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Leeds CITY COUNCIL

WEST YORKSHIRE
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Monday, 30th July, 2018 at 2.00pm

(Pre-meeting for all Committee Members at 1:30pm

MEMBERSHIP

Councillors

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

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

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

A G E N D A

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

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3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - NOVEMBER 2017** To confirm as a correct record, the minutes of the meeting held on 28 November 2017 (to follow).	
7			**WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - GOVERNANCE MATTERS** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support setting out a number of governance matters for the Joint Committee to consider.	1 - 18
8			**INTEGRATED CARE SYSTEMS (ICS) UPDATE** To consider the report of Leeds City Council's Head of Governance and Scrutiny Support introducing an Integrated Care Systems update.	19 - 26

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9			**SPECIALIST STROKE SERVICES** To consider the report of the Head of Governance and Scrutiny Support as an introduction to a report from the West Yorkshire and Harrogate Health and Care Partnership regarding its work and engagement in relation to improving Specialist Stroke Services across West Yorkshire and Harrogate.	27 - 32
10			**WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP - NEXT STEPS** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support introducing details of the next steps of the West Yorkshire and Harrogate Health and Care Partnership.	33 - 66
11			**ACCESS TO DENTISTRY** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support that introduces an update from NHS England on Access to NHS Dental Services across West Yorkshire.	67 - 68
12			**WORK PROGRAMME** To consider a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the West Yorkshire Joint Health Overview and Scrutiny Committee's work programme.	69 - 88
13			**DATE AND TIME OF NEXT MEETING** The date and time of the next meeting will be agreed on the day of the meeting.	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			THIRD PARTY RECORDING Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties– code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Governance and Scrutiny Support

Report to the West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 30 July 2018

Subject: West Yorkshire Joint Health Overview and Scrutiny Committee – Governance Matters

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

Summary of main issues

1. This report presents a number of governance matters for the West Yorkshire Joint Health Overview and Scrutiny Committee 2018/19 for the Joint Committee's consideration, including:
   - i). Terms of Reference
   - ii). Arrangements for Chairing the meetings
   - iii). Membership of the Committee
   - iv). Proposed meeting dates and venue arrangements

Recommendation

The Joint Committee is requested to:

- i). Note the Scrutiny Committee's Terms of Reference as set out in Appendix 1 of the report;
- ii). Note the current membership of the Joint Committee;
- iii). Agree the arrangements for Chairing meetings of the Joint Committee for the remainder of the current municipal year, 2018/19;
- iv). Consider the appointment of non-voting co-opted member to the Joint Committee for the remainder of the current municipal year, 2018/19
- v). Consider and agree a schedule of meeting dates and venues for the remainder of the current municipal year, 2018/19.
- vi). Confirm it wishes officers to proceed to develop such proposals and seek the necessary approvals required by each constituent authority.

1.0 Purpose of this report

1.1 This report presents a number of governance matters for Members of the West Yorkshire Joint Health and Overview Scrutiny Committee to note and/or consider for the current Municipal Year (2018/19).

2.0 Background information

2.1 During the Municipal Year 2014/15, the Chairs of the five West Yorkshire Health Overview and Scrutiny Committees agreed to meet on an informal basis to maintain an overview of the joint work being progressed by the West Yorkshire Clinical Commissioning Groups through the 'Healthy Futures' programme of work.

2.2 In December 2015, the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) was established by agreement of each of the constituent local authorities. This formalised the previous informal arrangements with the purpose of the JHOSC at that time being to:

- Consider any proposals from the NHS for substantial variation in service that had West Yorkshire wide implications;
- Meet NHS England to discuss any matters with West Yorkshire wide implications; and,
- Be the first place for dialogue between West Yorkshire Council's Health Overview and Scrutiny Committees and the West Yorkshire Commissioning Collaborative (the West Yorkshire Clinical Commissioning Groups).

2.3 The establishment of the JHOSC pre-dates the establishment of the West Yorkshire and Harrogate Health and Care Partnership (formally known as the West Yorkshire and Harrogate Sustainability and Transformation Plan/ Partnership) and associated national requirements, which were considered by the JHOSC at its meeting in November 2016.

3.0 Main issues

Terms of Reference

3.1 The current Terms of Reference for the Joint Committee is presented at Appendix 1 for information and/or comment.

Committee Membership

3.2 To continue the previous arrangements, each of the five West Yorkshire authorities has appointed two members to sit on the Joint Committee. The processes for appointing its membership have varied between authorities, depending on the governance arrangements of the constituent authorities. The elected Members nominated as members of the JHOSC from the constituent authorities for the current municipal year (2018/19), are set out on the front cover of the agenda for this meeting.

3.3 It should be noted that given the original purpose and scope of the JHOSC, North Yorkshire County Council (NYCC) is not a formal member of the Joint Committee. However, to continue with the operating arrangements in place to reflect the development and geography of the West Yorkshire and Harrogate Health and Care Partnership, the Chair of NYCC's Health Overview and Scrutiny Committee has been invited to attend and participate in the meeting.

3.4 Future membership issues for the JHOSC are also discussed elsewhere in this report, alongside interim but more formal arrangements to recognise NYCC's role on the JHOSC.

Chairing the Committee

3.5 Since its establishment, meetings of the JHOSC have been Chaired by Leeds City Council.

3.6 Members of the JHOSC are asked to consider and confirm the Chairing arrangements for the current municipal year (2018/19).

Co-opted Members

3.7 Currently, the JHOSC operates under the terms of Leeds City Councils' Scrutiny Board Procedure Rules, which allow for the appointment of non-voting co-opted members to Scrutiny Committees.

3.8 In general terms, Scrutiny Committees (in this case, the JHOSC) can appoint:

- Up to five non-voting co-opted members for a term of office that does not go beyond the next Annual Meeting of Council ; and/or,
- Up to two non-voting co-opted members for a term of office that relates to the duration of a particular and specific scrutiny inquiry..

3.9 It is widely recognised that in some circumstances, co-opted members can significantly aid the work of Scrutiny Committees. However, Article 6 of Leeds City Council's Constitution makes it clear that co-option would normally only be appropriate where the co-opted member has some specialist skill or knowledge, which would be of assistance to the Scrutiny Committee. Particular issues to consider when seeking to appoint a co-opted member are set out below.

3.10 In considering the appointment of co-opted members, the JHOSC may wish to give careful consideration to the following matters:

(a) The JHOSC should be satisfied that a co-opted member can use their specialist skill or knowledge to add value to the work of the Joint Committee. However, co-opted members should not be seen as a replacement to professional advice from officers.

(b) Co-opted members should be considered as representatives of wider groups of people. However, when seeking external input into the JHOSC's work, consideration should always be given to other alternative approaches, such as the role of expert witnesses to help achieve a balanced evidence base.

(c) When considering the appointment of a standing co-opted member for a term of office, the JHOSC should be mindful of any potential conflicts of interest that may arise during the course of the year in view of the JHOSC's terms of reference. To help overcome this, the JHOSC may wish to focus on the provision available to appoint up to two non-voting co-opted members for a term of office that relates to the duration of a particular and specific scrutiny inquiry.

3.11 Despite the lack of any national guidance, what is clear is that any process for appointing co-opted members should be open, effective and carried out in a manner which seeks to strengthen the work of the Joint Committee.

3.12 Earlier in this report, it has been highlighted that due to the original purpose and scope of the JHOSC, North Yorkshire County Council (NYCC) is not a formal member of the Joint Committee. While future longer-term membership issues for the JHOSC are discussed elsewhere in this report, the JHOSC may wish to consider formally 'co-opting' a member or members from NYCC to the membership of the JHOSC for the remainder of the current municipal year.

3.13 While any such appointment(s) would be in a non-voting capacity, members of the JHOSC are reminded that currently the JHOSC is operating as a discretionary rather than statutory joint committee.

3.14 As such, formally 'co-opting' a member or members from NYCC to the membership of the JHOSC for the remainder of the current municipal year, may offer an alternative and more formal arrangement in lieu of the JHOSC's longer-term membership being confirmed.

Future Meetings and Venues

3.15 In order to support work planning, a schedule of meeting dates has been drafted taking into account meeting commitments across the constituent authorities, for the Committee's consideration and determination:

September/October 2018	Tuesday 25th September at 10.30 am OR Monday 8th October 2018 at 1.30 pm
December 2018	Wednesday 5th December 2018 at 10.30 am OR Monday 10th December 2018 at 1.30 pm
February 2019	Monday 11th February 2019 at 1.30 pm
April 2019	Monday 8th April 2019 at 1.30 pm

3.16 The JHOSC is specifically asked to indicate preferred dates for the proposed September/October and December meetings when determining the future meeting dates for the remainder of the current municipal year, 2018/19. A pre-meeting for Members will be held prior to each Committee.

3.17 The JHOSC is also asked to confirm the meeting venues for each of the agreed meeting dates for the remainder of the current municipal year, 2018/19.

Review of the West Yorkshire JHOSC arrangements

3.18 As members of the JHOSC will be aware, there is provision in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 (the Regulations) that allows local authorities to establish and delegate appropriate functions to Joint Health Overview and Scrutiny Committees.

3.19 Such joint committees can be formed on the following basis:

(a) Discretionary joint committee – where two or more local authorities may appoint a joint committee and arrange for relevant functions in relation to any (or all) of those authorities to be exercisable by the joint committee (subject to such terms and conditions as the relevant local authorities may consider appropriate).

(b) Statutory joint committee – where relevant NHS organisations (referred to as a 'responsible person') seeks to consult more than one local authority in relation to any proposal for a substantial development or variation of health service(s) across the areas of the constituent local authorities, those local authorities must appoint a joint committee for the purpose of that consultation.

3.20 Therefore, it should be noted that relevant NHS organisations have an inferred key role in the establishment of statutory Joint Health Overview and Scrutiny Committees – insofar as NHS organisations need to be clear about the local authority areas affected by any proposed substantial development or variation of local health services and with which they will seek to consult.

3.21 This is highlighted in recent advice from the Independent Reconfiguration Panel (IRP) to the Secretary of State (March 2018)[1], where the IRP highlight some of the potential pitfalls to be avoided around joint health overview and scrutiny arrangements, including stating that, '*The Department of Health and NHS England should consider whether the regulations and guidance are sufficiently understood and used effectively by all parties, particularly in the current context of STPs and "systems of care" rather than "organisations".'* It is not clear to what extent this recommendation has been acted on – or is planned to be acted on – but this should not prevent there being clarity across the WY&H H&CP.

3.22 The IRP also suggests the need for clarity around the appropriate involvement of relevant local authorities early on in any consultation process, stating: '…*it is important that consultation about the future of services, on whatever scale, takes account of patient flows and is not constrained by administrative boundaries.'*

The West Yorkshire Joint Health Overview and Scrutiny Committee

3.23 As mentioned previously, in December 2015 the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) was established by agreement of

[1] In relation to the referral of the proposed permanent closure of consultant-led maternity services at the Horton General Hospital by the Oxfordshire Joint Health Overview and Scrutiny Committee

each of the constituent local authorities – thereby establishing a discretionary joint committee to exercise the functions set out in Appendix 1.

3.24 Furthermore, the JHOSC was established using the principals set out in the Yorkshire and Humber Joint Health Scrutiny Protocol – the Protocol – (attached at Appendix 2), which was initially drafted as a framework for carrying out scrutiny of regional and specialist health services that impact upon residents across Yorkshire and the Humber.

3.25 The Protocol was previously adopted by each of the fifteen top-tier local authorities across Yorkshire and Humber, prior to the establishment of the regional JHOSC examining proposals for children's (and subsequently, adult's) congenital heart disease services, which formally commenced in March 2011 and held its last meeting in January 2017.

3.26 Since the protocol was adopted, there have been changes in the legislative framework affecting local authorities and the NHS; alongside significant operational and administrative developments – including an increase in the likelihood for JHOSCs to be required and formed across England.

3.27 It should also be noted that the establishment of the JHOSC pre-dates the West Yorkshire and Harrogate Health and Care Partnership (WY&H H&CP) – previously known as the West Yorkshire and Harrogate Sustainability and Transformation Plan/ Partnership. However, in the longer-term, it is important to consider the JHOSC as an integral part of the overall governance arrangements for the WY&H H&CP.

Issues to consider

3.28 Members of the JHOSC have previously recognised that, in its current form, the JHOSC is unlikely to meet the future needs (or demands) placed upon it resulting from the increasing formality of the WY&H H&CP and associated arrangements. As such, a review of the JHOSCs terms of reference and membership is required – which will then require the agreement of each constituent local authority.

3.29 Members of the JHOSC have also highlighted concern about there being sufficient flexibility between the JHOSC operating as a discretionary joint committee and a statutory joint committee (if/when requited). This includes the potential need for different memberships, should any future proposed NHS service variations or developments affect different geographies within the overall geography of the West Yorkshire and Harrogate footprint.

3.30 While further work is required across constituent local authorities, initial advice suggests there are permissible arrangements that would allow for the establishment of new (refreshed) arrangements of a discretionary committee and the establishment of statutory joint committee arrangements (as required) as sub-committee(s) of the discretionary JHOSC. Potentially, this would provide greater flexibility to the current arrangements.

3.31 It should be noted that in order to operate such arrangements, it would be necessary to develop, agree and operate a singular and consistent set of Procedural Rules across the JHOSC and any sub-committee(s). Again, this would be subject to the agreement of each constituent local authority.

3.32 The JHOSC is asked to confirm it wishes officers to proceed to develop such proposals and seek the necessary approvals required by each constituent authority.

4.0 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 The terms of reference have previously been formally considered and approved by each of the constituent West Yorkshire authorities, based on the associated governance arrangements for each authority.

4.2 Equality and Diversity / Cohesion and Integration.

4.2.1 The Joint Committee will ensure that equality and diversity/cohesion and integration issues are considered as part of its future work.

4.3 Resources and Value for Money

4.3.1 This report has no specific resource and value for money implications.

3.4 Legal Implications, Access to Information and Call In

4.4.1 The establishment of the joint committee and the associated terms of reference were previously formally considered and approved by each of the constituent West Yorkshire authorities, based on the associated governance arrangements for each authority.

4.5 Risk Management

4.5.1 This report has no risk management implications.

5.0 Recommendations

The Joint Committee is requested to:

i). Note the Scrutiny Committee's Terms of Reference as set out in Appendix 1 of the report;
ii). Note the current membership of the Joint Committee;
iii). Agree the arrangements for Chairing meetings of the Joint Committee for the remainder of the current municipal year, 2018/19;
iv). Consider the appointment of non-voting co-opted member to the Joint Committee for the remainder of the current municipal year, 2018/19
v). Consider and agree a schedule of meeting dates and venues for the remainder of the current municipal year, 2018/19.
vi). Confirm it wishes officers to proceed to develop such proposals and seek the necessary approvals required by each constituent authority.

6.0 Background documents[2]

None

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

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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE AND WORKING ARRANGEMENTS

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where there are any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority.

Under the legislation health officers from NHS bodies are required to attend committee meetings; provide information about the planning, provisions and operation of health services; and must consult with the health scrutiny committee on any proposed substantial developments or variations in the provision of the health service.

Where proposals to change health services cross local authority boundaries there is a requirement to establish a joint health committee. In Yorkshire and the Humber, a protocol has been established between the 15 upper tier local authorities for establishing a joint health scrutiny committee where proposed changes affect more than one local authority area. Joint health scrutiny committees may also be established to consider other issues of mutual interest.

The chairs of the five West Yorkshire Councils health overview and scrutiny committees met on 21 November 2014 and agreed to pursue establishing a West Yorkshire Health Scrutiny Committee. The purpose of the West Yorkshire Health Scrutiny Committee is to; consider any proposals from the NHS for substantial variation in service that have West Yorkshire wide implications; to meet NHS England to discuss any matters with West Yorkshire wide implications; and to be the first place for dialogue between West Yorkshire Council's Scrutiny Panels and West Yorkshire Commissioning Collaborative (known as 10CC).

The West Yorkshire Health Scrutiny Committee has the following roles and functions:

- To scrutinise any proposed service configuration with West Yorkshire-wide implications and its impact on patients and the public when constituent Councils have delegated these powers to the West Yorkshire Health Scrutiny Committee.

- To meet regularly with NHS England to:

    - Receive updates on national developments and other matters from NHS England
    - To inform NHS England of common issues arising at the five West Yorkshire health scrutiny committees.

- To receive information on service proposals and other matters from West Yorkshire Commissioning Collaborative (known as 10CC)

- To share information on health issues from each of the local authority areas that may have an impact on the other local authority areas within West Yorkshire.

- To undertake shared development activities from time to time.

Working Arrangements

- The West Yorkshire Health Scrutiny Committee will meet at least four times a year as a formal body meeting in public.

- Each local authority will host one meeting a year and provide the administrative support to that meeting.

- Each local authority will nominate two members to sit on the West Yorkshire Health Scrutiny Committee

- The quorum for the West Yorkshire Health Scrutiny Committee will be five Members, with Members from at least three of the five local authorities present.

- Agenda, minutes and committee papers will be published on the websites of all the five local authorities.

PROTOCOL FOR THE YORKSHIRE AND THE HUMBER COUNCILS JOINT HEALTH SCRUTINY COMMITTEE

1.0 INTRODUCTION

1.1 This Protocol has been developed as a framework for carrying out scrutiny of regional and specialist health services that impact upon residents across Yorkshire and the Humber under powers for Local Authorities to scrutinise the NHS contained in the Health and Social Care Act 2001.

1.2 The Health and Social Care Act 2001 strengthens arrangements for public and patient involvement in the NHS. Sections 7 to 10 of the Act provide for local authority Overview and Scrutiny Committees to scrutinise the NHS and represent local views on the development of local health services, whilst section 242 of the National Health Service Act 2006 (formally section 11 of the Health and Social Care Act 2001), places a duty on NHS organisations to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. Section 242 has subsequently been amended by the Local Government and Public Involvement in Health Act 2007. NHS organisations are now required to make arrangements so that users of services are involved in the planning and development of these services.

1.3 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 provide for local NHS bodies to consult the Overview and Scrutiny Committee where the NHS body has under consideration any proposal for a substantial development of the health service or for a substantial variation in the provision of such a service in the local authority's area.

1.4 The Directions also state that when a local NHS body consults with more than one Overview and Scrutiny Committee on any such proposal, the local authorities of those Overview and Scrutiny Committees shall appoint a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Joint Overview and Scrutiny Committee may:-

(a) Make comments on the proposal consulted on to the local NHS body;

(b) Require the local NHS body to provide information about the proposal;

(c) Require an officer of the local NHS body to attend before it to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.

1.5 Notwithstanding these arrangements, individual authorities may wish to comment on proposals by NHS bodies under the broader duties imposed on NHS Bodies by Section 242 of the National Health Service Act 2006.

1.6 This protocol has been developed and agreed by all the local authorities with responsibility for health scrutiny in the Yorkshire and the Humber region (Bradford, Calderdale, Kirklees, Leeds, Wakefield, York, North Lincolnshire, Barnsley, Doncaster, Rotherham, Sheffield, East Riding, North Yorkshire, North East Lincolnshire and Hull) as a framework for carrying out joint scrutiny of health in the region in response to a statutory consultation by an NHS body.

2.0 COVERAGE

2.1 Whilst this protocol deals with arrangements within the boundary of Yorkshire and the Humber, it is recognised that there may be occasions when consultations may affect adjoining regions. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

3.0 PRINCIPLES FOR JOINT HEALTH SCRUTINY

3.1 The basis of joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities
- Ensuring that people's views and wishes about health and health services are identified and integrated into plans, services and commissioning that achieve local health improvement.
- Scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.

3.2 The Local Authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their Codes of Conduct. Personal and prejudicial interest will be declared in all cases, in accordance with the Code of Conduct.

3.3 The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private.

3.4 Different approaches to scrutiny reviews may be taken in each case. The Joint Health Scrutiny Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.

4.0 SUBSTANTIAL VARIATION AND SUBSTANTIAL DEVELOPMENT

4.1 When a NHS body is considering proposals to vary or develop health services, those authorities whose residents are affected must be given the chance to decide whether they consider the proposals to be substantial to their communities. Those that do consider the proposals to be substantial must be formally consulted and must form a Joint Health Overview and Scrutiny Committee to respond to the consultation. The decision about whether proposals are substantial (and therefore whether to participate in a Joint Health Overview and Scrutiny Committee) must be taken by the Health Overview and Scrutiny Committees within the relevant authorities.

4.2 The primary focus for identifying whether a change should be considered as substantial is the impact upon patients, carers and the public who use or have the potential to use a service. This would include:-

- ***Changes in accessibility of services:*** any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location (other than to any part of same operational site).
- ***Impact of proposal on the wider community and other services:*** including economic impact, transport, regeneration (e.g. where reprovision of a hospital could involve a new road or substantial house building).
- ***Patients affected:*** changes may affect the whole population (such as changes to A&E), or a small group (patients accessing a specialised service). If changes affect a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services).
- ***Methods of service delivery:*** altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- ***Issues likely to be considered as controversial to local people:*** (e.g. where historically services have been provided in a particular way or at a particular location.)
- ***Changes to governance:*** which affect NHS bodies' relationships with the public or local authority Overview and Scrutiny Committees (OSC's).

5.0 RESPONDING TO A STATUTORY CONSULTATION BY AN NHS BODY

5.1 Where a response to a statutory consultation is required on proposals for substantial variation or substantial development affecting two or more local authorities within Yorkshire and the Humber, scrutiny may be undertaken either by:-

- **Delegated Scrutiny**: The affected local authorities agree to delegate their overview and scrutiny function to a single authority which may be better placed to consider a local priority[1]; or
- **Joint Committee**: The affected local authorities establish a joint committee to determine a single response.

5.2 Accordingly, where any substantial variation or substantial development principally affects residents of a single local authority, scrutiny can be delegated to that authority. Whereas, there is a presumption of wider regional variations or developments are dealt with by a Joint Health Scrutiny Committee.

6.0 DELEGATED SCRUTINY

6.1 Regulations enable a local authority to arrange for its overview and scrutiny functions to be undertaken by a committee from another local authority. Delegation may occur where a local authority believes that another may be better placed to consider a particular local priority and, importantly, the latter agrees to exercise that function. For instance, it might be more appropriate to delegate scrutiny where an NHS body provides a service across two local authority areas but the large majority of those using or affected by the service are in one of those authority areas.

Delegated Powers

6.2 When and where such delegation takes place, the full powers of overview and scrutiny of health shall be given to the delegated committee, but only in relation to the specific delegated function (i.e. a particular inquiry or consultation).

Terms of Reference

6.3 In such circumstances and in accordance with Department of Health guidance, clear terms of reference, clarity about the scope and methods of scrutiny to be used must be determined between the affected local authorities. Formal terms of reference should be drafted and formally agreed by the respective Overview and Scrutiny Committees of the affected local authorities and subsequently shared with the relevant NHS bodies.

6.4 In the context of a proposal for a substantial development or variation to services, where the review of any consultation has been delegated, the power of referral to the Secretary of State where such a proposal is contested is also delegated. The delegating local authority is no longer able to influence the content or outcome of the review[2].

6.5 The delegated authority (the authority undertaking the consultation exercise) will be responsible for conducting scrutiny in accordance with

[1] Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P21, para 7.1
[2] Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P21, para 7.4

its own set procedures and will be expected to regularly communicate with the delegating authority(ies).

7.0 JOINT HEALTH SCRUTINY COMMITTEE

7.1 Where a wider, joint approach is required to a consultation by an NHS body, a separate Joint Health Scrutiny Committee will be established for each consultation.

Membership of a Joint Health Scrutiny Committee

7.2 Under the Local Government Act 2000 provisions, Overview and Scrutiny Committees must generally reflect the make up of full Council. Consequently, when establishing a Joint Health Scrutiny Committee, each participating local authority should ensure that those Councillors it nominates reflects its own political balance. However, the political balance requirements may be waived but only with the agreement of all the participating local authorities[3].

7.3 In accordance with the above, a Joint Committee will be composed of Councillors drawn from Yorkshire and the Humber local authorities in the following terms:-

- where 9 or more Yorkshire and the Humber local authorities participate in a Joint Health Scrutiny Committee – the Chair (or Chair's representative) of each participating authority's Overview and Scrutiny Committee responsible for health will become a member of the Joint Health Scrutiny Committee;
- where 4 to 8 local authorities participate - then each participating authority will nominate 2 Councillors; or
- where 3 or less local authorities participate - then each participating authority will nominate 4 Councillors.

7.4 Each local authority should make a decision as to whether it should seek approval from its respective full Council or Executive to delegate authority to its relevant Overview and Scrutiny Committee (responsible for health) or another appropriate body to nominate Councillors on a proportional basis to a Joint Health Scrutiny Committee.

7.5 From time to time and where appropriate, the Joint Health Scrutiny Committee may appoint non-voting co-optees for the duration of a consultation. In these circumstances, one or more co-optees could be drawn from local patient, community and voluntary sector organisations affected by substantial change or variation.

Choice of Lead Authority and Chair

7.6 Where a Joint Health Scrutiny Committee (as defined by the Health and Social Care Act 2001) is required to consider a substantial development of the health service or a substantial variation, one of the

[3] Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P22, para 8.6

affected local authorities would take the lead in terms of organising and Chairing the joint committee.

7.7 Selection of a lead authority, should where possible, be chosen by mutual agreement by the local authorities involved and take into account both capacity to service a Joint Health Scrutiny Committee and available resources. Additionally, the following criteria should guide determination of the Lead Authority:

- The local authority within whose area local communities will be most affected; or if that is evenly spread;
- The local authority within whose area the service being changed is based; or if that is evenly spread;
- The local authority within whose area the health agency leading the consultation is based.

Operating Procedures

7.8 The Joint Health Scrutiny Committee will conduct its business in accordance with the Overview and Scrutiny Committee Procedure Rules of the Lead Authority.

7.9 The Lead Authority will service and administer the scrutiny exercise and liaise with the other affected local authorities.

7.10 The Lead Authority will draw up a draft terms of reference and timetable for the scrutiny exercise, for approval by the Joint Health Scrutiny Committee at its first meeting. The Lead Authority will also have responsibility for arranging meetings, co-ordinating papers in respect of its agenda and drafting the final report.

Meetings of the Joint Health Scrutiny Committee

7.11 At the first meeting of any new inquiry, the Joint Health Scrutiny Committee will determine:

- Terms of reference of the inquiry;
- Number of sessions required;
- Timetable of meetings & venue.

Reports of the Joint Health Scrutiny Committee

7.12 At the conclusion of an Inquiry the Joint Health Scrutiny Committee shall produce a written report and recommendations which shall include:

- an explanation of the matter reviewed or scrutinised
- a summary of the evidence considered
- a list of the participants involved in the review or scrutiny; and
- any recommendations on the matter reviewed or scrutinised.

7.13 Reports shall be agreed by a majority of members of the Joint Health Scrutiny Committee.

7.14 Reports shall be sent to all relevant local authorities, to NHS Yorkshire and the Humber and the relevant health agencies, along with any other bodies determined by the Joint Health Scrutiny Committee and Lead Authority.

7.15 The Joint Health Scrutiny Committee shall request a response to its report and recommendations from the NHS body or bodies receiving the report within 28 working days.

7.16 The Joint Health Scrutiny Committee may, on receipt of the NHS body's response to its recommendations report to the Secretary of State on the grounds that it is not satisfied:

- with the content of the consultation; or
- that the proposal is in the interests of the health service in the area.

7.17 In circumstances where an NHS Body has failed to consult over substantial variation or development, or where consultation arrangements are inadequate or insufficient time provided, then the affected local authority or authorities may decide to make appropriate representations to the NHS Body concerned.

Minority reports

7.18 Where a member of a Joint Health Scrutiny Committee does not agree with the content of the Committee's report, they may produce a report setting out their findings and recommendations and such a report will form an Appendix to the Joint Health Scrutiny Committee's report.

8.0 DISCRETIONARY JOINT WORKING

8.1 Guidance issued by the Department of Health[4] states '*that the role of* (scrutiny*) committees is to take an overview of health services and planning within the locality and then to scrutinise priority areas to identify whether they meet local needs effectively.* This suggests a more proactive role for overview across Yorkshire and the Humber. It is also recognised that individual local authority scrutiny committees may wish to engage with and scrutinise regional NHS/health bodies or look at broader regional health issues.

8.2 In these circumstances, or where a health scrutiny review is initiated that affects more than one authority, then it may be appropriate and more effective for local authorities in Yorkshire and the Humber to agree on an ad-hoc basis, joint arrangements based on this protocol to undertake such work.

8.3 To enable Yorkshire and the Humber local authorities to explore potential opportunities for future joint working, all local authorities should:

[4] Overview and Scrutiny of Health - Guidance, July 2003

- share work programmes of their respective scrutiny committees (health);
- arrange for appropriate officers to meet and liaise on a regular basis; and,
- where appropriate, facilitate member level meetings across Yorkshire and the Humber.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 30th July 2018

Subject: Update on the Integrated Care System (ICS)

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

Summary of main issues

1. In February 2018, the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) System Leadership Executive Group put forward an expression of interest to be considered by NHS England [NHSE] and NHS Improvement [NHSI] to be part of the Integrated Care System (ICS) development programme.

2. The purpose of this report is to introduce an update following the announcement in May 2018 that WY&H HCP has been accepted to participate in the second wave of the ICS development programme - initially in shadow format.

3. The report provides an overview of the purpose of the ICS, the benefits and opportunities it may bring and the next steps to progress development of an ICS for West Yorkshire and Harrogate.

4. Appropriate representatives have been invited to the meeting to discuss the details of the emerging proposals for a West Yorkshire and Harrogate ICS and address questions from members of the Joint Committee.

Recommendations

5. That the Joint Committee considers the details presented and agrees any specific scrutiny actions and/or future activity.

Background documents[1]

6. None.

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

West Yorkshire and Harrogate
Health and Care Partnership

30 July 2018

West Yorkshire Joint Health and Overview Scrutiny Committee
West Yorkshire and Harrogate Health and Care Partnership
Integrated Care System

Introduction

1. The purpose of this paper is to update the WY JHOSC on the announcement that WY&H HCP has been accepted to participate in the second wave of the Integrated Care Systems (ICS) development programme - initially in shadow format.

Background

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

3. In November 2016 the STP published high level proposals to close the health, care and finance gaps that we face. Since then the partnership has made significant progress to build capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our collective aims.

4. In February 2018, WY&H HCP System Leadership Executive Group put forward an expression of interest to be considered by NHS England [NHSE] and NHS Improvement [NHSI] to be part of the ICS development programme.

5. It was announced in May 2018 that WY&H HCP will join the development programme in shadow format. This gives the green light for further integrating health and care services across organisational boundaries, making it easier for teams to work together and for the benefit of the 2.6million people we serve.

6. Being part of the programme demonstrates that NHSE and NHSI have confidence in local and WY&H plans and leadership. This national recognition for the way we work means we are at the cutting edge of health and care policy, influencing and paving the way and most importantly improving how services are delivered and received locally for the 2.6 million people living across WY&H.

7. This approach recognises the importance of integrating services for people at a local level, for example in our six places [Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield]. All decisions on services are made as locally and as close to people as possible. Our move to becoming an ICS is predicated on this continuing to be the case.

8. In West Yorkshire and Harrogate there are around 50 local neighbourhoods, where GP practices, community and social care services, are working towards integrating health and care services for populations of 30,000-50,000 people. For example in Bradford there are ten primary care home networks and in Airedale Wharfedale and Craven there are three.

9. The focus for these local partnerships is increasingly moving away from simply treating ill health to preventing it. It is also important to tackle the wider determinants of health, such as housing, employment, social inclusion and the physical environment i.e. green spaces.

10. We also need to tackle deep rooted financial problems or recruitment and workforce challenges by bringing together all of our precious resources locally and working with communities to self-care and stay healthy.

11. These localised partnerships, with the support of Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see.

12. Our partnership is based on the principle of subsidiarity and the primacy of local place. Work only takes place at a WY&H level when it makes sense to do so, and with the agreement of local partners, for example in the development of whole system approaches in cancer, maternity mental health and stroke services. The aim is to put people, not organisations, at the heart of everything we do so that we meet the diverse needs of our communities.

13. Through working more closely together we have brought in an additional £70miilion funding for areas such as cancer, diabetes and mental health.

Purpose of the ICS

14. An ICS is a partnership that is given flexibility and freedoms in return for taking responsibility for the delivery of high quality services now and in the future. It brings together some elements of NHS regulatory functions with health and care commissioning and service delivery.

15. Moving to an ICS in shadow form is seen as the natural progression for WY&H HCP. It sits with the ethos of being ambitious for the people we serve and demonstrates the partnership's commitment to improving health and care for everyone.

16. Each of the WY&H partners in the local places [Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield] is working through how they will work together more closely to further develop their local partnership approach.

17. It is clear that our local places will have different plans and what is right for one may not be for another. In line with the WY&H plan, all decisions on services need to be made as locally and as close to people as possible.

18. Being part of the ICS Development Programme will:

    a) Give greater financial backing in terms of access to transformation funding. This is particularly important to help reach our ambition for a more radical approach to empowering people to get the care and support they need as early and as locally as possible and to build up our community based services to deliver more preventative care, an approach known as 'left shift'.

    b) Provide clearer routes for democratically elected councillors to influence, challenge and inform the development of integrated care for the people of WY&H. This will continue to enhance public accountability and transparency. We anticipate that working more closely with elected representatives will add value to the partnership.

    c) Help to ensure we ambitiously pursue more capital developments and build on our early success in attracting £32 million of transformation funding and £38 million of capital funding. This included funds for mental health, cancer, diabetes and learning disabilities.

    d) Bring with it capacity, support and access to expertise from national bodies and international best practice, including new models of care, transformation and analytics. We know that a better and more integrated approach to data and analytics could enable us to direct our resources more efficiently and that by investing in and supporting innovation, we can develop better, more person-centred solutions.

What does it mean?

19. Becoming an ICS will mean we can firm up specific actions in the local and WY&H plans, backed by investment, which includes further developing services to help people stay well, whilst delivering more care, more appropriately in community settings, so together partners free up specialist hospital care to concentrate on what only they can do. This includes further strengthening community care working with communities, redesigning services with and for people in ways that better meet their needs, for example self-care.

20. This means at a local and WY&H level:
    - We are working to improve people's health with and for them
    - We are working to improve people's experience of health and care
    - We want to make every penny in the pound count so we offer best value to the taxpayer
    - It is our role to help keep people well and make life better for those we serve

What next?

21. Over the rest of 2018-19 we will continue to strengthen our partnership working arrangements as we work towards taking greater autonomy from NHSE and NHSI. This specifically will include:

    - Development of a WY&H 'Partnership Board' which will meet in public, and include Executive, Non-Executive and Elected Member representation, along with clinical, public and voluntary sector representation. This will ensure greater transparency and democratic accountability in our work;
    - Development and implementation of our 'mutual accountability' framework, including new financial arrangements through which we will take greater collective responsibility for living within our means;
    - Progression of integrated models in each of our six places – including strengthening role of primary care networks in this;
    - Continue to deliver progress against our priorities set out in the 'next steps' document;
    - Development of 'population health management' capabilities to enable more personalised approach to management of health conditions in the community.

22. It's important to note that there will be no name change for WY&H – it will remain the West Yorkshire and Harrogate Health and Care Partnership.

Further reading

You may find the following information helpful:

- WY&H HCP "Our Next Steps to Better Health and Care for Everyone" here
- Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England – The Kings Fund, February 2018. You can read it here.

Contact details

For further information on the above contact Ian.holmes@wakefieldccg.nhs.uk

Some examples of the work we are doing

23. New model to **tackle cancer diagnosis** 'ping pong' helps speed up diagnosis of vague but concerning symptoms. The roll-out of a pilot scheme to diagnose more quickly people with vague but concerning symptoms that could potentially be cancer is being supported across West Yorkshire and Harrogate.

    Hospitals and GPs in Leeds and Airedale have been part of a national pilot which helps people with vague symptoms to have their diagnostic tests coordinated by specialist teams.

    The ten pilot sites make up the ACE 2 (Accelerate, Co-ordinate and Evaluate) Early Diagnosis Programme, a joint initiative by NHS England, Cancer Research UK and Macmillan, and supported by Cancer Alliances around the country.

    Relationships forged through the West Yorkshire and Harrogate Sustainability and Transformation Partnership, and specifically its cancer priority programme, means the benefits of the scheme will be rolled out to other hospitals and patients across the region. GPs also play a vital role in the process, as the first point of contact for the patient presenting with the vague but concerning symptoms.

24. Cancer is the biggest cause of death from every illness in every age group in West Yorkshire and Harrogate, expected to affect one in two of the population born since 1960. There are currently more than 330,000 smokers in the area, and lung cancer is the most common cancer affecting local people. **Our Cancer Alliance is investing £900k in a 'Tackling Lung Cancer Programme'** focussed on Wakefield and Bradford. Lung cancer is our biggest killer. Our programme aims to bring together four evidence based interventions across health and social care systems to reduce the burden of disease and improve performance and outcomes for people affected by lung cancer. The interventions we are planning to deliver in unison are: prevention, awareness raising, risk identification, optimising pathways.

25. Organisations from across West Yorkshire and Harrogate are **joining forces to adopt a 'zero' suicide approach, where every death by suicide is viewed as preventable**. Mental health providers, ambulance, police and fire services, local councils, prison services and voluntary community organisations are coming together to make a real difference through what is an ambitious but practical strategy to tacking suicide. The plan sets out how they will reduce suicide by 10% across the West Yorkshire and Harrogate area, and by 75% in targeted areas

26. **The proposed site for a new £13m child and adolescent mental health unit for West Yorkshire has today been revealed as St Mary's Hospital in Armley, Leeds**. The new unit was announced in December as one of 12 successful bids to receive NHS England capital funds in the Autumn Budget

    The bid, led by Leeds Community Healthcare NHS Trust on behalf of the West Yorkshire and Harrogate Partnership, will see a purpose-built specialist community child and

adolescent mental health (CAMHS) unit support young people suffering complex mental illness, such as severe personality and eating disorders.

There are currently eight general adolescent beds provided by Leeds Community Healthcare in Leeds. The new unit, to the west of the city will bring a significant increase - providing 18 specialist places and four psychiatric intensive care unit (PICU) beds. This will see more young people being able to access specialist care closer to home, reducing the need for out of area treatment.

27. **We are currently looking at how we develop good care to prevent strokes, deliver effective care when people suffer a stroke and ensure that there is good support and rehabilitation for people after a stroke**. We know that Atrial Fibrillation (AF) is a major factor that causes stroke (AF causes fast and erratic heartbeat). This work is about further improving the way we detect and treat people who are at risk of stroke. The Joint Committee of the Nine CCGs agreed that we should aim to set an ambition of 89% (9 out of 10) identification and management of AF – which will save lives and reduce demand on acute stroke services. We estimate that this will save 190 lives. We are working with GPs to make this possible.

28. **260,000 unpaid carers across the area.** A partnership approach with councils and voluntary organisations within a programme team. All our acute hospitals have signed up to the 'John's Campaign'. This includes Leeds Teaching Hospitals NHS Trust, Mid Yorkshire Hospitals NHS Trust; Bradford Teaching Hospitals NHS Foundation Trust; Calderdale and Huddersfield NHS Foundation Trust; Harrogate and District NHS Foundation Trust and Airedale NHS Foundation Trust.

    The aim of the campaign is to give the carers of those living with dementia the right to stay with them in hospital, in the same way that parents stay with their children.

    A Carer Passport is a record which identifies the carer in some way and sets out an offer of support. They can be used in the workplace potentially reaching 43,000 NHS employees. Carers are part of our workforce strategy for the area.

    We are also working closely with Employers for Carers to support the NHS organisations in the 6 places across West Yorkshire and Harrogate to access the resources they provide. This will make it easier for organisations to become carer aware and proactively support their working carers.

    Establishing young carers network across WY&H to encourage secondary school young carers into health and social care professions to heighten their aspirations.

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

Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 30th July 2018

Subject: West Yorkshire and Harrogate Health and Care Partnership – Specialist Stroke Services

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

Purpose

1. The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership regarding its work and engagement in relation to improving Specialist Stroke Services across West Yorkshire and Harrogate.

Background

2. Since early 2016 when the requirements for local NHS commissioning organisations to develop and submit place-based local Sustainability and Transformation Plans first emerged, there has been a continuous development and refinement of the arrangements – resulting in the establishment of the West Yorkshire and Harrogate Health and Care Partnership – and the associated priority area, detailed below:

3. The West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) maintains oversight of the overall work undertaken through the West Yorkshire and Harrogate. As previously reported, a review of the joint committee arrangements is currently underway, but it will continue to provide general oversight under its current terms of reference until that review has been completed.

4. The primacy of place has been a key consideration as part of the development of the West Yorkshire and Harrogate Health and Care Partnership. Therefore the role of the various local authority Scrutiny Boards with responsibility for Health includes maintaining an overview of the local implications and the associated local conversations arising from the wider programmes of work being undertaken across a broader, West Yorkshire and Harrogate geographical footprint.

5. A range of information regarding the review of Specialist Stroke Services has previously been provided to the JHOSC, including:

   - Context of the national review of stroke services.
   - Emerging evidence on approaches to reduce strokes resulting in death and long-term conditions.
   - Projections for an increase in the number of patients having a stroke.
   - How hyper acute stroke and acute stroke care services could be improved across the West Yorkshire and Harrogate STP footprint.
   - Plans for public and patient engagement in relation to improvements across the whole clinical pathway for stroke care, commencing in February 2017.
   - The potential impact of other stroke engagement and consultation work taking place in surrounding areas, including South Yorkshire and Bassetlaw and North Derbyshire.

6. Key drivers in relation to the review of Specialist Stroke Services have also been highlighted, including increasing demand for services; levels of morbidity for those suffering a stroke; an ageing population with complex health and social care needs; and workforce sustainability.

Summary of main issues

7. As highlighted above, improving Specialist Stroke Services forms part of the overall programme of work for the West Yorkshire and Harrogate Health and Care Partnership.

8. The report from the West Yorkshire and Harrogate Health and Care Partnership summarising its work and local engagement around specialist stroke services is attached at Appendix 1.

9. Appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from members of the Joint Committee.

Recommendations

10. That the West Yorkshire Joint Health Overview and Scrutiny Committee considers the details presented in this report and associated appendices, and agrees any specific scrutiny actions and/or future activity.

Background documents[1]

11. None.

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

West Yorkshire and Harrogate
Health and Care Partnership

Wednesday, 18 July 2018

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

Introduction

1. Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving through the work that has been taking place in each of our six local areas (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield).

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

Background

3. In 2016/17 there were approximately 3,700 strokes in West Yorkshire and Harrogate. The Partnership's ambition is to have fewer stroke across the area, more lives saved, reduced delays and improved recovery outcomes. Our aim is to improve quality outcomes for people requiring stroke care, ensuring that services are resilient and 'fit for the future'.

4. Stroke care is one of the priority areas of work highlighted in the draft West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) published in November 2016. It is also highlighted in "Our next steps to better health and care for everyone" document published in January 2018.

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

6. Over the past 16 months we have been looking at how we:
   - prevent strokes happening across the area
   - deliver effective care when people have a stroke
   - ensure there is good support and rehabilitation for people after a stroke
   - address the ongoing workforce challenges across the area, especially in Harrogate.

Case for change

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

8. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. And we need to urgently address this.

9. We are using evidence from the stroke strategic case for change and our own engagement programme to support this work. For example, there is strong evidence that outcomes following stroke are better if people are treated in specialised centres, which treat a minimum number of strokes per year, even if this increases travelling time. This is also in line with the 7 day hospital standards specific to hyper acute stroke. In parallel, ongoing care and support should be provided at locations closer to where people live and they should be transferred to these services as soon as possible after initial treatment.

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

Communication and engagement

11. We have provided regular stroke updates to the West Yorkshire and Harrogate Joint Committee of CCGs (held in public) and the Joint Health Overview and Scrutiny Committee (JHOSC), the West Yorkshire and Harrogate Patient and Public Assurance Group and to the people of West Yorkshire and Harrogate via various communication channels.

12. We have:
    - worked collaboratively with Healthwatch and local communications and engagement leads.
    - engaged with people in 2017 to seek their views on stroke care – these findings helped lay the foundation for our work to date
    - had conversations in public to further develop our work in February, March and May 2018.

13. The Stroke Association is represented on our stroke programme board and we have discussed our work with other VCS organisations and carers. We also have a patient representative on our Stroke Programme Group.

Preventing strokes happening and improving stroke care across the whole care pathway

14. Conversations across West Yorkshire and Harrogate has highlighted the importance of ensuring our stroke work also focuses on the 'whole stroke pathway'. This includes stroke prevention, community rehabilitation and after care support delivered in local places to meet the needs of people, locally planned with a consistent approach determined by clinicians and key stakeholders working together across the area to further reduce variations and improve quality and stroke outcomes. This has included:
    - rolling out best practice care for people with atrial fibrillation in every GP practice, with the aim of preventing over 190 strokes over the next three years. This includes detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation are managed by GPs with the best local treatments available to save people's lives; and
    - progressing work associated with the wider cardio- vascular disease agenda to ensure there is continued focus on further reducing other risk factors linked to stroke. For example the treatment of hypertension [high blood pressure] which has the potential to reduce a further 620 strokes within three years.

Our work with clinicians

15. Working with the clinical experts (and reflecting national guidance and the views of the Clinical Senate) we have:
    - developed a standardised hyper acute stroke care pathway
    - agreed a set of key clinical standards/guidelines which are being included in a service specification e.g. all patients with suspected stroke should receive a brain scan within 1hr of arrival at hospital; and
    - developing a standardised policy to ensure people return as close to home as quickly possible.

Workforce

17. It is important that we continue to support our staff and make the most of their valuable skills and expertise so that we can maximise opportunities to further improve quality and outcomes for the people. We have:
    - completed a workforce baseline assessment of our current specialist stroke services
    - The Local Workforce Action Board stroke lead has also conducted a workforce survey to seek the views of our specialist stroke services staff. This information is informing discussions to re-establish the stroke clinical network and progress actions to further improve workforce engagement, retention and the sharing of best practice to improve quality outcomes.

What next?

18. The next steps will be informed by discussions with local Overview and Scrutiny Committees, NHS England and the Yorkshire and Humber Clinical Senate. Further discussions with the public will take place as appropriate.

Contact details

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Tel: (0113) 37 88666

Leeds CITY COUNCIL

Report of Head of Governance and Scrutiny Support

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 30th July 2018

Subject: Our Next Steps to Better Health and Care for Everyone

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

Summary of main issues

1. The purpose of this report is to introduce the West Yorkshire Health and Care Partnership publication “Our Next Steps to Better Health and Care for Everyone January 2018”.

2. The publication describes the progress made towards delivering high quality and sustainable services for the future and outlines the next steps for improving health and services across the West Yorkshire and Harrogate Health and Care Partnership.

3. Appropriate representatives have been invited to the meeting to discuss the details of the details contained within ‘Our Next Steps to Better Health and Care for Everyone January 2018’ and to address questions from Members of the Joint Committee.

4. The Committee is asked to consider whether it would like to be kept informed of the progress of the matters and work streams covered in the publication; and what format relevant updates might take.

Recommendations

5. That the Joint Committee considers the details presented and agrees any specific scrutiny actions and/or future activity.

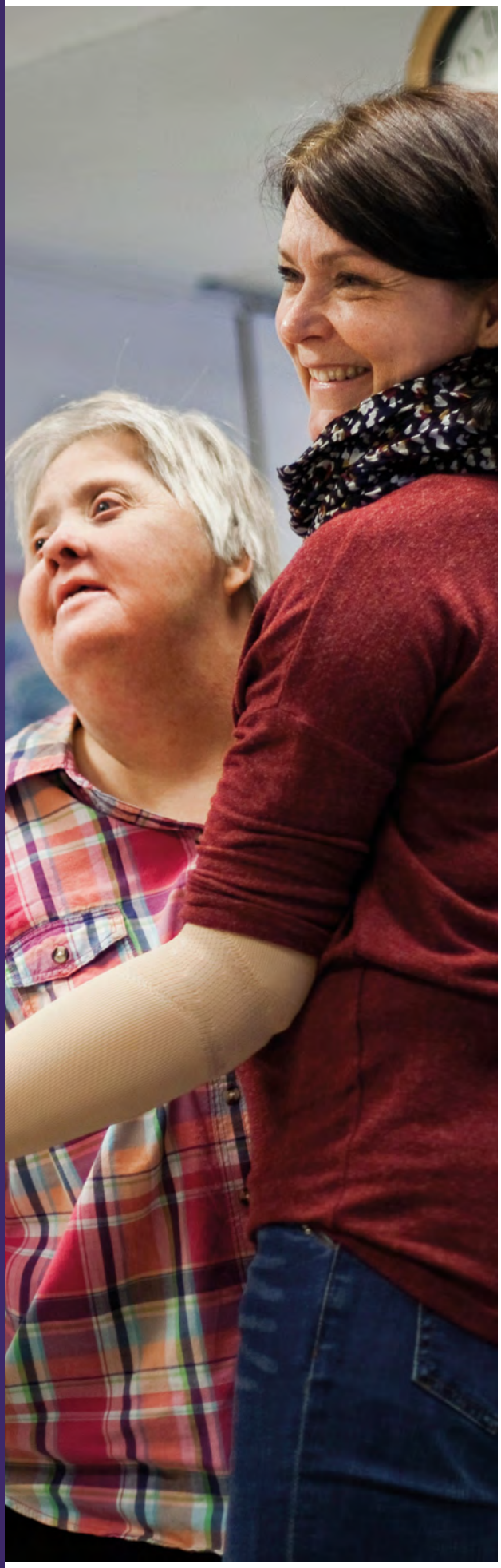
Background documents[1]

1. None.

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

Our next steps to better health and care for everyone

January 2018



West Yorkshire and Harrogate Health and Care Partnership

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

This includes:

Care providers

Airedale NHS Foundation Trust

Bradford District Care NHS Foundation Trust

Bradford Teaching Hospitals NHS Foundation Trust

Calderdale and Huddersfield NHS Foundation Trust

Harrogate and District NHS Foundation Trust

Leeds Community Healthcare NHS Trust

Leeds and York Partnership NHS Foundation Trust

Leeds Teaching Hospitals NHS Trust

Locala Community Partnerships

The Mid Yorkshire Hospitals NHS Trust

South West Yorkshire Partnership NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust

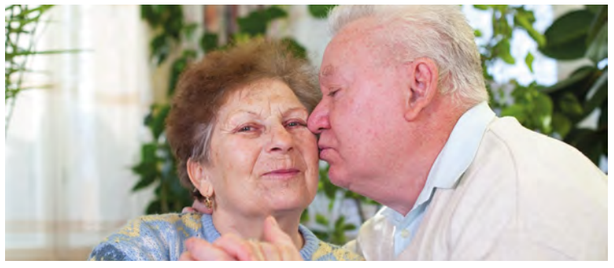
Yorkshire Ambulance Service NHS Trust

Clinical commissioning groups (CCGs)

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

Other organisations involved

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



Local councils

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

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

Contents

Foreword

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

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

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

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

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

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

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

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

Introduction

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

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

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

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

There are six places that make up the partnership:

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

There are nine West Yorkshire and Harrogate priority programmes:

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

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

200,000 people
at risk of type II diabetes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our vision (see page 10)

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

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

Summary

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

National priorities

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

West Yorkshire and Harrogate priorities

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

Enablers

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

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

3 **The way we work:**

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

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

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

6 £45m

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

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

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

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

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

Places will be **healthy.**

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

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

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

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

You can get involved in the development of plans.

Our vision

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

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

Technology

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

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

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

Money

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

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

Our partnership staff

Our workforce is our best asset.

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

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

Our plans

We will always ask you for your views.

You are welcome to **get involved.**

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

Our approach to delivering services

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

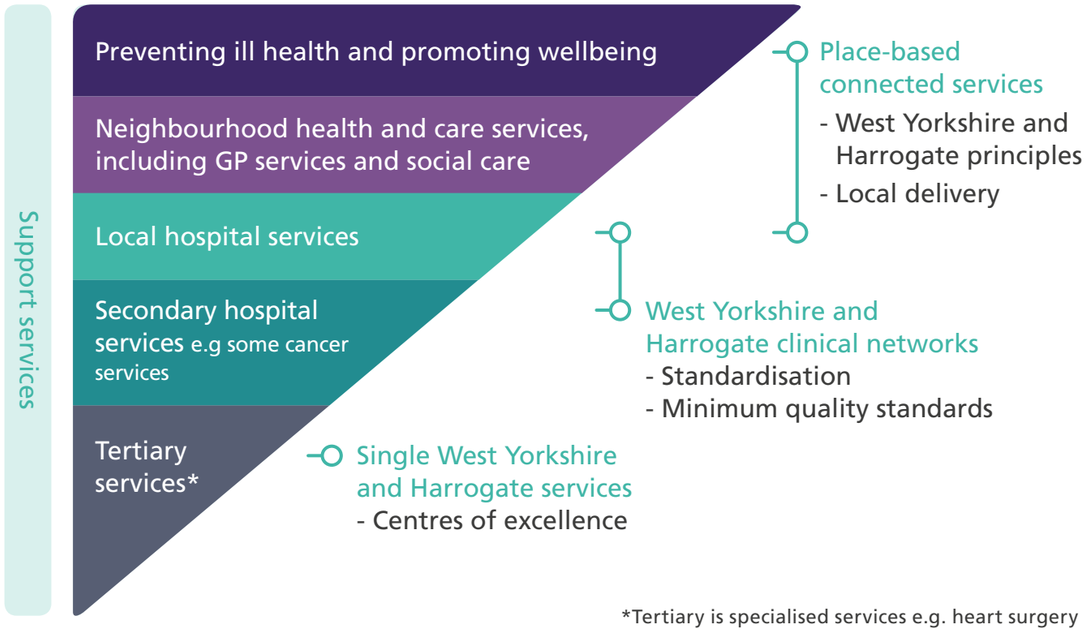
Wherever possible, services will be provided in your local neighbourhood. Only when the safety, quality and cost-effectiveness of care are improved by providing it at a greater scale will services be delivered elsewhere.

Neighbourhood health and care services

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

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

West Yorkshire and Harrogate service delivery model



*Tertiary is specialised services e.g. heart surgery

Local hospital services

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

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

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

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

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

Tertiary (or specialised) hospital services

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

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

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

Support services

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

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

working together
more easily

Working in partnership with communities

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

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

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

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

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

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

75%
of 900 people

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

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

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

Community conversations

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

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

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

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

Watch this film

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

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

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

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

Working in partnership with our staff

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

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

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

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

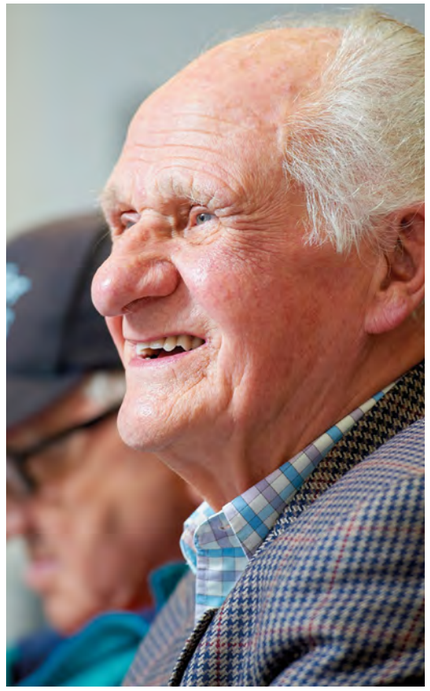
Staff have a wealth of experience and knowledge and often have the best ideas to make positive change happen. For example, Bradford District and Craven have a project between Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust that is looking at how care is provided between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

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

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

£4.5million
to five care providers

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



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

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

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

9 in 10 people
managed by GPs

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

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

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

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

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

Our priorities

Preventing ill health and improving wellbeing

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

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

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

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

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

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

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

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

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

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

Our ambitions regarding smoking, alcohol and diabetes.

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

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

£17.1m
of healthcare savings

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

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

Focus on early **prevention**

National Diabetes **Prevention Programme**

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

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

Reducing health inequalities

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

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

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

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

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

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

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

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

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

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

Preventing diabetes

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

Bradford Healthy Hearts campaign

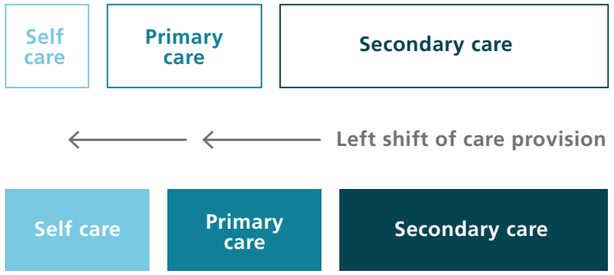
The campaign is supported by wider health and wellbeing initiatives, particularly local self-care programmes and activity relating to **effective management and prevention of diabetes**. As well as preventing cardiovascular disease (CVD) the clinical commissioning groups also ensure that people who do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

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

Primary and community care

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

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



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

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

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

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

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

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

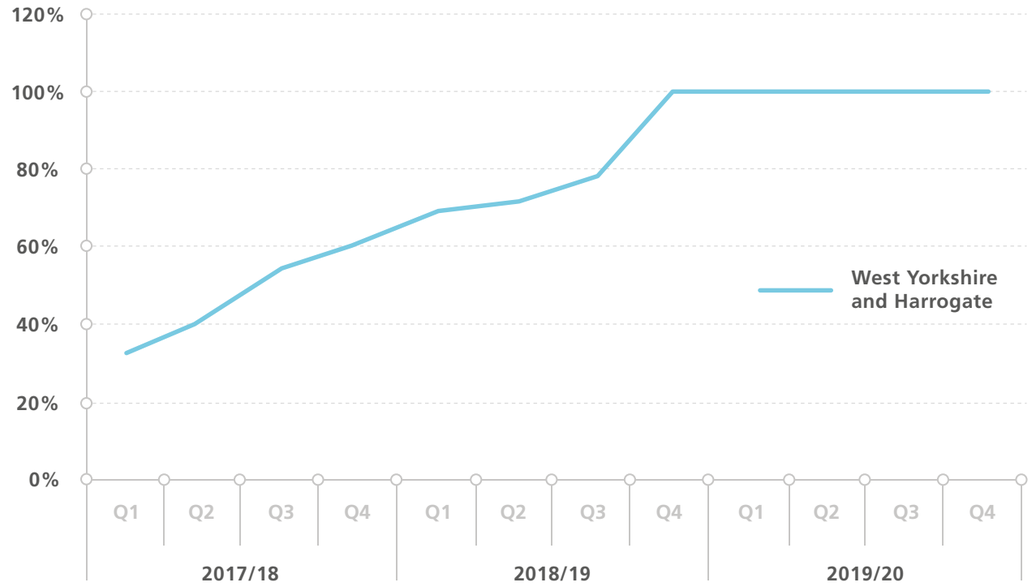
Better access to GP services

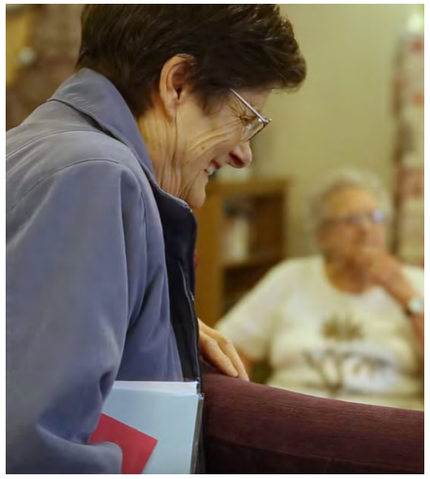
In line with the General Practice Forward View ambitions, we are working to provide more convenient, consistent and fair access to GP services, whilst making sure people with urgent care needs receive a timely response in the most appropriate way.

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

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

% of population receiving some level of extended access





New ways of working

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

30,000 - 50,000
people covered

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

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

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

Health in our care homes

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

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

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

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

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

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

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

committed
to boosting GP numbers

Primary and community care staff

Improved access requires staff working in different ways.

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

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

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

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

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

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

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

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

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

GP buildings and digital technology

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

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

Investment

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

Urgent and emergency care

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

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

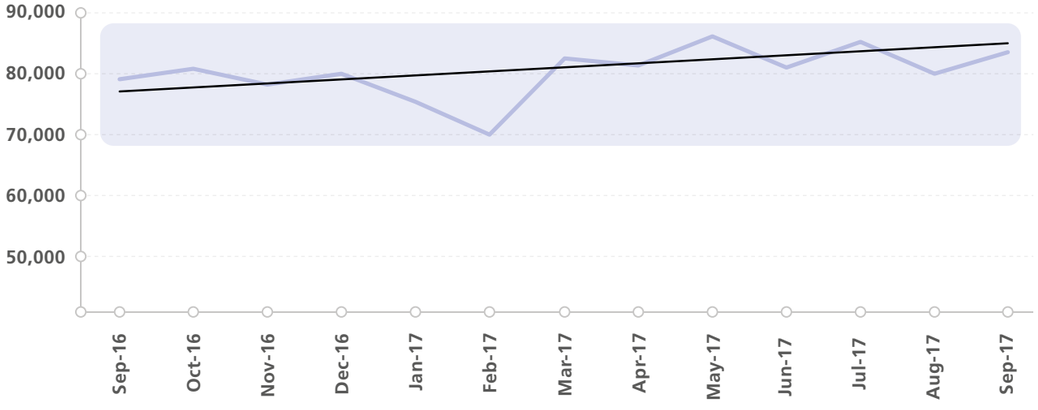
Urgent and emergency care is too often relied on because other services are not there. Our systems are complicated and people can find it hard to navigate their way around especially when they are unwell. People only need to remember three numbers 999,111 and their local surgery.

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

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

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

Total A&E Attendances



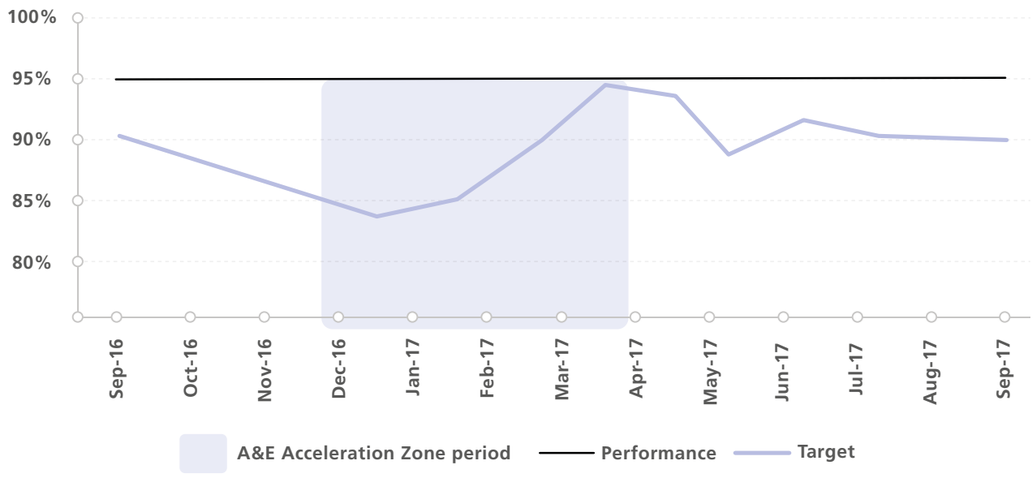
We have established the joint 999/111 Clinical Advice Service within Yorkshire Ambulance Service.

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

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

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

A&E 4 hour wait performance



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

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

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

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

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

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

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

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

Direct booking

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

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

Mental health

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

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

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

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

Our ambitions include:

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

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

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

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

A reduction in waiting times for autism assessment.

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

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

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

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

In the last 12 months we have:

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

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

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

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

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

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

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

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

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

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

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

Cancer

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

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

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

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

£12.4m
national funding

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

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

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

Health and wellbeing

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

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

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

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

Care and quality

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

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

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

Finance and efficiency

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

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

We have provided 35 more places for clinical radiology training.

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

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

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

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

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

Read more about them here.

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

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

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

Diagnosing cancer earlier

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

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

new ways of
diagnosing cancer earlier

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

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

Specialists
together in one place

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

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

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

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

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

Stroke

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

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

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

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

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

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

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

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

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

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

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

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

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

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

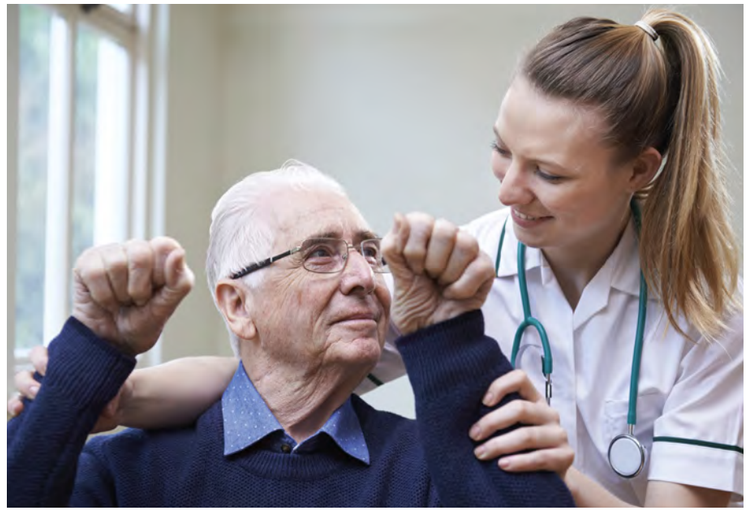
Over 1500 people gave their views via an online survey, outreach sessions with voluntary and community groups, and interviews with people in GP practices, rehabilitation units, stroke wards, and libraries.

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

You can read more here.

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

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



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

Improving planned care and reducing variation

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

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

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

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

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

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

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

Maternity

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

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

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

We are:

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

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

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

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

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

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

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

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

The number of births was 31,961 in 2015

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

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

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

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

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

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

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

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

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

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

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

Hospitals working together

There are six hospital trusts in West Yorkshire and Harrogate:

> Airedale NHS Foundation Trust

> Bradford Teaching Hospitals NHS Foundation Trust

> Calderdale & Huddersfield NHS Foundation Trust

> Harrogate & District NHS Foundation Trust

> Leeds Teaching Hospitals NHS Trust

> Mid Yorkshire Hospitals NHS Trust

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

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

The way we work together

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

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

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

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

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

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

Workforce

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

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

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

Support programmes

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

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

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

Clinical support programmes

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

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

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

Clinical services programmes

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

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

Our staff

Our staff are our most important asset.

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

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

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

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

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

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

> Current employment models hinder rather than help employee flexibility.

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

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

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

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

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

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

Maximising the contribution of the current health and social care workforce

> Improving recruitment and retention in all areas

> Exploiting skills development

> Improving health and wellbeing of the workforce.

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

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

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

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

Transforming teamwork

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

Making it easier to work in different places and different organisations

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

Agreeing and tracking workforce productivity measures

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

Strengthening workforce plans

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

Establishing a workforce investment plan and fund

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

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

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

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

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

Unpaid carers

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

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

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

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

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

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

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

> Supporting carers in the workforce

> Supporting young people who are carers

> Making sure hospital care is carer friendly

> Identifying carers through primary care.

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

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

Digital ways of working

All of our work is supported by technology.

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

Building an effective digital infrastructure

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

We have three main programmes of work:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial strategy

Financial outlook

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

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

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

We will deliver these savings through:

> Delivering care more efficiently – £0.5bn

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

> Projects delivering savings across the area – £0.1bn

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

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

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

Approach to financial delivery

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

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

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

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

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

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

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

Working together to address the difficult choices

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

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

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

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

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

Managing NHS resources across the system

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

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

Capital and buildings

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

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

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

Transformation funding

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

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

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

A new health and social care partnership

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

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

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

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

Overall support
through system leadership

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

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

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

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

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

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

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

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

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

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

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

Leadership

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

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

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

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

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

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

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

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

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

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

Joint decision making

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

Joint Committee of the Commissioning Groups (CCGs)

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

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

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

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

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

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

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

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

Mental health services working together

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

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

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

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

Local council leadership

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

established relationships

Clinical leadership

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

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

Governance arrangements

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

West Yorkshire and Harrogate programme governance

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

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

The next steps for our partnership

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

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

Next steps for developing our partnership

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

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

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

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

We are now in the third phase of this evolution.

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

The new memorandum of understanding will provide a platform for:

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

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

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

> Citizen engagement in development, delivery and assurance;

> Better political ownership or engagement in the agenda; and

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

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

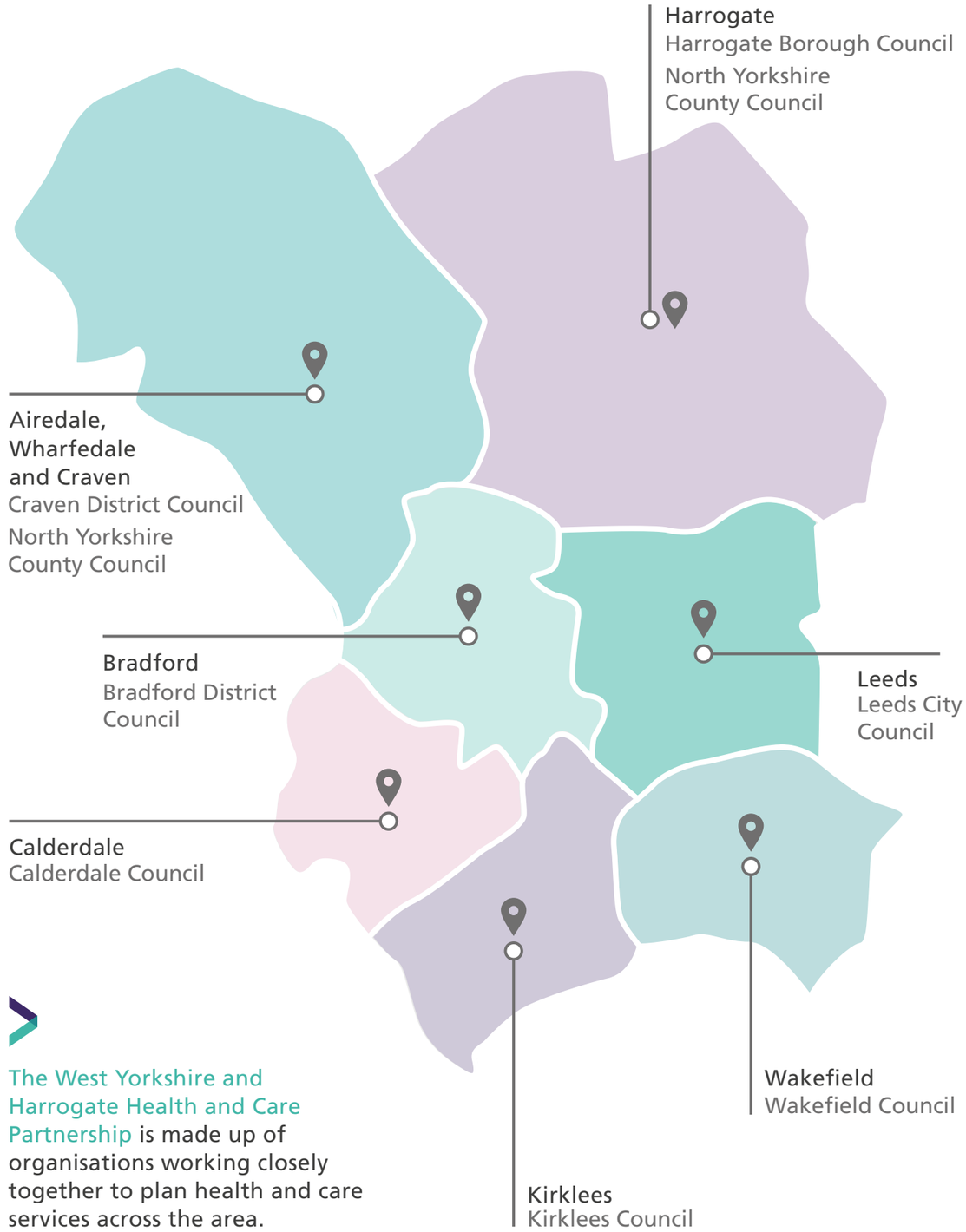
The new governance and accountability arrangements will retain the ethos that **the partnership is a servant of the member organisations** in West Yorkshire and Harrogate and in pursuit of delivering better outcomes for people.

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

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

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

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



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

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

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

January 2018

West Yorkshire and Harrogate Health and Care Partnership

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Leeds CITY COUNCIL

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

Report to West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 30th July 2018

Subject: Access to Dentistry

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

Purpose

1. The purpose of this report is to introduce an update from NHS England regarding access to dentistry across West Yorkshire.

Background

2. In March 2017, the Joint Committee considered a range of information and contributions in relation to access to NHS dental services across West Yorkshire – as requested by scrutiny members from Bradford and Kirklees.

3. At that time, it was reported that accessing routine NHS dental services was difficult for some people in West Yorkshire, particularly in Bradford and north Kirklees. NHS England also reported that demand for unscheduled dental care (UDC) in West Yorkshire had been rising year on year, an indication that an increasing number of people have to access emergency dental services because they cannot register with an NHS dentist. This had resulted in a UDC overspend of £1.5m across West Yorkshire in 2014/15.

4. It was reported that UDC services were due to be re-contracted in 2017 [1].

Summary of main issues

5. A detailed update report from NHS England on the development of dental services across West Yorkshire will be provided in advance of the meeting. This is likely to include the following matters:

[1] Report of NHS England – North (Yorkshire and Humber) to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 06 October 2016: Dental Commissioning Update https://bradford.moderngov.co.uk/documents/s11[illegible]0ctDocM.pdf

Access

6. NHS England (Yorkshire & the Humber) has completed a review of the availability of access to dental services and developed a strategy to improve this across the region.

7. Additional funding has been identified to support the commissioning of an increase in primary care capacity in 20 constituencies; 7 of which are in West Yorkshire. Dental practices in these areas have agreed to offer additional appointments to new patients commencing in July 2018. This approach will be reviewed in early 2019.

8. It has been agreed that, as funds become available, the Starting Well Core offer (currently in place in Wakefield) can be implemented across the region. The purpose of this scheme is to encourage practices to accept more children into their service and to spend time with them encouraging tooth brushing, improving diets and reducing sugar intake. NHS England (Yorkshire and the Humber) will work with local dental networks to assist in the implementation of this scheme with local practices.

Urgent Care

9. NHS 111 services are currently being procured – led by Greater Huddersfield CCG on behalf of Yorkshire and the Humber – to ensure a new service is in place from 1 April 2019. The call handling element of the dental pathway is included in this procurement.

10. NHS England is leading a procurement to secure services for call handling and urgent treatment provision. It will ensure that providers can deliver a model to meet the demands for urgent dental care treatment across the locality and:

    - has opening hours that fit with demand, i.e. this could see opening times of 8.00am-12pm and 4pm to 10pm, and 10am-2pm on a weekend, for example.
    - has a number of clinics within the three STP areas to ensure equity of access;
    - can provide the caller with a timed appointment;
    - clinically assesses in the region of 75% of calls'
    - works in partnership with other providers across the urgent care system;
    - implements a minimum dataset, as agreed by the overarching urgent care system management boards.;
    - encourages all patients seen to source a regular dentist.

11. This service will be in place from 1 April 2019.

12. Appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from members of the Joint Committee.

Recommendations

13. That the West Yorkshire Joint Health Overview and Scrutiny Committee considers the details presented in this report and associated appendices, and agrees any specific scrutiny actions and/or future activity.

Background documents[2]

14. None.

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

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

Report to the West Yorkshire Joint Health Overview and Scrutiny Committee

Date: 30th July 2018

Subject: Work Programme

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

Summary of main issues

1. This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree the priorities for developing its future work programme.

Recommendation

2. Members are asked to consider the matters set out in this report and agree the priorities for developing the future work programme of the West Yorkshire Joint Health Overview and Scrutiny Committee.

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1.0 Purpose

1.1 This report provides an opportunity for members of the West Yorkshire Joint Health Overview and Scrutiny Committee to consider and agree its priorities and future work programme.

2.0 Background information

2.1 In December 2015, the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) was established, drawing its membership from the five constituent West Yorkshire local authorities.

2.2 As set out in the agreed terms of reference the West Yorkshire JHOSC has the following roles and functions:

- To scrutinise any proposed service configuration with West Yorkshire-wide implications and its impact on patients and the public when constituent Councils have delegated these powers to the West Yorkshire Health Scrutiny Committee.
- To meet regularly with NHS England to:
  - Receive updates on national developments and other matters from NHS England
  - To inform NHS England of common issues arising at the five West Yorkshire health scrutiny committees.
- To receive information on service proposals and other matters from West Yorkshire Commissioning Collaborative (known as 10CC)
- To share information on health issues from each of the local authority areas that may have an impact on the other local authority areas within West Yorkshire.
- To undertake shared development activities from time to time.

2.3 When considering the agreed Terms of Reference, the JHOSC previously noted that in the spirit of cooperation and transparency, where it was considered to be beneficial for a joint West Yorkshire approach to matters relating to Adult Social Care and/or Public Health, details would be considered by the JHOSC, on an issue by issue basis.

2.4 In November 2016, the JHOSC considered a report that set out the requirements for local NHS commissioning organisations to develop and submit place-based local Sustainability and Transformation Plans (STPs) and presented the draft West Yorkshire and Harrogate Sustainability and Transformation Plan, for consideration. That STP has now evolved as the West Yorkshire and Harrogate Health & Care Plan and the JHOSC continues to retain an overview of its development.

3.0 Main issues

3.1 Since the formal establishment of the JHOSC, a number of issues / work streams have been considered by the Committee, including:

- The Urgent and Emergency Care Vanguard

- Work of the West Yorkshire Association of Acute Trusts
- Cancer waiting times
- Autism assessments
- Stroke Services
- Access to dental service
- Specialised services

3.2 Some of the above areas form part of the West Yorkshire and Harrogate Health and Care Partnerships established set of programmes.

3.3 At a previous meeting, the JHOSC concluded that its future work programme should be developed to reflect the nine work programme / priority areas identified in the West Yorkshire and Harrogate Health and Care Plan (the former STP) ; whilst also recognising the following matters be included as part of the considerations:

- Autism;
- Health and Care Plan (STP) Governance arrangements; and
- The Urgent and Emergency Care Vanguard.

3.4 The JHOSC also recognised the value of a more detailed development session to build a better and consistent understanding of the West Yorkshire and Harrogate Health and Care Plan approach and to consider the level and timeliness of and scrutiny activity. This was delivered on the 6th January 2018.

Committees in Common

3.5 As part of the developing governance arrangements for West Yorkshire and Harrogate integrated care system, a number of service delivery areas have come together to create a joint approach:

- West Yorkshire Joint Committee of Clinical Commissioning Groups
  A copy of the WY&H Joint Committee of CCGs Annual Report 2017-18 is attached at **Appendix 1** for Members information
- West Yorkshire Association of Acute Trusts
  An information leaflet is attached as **Appendix 2**
- West Yorkshire Mental Health Services Collaborative
  A LYP NHS Trust news article is attached as **Appendix 3**

3.6 Members of the JHOSC may wish to consider whether they wish to receive further information, perhaps in the form of committee minutes, from the Committees in Common

Developing the work programme

3.7 A copy of a proposed work programme for JHOSC is attached as **Appendix** 4 of the report for consideration.

3.8 In continuing to develop its future work programme, the following matters are particularly highlighted as 'good practice' suggestions for the JHOSC to consider:

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny activity has clarity and focus of purpose; adding value within an agreed time frame.

- Avoid pure “information items” except where that information is being received as part of an identified policy/scrutiny review.
- Seek advice about available resources and relevant timings, taking into consideration the overall workload of the JHOSC and the Health Overview and Scrutiny Committees across the constituent authorities.
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year

3.9 The following matters are also worthy of consideration when considering the development of a future work programme:

- As set out in the Terms of Reference, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where there are any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority.
- It is further noted that under the legislation officials from relevant NHS bodies are required to attend committee meetings; provide information about the planning, provisions and operation of health services; and must consult on any proposed substantial developments or variations in the provision of the health service.
- With the lack of any nationally recognised definition of what constitutes a ‘substantial’ development or variation in the provision of the health service, it is recognised as good practice for NHS commissioners and providers to engage with the appropriate health scrutiny committees as early as possible to discuss any proposed service developments or variations in order to help define the necessary level of formal consultation.

4.0 Recommendations

4.1 Members are asked to consider the matters set out in this report and agree the priorities for developing the future work programme of the West Yorkshire Joint Health Overview and Scrutiny Committee.

5.0 Background documents[1]

5.1 None

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

West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

Annual Report
2017 - 2018

West Yorkshire and Harrogate
Health and Care Partnership

Chair's foreword

I'm proud to introduce the first Annual Report of the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (CCGs).

It's an exciting time to be working with CCG leaders from our local places – Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield. The Joint Committee plays an important role within the West Yorkshire and Harrogate Health and Care Partnership. Its work plan is directly connected to the objectives of the wider partnership, and it enables the CCGs to come together and take collective decisions where they have agreed to do so. You can read more about the partnership here: www.wyhpartnership.co.uk

As the Lay Chair, I am independent of the CCGs. It is my job to make sure that the decisions the Joint Committee take are fair and transparent. I'm supported in this by two CCG Lay Members - Fatima Khan-Shah and Richard Wilkinson - who ensure that we make decisions in the right way, putting people's needs rather than organisations first.

The Joint Committee held its first meeting in July 2017, and I've been delighted by the progress that we have made during the year. The Joint Committee has led innovative work to:

- Help the Cancer Alliance to improve cancer prevention and early diagnosis
- Support healthier lifestyles and reduce the perception of a 'postcode lottery' in health services
- Improve access to local mental health services
- Improve stroke services in the first few hours and days after a stroke occurs
- Make sure that people get the right urgent and emergency care, in the right place, at the right time.

We encourage and welcome the public to attend our meetings. If it is easier for you, you can watch our meetings 'live' on the internet at http://www.wyh-jointcommiteeccgs.co.uk, where you can find more information about the Joint Committee.

It is my pleasure to serve as Lay Chair of the Joint Committee. We have achieved many things in our first 9 months. There is more for us to do to improve health and care for everyone living in West Yorkshire and Harrogate and I am looking forward to the challenge.

Marie Burnham
Independent Lay Chair, West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

Key responsibilities

The Joint Committee is part of the West Yorkshire and Harrogate Health and Care Partnership (HCP). The 11 CCGs established the Committee in May 2017, with delegated authority to take commissioning decisions at West Yorkshire and Harrogate level on specific programmes including: cancer, elective care/ standardisation of commissioning policies, mental health, stroke and urgent care. The Committee aims to ensure that its decisions include public and patient engagement, clinical input and have authority from the CCGs.

The Committee has a work plan, Memorandum of Understanding and Terms of Reference, which were agreed by the Members of each CCG. The Committee's work plan reflects the partnership priorities for which the CCGs believe collective decision making is essential. During the year, the Committee reviewed its work plan and asked the Members of each CCG to approve changes to it for 2018/19.

Although it can only make decisions on the programmes of work that have been delegated to it, the Committee also makes recommendations to the CCGs on other matters where it feels that a West Yorkshire and Harrogate-wide approach would be beneficial.

Membership and attendance

The Committee is made up of 2 representatives from each of the West Yorkshire and Harrogate CCGs – usually the CCG Clinical Chair and the Accountable Officer. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs. Representatives from the HCP team and NHS England also attend. The Committee met for the first time in public in July 2017 and continued to meet every other month throughout 2017/18.

Public and patient engagement

Meetings are held in public and are also streamed 'live' on the Committee's web pages. The Committee invites questions about its business and, where possible, these are answered during the meeting. Full written answers to all questions are published after each meeting.

There is a 'patient story' at most meetings, which enables the Committee to get the perspective of patients and service users. For example, the Committee considered videos presenting the experience of patients with cancer, highlighting variation in general practice and the need for effective early diagnosis. Reports to the Committee identify the patient and public engagement that has already taken place or is planned. For example, the Committee received a report on the major public engagement exercise on stroke services. In this way, the Committee ensures that the voice of patients is at the centre of its decisions.

Highlights of the Committee's work

Cancer

The cancer work streams are tobacco control, early diagnosis, high quality services, patient experience and living with and beyond cancer.

The Committee reviewed partnership working by the West Yorkshire and Harrogate Cancer Alliance, which had bid successfully for additional funding linked to the delivery of the 62 day standard for cancer waits. The Committee noted awareness-raising campaigns to improve early diagnosis and screening take-up. Work was being co-ordinated with other STP programmes, including support for healthier lifestyle choices.

The Committee supported the proposal that the Cancer Alliance develop a common set of agreed outcomes and stronger system leadership to support all partners to make good, evidence-based decisions.

Elective care/standardisation of commissioning policies

The programme aims to improve health by better prevention and supporting healthier choices.

This will reduce variation, inconsistency and the perception of a 'postcode lottery' and has the potential to create financial efficiency gains.

The Committee agreed an approach in which before surgery, patients are offered a choice of services to address lifestyle factors. It agreed to standardise commissioning policy across West Yorkshire and Harrogate for procedures of limited clinical value and elective orthopaedic surgery. It also supported the development of new approaches to outpatient services in elective orthopaedic surgery and eye care.

Urgent and emergency care

The programme aims to ensure that people get the right care, in the right place at the right time.

The Committee noted that NHS England required all CCGs to have an Integrated Urgent Care (IUC) programme in place by 1 April 2019 and considered recommendations to achieve this. The work was being overseen by the Yorkshire and Humber Joint Strategic Commissioning Board.

The Committee recommended that a formal procurement process be undertaken, using a 'structured dialogue' approach which would enable the service model to be refined with providers. This was particularly important given the complexity of delivering services in 3 STP areas across Yorkshire and the Humber.

Mental health

The programme aims to reduce variation, develop consistent pathways, support all to achieve the best standards and achieve economies of scale.

Areas of focus include emergency care, specialist Child and Adolescent Mental Health Services (CAMHs) and autism, supporting people in crisis, closer to home.

The Committee noted work by mental health providers to share beds, improve access to local services and reduce out of area placements. It supported work by CCGs to review commissioning plans, reduce variation and establish common levels of community services across West Yorkshire and Harrogate. The Committee supported the development of new care models for CAMHs & Adult Eating Disorders and agreed to develop a joint approach to commissioning acute mental health services.

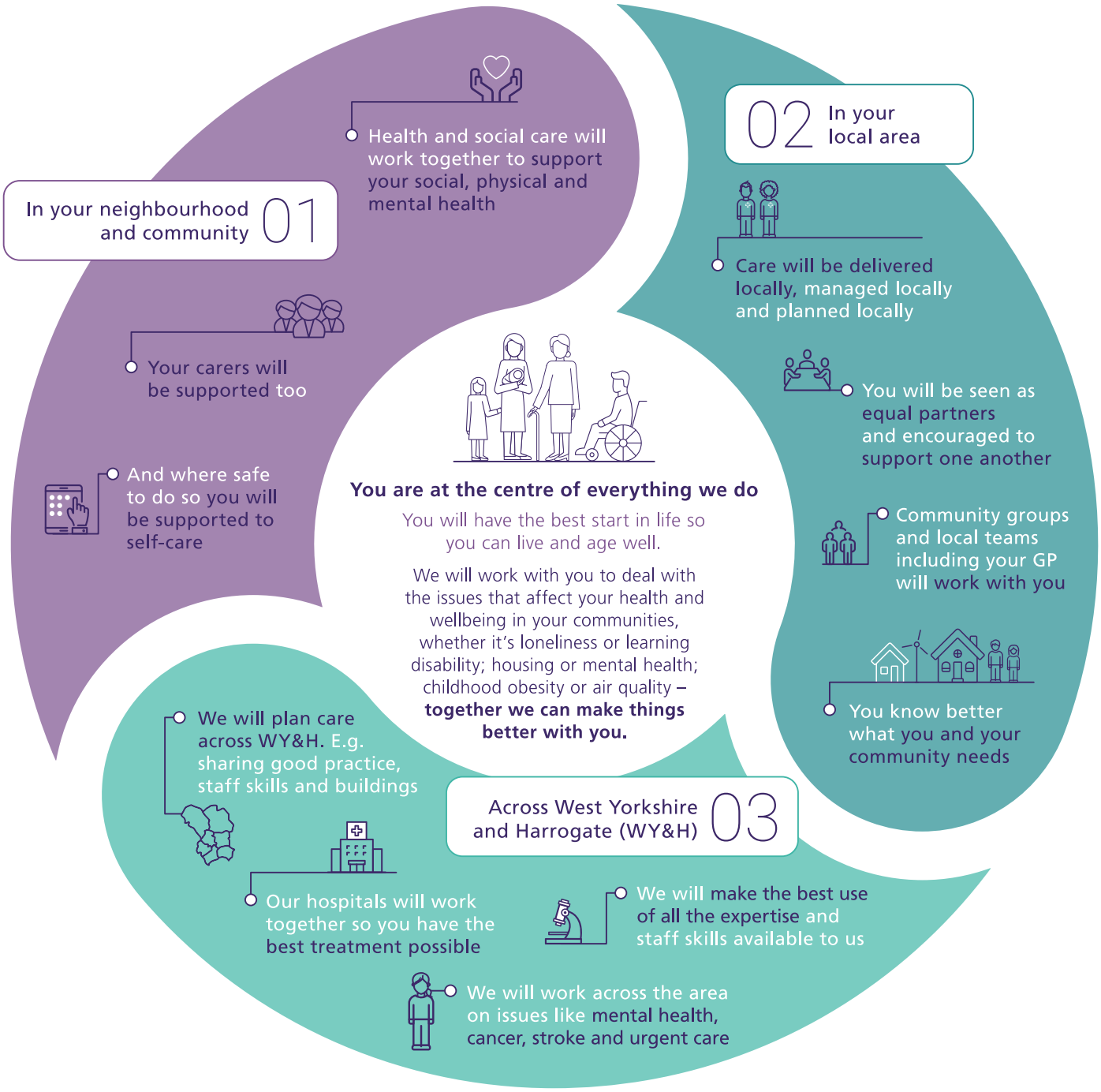
Stroke

The programme aims to improve stroke outcomes, use resources efficiently and effectively and ensure that stroke services are sustainable and fit for the future.

The Committee noted that clinical outcomes varied across West Yorkshire and Harrogate and that outcomes were better when treatment was provided in specialist centres. The Committee noted progress in developing standardised care pathways and clinical standards for hyper acute and acute stroke services. The Committee noted extensive engagement with key stakeholders, including clinicians, patients and the public and providers.

The Committee considered a proposal for the 11 CCGs to work together to further improve the detection and treatment of Atrial Fibrillation (AF), a fast and erratic heartbeat which is a major cause of stroke. It recommended that **each CCG agree an aspiration to detect and treat 89% of patients with Atrial Fibrillation** and adopt a targeted and phased approach to working with their local practices.

Our vision



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

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

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

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

01924 317659

NHS Wakefield CCG
White Rose House
West Parade
Wakefield
WF1 1LT

westyorkshire.stp@nhs.net

www.wyhpartnership.co.uk

http://www.wyh-jointcommiteeccgs.co.uk

@WYHpartnership

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

2017 - 2018

West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire Association of Acute Trusts

A collaboration between Airedale NHS Foundation Trust,
Bradford Teaching Hospitals NHS Foundation Trust,
Calderdale and Huddersfield NHS Foundation Trust,
Harrogate and District NHS Foundation Trust,
Leeds Teaching Hospitals NHS Trust and
Mid Yorkshire Hospitals NHS Trust.

West Yorkshire Association of Acute Trusts

About us

The West Yorkshire Association of Acute Trusts (WYAAT) is an innovative collaborative which brings together NHS trusts delivering acute hospital services from across West Yorkshire and Harrogate to drive forward the best possible care for our patients.

Our vision is to create a region-wide efficient and sustainable healthcare system that embraces the latest thinking and best practice so we can consistently deliver the highest quality of care and outcomes for our patients.

By bringing together the wide range of skills and expertise across West Yorkshire and Harrogate we have an immense opportunity to work differently, be innovative and drive forward change to support patients. By thinking and working as a system, we can reduce duplication and work more efficiently to deliver the highest quality care for the people of West Yorkshire and Harrogate.

Our members

Our core membership includes the Chief Executives of the following acute hospital trusts:

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust.

Our aims

The Association is already well established and starting to have an impact in our region. Our members are actively engaged in a range of work across the health and social care community, bringing the acute hospital perspective and expertise to the forefront. As part of the Association's work we will:

- work with local and regional commissioners to inform and shape plans for hospital services and new models of care
- be a strong voice contributing to the development of national policy around acute care
- share and spread best practice across the collaborative to benefit patients
- collaborate on key deliverables that are best achieved through joint working and provide healthy challenge for colleagues where appropriate
- explore and develop new business models that enable the acute hospitals to become more efficient and get best value for money
- improve our systems and processes to support safe high quality, efficient care.

Improving services for local people

Patients are the central focus of all of our work and through the Association we will bring about improvements in health outcomes and patient experience for a population of over 2.3 million.

Through the work of the Association and its members, patients across the West Yorkshire and Harrogate area will benefit from:

- the highest quality of services and care
- improved access to services
- improved and more co-ordinated care pathways
- access to a wider range of clinical specialists
- assurance that the NHS is working as efficiently as possible and getting best value for money.

West Yorkshire Association of Acute Trusts

Our projects: Building a Model Clinical Network

West Yorkshire has a strong track record in technological innovation and embracing it fully to deliver radical change in the way we provide services.

A key focus of our work is to drive forward a 'model clinical network' that will deliver improved and consistent outcomes for our patients by using the latest technology. By doing this work as part of the Association, we will improve clinical productivity and workflows and enable the delivery of seven day working whilst driving up quality and improving the experience for our patients and their families.

Our model clinical network is focusing on three key areas.

- Establishing Horizontal Clinical Networks. Focusing initially on diagnostics this work will lead to the development of a radiology network of expertise across the West Yorkshire and Harrogate areas. Clinicians will maximise the use of the latest technology to support closer working and bring greater capacity to support 24/7 working, ultimately improving access to specialist radiology services for local people.
- Innovative workforce models. Our vision over time is for clinicians to share their specialist expertise across networks of care rather than individual hospitals ensuring patients can receive care as close to home as possible. Creative solutions to workforce planning, recruitment and role development are being explored to support this more agile and efficient way of working.
- Integrated information systems. By bringing together patient information systems and clinical and social care systems we will be able to provide clinicians and others supporting our patients with a full picture of their care pathway. Driving this model forward across the Association's geographical footprint will enable the spread and benefit to be fully realised.

For more information on our work please contact the Chief Executive's Office on 0113 206 5341.

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New committee bringing together mental health providers across West Yorkshire

NHS mental health providers in West Yorkshire have set up new shared governance arrangements. This builds on the close partnership working that has taken place over the past year.

Known as the West Yorkshire Mental Health Services Collaborative, the organisations have been working together to improve mental health services for local communities. This is part of the wider West Yorkshire and Harrogate Health and Care Partnership (http://www.wyhpartnership.co.uk/) and its focus on mental health as a key priority area.

The mental health collaborative includes:

- Bradford District Care NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Leeds Community Healthcare NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Over recent weeks, each organisation's Board has approved the establishment of a 'Committees in Common'. While each organisation maintains its statutory responsibilities to its own Board and responsibility for delivering its own services, this new committee will help make sure that decisions are made together and in a streamlined way around a shared programme of work. It will see that collective ambitions are achieved, including for example eliminating out of area placements and delivering the region's five-year suicide prevention strategy (http://www.wyhpartnership.co.uk/application/files/7015/1125/6462/0192_West_Yorkshire_STP_PRINT.PDF), launched in November 2017.

The four organisations' chairs and chief executives will sit on the new committee, with the first of its quarterly meetings set to take place on 30 April. The chair of the committee will rotate every twelve months, starting with Prof Sue Proctor, chair of LYPFT.

The collaborative has an overarching set of principles, which will see the organisations:

- Working on the greatest challenges together to ensure high quality, sustainable mental health services now and in the future
- Reducing variation in quality by sharing best practice and developing standard operating procedures and pathways to achieve better outcomes for people
- Taking a collaborative approach across the region to the delivery of acute and specialist mental health services, via clinical pathways and networked services (rather than individual place / provider-led developments)
- Developing 'centres of excellence' for more specialist mental health services such as forensic services, inpatient child and adolescent mental health services, and adult eating disorders
- Delivering economies of scale in mental health service support functions.

Dr Sara Munro, chief executive of LYPFT, is the lead CEO for the collaborative and senior responsible owner for West Yorkshire and Harrogate Health and Care Partnership's mental health programme.

Sara said: “We want to make sure that mental health and learning disability services across West Yorkshire provide consistent, high quality care for the whole person which is firmly connected to local communities and where people live. To do this, we need to work together on some of the biggest challenges we face, strengthening our joint working and working in partnership with commissioners, emergency services, and voluntary and community sector partners.

“We already have plans in place to improve specialist mental health services, for example through the new care models programmes which commenced on 1 April. We’re also working to reduce deaths by suicide, reduce out of area placements and improve urgent and emergency care.”

Rob Webster, leader of the West Yorkshire Health and Care Partnership and chief executive of SWYPFT, said: “We’re proud that mental health is a strong focus of our work across West Yorkshire and Harrogate. People with mental health issues face significant health inequalities and suicide remains the biggest killer of young men.

“The creation of a ‘Committee in Common’ will ensure the collective leadership of the partnership working that has been taking place in mental health. It follows similar arrangements to those that NHS commissioning and acute providers have taken in establishing joint committees. The committee will oversee the innovations we are driving and it will help to make sure our work is having the biggest impact.”

WEST YORKSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Work Schedule for 2018/19 Municipal Year (last updated 190718)

30th JULY 2018	25TH SEPTEMBER OR 8TH OCTOBER 2018	5TH OR 10TH DECEMBER 2018
JHOSC Governance Membership & Governance Matters 2018/19 Work Programme / future meetings	**JHOSC Governance** Terms of Reference – Update Work Programme / future meetings	**JHOSC Governance** Work Programme / future meetings
WY&H Integrated Care System Governance Integrated Care System Proposals	**WY&H Integrated Care System Governance** Memorandum of Understanding Integrated Care System Proposals (update)	**WY&H Integrated Care System Governance**
WY&H H&CP: Priority Programmes Overview • National programmes • WY&H programmes • Enabling programmes	**WY&H H&CP: Priority Programmes Overview** • National programmes • WY&H programmes • Enabling programmes	**WY&H H&CP: Priority Programmes Overview** • National programmes • WY&H programmes • Enabling programmes
WY&H H&CP – Specific Programme Areas Specialist Stroke Services - update	**WY&H H&CP – Specific Programme Areas** Specialist Stroke Services – outline business case	**WY&H H&CP – Specific Programme Areas** *To be confirmed*
JHOSC Priority Areas Access to Dentistry	**JHOSC Priority Areas** Autism Specialised Services Update	**JHOSC Priority Areas** Access to Dentistry Suicide Prevention Strategy
Development sessions/ other meetings		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

WEST YORKSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Work Schedule for 2018/19 Municipal Year (last updated 190718)

11th FEBRUARY 2019	8TH APRIL 2019	JUNE/JULY 2019
JHOSC Governance Work Programme / future meetings	**JHOSC Governance** Work Programme / future meetings	**JHOSC Governance** Terms of Reference Membership & Governance Matters 2019/20 Co-opted Members Work Programme / future meetings
WY&H Integrated Care System Governance	**WY&H Integrated Care System Governance**	**WY&H Integrated Care System Governance**
WY&H H&CP: Priority Programmes Overview • National programmes • WY&H programmes • Enabling programmes	**WY&H H&CP: Priority Programmes Overview** • National programmes • WY&H programmes • Enabling programmes	**WY&H H&CP: Priority Programme Overview** • National programmes • WY&H programmes • Enabling programmes
WY&H H&CP – Service Developments *To be confirmed*	**WY&H H&CP – Service Developments** *To be confirmed*	**WY&H H&CP – Service Developments** *To be confirmed*
JHOSC Priority Areas Autism Specialised Services update	**JHOSC Priority Areas** Access to Dentistry Suicide Prevention Strategy	**JHOSC Priority Areas** *To be confirmed*
Development sessions/other meetings		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response