



Report of: West Yorkshire and Harrogate Health and Care Partnership

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Development of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

All integrated care systems across the country are being asked to develop a 5 Year Strategy for Health and Care in response to the NHS Long Term Plan.

This paper provides an overview of the development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate to date.

Recommendations

The Health and Wellbeing Board is asked to:

- Input views and ideas into the overall development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate.
- Contribute specific feedback to the development of the proposed 2 new programmes including how these can be best achieved through closer working with the 6 Health and Wellbeing Boards across West and North Yorkshire.

1 Purpose of this report

- 1.1 To seek the views, ideas and input of the Leeds Health and Wellbeing Board into the development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate.
- 1.2 To update the Leeds Health and Wellbeing Board on the progress of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP).

2 Background information

- 2.1 Leeds has been part of the West Yorkshire and Harrogate Health and Care Partnership since it began in March 2016. Last year, in May 2018 the Partnership became an Integrated Care System (ICS)¹ in development and has been working to develop the sophistication of process and relationships that means, in future, the partnership itself will be able to take on some powers and budgets from national bodies. This will mean that decisions about investment in health and care can be taken more locally by those with a closer relationship to the impact of the funds and decisions.
- 2.2 In February 2018, the WYH HCP published ‘Our Next Steps to Better Health and Care for Everyone’² that described the partnership outcomes that have been agreed are important: investment in prevention, primary care and mental health, community-wellbeing, better join up between ‘health’ and ‘care’ and democratic accountability and transparency about where all partners direct our collective resources.
- 2.3 “Our Next Steps” also described some of the early successes that have been achieved by working together in partnership, particularly in the Programmes³ of work that pass the subsidiarity test for things that need to be worked on jointly at the West Yorkshire and Harrogate level. Case studies⁴ from each of these programmes can also be downloaded from the West Yorkshire and Harrogate Partnership website.
- 2.4 On 7th January 2019 the NHS Long Term Plan⁵ for England was published. This sets out the Government’s ambition for how the NHS can respond to the challenge of planning future health services for England in the context of demographic

¹ Integrated Care System (ICS) are partnerships of health and care organisations (including the Ambulance Service, Community Healthcare providers, Clinical Commissioning Groups, Healthwatches, Hospital Trusts, Local Authorities, Mental Health Trusts and the Voluntary and Community Sector) that work collectively to plan health and care services on a larger footprint. West Yorkshire and Harrogate Health and Care Partnership is an ICS in development – meaning it has some limited responsibilities for system oversight, but no devolved responsibilities or budgets.

² ‘Our Next Steps to Better Health and Care for Everyone’ <https://www.wyhpartnership.co.uk/news-and-blog/news/our-next-steps-better-health-and-care-everyone-west-yorkshire-and-harrogate>

³ The programmes are: (national priorities) Cancer, Urgent and Emergency Care, Mental Health, Maternity, Primary and Community Services, (WYH priorities) Stroke, Preventing Ill-health, Planned Care and Reducing Variation, and Hospitals Working Together. There are also 6 enabling work streams of Best Practice and Innovation, Workforce, Digital Ways of Working, Harnessing the Power of Communities, Capital and Estates, Business Intelligence.

⁴ The Difference Our Partnership Is Making can be read here: <https://www.wyhpartnership.co.uk/our-priorities/difference-our-partnership-making>

⁵ The NHS England Long Term Plan can be read here: <https://www.longtermplan.nhs.uk/>

changes, increased demand and the overall environment of finite financial resources.

- 2.5 The document contains a bold vision that situates health services in the context of Population Health⁶ – and includes references to health services set within the wider policies and outcomes that impact on health and wellbeing. This is something that Health and Wellbeing Boards have been advocating for, for many years.
- 2.6 The NHS Long Term Plan includes the commitment that every Integrated Care System in the country will develop a new 5 Year Strategy for Health and Care.
- 2.7 An NHS England/NHS Improvement “5-year Strategy Implementation Framework” is expected to be published imminently. At this point we are not clear on the depth or specificity of the document. Our clear message to NHSE/I is that this should be a high level enabling framework that creates space for 5-year strategies to respond to local priorities.
- 2.8 Within this, we anticipate that there will be some specific ‘must do’s’ for all systems around the country, most likely to be framed around the priorities contained in the NHS Long Term Plan. As a Partnership, we have agreed that our approach will continue to be to develop our own strategy that relates to our local area, which we will then cross-check against these national requirements.
- 2.9 The final deadline for submission to NHSE/I of the 5-Year Strategy will be the end of October 2019.
- 2.10 On 4th June 2019, the first meeting of the West Yorkshire and Harrogate Health and Care Partnership Board will take place. This will be a meeting in public and will take place in the Council Chamber in Leeds Civic Hall. Papers and a web cast of the Partnership Board are available via the following link:
<https://www.wyhppartnership.co.uk/meetings/partnershipboard/papers>
- 2.11 The Partnership Board will discuss how it wishes to develop the 5-Year Strategy and how to involve and seek the views and ideas from the 6 Health and Wellbeing Boards that cover West and North Yorkshire.
- 2.12 At the time of writing, this Partnership Board meeting has not yet taken place, but a verbal update will be provided at the Health and Wellbeing Board meeting.

3 Main issues

- 3.1 In Leeds, the Leeds Health and Wellbeing Strategy 2016-2021 and Leeds Health and Care Plan continues to guide our efforts to improve health and care for people in the city – in particular, our ambitious goals for Leeds to be the Best City for Health and Wellbeing and to improve the health of the poorest the fastest.
- 3.2 In common with most ICS around the country, the WYH HCP estimates that approximately 80% of the work of partners is arranged around either neighbourhood or Health and Wellbeing Board footprints with work only occurring at a West

⁶ “Population Health” has been defined as an approach to health that aims to improve the health of all the population, not just those accessing health services.

Yorkshire and Harrogate level when it makes sense to do so. The WYH HCP has been clear from the beginning on the principle of subsidiarity. West Yorkshire and Harrogate Health and Care Partnership is the servant of place.

3.3 The development of the 5 Year Strategy is a significant opportunity for Leeds, as part of the wide West Yorkshire and Harrogate Health and Care Partnership, to work with others on a wider footprint to provide better outcomes from specialist services, to learn from and share learning with our neighbours to improve outcomes and to be able to access funds, resources and experts that we would not be able to attract if working in isolation.

3.4 As a wider partnership, we have already set out our shared ambition to work together so that all 2.6m people in West Yorkshire and Harrogate can:

- live and work in healthy environments, and have the right kind of information, opportunities and support to look after our own health and wellbeing
- have quick and easy local access to holistic primary and community care services
- have clear routes and pathways to world class care, free at the point of delivery, when needed

3.5 The development of the 5 Year Strategy enables us to ensure that we are putting our efforts and resources in the right places, to make this ambition a reality.

3.6 As well as a continued commitment to integrating services so that they are high quality and easy to access, the partnership nature of the strategy will allow for us to articulate more clearly the emphasis we place on the wider determinants of health and wellbeing. Encouraging all partners to work together in influencing the factors that ensure healthy environments: decent housing, access to green and blue space, health integrated into planning and urban design, and the kind of inclusive growth that expands employment and opportunity that drives good lifetime health.

3.7 It also offers the opportunity to review what things we work on at the West Yorkshire and Harrogate level and to update the way we describe why we are working at that level and what outcomes we want to see from it.

3.8 A cross-Partnership working group has done some initial thinking on this and proposes to re-frame the programmes into 4 broad categories:

- Those with an emphasis on Improving Population Health – including explicit reference to tackling health inequalities and the wider determinants of health and wellbeing
- Those that are focused on improving care and outcomes for specific population groups / cohorts – including a new focus on Children, Young People and Families
- Transformation programmes which aim to change the way people access or interact with services

- Expanding the set of enabling work streams, to include leadership and Organisational Development, commissioning development and the ICS financial framework

Proposed Future Model - West Yorkshire and Harrogate Priorities

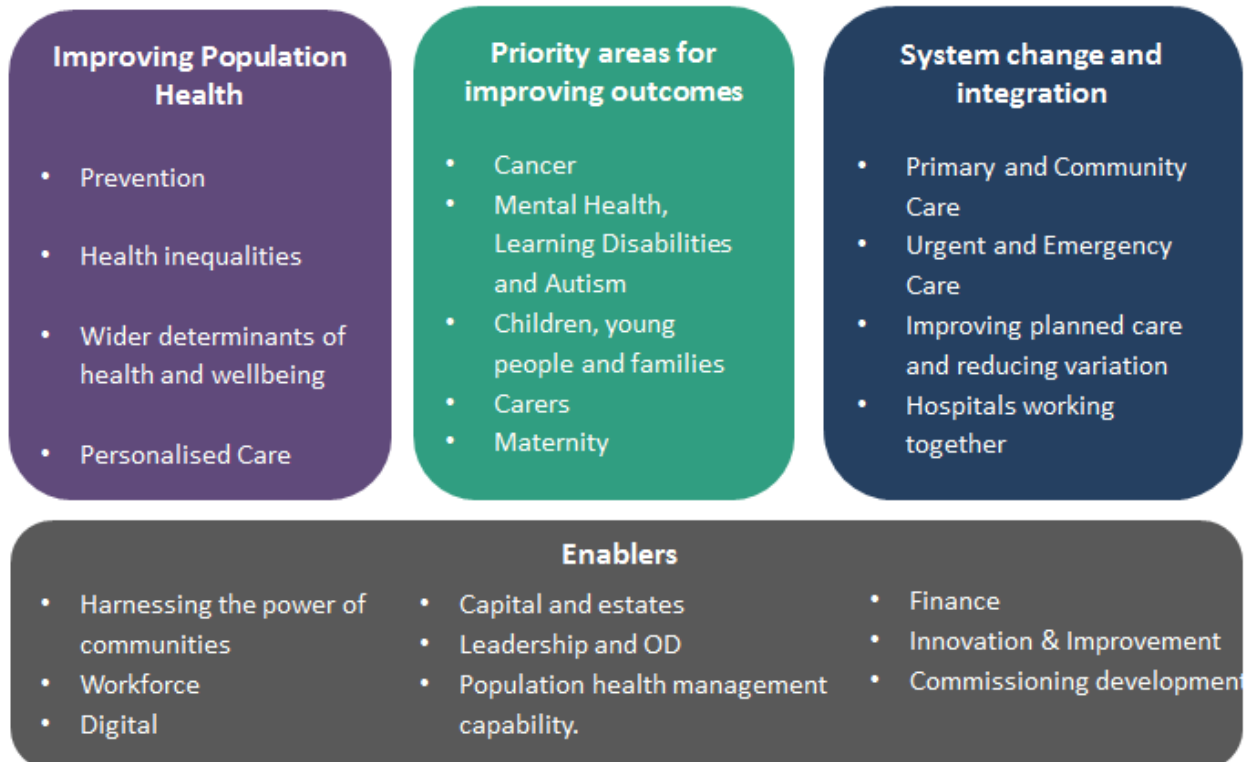


Fig 1. This draft of proposed Programmes will be considered by the Partnership Board on 4th June

3.9 This includes developing working arrangements at WYH HCP for two new priority areas on Children Young People and Families and Improving Population Health

Children, young people and families

3.10 The development of the 5 Year Strategy enables us to ensure that we are putting our efforts and resources in the right places, to make this ambition a reality.

3.11 As well as a continued commitment to integrating services so that they are high quality and easy to access, the partnership nature of the strategy will allow for us to articulate more clearly the emphasis we place on the wider determinants

3.12 We know that the health and wellbeing of children and young people is determined by far more than healthcare services. Household income, education; housing, stable and loving family life and a healthy environment all significantly influence children and young people's health and life chances. In isolation, better healthcare services could never fully counteract the health impact of wider social and economic influences.

- 3.13 The NHS Long Term Plan sets the direction and priorities for a ‘Strong Start in Life for Children and Young People’ and nationally, a Children and Young People’s Transformation Programme will be established.
- 3.14 In February 2019, the House of Commons published the *First 1000 Days of Life Report*⁷ that recommends the Government sets demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty.
- 3.15 In 2019 the Royal College of Children’s and Paediatric Health published a report the *State of Our Child’s Health – Two Years On*⁸ which revealed alarming health inequalities between the UK’s most disadvantaged children and young people and their more affluent peers. Nearly one in five children in the UK is living in poverty and inequality is blighting their lives.
- 3.16 In West Yorkshire and Harrogate, children and young people (aged 0-18) account for 23% (570,000) of the total population. Improving the health and wellbeing of children and young people is an investment in future generations and the prosperity of this country.
- 3.17 Many of our children and young people are already achieving positive outcomes across aspects of well-being and enjoy life to the full. Over recent years we have seen improvements across WYH (including North Yorkshire). Most notably school readiness has increased from 51.2% in 2012/13 to 67.5% in 2017/18.
- 3.18 However, we know that too many of our children and young people still live with poor mental health, in poverty, experience homelessness or insecure or unsafe environments. Recent figures for West and North Yorkshire show:
- Infant death rates for England are declining, however in WYH the rates have been increasing year on year since 2012.
 - The rate of hospital admissions for dental caries (0-5 years) per 100,000 is 64% higher in WYH (534 per 100,000) compared to England (325 per 100,000).
 - 19.2% of WYH children aged 0-16 are living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the median income or in receipt of ISA/JSA. The England average in 2016 was 17%.
 - The rate of children who started to be looked after due to abuse or neglect across WYH is 17 per 10,000 children aged under 18.

⁷ The Health and Social Care Select Committee Report First 1000 Days of Life 2019 <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

⁸ State of Our Child’s Health England Two Years on (RSCPH) 2019 <https://www.rcpch.ac.uk/resources/state-child-health-england-two-years>

- The rate of children and young people killed and seriously injured (KSI) on England's roads per 100,000 is 10% higher in WY&H (45 per 100,000) compared to England (41 per 100,000).

- 3.19 Each local authority area has a Children and Young People's Plan.⁹ Ofsted inspection findings vary across WYH for Education, Children's Homes, Childcare, Children's Social Care, Local Area Special Educational Needs or Disability (SEND) and Providers of support to looked after children.
- 3.20 The local child health profiles show that there are common health outcomes across the system where challenges are shared (e.g. children and young people road accidents) and there are outcomes where inequalities can be seen consistently across the system.
- 3.21 Currently, there is not an infrastructure across the health and care system for integrated working that would allow for the sharing and learning of good practice. We also know there are significant challenges in the workforce, particularly in paediatrics, which creates challenges not only for children's care but for maternity and neonatal care.
- 3.22 Many of the WYH HCP programmes already include a focus on children, young people and families. The West Yorkshire Association of Acute Trusts (WYAAT) have been developing a Clinical Strategy on behalf of the WYH HCP and have produced a report on the early engagement work on children, young people and families.
- 3.23 Regionally there are also a number of work programmes addressing children, young people and families health provision including: Public Health England, Yorkshire and the Humber (Y&H) Maternity and CYP Mental Health Clinical Networks, Y&H Palliative Care Network, Y&H Children's Partnership Group. There are also a number of partnership approaches addressing children, young people and families social care and wellbeing. For looked after children, there is White Rose approach across 12 Local Authorities, and the 5 West Yorkshire Local Authorities collaborate around the provision of fostering services.

Proposed Ways of Working

- 3.24 It is proposed that we develop a new programme at West Yorkshire and Harrogate level that will focus on the added value of working together as a system and will include opportunities to address health inequalities, complex issues and influence or implement actions at scale or standardise practice to improve outcomes for all children, young people and families in our area.

⁹ Leeds Children and Young People's Plan:
<https://democracy.leeds.gov.uk/documents/s172514/CYPP%20Refresh%20Report%20Appendix%202%20090318.pdf>

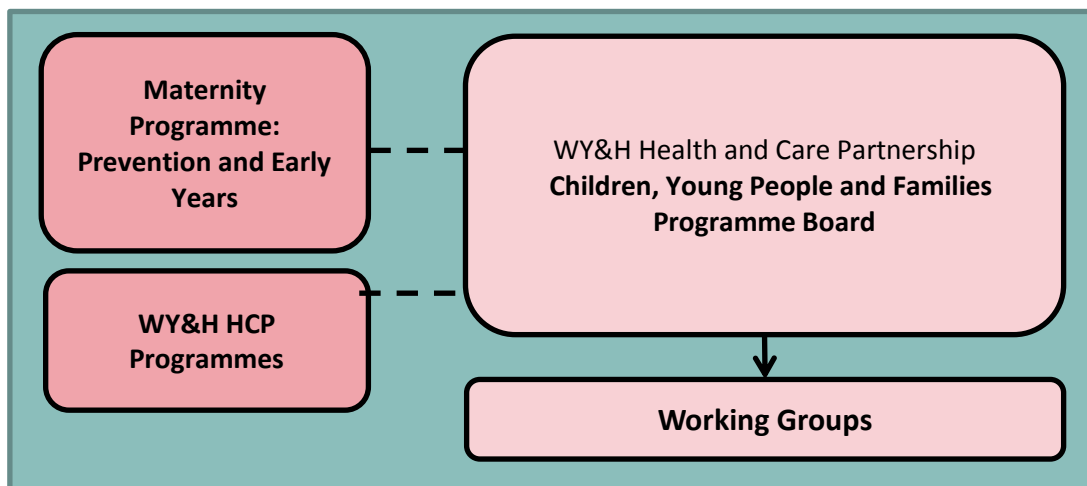


Fig 2. Proposed structure for the Children and Young People's Programme

- 3.25 The programme will be guided by the agreed principles of subsidiary and only work where there is added value to the joint work already occurring between local Health and Wellbeing Boards and Children's Trust Boards (known as Children & Families Trust Board in Leeds).
- 3.26 It is proposed to establish a Children Young People and Families Programme Board, and extend the Maternity Prevention Work to cover Pre-conception to First 1000 Days. These will have clear links to the existing WYH HCP Programmes.
- 3.27 Further working groups will then provide dedicated focus taking forward specific priority areas as agreed by the Board.

Improving Population Health

- 3.28 The NHS Long Term Plan states an expectation that the NHS should contribute more to the prevention of ill health, reducing health inequalities and stepping up its efforts at addressing the wider determinants of health.
- 3.29 'Health inequalities' are the unjust differences in health experienced by people from different population groups. For example in West Yorkshire and Harrogate, the more socio-economic deprivation that a person experiences in their life, the higher their chance of dying prematurely and living for more years in ill-health.
- 3.30 The 'wider determinants' are similar to the factors stated in the previous section on children's health. We know that determinants for healthy lives are more significantly impacted by socio-economic, education and environmental factors than just the quality of health and care services available.
- 3.31 The NHS Long Term Plan also proposes new models of care and ways of working which provide opportunities to embed a population health approach including; the development of Primary Care Networks, Social Prescribing, Personalised Care, Population Health Management, Workforce Development and Digital.
- 3.32 The forthcoming Green Paper on Prevention also has anticipated opportunities for increased partnership working.

- 3.33 Manifestly, no one part of the system can achieve this step change in isolation and all partners recognise the need to work together on the shared ambition to improve the conditions for healthy lives and actively reducing the inequality in healthy life expectancy.
- 3.34 The Improving Population Health Programme proposes that we take the opportunity of working as a partnership to help tackle these inequalities through maximising prevention across health and social care and through our influence on wider public services.
- 3.35 This would include:
- Prioritising collective population health action across the system
 - Enhancing effort and resources towards action that improves health and wellbeing outcomes as far upstream as possible
- 3.36 We know that people in WYH have a shorter average life expectancy than the rest of England. Males lives are, on average, 1 year shorter than the England average and females almost 10 months shorter.

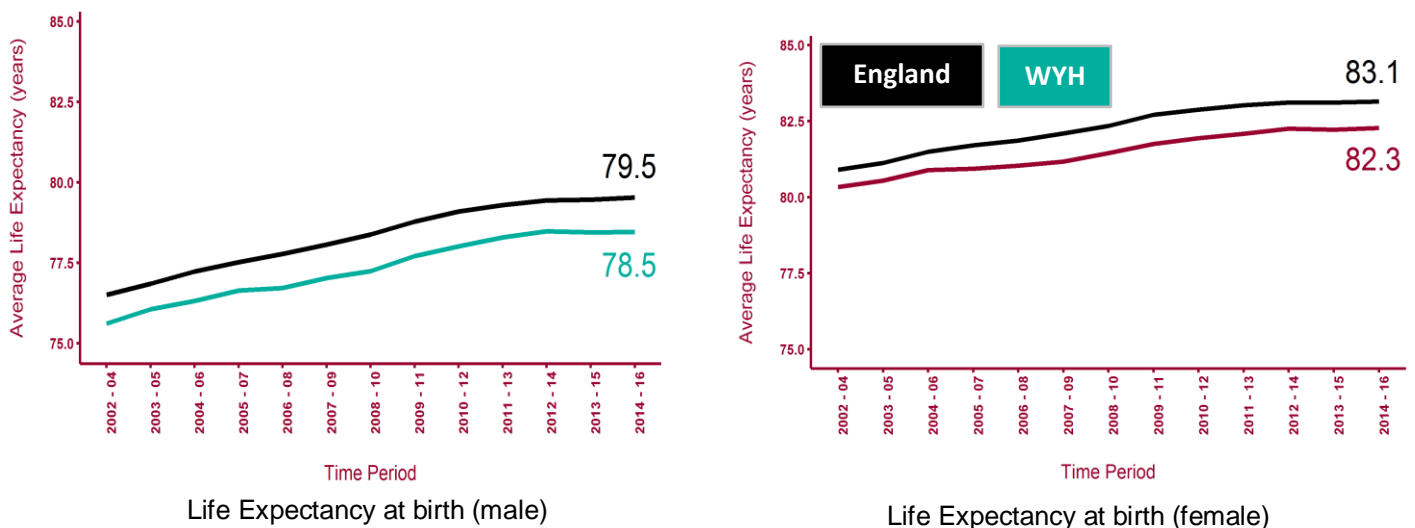


Figure 3: Average Life Expectancy for Males and Females in WYH and England

- 3.37 Life expectancy varies between the Health and Wellbeing Board areas in the partnership and also within them and this can be as much as 17 years difference.
- 3.38 There is a strong association with health outcomes and deprivation. Around 480,000 people in West Yorkshire and Harrogate live in areas that fall into the 10% most disadvantaged areas in the country.
- 3.39 Working together as a partnership provides an opportunity to collectively address the wider determinants such as income which have a pronounced impact on inequalities in health.

Current Prevention at Scale Programme

- 3.40 In October 2016 the partnership set out three ambitions for prevention:
- 3.41 To reduce smoking prevalence from 18.6% in 2015/16 to 13% by 2020-21. To date, the programme is on target, and has seen a reduction to 17.3%- meaning 23,000 fewer people smoking across the WYH footprint.
- 3.42 To reduce alcohol related hospital admissions by 500 a year and achieve a 3% reduction in alcohol related non-elective admissions by 2021. We have already seen a reduction of 9%, which greatly exceeds the trajectory of 3%.
- 3.43 To reduce the number of people at higher risk of diabetes developing the condition. The ambition was to offer 50% of those at high risk of diabetes preventative support through the National Diabetes Prevention Programme. To date the programme has exceeded the target for number of referrals, with 5022 referrals received against a target of 4829, from Jun 2017–Nov 2018.
- 3.44 These ambitions were underpinned with the aim of improving the prevention contribution of the health and care workforce.
- 3.45 The rationale for these ambitions was to prioritise areas that would have the greatest potential impact in the shortest timescale to reduce demand on NHS services. For example, achieving the proposed reduction in smoking prevalence will mean a saving to the NHS of £94 million over 5 years. In addition, those 125,000 people would no longer be spending £456 million on tobacco products each year.

Proposed Ways of Working

- 3.46 The majority of Improving Population Health actions will continue to be implemented in local places.
- 3.47 The work covered by the proposed Improving Population Health programme would be only those activities that would pass the subsidiarity test and be best worked on at the wider population level. Working together would also provide the opportunity to identify what good looks like at place, share good practice and help make the case for shifting or investing in further targeted resources.
- 3.48 The new programme at West Yorkshire and Harrogate level would require:
- Some additional capacity to deliver Public Health input from place into the WYH ICS Programmes
 - Continued Clinical engagement where appropriate into the Prevention Programme
 - Continued capacity from Public Health England
 - Some access to additional financial resource in the system to address identified priorities

- 3.49 The proposed governance is set out in the diagram below. This includes the creation of an Improving Population Health Programme Board that would have clear links to WYH HCP Programmes, specifically the Population Health Management Network, the Prevention Workstream, Health Inequalities Workstream and the Health and Housing Group.
- 3.50 Any further working groups can then provide dedicated focus taking forward specific priority areas as agreed by the Improving Population Health Programme Board.

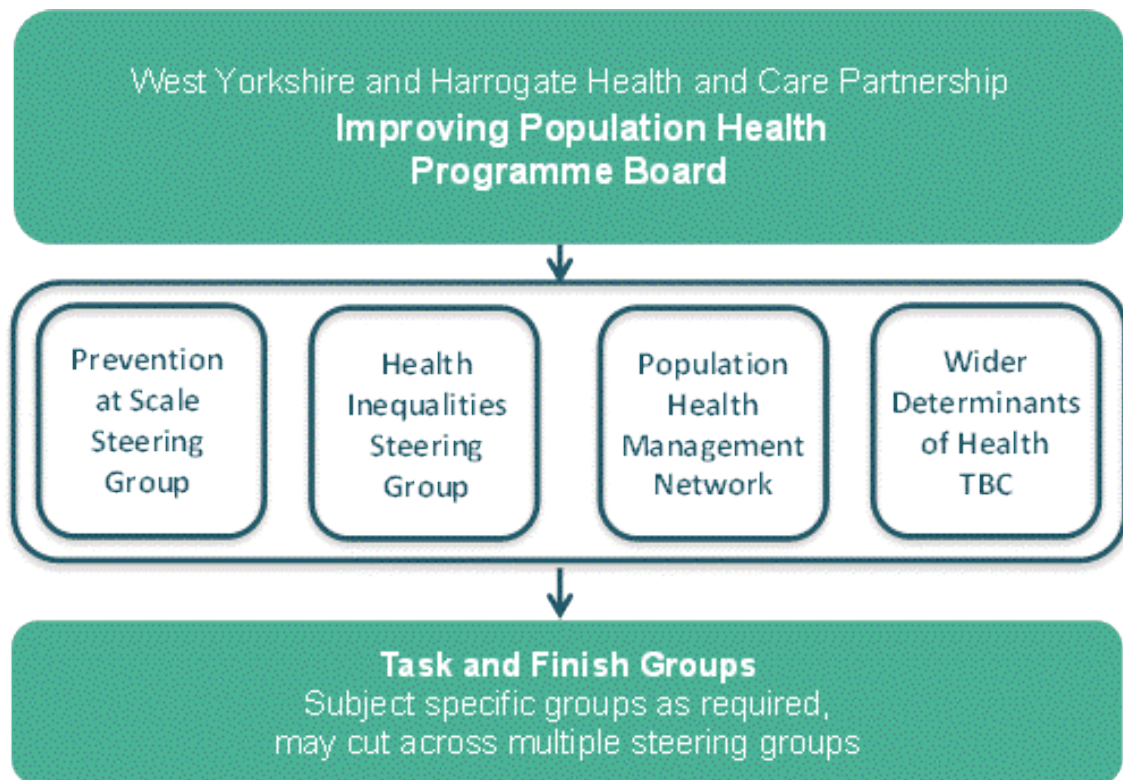


Fig 3. Proposed governance for the Improving Population Health Programme

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Consultation on the 5-year strategy will build on the extensive engagement that has been undertaken at place and WYH level over recent years. Our engagement work is a continuous activity, working with the right people, on the right issues at the right time. We have benefited from local networks, the reach of the third sector and novel approaches to engaging the public.

4.1.2 Recently, this has included over 1,500 people across WYH who have completed surveys on the NHS Long Term Plan. This work has been co-ordinated by Healthwatch and engagement leads from across partner organisations. There were two surveys - one on long term conditions and another on personalisation and digital. A series of focus groups aimed at seldom heard groups of people also took place covering personalisation, digitalisation and local place conversations. A focus group also took place with the Cancer Alliance. This work ended on 3 May 2019.

Findings will be shared in a report submitted to NHS England, National Healthwatch and the WYH HCP at the end of June 2019.

4.1.3 As part of the process, NHS England has commissioned each local Healthwatch to undertake a piece of specific engagement work on the NHS Long Term plan, particularly focusing on “hearing the voices of the seldom heard”. This will feed into the development of our Partnership’s 5-year strategy.

4.1.4 The intention is for Healthwatch to complete a report in June to share with Healthwatch England and the Partnership. This will continue the strong role of Healthwatch on our Partnership.

4.2 **Equality and diversity / cohesion and integration**

4.2.5 The development of the 5 Year Strategy in this way is intended to specifically step up our efforts across the Partnership and in all partner organisations to reduce health inequalities, tackle the causes of health inequalities and to reduce all unnecessary variation across population groups and geographies of West Yorkshire and Harrogate.

4.3 **Resources and value for money**

4.3.6 There is a net financial gain to the West Yorkshire and Harrogate footprint through working together in this way. This includes access to transformation monies that are exclusive to Integrated Care Systems and improved joint bidding capacity for other types of funding such as academic research, and monies from non-NHS sources such as Charitable Foundations.

4.4 **Legal Implications, access to information and call in**

4.4.1 At this stage there are no legal, access to information or call in implications arising from this report.

4.5 **Risk management**

4.5.1 At this stage there are no significant risk implications for the Health and Wellbeing Board specifically relating to the 5 Year Strategy.

5 **Conclusions**

5.1 There are significant opportunities for Leeds to develop and enhance the progress of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care.

5.2 The ambitions of the 5 Year Strategy are informed by and dependant on the 6 Health and Wellbeing Boards across West and North Yorkshire and the WYH HCP will continue to work with and through Health and Wellbeing Boards to implement the strategy.

6 Recommendations

6.1 The Leeds Health and Wellbeing Board is asked to:

- Input views and ideas into the overall development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate.
- Contribute specific feedback to the development of the 2 new programmes including how these can be achieved through closer working with the 6 Health and Wellbeing Boards across West and North Yorkshire.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

The 5 Year Strategy will specifically target its efforts at reducing the health inequalities experienced by different socio-economic, disability, geographic and age related groups.

How does this help create a high quality health and care system?

Working together to learn from best practice will reduce unnecessary variation in outcomes and improve clinical and social work practice across the Partnership.

How does this help to have a financially sustainable health and care system?

Shared ambitions and focusing our collective resources to where they can have the biggest impact, will alleviate pressure in some of the most stressed parts of the system. Long term, the focus on reducing health inequalities, targeting prevention and working with partners on the wider determinants of health will contribute to a greater financial sustainability.

Future challenges or opportunities

The benefits of an Integrated Care System, with a well articulated 5 Year Strategy, that complements and enhances local place systems are manifold. However, the delay in the publication of the Green Paper on Social Care means that continued uncertainty on the long term resourcing of social care, as a significant partner in the integration of the Health and Care system, is a risk for the success of the whole system.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X