



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 £70million 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 jan.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 tackling 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.