability arrangements will retain the ethos that **the partnership is a servant of the member organisations** in West Yorkshire and Harrogate and in pursuit of delivering better outcomes for people.

With these new arrangements in place, from April 2018, our partnership will be ready to take on greater responsibility for:

- The planning and design of the West Yorkshire and Harrogate work programmes, and oversee delivery locally
- Managing transformation funding and capital; and
- Oversight and delivery of milestones set out in this plan.

This is the most difficult time in the health and care system for a generation. We are facing unprecedented challenges with limited resources. At the time of writing, we await details of how extra resources should be allocated to the NHS from the Autumn Budget.

Our view is that we should work with Government and the national bodies that regulate us to secure greater autonomy and greater control over our resources and our future. Whatever the label for this, only by having control can we secure any sort of sustainable future.



The West Yorkshire and Harrogate Health and Care Partnership is made up of organisations working closely together to plan health and care services across the area.

This information is available in alternative formats, for example large print, Braille, EasyRead and community languages. For more information contact:

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A partnership made up of the NHS, local councils, care providers, Healthwatch and community organisations.

January 2018

West Yorkshire and Harrogate Health and Care Partnership

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Report author: Steven Courtney
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Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 8 October 2018

Subject: Specialist Stroke Care Programme – Update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Purpose

1. The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership that provides an update on the Specialist Stroke Care Programme and its work to improve Specialist Stroke Services across West Yorkshire and Harrogate.

Background

2. Improving Specialist Stroke Care Services forms part of the overall programme of work for the West Yorkshire and Harrogate Health and Care Partnership (the Partnership).

3. At its meeting in July 2018, the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) considered an update report on the Partnership's Specialist Stroke Care Programme.

Summary of main issues

4. At its previous meeting, the JHOSC discussed a range of matters, as outlined in the draft minutes included elsewhere on the agenda. For ease of reference, these matters including the following:

   - That the long-term future of the hyper-acute stroke unit at Harrogate Hospital remained in doubt, largely due to current and predicted patient numbers, potential patient safety matters and associated workforce issues.
   - Notwithstanding the issue regarding Harrogate Hospital, one of the main recommendations arising from the review was there should be no further reconfiguration proposals of hyper-acute stroke services across the geography of the Partnership

- Concern regarding the limited information presented in the written report submitted to the Joint Committee in advance of the meeting, with an over-reliance on a verbal report and update – which made it difficult for a range of stakeholders, including members of the Joint Committee and also interested members of the public not in attendance.
- The development of any outline business cases and how these had been developed across the network, including links to social care providers.
- Processes to engage and consult on the outline business case, due to be considered by the Joint Committee of Clinical Commissioning Groups in September 2018.
- Recognition of proposed configuration of services to provide equitable access to acute service response within 72 hours of an incident, with patients then moving to units nearer their home.
- Measures, including GP training, would seek to identify and take a preventative approach with patients at a higher risk of experiencing a stroke, which would potentially reduce the number of acute service requests.

5. The JHOSC noted the intention to provide a more detailed update for consideration at its October 2018 and requested this should include specific details on the preventative aspects of the care pathway and how local authorities would support the care aspect of rehabilitation.

6. The update report from the West Yorkshire and Harrogate Health and Care Partnership is appended to this report. The 'You said, We did' summary referenced in the attached report is also appended for ease of reference.

7. Appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from members of the JHOSC.

Recommendations

8. That the West Yorkshire Joint Health Overview and Scrutiny Committee considers the details presented in this report and associated appendices and:
   a. Considers the recommendations set out in the West Yorkshire and Harrogate Health and Care Partnership update report (Appendix 1);
   b. Identifies and agrees any specific scrutiny actions and/or future activity.

Background documents[1]

9. None.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Friday, 28 September 2018

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)
Specialist Stroke Care Programme Update
West Yorkshire Joint Health and Overview Scrutiny Committee

Introduction

1. Working closely with our partners, stakeholders and communities is an essential part of our stroke work and we want to keep West Yorkshire Joint Health and Overview Scrutiny Committee (JHOSC) further updated so there is the opportunity to discuss developments as they progress.

2. This report provides a further update from the JHOSC meeting held in July 2018 and will summarise our conclusions and recommendations ahead of the WY&H Joint Committee of Clinical Commissioning Group meeting which will be held in public in the autumn.

3. This area of work builds on recent discussions taken place with Overview and Scrutiny Committee Chairs (OSC) in our six local places (Bradford District and Craven; Calderdale, Harrogate - North Yorkshire Council OSC; Kirklees, Leeds and Wakefield).

Background

4. In 2016/17 there were approximately 3,700 strokes in WY&H. The Partnership's ambition is to have fewer stroke across the area, more lives saved and improved recovery outcomes.

5. WY&H currently has five hyper-acute stroke units (HASU):
   - Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
   - Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
   - Harrogate and District NHS Foundation Trust
   - Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
   - Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital.

6. The aims of the WY&H stroke programme are:
   - To commission 'high quality' sustainable hyper acute stroke services that are 'fit for the future'.
   - Ensure variations in hyper acute stroke care are addressed locally as soon as possible in line with agreed governance and accountability arrangements; and
   - Work together with partners and stakeholders in each of our six local places to further improve care and outcomes for people across the 'whole' of the stroke care pathway.

7. As a Partnership it is important we:
   - Provide joined up, seamless end-to-end stroke care for people
   - Implement the recommendations of the National Stroke Strategy – You can view this here.
   - Meet the service standards and specifications set by the Royal College of Physicians (RCP), NICE and the locally agreed stroke service standards
   - Ensure that stroke care delivers:
     - Improved clinical outcomes so that more people recover from a stroke
     - Sustainable services
     - Improved quality of life outcomes and an excellent patient and carer experience

- Equity of service outcomes and experience, particularly where differences in care has been highlighted.

8. Our work to date has looked at:
   - Preventing stroke happening across the area
   - How best we deliver effective care when people have a stroke
   - Ensuring there is good support and rehabilitation for people after a stroke
   - Addressing the ongoing workforce challenges across the area, especially in Harrogate.

Case for change

9. Our specialist stroke services (HASUs) need to deliver the 7-day standards which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

10. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. The evidence base shows that people who receive care in units that see a minimum of 600 new admissions per year are likely to have better outcomes, even if the initial travel time is increased. Ongoing rehabilitation should, however, be provided at locations closer to where people live, and they should be transferred to these as soon as possible after initial treatments.

11. Harrogate is the only hyper acute stroke service across our Partnership that does not receive the minimum number of new strokes per year. Given this, and the ongoing workforce challenges in Harrogate it is important for all West Yorkshire and Harrogate hospitals to work together on solutions that will ensure people across our area can access sustainable high quality care.

12. We have worked closely with West Yorkshire Association of Acute Trusts (Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District Foundation Trust, Leeds Teaching Hospitals NHS Trust, Mid Yorkshire Hospitals NHS Trust), York Teaching Hospital Foundation Trust. We have also worked with the West Yorkshire and Harrogate Clinical Forum, medical directors and the Yorkshire Ambulance Service who have access to the skills and expertise to advise on operational sustainability of hyper acute stroke services across the area, including Harrogate.

13. Work to date has been informed from the stroke strategic case for change and our own public and staff engagement programme.

14. It is important to note that working with community care services is an important part of our work. If we are to rehabilitate people back into their communities after the first 72 hrs of specialist stroke support, as close to home as possible, having the right local care in place so people make a good recovery is essential.

Communication and engagement

15. A key principle of our communication and engagement approach is to work in partnership and build on existing communication and engagement work already in place at a local level – rather than developing new mechanisms and channels solely for the purpose of WY&H. We have:
   - Worked with Healthwatch and local communications and engagement leads across WY&H to reach over 2000 people to seek their views on the work

- Provided stroke updates to the WY&H Joint Committee of CCGs (held in public), local Overview and Scrutiny Committees/Chairs and the Joint Health Overview and Scrutiny Committee (JHOSC), the West Yorkshire and Harrogate Patient and Public Assurance Group
- A representative from the Stroke Association attends our stroke programme board and we have discussed our work with other community organisations and carers.

16. This feedback has informed a report called 'You said, we did'. You can view this here.

Preventing strokes happening – our journey so far

17. A key part of our work is preventing ill health so people can live a long and healthy life. Lots of work had already taken place in each of our six local areas to further reduce the risk factors of stroke. For example, we are working with the Academic Health Science Network to identify and roll out best practice care for people with atrial fibrillation (which causes erratic heart beat) in every GP practice, with the aim of preventing over 190 strokes over the next three years. This includes detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation are managed by GPs. We are one of the first Health and Care Partnerships to address atrial fibrillation at scale in this way.

18. Twenty GP practices are taking part in the first wave of this Quality Improvement Programme and following on from discussions at the Joint Committee of CCGs (1 May 2018) the Academic Health Science Network have secured additional capacity to support more GP practices. All of our six local places have a Board clinician who provides strategic leadership and support to their clinical champions to progress the work locally.

19. Information from the Academic Health Science Network HSN Lead (position at September 2018), shows that an additional 1,718 patients with atrial fibrillation have been protected. This could prevent 46 strokes each year.

20. The WY&H Clinical Forum has also identified the potential to make significant improvements in outcomes for people with cardio vascular disease (CVD) and diabetes through joint working across the area. For example the treatment of hypertension [high blood pressure] which has the potential to reduce a further 620 strokes within three years.

21. A number of measures have been included in a stroke dashboard so that the impact on further reducing the risk factors of stroke can continue to inform further discussions with stakeholders. This includes:
    - Population health indicators – adult smoking prevalence rate; hospital admissions for alcohol related conditions, adults classed as overweight or obese
    - Prevention – atrial fibrillation (percentage of people treated), hypertension prevalence rate
    - Stroke Sentinel National Audit Programme key metrics (scanning, stroke unit, thrombolysis, specialist assessments, occupational therapy, physiotherapy, speech and language therapy, multi-disciplinary team working, standards by discharge, discharge processes)
    - Discharge and rehabilitation – e.g. assessment by specialist rehabilitation team within 72 hours, identified patients screened/assessed for discharge to the early supported discharge (ESD) service, appropriate rehabilitation programme to be started within 24 hours of discharge to ESD, patients received a review at six weeks, six months, 12 months and then annually.

Further improving hyper acute stroke care

22. Following on from the publication of the Hyper Acute Stroke Services Yorkshire and the Humber 'Blueprint' for Yorkshire and the Humber Clinical Commissioning Groups, the WY&H stroke programme completed a further review of our specialist stroke services. We:
    - Used evidence from the stroke strategic case for change to support our work. You can view this here.
    - Looked at the number of strokes being admitted to each of our services every year
    - Reviewed the Stroke Sentinel National Audit Programme information which audits the key processes that have a high impact on patient care and long term health outcomes
    - Completed a workforce baseline
    - Refreshed our equality impact assessment and stroke health needs assessment. You can view these documents here.
    - Reviewed the latest available national guidance. You can view this here.
    - Worked with the Yorkshire Ambulance Service (YAS) and York Teaching Hospital NHS Foundation Trust to complete an exercise to look at possible solutions.
    - Looked at the number of people in Harrogate who could receive HASU care in Leeds or York based on travel times.

23. We have had further conversations with the public, clinical experts, our staff and other stakeholders to inform our options appraisal process. For example we held a series of events in February, March and May 2018 to seek people's views on the development of evaluation criteria and weightings. A copy of the engagement report findings can be found here.

Improving stroke care across the 'whole care pathway'

24. In view of the above and in advance of the publication of the National Stroke Plan (due autumn 2018), we have produced a draft service specification covering the whole stroke pathway. This sets out the key standards and service outcomes for each part of the pathway.

25. Local areas may deliver different approaches and are responsible for commissioning services to meet the needs of local people. The draft specification is being circulated to stakeholders so they can review and determine what further actions (if any) will be needed locally to deliver these outcomes. We are also seeking their views over the coming months on adopting a standardised 'whole pathway' stroke service specification across WY&H.

Our work with clinicians

26. Local clinicians and health care professionals have taken a lead role in the development of clinical standards, standardised care pathways and policies (reflecting national guidelines and feedback from our engagement work).

27. We have worked with clinical experts in the Yorkshire and Humber Clinical Senate, the National Stroke Lead and clinical experts in other areas e.g. Humber Coast and Vale, Manchester, South Yorkshire and Bassetlaw and the South East Stroke Network.

28. Work is underway to finalise these documents with a view to them being in place across all hyper acute stroke services from April 2019.

Workforce

29. Our ambition is for hospitals to work together so we make the most of staff skills and new technology to improve people's quality of life. For example in June 2018 the Brain Attack Team at Leeds Teaching Hospitals NHS Trusts launched a new service which provides specialist treatment for people across the area who have suffered a life-threatening stroke. People who have received clot-busting drugs that failed to remove the clot can be transferred to Leeds for a procedure known as mechanical thrombectomy (clot retrieval), whilst allowing them to be discharged back to the referring hospital the same day. This is the result of a co-ordinated approach between stroke nurses, neuro radiologists, consultants and other professionals working across the area.

30. It is also important that we continue to support our staff and make the most of their valuable skills and expertise. We have:
    - Completed a workforce baseline assessment of our specialist stroke services
    - Worked with the Local Workforce Action Board (LWAB) stroke lead to carry out a workforce survey to seek the views of our specialist stroke services staff. This is informing discussions to re-establish the stroke clinical network and progress actions to further improve workforce engagement, retention and the sharing of good practice.

31. The LWAB recently supported a £20,000 non-recurrent funding bid submitted by the WY&H stroke programme to re-establish the stroke clinical network across the area so that we can further support, develop and retain our skilled workforce now and in the future. This is in addition to promoting the development of skills, sharing good practice and supporting the wellbeing of staff so we retain our existing workforce and attract new recruits. This programme will begin early 2019 and a network conference will take place in October 2019.

Technology developments

32. Technology is a key enabler to supporting our staff in delivering improved care and outcomes for the people of WY&H. The Yorkshire Ambulance Service (YAS) is in the process of deploying an Electronic Patient Record (EPR). The EPR will provide further information to the crew. Further work is underway to explore other opportunities, for e.g. the use of apps to support assessment of stroke on route.

Assurance

33. We have shared the outcome of all our work to date with NHS England, Yorkshire and Humber Clinical Senate and National Clinical Director. We have also kept the Joint Committee of the Clinical Commissioning Groups, Public and Patient Involvement Assurance Group fully informed.

To summarise

34. We have engaged with over 2000 people as part of our public engagement work, this has included the views of people who have had a stroke, and their carers.

35. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist; with due regard to the evidence base showing that people who receive care in units that see a minimum of 600 new admissions per year are likely to have better outcomes, we need to address this in Harrogate as soon as possible. This is being discussed with our WYAAT colleagues, Harrogate and Rural District Clinical Commissioning Group, York District NHS Foundation Trust and NHS England – any decision will be made locally

36. We have completed a review of our specialist stroke services, scenario modelling and option appraisal. We are recommending the service delivery model for hyper acute stroke care across WY&H has four hyper acute stroke units. These will be in:
    - Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
    - Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
    - Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
    - Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital

    It is important to note that conversations have taken place with York Teaching Hospital NHS Foundation Trust around the number of people living in Harrogate who will receive HASU care in Leeds or York based on travel times.

37. Local operational workforce pressures at Harrogate are being worked through locally in line with agreed governance arrangement.

38. There is no requirement or plan to further engage or consult with the public across the whole of West Yorkshire.

39. In line with feedback from our engagement, and reflecting national guidelines, we have developed a standard hyper acute stroke pathway and service specification which includes the key clinical standards our services should be achieving to further improve stroke care and outcomes for the people of WY&H. We will be recommending all commissioners utilise this specification when commissioning hyper acute stroke care.

40. In view of this we are recommending the WY&H Stroke Clinical Network and each of our local areas continue to review progress against the key measures included in the stroke dashboard and the stroke health needs assessment, so they can agree (where appropriate) actions to reduce the risk factors of stroke and improve care across the whole pathway.

    We will also be asking each of our six local places to consider the draft whole pathways service specification to determine what actions (if any) are required to deliver the key standards - with a view to having a whole pathway service specification in place across WY&H at the earliest opportunity.

41. We have secured non recurrent Local Workforce Action Board (LWAB) funding to re-establish the stroke clinical network so that we can further support, develop and retain our skilled workforce. We will also be recommending that mechanisms are in place to ensure the WY&H stroke clinical network is established and sustainable.

42. Discussions have taken place with all OSC Chairs. This includes conversations with the Leeds OSC around the potential number of people in need of hyper acute stroke care from the Harrogate area.

43. Our work is all about improving stroke care and outcomes for the people of WY&H. We have made good progress in relation to meeting our objectives; however we recognise that further work is needed to implement the developments outlined in this report, including ongoing conversations with North Yorkshire County Council OSC regarding Harrogate.

Conclusions

44. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist and we need to address the variation and consistency gap as soon as possible. Harrogate is the only stroke service across our partnership which does not receive the minimum number of 600 new strokes per year.

45. We have completed our options appraisal process and the outcome of our work shows the 'optimal' service delivery model for hyper acute stroke care across WY&H.

46. As outlined in this report, possible solutions to address workforce pressures at Harrogate are being worked through locally in line with agreed governance arrangements. Conversations continue with North Yorkshire County Council Overview and Scrutiny Committee and other local stakeholders.

47. In view of this from a WY&H stroke programme perspective there is no requirement or plan to further engage or consult with the public across the whole of West Yorkshire.

Recommendations

48 Joint Health Overview and Scrutiny Committee members are asked to:

- Note the 'optimal' service delivery model for hyper acute stroke care
- Support there is no requirement or plan to further engage or consult across the whole of West Yorkshire
- Support the recommendation to commission a standard hyper acute stroke service pathway and service specification across WY&H
- Support the recommendation to re-establish a stroke clinical network across WY&H
- Note the work underway to further improve quality and outcomes across the whole of the stroke pathway for the people of WY&H; and
- Acknowledge that plans for Harrogate will be led locally and not via the WY&H Partnership.

What next

49. The next steps will be informed by further discussions with North Yorkshire County Council Overview and Scrutiny Committee (2 November 2018), NHS England, West Yorkshire Association of Acute Trusts; YAS and WY&H Joint Committee of the Clinical Commissioning Groups. Further conversations with the public will take place in Harrogate as appropriate. These conversations will be led locally.

50. We recognise that local OSCs have an important role in driving forward the standards in the commissioning specifications regarding preventing strokes and further improving stroke care across the whole of the care pathway. Local health care leaders will continue to keep their OSCs updated.

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West Yorkshire and Harrogate
Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)
Improving Stroke Outcomes
'You said, we did'

Friday,14 September, 2018

Introduction

It is important that the public and patients know how their views have shaped our work to improve stroke outcomes across West Yorkshire and Harrogate. This includes preventing strokes, work to further improve specialist stroke services (the care people receive in the first few hours and days after stroke) and improving the support people receive when leaving hospital following a stroke. We aim to show that we have listened to the important views of people who have had a stroke, their carers and community organisations.

'What people have told us''

We have talked to over 2000 people over the past 18 months. People said….

- We want more to be done to **prevent strokes**
- We will travel to **access the best specialist support**
- We want ongoing **rehabilitation care as close to home as possible**
- We **value the role of community organisations**
- We want **more support for carers**
- We should **support our staff** to deliver the best outcomes for people.

We have listened and are…

Preventing strokes

- Improving care for people with atrial fibrillation (AF), with the aim of preventing over 190 strokes over the next three years. This means detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation are managed by GPs, with the best local treatments. Between May and August 2018 we identified and treated 450 new people with atrial fibrillation, helping to save more lives.
- Reducing other risk factors linked to stroke. For example the treatment of hypertension (high blood pressure) which could prevent a further 620 strokes within three years.
- Working with Public Health England to promote the Face Arms Speech Time (FAST) campaign.
- Developing a standardised hyper acute stroke care pathway to an agreed set of key clinical standards/guidelines. For example, all patients with suspected stroke should

receive a brain scan within 1hr of arrival at hospital; and people should return as close to home as quickly possible.

Accessing the best specialist support

- We have developed proposals for what the best delivery of care models and pathways could look like, in line with national clinical standards by reviewing the current hyper acute stroke services across West Yorkshire and Harrogate.
- Local clinicians and health care professionals have developed clinical standards, standardised care pathways and policies to reduce variation and further improve stroke outcomes.
- These have been developed by reflecting national guidelines and feedback from all of our engagement.

Care closer to home

- We have set out standards and outcomes covering the whole stroke pathway, including rehabilitation and community services. We are at the beginning of our conversations with our local areas about care closer to home and identifying and sharing good practice.

Role of community organisations and more support for unpaid carers

- We are discussing with each of our six local places what further actions (if any) will be needed locally to deliver the standards and outcomes in the whole stroke pathway. This includes the role of community organisations and support for unpaid carers.

Supporting our staff

- We are supporting our staff to make the most of their valuable skills and expertise. We have surveyed specialist stroke services staff and have secured £20, 000 funding to establish a stroke clinical network to better support, recruit and retain our skilled workforce.
- We are developing new and extended roles (such as advance practice)
- We are responding to national guidance and strategies relating to the stroke workforce.

Background information

We have talked to over 2000 people over the past 18 months, this has included working with Healthwatch and our communications and engagement leads. We:

- Engaged with people in 2017 to seek their views on stroke care – these findings laid the foundation for our work to date. Over 1500 people gave their views via an online survey, outreach sessions with voluntary and community groups, and interviews with people in GP practices, rehabilitation units, stroke wards, and libraries. Stroke consultants also took part in sessions so that people could hear first-hand about the care and support available from health professionals.
- Held a stroke clinical summit in May 2017 where over 50 health care professionals came together to discuss how best they could work together to prioritise the way we deliver stroke care now and in the future
- Had further conversations in public to further develop our work in February, March and May 2018. This included voluntary, community organisations, people who have had a stroke, carers and councillors. Over 500 people took part in these conversations.
- The Stroke Association is represented on our stroke programme board and we have discussed our work with other VCS organisations and carers. We also have a patient representative on our Stroke Programme Group.

Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving.

In 2016/17 there were approximately 3,700 strokes in West Yorkshire and Harrogate. The Partnership's ambition is to have fewer stroke across the area, more lives saved, reduced delays and improved recovery outcomes. Our aim is to improve quality outcomes for people requiring stroke care, ensuring that services are resilient and 'fit for the future'.

Stroke care is one of the priority areas of work highlighted in the draft West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) published in November 2016. It is also highlighted in "Our next steps to better health and care for everyone" document published in January 2018.

WY&H currently has five hyper-acute stroke units (HASU), based in:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
- Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
- Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital.

Work across West Yorkshire and Harrogate via the Clinical Forum and Joint Committee of Clinical Commissioning Groups has highlighted the importance of stroke prevention, community rehabilitation and after care support delivered in our six local places (Bradford District and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield).

This is especially important given that we have an ageing population and people are living with multiple long term conditions for longer. A key part of our work is preventing ill health so people can live a long and healthy life.

A National Stroke Plan is expected in the autumn. This will cover a number of important areas, including rehabilitation and on-going care; urgent and emergency care; preventing avoidable strokes, for example atrial fibrillation and hypertension; workforce, and health research.

What do we want to achieve?

We want to:

- Prevent strokes happening
- Commission 'high quality' sustainable hyper acute stroke services that are 'fit for the future' and save more people's lives in West Yorkshire and Harrogate
- Provide a fully integrated, end-to-end stroke service for West Yorkshire and Harrogate
- Implement the recommendations of the National Stroke Strategy
- Meet the service standards and specifications set by the Royal College of Physicians, NICE and the locally agreed stroke service standards
- Ensure that stroke services deliver improved clinical outcomes.

You can find out more about this work by visiting the West Yorkshire and Harrogate Health and Care Partnership website here.

Report author: Steven Courtney
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Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 8 October 2018

Subject: Financial Challenges

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Purpose

1. The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership (the Partnership) that provides outline the financial challenges of the NHS organisations across the Partnership.

Background

2. At its meeting in July 2018, the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) considered an update report on the Partnership's shadow Integrated Care System status (announced in May 2018).

3. At that meeting the JHOSC requested a further report that would provide a breakdown of the financial challenges across the Partnership and plans intended to address these, in order to help identify:
   - Where savings and service changes were proposed
   - Where funding would be drawn from and whether this would be new funding or diverted from elsewhere.
   - How closer working will be delivered at a local level and how local Health and Wellbeing Boards will feed into the ICS
   - Any plans for hospitals to provide specialised hospital services only, supported by the provision of services elsewhere

Summary of main issues

4. A further report from the Partnership is appended to this report and appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from members of the JHOSC.

Recommendations

5. That the West Yorkshire Joint Health Overview and Scrutiny Committee considers the details presented in this report and associated appendices and agrees any specific scrutiny actions and/or future activity.

Background documents[1]

6. None.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

West Yorkshire and Harrogate
Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership

Financial challenges
A breakdown of financial challenges across the Partnership and plans intended to address these

1. Purpose

1.1. The purpose of this paper is to outline the financial challenges of the NHS organisations in the West Yorkshire and Harrogate (WY&H) Health and Care Partnership.

1.2. It is worth remembering at the outset that the Partnership is not a statutory organisation so it does not, in itself, have a financial position. The Partnership does work collaboratively to help organisations seek solutions where financial challenges exist. The statutory financial duties relating to organisations within WY&H remain unchanged, so any analysis on financial pressure is an aggregation of individual organisations positions.

1.3. Local places will have their own arrangements where individual organisations financial plans and financial performance can be reviewed. That information is produced and published by each organisation; and maybe summarised locally to provide a CCG wide or perhaps place position. It is not the intention in this paper to provide that information and replicate local arrangements, more to provide an overview of the financial context within which WY&H is working.

2. Background

2.1. In June 2017 the chief financial officers of each organisation in WY&H refreshed their financial plans.

2.2. The headlines from this were:

2.2.1. The overall financial plans for WY&H (across NHS commissioners and providers and local authority social care and public health budgets) combined to give a net surplus for 2017/18 of £8m.

2.2.2. The financial gap by 2020/21, before any solutions were identified, was reported as £1.2bn. It must be stressed that this figure was before any solutions were identified and ignored the fact that, over many years now, NHS organisations and local authorities have delivered service efficiencies and/or achieved financial targets required by whatever regulatory regime they are subject to.

2.2.3. However, this figure did serve to remind the Partnership of the scale of the challenge in delivering its objectives across WY&H with such a significant financial challenge as a context.

3. Current Plans

3.1. In addition to the complexity of trying to aggregate NHS provider and commissioner financial plans with parts of local authorities' financial plans, the NHS itself has an increasingly complex financial architecture. Often figures that are quoted are not comparable because they do or do not include particular funding flows. For example, a significant amount of funding is available to NHS bodies as Provider or Commissioner

Sustainability Funds (PSF/CSF) but these funds are subject to a complex set of 'rules' about what needs to be achieved to receive them and, if they are achieved, the extent they can then be spent. The point here is that care needs to be taken in quoting numbers for aggregated financial positions for WY&H.

3.2. However, it is important to have an understanding of how the financial position of each organisation is being managed by that organisation, how each place in WY&H is working together to manage the resources at its disposal and the role and views of the current regulators of NHS organisations, NHS England and NHS Improvement. In that context, this year the Partnership is developing a greater understanding of the challenges faced by each organisation and how it can support the development of sustainable solutions.

3.3. With the caveat in paragraph 3.1 in mind, the JHOSC will wish to note the extent of the current financial challenges in the NHS in WY&H. In summary, the NHS plans for this financial year aggregate to a £115m deficit excluding PSF/CSF. As planned PSF/CSF is £95m there is a planned aggregate deficit of £20m. This assumes the delivery of £270m of efficiencies.

3.4. With the exception of one organisation, Calderdale and Huddersfield NHS Foundation Trust, all NHS organisations have agreed their control totals with their regulator, NHS Improvement or NHS England. Annex 1 details each organisation's planned full year position as at the end of the first quarter.

3.5. At the end of quarter 1, no NHS organisation was forecasting a variance from plan for the year.

3.6. NHS Improvement recently published the financial performance of the NHS by integrated care system for quarter one. For the first 3 months WY&H was reported to have a £169,000 adverse variance. This is less than a 0.5% variance and is not, in itself, a cause for concern. Each organisation does report risks to achieving their agreed plan; equally their regulators would expect those risks to be managed.

4. Working as an Integrated Care System

4.1. One of the advantages of WY&H becoming an Integrated Care System is that it gives the Partnership access to transformation funding and greater say how national monies allocated to WY&H are spent.

4.2. In a financial context of low or nil annual financial increases, the receipt and utilisation of transformation funding is vital to help deliver the improvements in care that will also improve financial sustainability. To date WY&H has received close to £100m in revenue and capital funding as a result of working as a Partnership. The most recent element of this is £8.75m in transformation funding as a direct result of becoming an ICS. That funding is being used to develop local care partnerships across primary care, to provide improved winter resilience, to support carers, to harness the power of local communities in delivering improvements in care and to give our improvement programmes the strength to deliver.

4.3. Working together in an ICS will, we believe, help deliver improvements at scale and deliver them more efficiently. But, importantly, we can also support local places to deliver local improvements.

4.4. Looking forward to next year we can expect to see some significant differences in the NHS financial framework. We believe that many of the NHS organisations within the

Partnership will be well placed to embrace those changes; for example, new contracting arrangements have been embraced widely which aim to share financial risk across commissioners and providers. This is often referred to as an Aligned Incentive Contract and this is a direction of travel that is actively being considered as an option in new NHS financial arrangements.

4.5. As an ICS we have already committed in our Memorandum of Understanding to collectively manage our NHS resources. Importantly, all NHS body partners:

i. Are ready to work together, manage risk together and support each other when required
ii. Aim to live within our means
iii. Develop a WY&H system response to the financial challenges we face
iv. Develop payment and risk share models that support a system response rather than work against it.

WY&H is fortunate that, in respect of managing finances, organisations have a strong culture of working together that has survived many NHS reorganisations. This provides a good foundation for working individually and collaboratively to deliver the changes required to deliver financial sustainability.

4.6. A practical manifestation of that in 2019/20 is likely to be the operation of a shared control total across the Partnership. At the moment there is effectively a national shared control total. If WY&H is given its share of the national financial resources we will collectively aim to manage within that resource, with the advantage that we can manage that locally and collectively rather than being part of a top down national system.

5. Conclusion

5.1. There can be absolutely no doubt that NHS organisations within the Partnership have faced and will continue to face significant financial challenges. As do our partners in other sectors. Some do have deficit positions but most have agreed recovery trajectories with their regulator. As an ICS our constituent partners will increasingly work together to deliver the sustainable financial solutions upon which the continued delivery of high quality care is built.

Bryan Machin
Director of Finance
West Yorkshire and Harrogate Health and Care Partnership

Full year Financial Plans of NHS Organisations as at Quarter 1

Organisation	2018/19 Plan excl PSF/CSF £m	PSF/CSF £m	2018/19 Plan incl. PSF/CSF £m
NHS Airedale, Wharfedale and Craven CCG	0.0	0.0	0.0
NHS Bradford Districts CCG	0.0	0.0	0.0
NHS Bradford City CCG	0.0	0.0	0.0
Airedale NHS Foundation Trust	0.4	4.8	5.2
Bradford District Care NHS Foundation Trust	0.3	10.3	1.1
Bradford Teaching Hospitals NHS Foundation Trust	(7.5)	0.0	2.8
NHS Calderdale CCG	0	0.0	0.0
NHS Greater Huddersfield CCG	1.0	11.0	1.0
NHS North Kirklees CCG	(11.0)	2.0	0.0
NHS Wakefield CCG	(2.0)	0.0	0.0
Calderdale and Huddersfield NHS Foundation Trust	(43.0)	0.0	(43.0)
Mid Yorkshire Hospitals NHS Trust	(19.7)	14.3	(5.4)
South West Yorkshire Partnership NHS Foundation Trust	(2.6)	1.5	(1.2)
NHS Leeds CCG	0.0	0.0	0.0
Leeds and York Partnership NHS Foundation Trust	1.1	1.4	2.5
Leeds Community Healthcare NHS Trust	1.2	1.3	2.5
The Leeds Teaching Hospitals NHS Trust	(24.8)	32.4	7.6
NHS Harrogate and Rural Districts CCG	(10.0)	10.0	0.0
Harrogate and District NHS Foundation Trust	0.0	4.0	4.0
Yorkshire Ambulance Service NHS Trust	2.1	2.1	4.2
Total	**(114.6)**	**95.9**	**(18.7)**

Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Governance and Scrutiny Support

Report to the West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 8 October 2018

Subject: Work Programme

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree the priorities for developing its future work programme.

Recommendation

2. Members are asked to consider the matters set out in this report and agree the priorities for developing the future work programme of the West Yorkshire Joint Health Overview and Scrutiny Committee.

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1.0 Purpose

1.1 This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree its priorities and future work programme.

2.0 Background information

2.1 In December 2015, the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) was established, drawing its membership from the five constituent West Yorkshire local authorities.

2.2 As set out in the agreed terms of reference the West Yorkshire JHOSC has the following roles and functions:

- To scrutinise any proposed service configuration with West Yorkshire-wide implications and its impact on patients and the public when constituent Councils have delegated these powers to the West Yorkshire Health Scrutiny Committee.
- To meet regularly with NHS England to:
  - Receive updates on national developments and other matters from NHS England
  - To inform NHS England of common issues arising at the five West Yorkshire health scrutiny committees.
- To receive information on service proposals and other matters from West Yorkshire Commissioning Collaborative (known as 10CC)
- To share information on health issues from each of the local authority areas that may have an impact on the other local authority areas within West Yorkshire.
- To undertake shared development activities from time to time.

2.3 When considering the agreed Terms of Reference, the JHOSC previously noted that in the spirit of cooperation and transparency, where it was considered to be beneficial for a joint West Yorkshire approach to matters relating to Adult Social Care and/or Public Health, details would be considered by the JHOSC, on an issue by issue basis.

2.4 At its previous meeting in July 2018, the JHOSC requested that officers proceed to review the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements and to develop proposals for the following;

i. The establishment of new (refreshed) arrangements and terms of reference of a discretionary health overview and scrutiny committee to reflect the geography and work of the West Yorkshire and Harrogate Health and Care Partnership and associated arrangements.

ii. The establishment of a statutory joint health overview and scrutiny committee arrangements and terms of reference to reflect any future substantial NHS service changes or developments affecting all of the member local authorities.

iii. Arrangements to facilitate the establishment of statutory joint health overview and scrutiny committees (as sub-committees of the discretionary JHOSC) to reflect any future substantial NHS service changes or developments, where those proposals are likely to impact on two or more, but not all of the member local authorities (as required).

2.5 The JHOSC also requested that the review of the current JHOSC arrangements included, but was not restricted to consideration of the following matters:

i. Appropriate membership of all relevant local authorities.

ii. Specific operational / procedural rules, in order to ensure consistency of approach across all arears of work of the JHOSC, irrespective of the hosting local authority.

iii. Alternating the position of Chair on an annual basis, and the associated impact on the local authority officer support for the JHOSC.

3.0 Main issues

3.1 Since the formal establishment of the JHOSC, a number of issues / work streams have been considered by the Committee, including:

- The Urgent and Emergency Care Vanguard
- Work of the West Yorkshire Association of Acute Trusts
- Cancer waiting times
- Autism assessments
- Stroke Services
- Access to dental service
- Specialised services

3.2 Some of the above areas form part of the West Yorkshire and Harrogate Health and Care Partnerships established set of programmes.

3.3 At a previous meeting, the JHOSC concluded that its future work programme should be developed to reflect the nine work programme / priority areas of the West Yorkshire and Harrogate Health and Care Partnership:

- Cancer (national priority)
- Maternity (national priority)
- Mental Health (national priority)
- Urgent and Emergency Care (national priority)
- Primary and Community Care (national priority)
- Prevention at Scale (WY&H priority)
- Acute Care Collaboration (WY&H priority)
- Stroke (WY&H priority)
- Standardisation of Commissioning (WY&H priority)

3.4 There are also a number of ‘enabling’ areas that form part of the West Yorkshire and Harrogate Health and Care Partnership priority programmes, as follows:

- Carers
- Workforce
- Digital and Interoperability

- Capital and Estates
- Innovation and Improvement
- Power of Communities
- Business Intelligence

3.5 The JHOSC also identified the following matters should be included as part of future considerations:

- Autism;
- Health and Care Plan Governance arrangements; and
- The Urgent and Emergency Care Vanguard.

3.6 However, it should be recognised that at least some of these matters may be incorporated into the programme areas detailed above.

Collaborative Forums

3.7 As part of the developing governance arrangements for West Yorkshire and Harrogate Health and Care Partnership, a number of collaborative forums have been established (as set out in Annex 2 of the draft Memorandum of Understanding presented elsewhere on the agenda). These current collaborative forums are:

- The Joint Committee of Clinical Commissioning Groups (CCGs)
- West Yorkshire Association of Acute Trusts
- West Yorkshire Mental Health Services Collaborative
- West Yorkshire Local Authority Consultative Forum
- Local Workforce Action Board

3.8 The JHOSC may wish to consider whether / how it wish to receive further information on the work of the collaborative forums.

Governance and Accountability Arrangements

3.9 The draft Memorandum of Understanding (presented elsewhere on the agenda) sets out the draft Governance and Accountability Arrangements for the Partnership. As the arrangements develop and the review of the JHOSC arrangements continues, the JHOSC may wish to consider its relationship with other elements of the overall governance arrangements and reflect this in its future work programme.

Developing the work programme

3.10 A copy of a proposed work programme for JHOSC is attached as Appendix 1 of this report for consideration.

3.11 In continuing to develop its future work programme, the following matters are particularly highlighted as ‘good practice’ suggestions for the JHOSC to consider:

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny activity has clarity and focus of purpose; adding value within an agreed time frame.
- Avoid pure “information items” except where that information is being received as part of an identified policy/scrutiny review.

- Seek advice about available resources and relevant timings, taking into consideration the overall workload of the JHOSC and the Health Overview and Scrutiny Committees across the constituent authorities.
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year

3.12 The following matters are also worthy of consideration when considering the development of a future work programme:

- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where they have under consideration any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority.
- Under the legislation, officials from relevant NHS bodies are required to attend committee meetings; provide information about the planning, provision and operation of health services; and must consult on any proposed substantial developments or variations in the provision of the health service.
- With the lack of any nationally recognised definition of what constitutes a 'substantial' development or variation in the provision of the health service, it is recognised as good practice for NHS commissioners and providers to engage with the appropriate health scrutiny committees as early as possible to discuss any proposed service developments or variations in order to help define the necessary level of formal consultation.

4.0 Recommendations

4.1 The West Yorkshire Joint Health Overview and Scrutiny Committee is asked to consider the matters set out in this report and appendix, and agree the priorities for developing its future work programme.

5.0 Background documents[1]

5.1 None

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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APPENDIX 1

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Schedule for 2018/19 Municipal Year (Draft)

July 2018	August 2018	October 2018
Meeting Agenda for 30/07/18 at 1.30 pm.	**No meeting scheduled**	**Meeting Agenda for 8/10/18 at 1.30 pm.**
Governance Matters JHOSC Governance arrangements Integrated Care System (ICS) Update West Yorkshire and Harrogate Health and Care Partnership – Next Steps Programme Matters (WY&H) Specialised Stroke Care Programme Other Matters Access to Dentistry		Governance Matters Draft Partnership Memorandum of Understanding Programme Matters (WY&H) Specialised Stroke Care Programme Other Matters Financial Challenges
. Working Group / Development Session	**Working Group / Development Session**	**Working Group / Development Session**

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Schedule for 2018/19 Municipal Year (Draft)

November 2018	December 2018	January 2019
No meeting scheduled	**Meeting Agenda for 5/12/18 2018 at 10:30am**	**No meeting scheduled**
	<u>Governance Matters</u> JHOSC Governance Review – update <u>Programme Matters (National)</u> Urgent & Emergency Care <u>Programme Matters (WY&H)</u> Acute Care Collaboration <u>Programme Matters (Enabling)</u> Capital and Estates <u>Collaborative Forum Update</u> West Yorkshire Association of Acute Trusts <u>Other Matters</u> Specialised Services Update	
. Working Group / Development Session	**Working Group / Development Session**	**Working Group / Development Session**

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Schedule for 2018/19 Municipal Year (Draft)

February 2019	March 2019	April 2019
Meeting date TBC	**No meeting scheduled**	**Meeting date TBC**
Governance Matters TBC Programme Matters (National) Primary & Community Care Programme Matters (WY&H) Prevention at Scale Programme Matters (Enabling) Carers Collaborative Forum Update Joint Committee of CCGs Other Matters TBC		Governance Matters TBC Programme Matters (National) Mental Health Programme Matters (WY&H) Programme Matters (Enabling) Digital & Interoperability Business Intelligence Collaborative Forum Update West Yorkshire Mental Health Services Collaborative Other Matters TBC
. Working Group / Development Session	**Working Group / Development Session**	**Working Group / Development Session**

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Schedule for 2018/19 Municipal Year (Draft)

May 2019	June 2019	July 2019
No meeting scheduled	**Meeting date TBC**	**Meeting date TBC**
	Governance Matters New Municipal Year arrangements Programme Matters (National) Cancer Programme Matters (WY&H) Standardisation of Commissioning Programme Matters (Enabling) Workforce Collaborative Forum Update Local Workforce Action Board Other Matters TBC	Governance Matters TBC Programme Matters (National) Maternity Programme Matters (WY&H) Programme Matters (Enabling) Power of Communities Innovation and Improvement Collaborative Forum Update West Yorkshire LA Consultative Forum Other Matters TBC
. Working Group / Development Session	**Working Group / Development Session**	**Working Group / Development Session**

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response