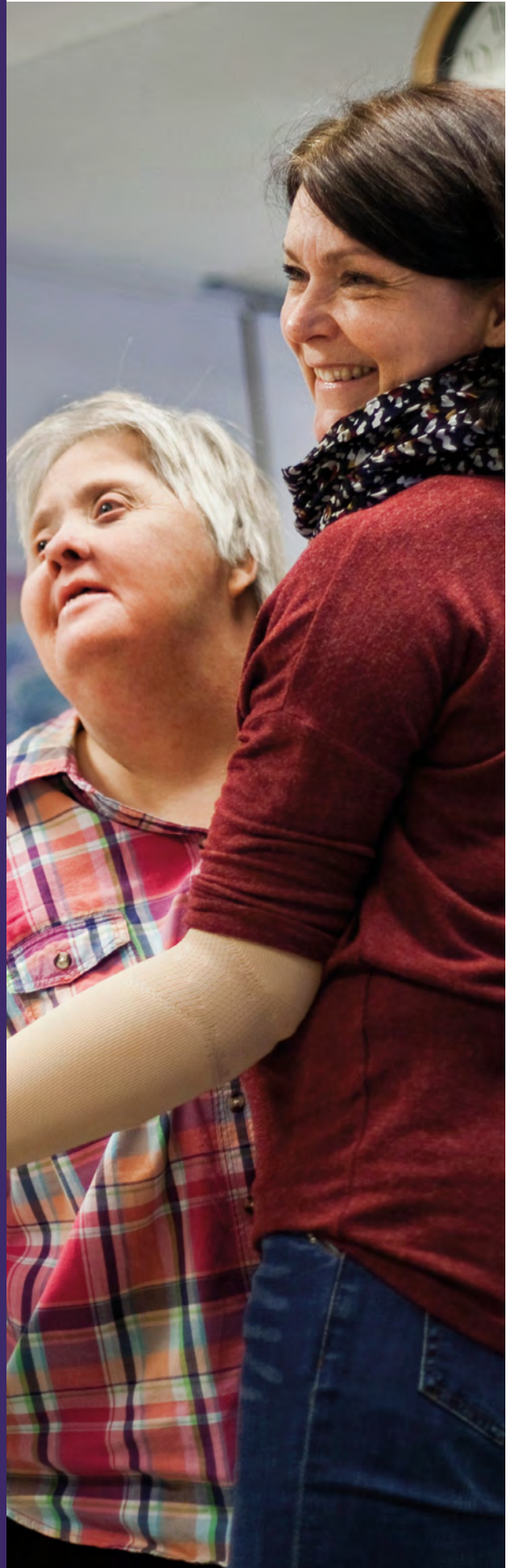


Our next steps to better health and care for everyone

January 2018



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

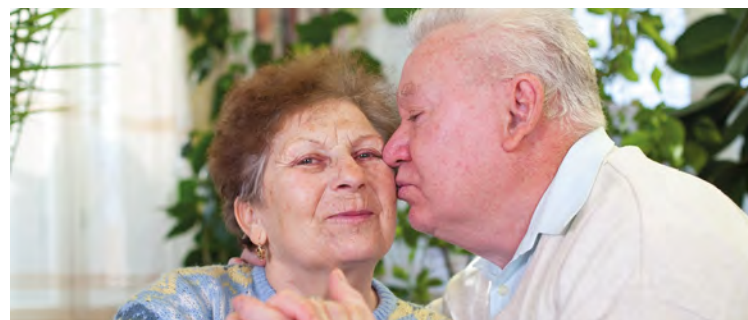
Yorkshire Ambulance Service NHS Trust

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.

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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 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

In your neighbourhood and community 01

Health and social care will work together to **support your social, physical and mental health**

Your carers will be supported too

And where safe to do so you will be supported to self-care

We will plan care across WY&H. E.g. sharing good practice, staff skills and buildings

Our hospitals will work together so you have the best treatment possible

We will make the best use of all the expertise and staff skills available to us

We will work across the area on issues like mental health, cancer, stroke and urgent care

You are at the centre of everything we do

You will have the best start in life so you can live and age well.

We will work with you to deal with the issues that affect your health and wellbeing in your communities, whether it's loneliness or learning disability; housing or mental health; childhood obesity or air quality – **together we can make things better with you.**

Across West Yorkshire and Harrogate (WY&H) 03

02 In your local area

Care will be delivered locally, managed locally and planned locally

You will be seen as equal partners and encouraged to support one another

Community groups and local teams including your GP will work with you

You know better what you and your community needs

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

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@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.



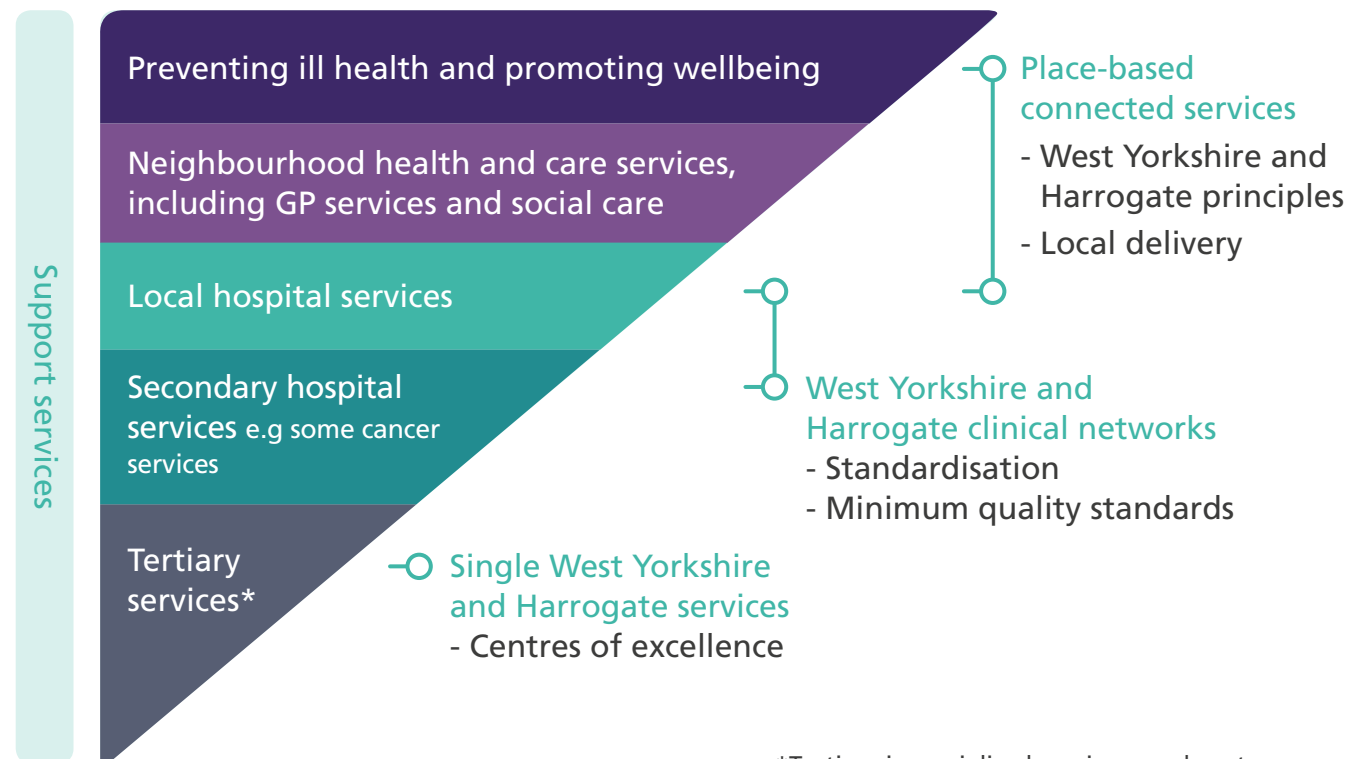
Wherever possible, services will be provided in your local neighbourhood. Only when the safety, quality and cost-effectiveness of care are improved by providing it at a greater scale will services be delivered elsewhere.

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 Harrogate, 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 in partnership with communities



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.

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 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



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.

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.



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.

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.

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.



I 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.



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

'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

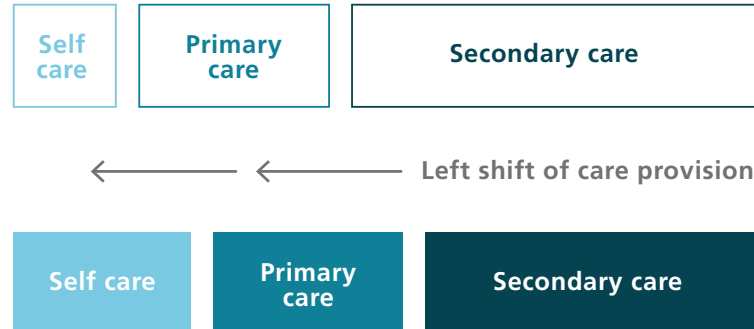
The campaign is supported by wider health and wellbeing initiatives, particularly local self-care programmes and activity relating to **effective management and prevention of diabetes**. As well as preventing cardiovascular disease (CVD) the clinical commissioning groups also ensure that people who do 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.

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

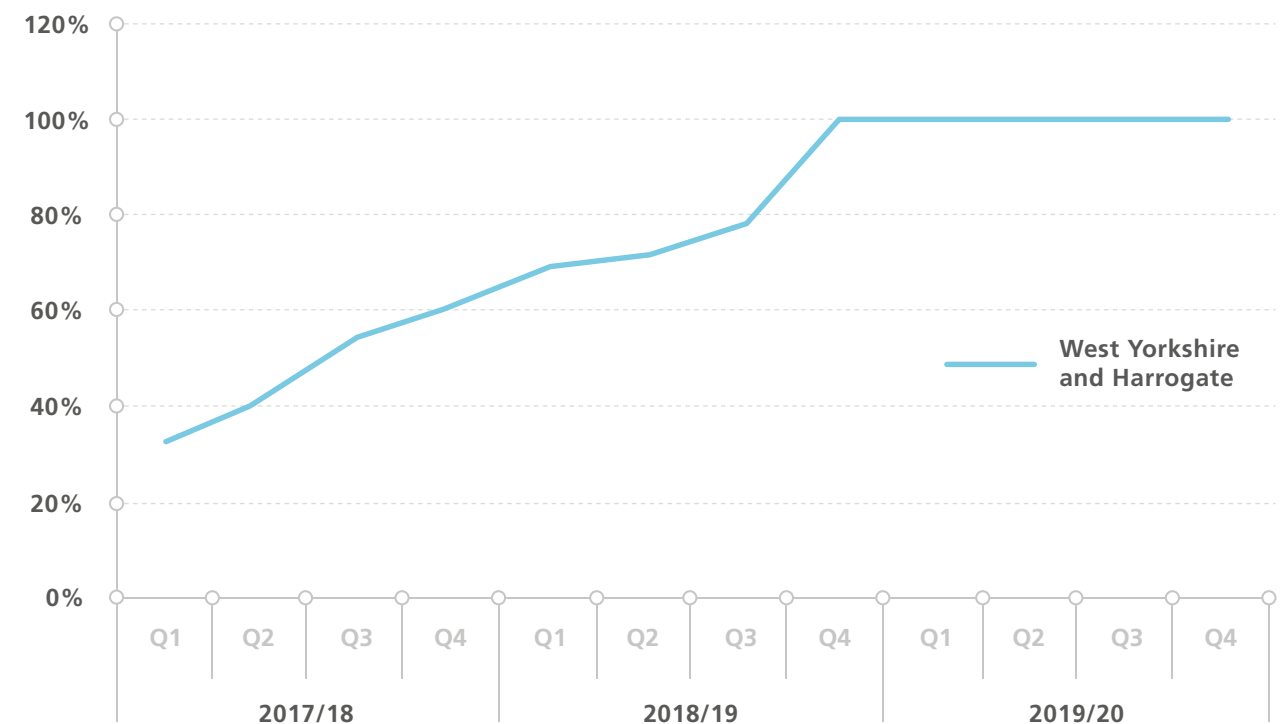
In line with the [General Practice Forward View](#) ambitions, we are working to provide more convenient, consistent and fair access to GP services, whilst making sure people with urgent care needs receive a timely response in the most appropriate way.

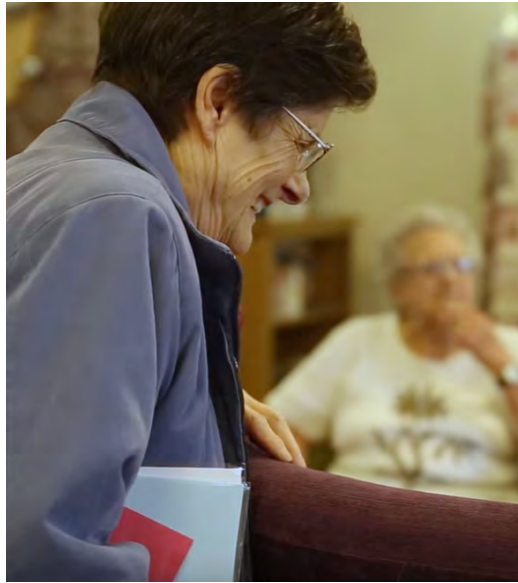
We know that services are not as convenient for some people as we would like them to be and that they would like to receive services on evenings and weekends.

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'.**



■ 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.

 **committed**
to boosting GP numbers

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.

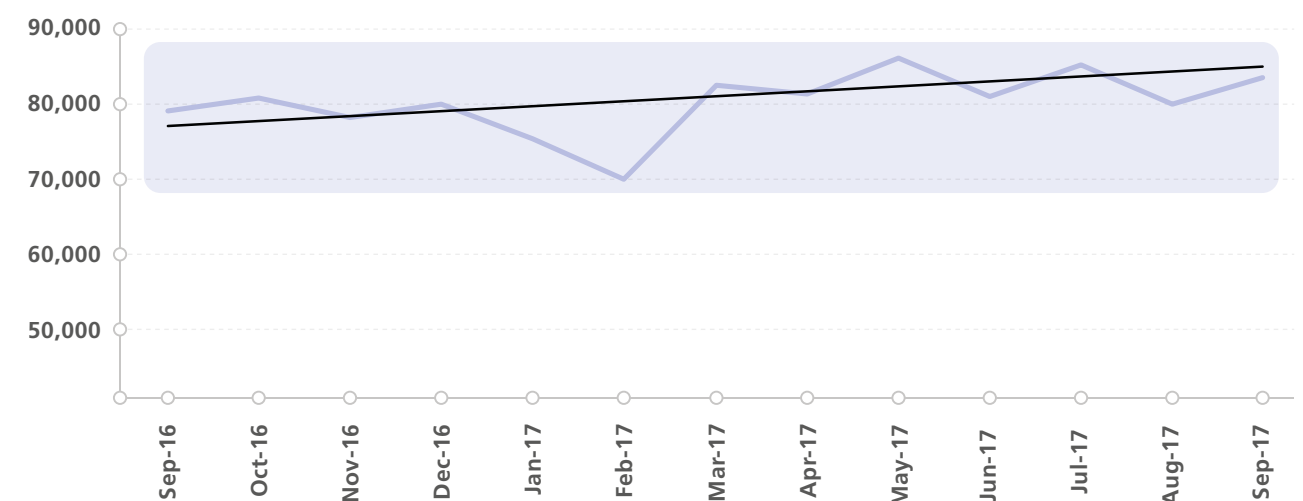
Recently the number of people attending A&E has been growing at 6.6% per year.

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.

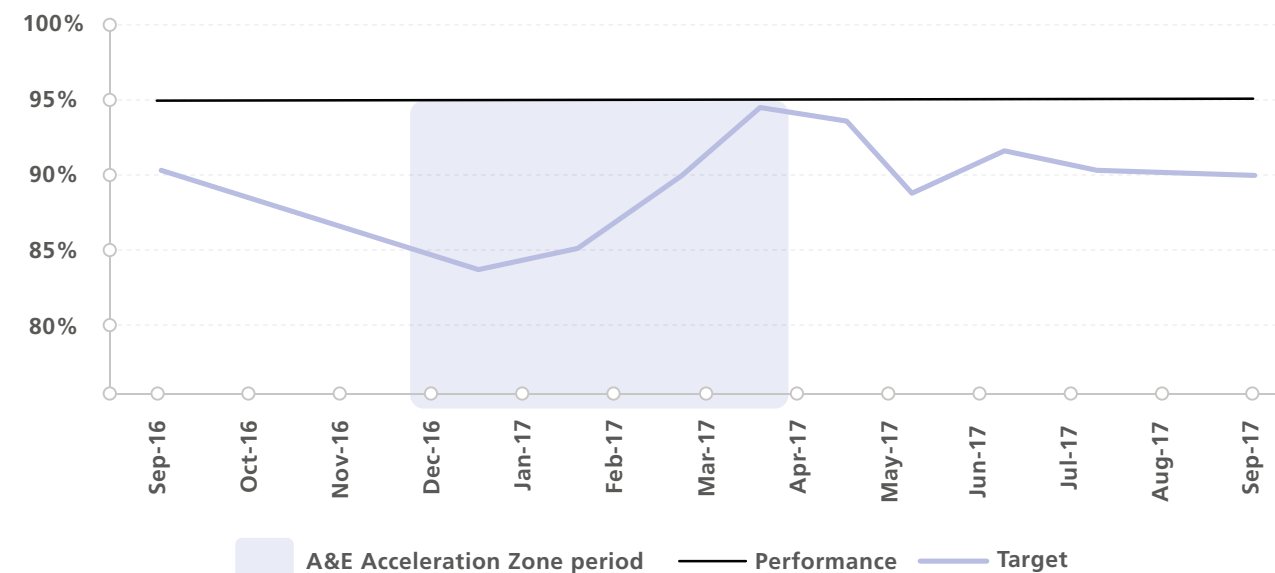


Early in 2017 the A&E **acceleration zone programme** focused on rapidly improving the way A&E functions to better manage demand. We achieved a 10% improvement in A&E performance in the final four months of 2016-17.

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.



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



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.](#)

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





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



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.

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.

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.



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.**



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%



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 policies 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 £5 billion 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.



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.



Barbara talks about her husband Paul developing dementia in this [short film](#).

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



mhabitat



What's new...

Why not browse our [case study](#) of the OurGP project.

OurGP sought to identify how people are accessing GP services, current challenges and barriers and then co-design future GP services that are enabled by digital. *Why digital?* Our research demonstrates that digital technologies, through enabling people to engage in peer support and self-manage their condition(s), can reduce the need to visit a GP practice. This can result in staff having more time to spend with the patients that need them the most.... [read more](#)

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 Clinical 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 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.**

 **We are now in the third phase of this evolution.**

- 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).

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.



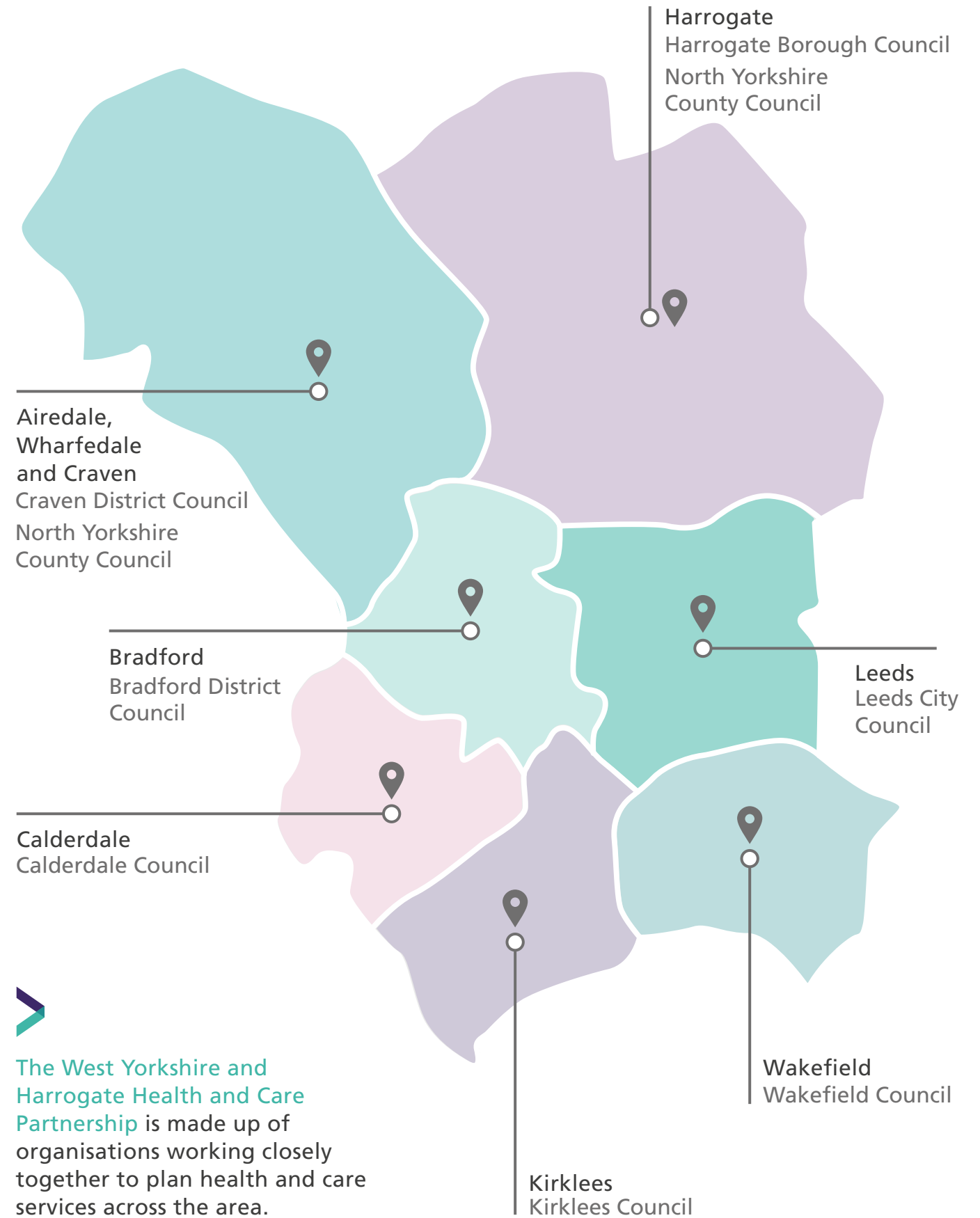
With these new arrangements in place, from April 2018, our partnership will be ready to take on greater responsibility for:

- > 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.



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

