Public Document Pack

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Wednesday 11 January 2023

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Virtual Meeting - online** at **2.00 pm** on **Thursday 19 January 2023.**

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

Julie Muscroft
Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board members are:-

Member	
Councillor Viv Kendrick (Chair)	
Councillor Musarrat Khan	Cabinet Member - Health and Social Care
Councillor Carole Pattison	Cabinet Member for Learning, Aspiration and Communities
Councillor Mark Thompson	Ward Councillor - Birstall and Birkenshaw Ward
Councillor Kath Pinnock	Ward Councillor - Cleckheaton Ward
Mel Meggs	Director for Children's Services
Rachel Spencer-Henshall	Strategic Director - Corporate Strategy, Commissioning & Public Health
Richard Parry	Strategic Director - Adults and Health
Carol McKenna	Kirklees (ICB) Accountable Officer/Place-based Lead
Karen Jackson	Chief Executive, Locala
Stacey Appleyard	Kirklees Healthwatch
Ruth Buchan	Community Pharmacy
James Creegan	Social Care providers (nominated by Kirklees Care Association)
Christine Fox	Housing Partnership
Dale Gardiner	West Yorkshire Fire & Rescue
Superintendent Jim Griffiths	West Yorkshire Police
Liz Mear	Independent Chair (or Member) of the Kirklees Integrated Care Board Committee
Sean Rayner	South West Yorkshire Partnership Foundation Trust
Len Richards	Mid Yorkshire Hospitals Trust
Catherine Riley	Calderdale and Huddersfield NHS Foundation Trust
Dr Nick Hardiker	University of Huddersfield
Alasdair Brown	Third Sector Leaders
Dr Khalid Naeem	General Practice Representative

Agenda
Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

2: Minutes of previous meeting 1 - 12

To approve the Minutes of the meeting of the Board held on the 24th November 2022.

3: Interests 13 - 14

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

6: Public Question Time

The Board will hear any questions from the general public.

7: Appointment of Deputy Chair

The Board will appoint a Deputy Chair for the 2022/23 municipal year.

Contact: Jenny Bryce-Chan, Principal Governance Officer

8: Implementing the Kirklees Health and Wellbeing Strategy Progress Report

The purpose of this paper is to update the Board on the implementation of the Kirklees Health and Wellbeing Strategy (KHWS).

Contact: Alex Chaplin, Strategy and Policy Officer.

9: Kirklees Health and Wellbeing Strategy Priorities - Mental Wellbeing Update

To provide an update to the Health and Wellbeing Board on the Kirklees Health and Wellbeing Strategy (KHWS) priority of 'Mental Wellbeing.'

Contact: Rebecca Elliot, Public Health Manager and Paul Howatson, Programme Manager – Mental Health and Learning

10: Kirklees Health and Wellbeing Strategy Priorities - Healthy Places

A summary update to the Health and Wellbeing Board on the Kirklees Health and Wellbeing Strategy (KHWS) priority of 'Healthy Places'.

Contact: Lucy Wearmouth, Acting Head of Improving Population Health and Lisa Waldron, Public Health Manager.

11: Kirklees Health and Wellbeing Strategy Priorities - Connected Care & Support

25 - 26

A summary update to the Health and Wellbeing Board on the Kirklees Health and Wellbeing Strategy (KHWS) priority of 'Connected Care & Support'.

Contact: Rachel Milson, Senior Strategic Planning and Development Manager.

12: Refresh of the West Yorkshire Partnership's Five-Year Strategy - Working Draft and Joint Forward Plan Approach

27 - 86

To update the Board on the refresh of the West Yorkshire Partnership's five-year strategy.

Contact: Esther Ashman, Associate Director Strategy.

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 24th November 2022

Present:	Councillor Viv Kendrick (Chair) Councillor Carole Pattison Councillor Kath Pinnock Richard Parry Carol McKenna Stacey Appleyard James Creegan Christine Fox Superintendent Jim Griffiths Liz Mear Sean Rayner Catherine Riley Dr Nick Hardiker Alasdair Brown
In attendance:	Phil Longworth, Senior Manager, Integrated Support Alex Chaplin, Strategy and Policy Officer Lorna Peacock, Locala Jo Richmond, Head of Communities Matt England, Mid Yorkshire NHS Trust Jo Hilton-Jones, Kirklees Council Cllr Jackie Ramsay, Lead Member Health and Adults Social Care Scrutiny Panel Emily Parry-Harries, Consultant in Public Health Alexia Gray, Head of Quality Standards and Safeguarding Partnerships
Apologies:	Councillor Musarrat Khan Mel Meggs Rachel Spencer-Henshall Karen Jackson Ruth Buchan Len Richards Jacqui Gedman

24 Membership of the Board/Apologies

Apologies were received from Cllr Musarrat Khan, Karen Jackson, Len Richards, Mel Meggs, Ruth Buchan, and Jacqui Gedman.

Lorna Peacock attended as sub for Karen Jackson
Matt England attended as sub for Len Richards
Emily Parry-Harries attended as sub for Rachel Spencer-Henshall

25 Minutes of previous meeting

That the minutes of the meeting held on the 22 September 2022, be approved as a correct record.

26 Interests

No interests were declared.

27 Admission of the Public

All agenda items were considered in public session.

28 Deputations/Petitions

No deputations or petitions were received.

29 Public Question Time

No public questions were asked.

30 Inclusive Communities Framework

Jo Richmond, Head of Communities Kirklees, provided an update on the Inclusive Communities Framework (ICF). The Board was advised that the ICF initially started as a discussion regarding revisiting the cohesion strategy. From the discussions it became evident from talking to partners and listening to feedback from communities, there were questions about what does cohesion mean to people and what is the role in supporting cohesion as an outcome, rather than a problem to be fixed.

Cohesion was taking people down a singular lens, and the aim was to broaden that as communities and partners saw that in a much more holistic way. The conversations with communities became very much about feeling included and what needed to be in place for them to feel included. People talked about feeling safe, being able to participate, being able to get a job or training, having good schools, feeling heard and feeling wanted. They talked about being able to live a good life and being able to access services that they needed. It was very much about how people felt about their local place, their local environment, their connections with other people and with services. A piece of work was started across the system, involving many people who wanted to be involved on how to move from cohesion to inclusion.

It became clear that a framework would be much more useful because that was about doing, and although strategies are about doing, a strategy is also quite a focused piece of work in terms of cohesion and inclusion. It was important not just to have a strategy document that would be sat on a shelf, it was felt that a framework would be an active document that could be used with any piece of work in any organisation, large or small.

The Board was informed that the framework has a number of core pillars within it, with a starting point that communities hold solutions and a belief that it is important to build a sense of belonging to encourage people to feel included

Believing, belonging, and care, became the underpinning pillars, and, in terms of the doing, that became about self-reflection. The approaches have been turned into a self-assessment which aims to build a sense of trust on how to include people, how to connect with people, communicating and celebrating and trying to keep it simple, because the tool is a document to enable reflection on what is being undertaken and the approach. The framework should prompt a conversation, and this has been tried during the development of the framework and in local places. It has also been tested out with other services and through self-assessment looking at ways that things can be done differently.

- The aim is to try this in local places with local services, people, and elected members
- Through self-assessment, find ways to work differently and build on what works
- Working alongside communities to identify ways to:
    - Connect
    - Communicate
    - Share power/equalise
    - Build trust
    - Celebrate alongside

The framework amplifies some good practice, and within the document there are examples of how people have done things that can be drawn on, and learned from. It aims to put in one place, all of the practice for example anti-oppressive practice, trauma informed practice, asset based and restorative practice. All of those practices are in one place within the document and people can link into those and have a look at what best fits with their organisation. It will then be reviewed in approximately 12 months to see what difference it has made, and if it is making the expected impact and that working alongside communities is more effective.

The Board was informed that the framework is currently being rolled out having been adopted by full council. There is a plan regarding how this will be disseminated through the organisation, and it will be incremental, it will grow and spread and will probably be tweaked as a result of learning along the way.

Board members were asked to consider if there was a way of using this framework within their respective organisations and be one of the early adopters?

In response to the information presented a number of questions were asked and comments made as follows:

- If an organisation wanted to explore this further or take this on, what should they do and how do they get hold of the documents?
- There have been conversations regarding the best way of taking this forward, disseminating it and using it and it was felt that the best route would be to take it through the Integrated Care Board Committee (ICB) with the recommendation that people endorse the approach, and the partners in the ICB Committee take it

away and think about how they best use it within their organisations. This will be alongside the other approaches that they have to working with communities, it is not intended to replace a lot of the good work that goes on, but it is intended to complement and supplement it.
- It would be useful to have a further conversation regarding the role the VCS can play within this, particularly the mental and physical health impact and the preventative side
- An interesting aspect will be the feedback and for organisations to come back with examples

The Board was informed that any organisation who would like a copy of the framework or further discussions, should in the first instance contact Jo Richmond. Work is being undertaken to build a small team of people who will be able to come out and go through the self-assessment and provide assistance where necessary.

Cllr Carole Pattison, Chair of the Community Partnership Board (CPB), informed the Health and Wellbeing Board that it was the CPB that started this off, and it is heartening to see how all partners, are taking this framework on board and it will be good to receive feedback.

RESOLVED

That Jo Richmond be thanked for providing an update on the Inclusive Communities Framework.

31 Kirklees Health and Wellbeing Strategy implementation plan

Emily Parry-Harries, Alex Chaplin, Stacey Appleyard, and Jo Hilton-Jones provided an update on the implementation of the Kirklees Health and Wellbeing Strategy (KHWS). The Board was informed that the focus of the discussion, is the role that the Health and Wellbeing Board, and the individual organisations represented on the Board, will play in making the Health and Wellbeing Strategy into a strategy that is being practically used in formal and informal partnerships.

The Board was reminded that:

- the Health and Wellbeing Strategy was approved by the Board in September 2022
- the strategy is a high-level strategy, and it is the interdependencies with the other high level strategies that will bring this to life and give it the ability to be practically applied
- appended to the agenda papers is a timetable for when each of the individual strategies will come before the Health and Wellbeing Board

The Board was asked to consider when the strategy was going to be used, in order for it to become integral to how things are undertaken. It was explained that the discussion on the strategy was timely coming after the Inclusive Communities Framework, because these two together, form an important part of our vision and values.

Emily Parry-Harries gave a special note of thanks to Phil Longworth for the work he has undertaken on the Health and Wellbeing Strategy, and more broadly on his last meeting of the Health and Wellbeing Board as he moves into semi-retirement.

Talking to the presentation, Alex Chaplin advised that when it comes to the delivery of the KHWS, delivery will be mainly through the actions on the following priorities:

- Mental wellbeing, delivered through the Kirklees all Age Mental Health Strategy and overseen by the Mental Health Alliance
- Healthy places, which would be arrangements for oversight of this priorities, which is still being developed
- Connected care and support, delivered through the emerging Kirklees Health and Care Plan, and overseen through the Kirklees Health and Care Partnership

There will be some work undertaken around raising awareness with people who live, work and study in Kirklees, regarding how to take care of their own health and wellbeing. The Health and Wellbeing Strategy sits alongside the Inclusive Communities Framework, the Environment Strategy, and the Inclusive Economy Strategy, which are some examples of the various strategies and plans that will sit alongside all of those top tier strategies.

Stacey Appleyard, Healthwatch, informed the Board that work is being undertaken to pull together a communications plan to raise awareness of the work that has been done on the strategy. The aim is to develop a suite of resources and toolkit for partners and stakeholders to share and spread the word even further.

Some of that work will be to produce plain English infographics, specifically to the people that were spoken to as part of an engagement. Approximately 12 months ago, Healthwatch spoke to people about what their future health and wellbeing aspirations were, and it is about closing that feedback loop with those people. Approximately 6000 people who live, work and study in Kirklees were part of the engagement and the aim is to go back to those people and close the feedback loop.

There are a couple of different ideas regarding raising awareness in terms of an interactive content website where people be it stakeholder, partners, or the public, can use the interactive website to highlight how they can use some of that in action, some of the 'I' statements and some of the priorities. A locality version of the strategy will be produced that connects local activity and plans and also be a self-assessment tool to support organisations identify how they can implement the health and wellbeing strategy locally.

The Board was informed that with the work being undertaken, it will be important to know if it has made any difference. At a previous meeting of the board, there was a discussion regarding shared outcomes which are a key element of the strategy. In refreshing the Health and Wellbeing Strategy, it has been made clear where the other top tier strategies pick up particular emphasis on the outcomes.

Work is underway to refresh of the basket of headline indicators that have been in place for several years, and an important consideration is how the indicators help the understanding of inequalities in Kirklees. They will indicate that things are going

in the right direction and that the work is making a difference and in an accumulative fashion, it is having an impact on the health and well-being of the population of Kirklees.

In addition to these headline indicators each of the three KHWS priorities have also identified a range of 'success indicators'. This will be one of the tools to help people use the indicators in their planning, delivery and 'check and challenge' for their service, organisations, and partnerships.

The Board was informed that with regard to embedding the ways of working, the following are included in the strategy. The engagement activity that was undertaken to develop the strategy highlighted a range of issues about how work with individuals, families, communities and together as partners and various organisations. There are a set of clear values and other ways of working as follows:

- We work with communities and individuals, and don't do things to them
- We recognise that who you are, and where you live, work or study, impacts on your health, wellbeing, and inequalities
- We make the most of the diverse knowledge, experience and skills of our communities and colleagues
- We develop and strengthen skills and resources in local communities and organisations
- We have the courage to be creative and innovative
- We make sure our work is intelligence, evidence and insight driven
- We focus on prevention and early identification and intervention
- We build and maintain strong relationships with effective working partnerships and systems
- We provide high support and high challenge to partners and colleagues

Jo Hilton-Jones, Public Health Manager, advised that the check and challenge is the process that provides assurance for the Board that the partnership and partners are delivering what is set out in the Kirklees health and wellbeing strategy, tackling inequalities, and delivering against the vision and values.

The Board was asked to comment on, and support the proposed approach to the Kirklees Health and Wellbeing Strategy, and to consider how board members can support the different elements of the KHWS implementation plan.

In response to the information presented a number of questions were asked and comments made as follows:

- It will be important to keep an eye on tackling inequalities because with the current financial challenges being faced by people, and the cost-of-living crisis, this will have an impact on their health and their family's health, and it is going to be a challenge
- It will be good to have the one priority coming back to be reported on, and for a deep dive, however, would it also be possible to have an update on the other priorities even if it is just a summary
- When sending out surveys and engaging with communities, it can often be difficult to get responses from a diverse range of people, however it has to be

noted that the engagement reached communities who may not otherwise have engaged, and it is impressive that 6000 contacts were made, and it should be celebrated

RESOLVED

That

a) the Board supports the proposed approach to implementing the Kirklees Health and Wellbeing Strategy
b) Emily Parry-Harries, Alex Chaplin, Stacey Appleyard, and Jo Hilton-Jones be thanked for providing an update on the Kirklees Health and Wellbeing Strategy implementation plan

32 Future Commissioning Arrangements for Community Pharmacy, Optometry and Dental Services

Carol McKenna, Kirklees ICB Accountable Officer, updated the Board on future commissioning arrangements for Community Pharmacy, Optometry and Dental Services. The Board was informed that the aim is to provide an update on the changes in commissioning, while acknowledging the scale of some of the challenges that exists for example around access to dental services.

The Board was informed that dental services have been commissioned by NHS England since 2013, and previous to that, they were commissioned by Primary Care Trusts. When Clinical Commissioning Groups (CCGs) were established, that responsibility transferred to NHS England and that has been the case since then. It has been over nine years since these services were commissioned locally within Kirklees.

The establishment of Integrated Care Boards under the Health and Care Act earlier this year, has changed things. As part of that, there was the expectation that service commissioning for dental, community pharmacy and optometry, would be delegated from NHS England into Integrated Care Boards (ICB). The commissioning of general medical services, for example General Practice Services, was delegated from NHS England to CCGs some years ago, and that arrangement continued into the ICB, however this was not the case for the three independent contractors, which is now being changed.

The delegation of what are called ‘POD’ services, pharmacy, optometrists, and dentists, is included within the scope of delegation from NHS England to ICBs, and there have been some flexibility around when ICBs would take this on. It is the intention for the West Yorkshire ICB to assume delegation for pod services on the 1st of April 2023. The delegation of community pharmacies services include responsibility for GP dispensing services, and dental, includes primary, secondary, and urgent dental services. In order to manage this process and be prepared for the 1st of April 2023, there has been an assessment process undertaken. The ICB has been working with its places to pull together an assessment of where things currently are, and complete the assessment framework for consideration by NHS England which will demonstrate readiness to take on the delegation. This is known as the pre Delegation Assessment Framework, which was submitted to NHS England at the end of September 2022.

It covers a range of areas including quality and transformation, governance and leadership, finance and capability and capacity. That was completed and submitted in accordance with the timescales. NHS England moderation panel met in October 2022, and West Yorkshire have been approved to take on responsibility for the delegation of these services from the 1st of April next year. That is subject to the final decision by the NHS England Board on the 1st of December, however, the recommendation that will be going to that board will be that West Yorkshire can take on this delegation.

The Board was informed that there are some risks that have been identified, and it appears that what has been described may appear to seem like a one-way process with the ICB having to demonstrate to NHS England, West Yorkshires ability to take on this delegation. There have however, been three particular risks that have been highlighted as part of this process from the ICB into NHS England.

1) There was the need for some assurance regarding the full transfer of the workforce capacity from NHS England. Those people who are currently working on this with NHS England, the resources needs be transferred to West Yorkshire to support that delivery
2) An assurance that there is sufficient funding to commission the service to a satisfactory standard
3) A full understanding of the service issues that will be taken on under delegation and a commitment from NHS England to work together to manage to best effect any future contractual flexibilities that will support addressing those issues, particularly with dental services

Some key risks have been identified from an ICB perspective, in addition to identifying a number of service issues and priorities. Healthwatch have previously spoken about this, and board members will also be aware that there are national and local issues relating to access to NHS dental services. The sort of issues highlighted and some of the challenges are similar to those across the health and care sector, such as workforce pressures due to the recruitment and retention issues for NHS dentistry, and also some challenges that result from the nature of the national dental contract.

West Yorkshire ICB are on track to take on responsibility for commissioning those services from the 1st of April and the intention behind that, is it is bringing it closer to the local population. That should make it easier to be able to identify solutions at both place and locality level.

In response to the information presented a number of questions were asked and comments made as follows:

- In respect of dental contracts, do different practices get paid different tariffs, as some dental practices find it difficult to make ends meet on the tariffs that they are on, whereas others are potentially making a profit on the tariffs they are on. Would the ICB have the power to make that more equal, particularly when considering inequality to promote a higher tariff in those areas where there are more oral hygiene, oral health issues

RESOLVED

That Carol Mckenna be thanked for providing an update on future commissioning arrangements for Community Pharmacy, Optometry and Dental Services.

33 Adult Social Care Reforms

Alexia Gray, Head of Quality Standards and Safeguarding Partnerships, provided the Board with an update on Adult Social Care Reforms. In summary, the Board was informed that the reform builds on existing social care legislation such as the 2014 Care Act, and two further white papers which put greater emphasis on personalisation, housing, technology enabled care, and carers. It is important to note that much of that was already being undertaken in Kirklees.

The Health and Care Act received royal assent on the 28th April 2022 and there are four key components:

1 A cap on the amount any individual can spend on their personal care over a lifetime, round £86,000
2 A more generous system of means testing
3 A 'fair' cost of care will be established to support providers; and
4 Enactment of section 18(3) of the Care Act which will mean all individuals can ask the local authority to arrange their care (self-funders). This would have implications around the numbers of people coming forward and the increased number of assessments that would be needed to be able to respond to that both financial and Care Act assessments

The original implementation date for these changes was October 2023. In the recent Budget Statement the Government deferred the implementation until 2025.

The Board was informed that the funding reforms were just part of a much wider programme of change, which includes a period of recovery from Covid, particularly around workforce recovery, backlogs of assessment and reviews, and the impact of the NHS recovery from the pandemic and much of that is still ongoing.
In addition to the components listed above there are also reforms in the assurance arrangements for local authority adult social care functions, introduction of liberty protection safeguarding in 2023 and the continued drive for health and social care integration. Delivering on these will also require transformation around systems and technology, new operator/delivery models and workforce development to support new models of care.

The Council has established a social care reform oversight group with various work streams to oversee this work. Two strands of this work were highlighted: market sustainability and the changes in CQCs remit.

The market sustainability exercise - a government programme that is aimed at local authorities preparing the adult social care market for reform and to support the move, to paying providers fair cost of care. It was aimed to determine what is a fair cost of care that is reflective of local circumstances with the idea being that it would

help to shape future markets. The services that were in scope were standard and/or enhanced residential and nursing care (age 65+) and domiciliary care (age 18+).

The exercise has been completed in Kirklees, and that needed to be submitted on the 14th of October. The intention is that the Department for Health and Social Care will look at the submissions nationally throughout the course of November and feedback could be provided in December, and Kirklees could hopefully publish its market position statement in January.

The Health and Care Act 2022 puts CQC assessment of local authorities on a statutory footing. The CQC assurance framework is due to be introduced in April 2023. This includes:

- A duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in delivering their adult social care duties from 2023/24
- Implementing an adult social care data framework to improve the quality and availability of data nationally, regionally, and locally
- New legal powers for the Secretary of State to intervene in local authorities to secure improvement
- An increase in improvement funding to support local authorities to improve and deliver reforms.

The CQC has also recently announced that it will be using a Single Assessment Framework for all health and care services. The Framework is be based on five key questions underpinned by quality statements and will assess providers, local authorities, and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment.

The assessment will be across 4 themes:

- working with people - that will touch on assessments and supporting people to live healthier
- providing support - the care provision partnerships and the community-based services and early interventions
- ensuring safety - safe systems, pathways and transitions and the role of the Safeguarding Board
- leadership and workforce - governance, management and sustainability, learning, improvement, and innovation

The Board was informed that in terms of the summary of key work to support adult social care transformation and the next step, these include

- Fair cost of care exercise submitted 14th Oct – await feedback from DHSC to inform Market Position Statement
- CQC readiness
- Working on the local account in conjunction with Association of Directors of Adult Social Service
- Modelling up number of self-funders in the community
- Exploring/implementing digital options (e.g. online Care Act Assessments)

- Engagement with ICS/ICB structures to reinforce the scale and pace of reform and implications for local authorities
- Commissioning external support to undertake diagnostics (leading to a change programme) for increased volume demand and trajectories, including Social Care Reform implementation and identifying further potential efficiencies
- Considering impact on inclusion and inequalities (Gov impact assessments and local Integrated Impact Assessment)

In response to the information presented a number of questions were asked and comments made as follows:

- The sector has generally been underfunded for many years which means that the sector's got a lack of ability to reinvest into its own businesses and provide better services and quality and in its current format it is unsustainable. In Kirklees, approximately 8-9 care homes and services have left the market in the last 6-8 months and that is the tip of the iceberg. With the cost-of-living crisis, rising fuel costs, food cost, workforce costs and non-increasing income, and in real terms it is a reducing stream it means more providers may be on the edge

RESOLVED

That Alexia Gray be thanked for providing an update on Adult Social Care Reforms

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KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC
DECLARATION OF INTERESTS
HEALTH AND WELL BEING BOARD

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: …… **Dated:** ……

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**19th January 2023**
TITLE OF PAPER:	**Implementing the Kirklees Health and Wellbeing Strategy – Progress Report**

1. Purpose of paper

The purpose of this paper is to update the Board on the implementation of the Kirklees Health and Wellbeing Strategy (KHWS).

2. Background

The Board approved the refreshed Kirklees Health and Wellbeing Strategy in September 2022. The Strategy is available online here.

The Board subsequently endorsed an approach to implementing the KHWS based around 6 strands of activity:

a) Embedding the Kirklees Health and Wellbeing Strategy in other Strategies and Plans

b) Delivering the KHWS through:

- Action on the KHWS priorities
- Delivery of key strategies and plans e.g., Kirklees Health and Care Plan, Children & Young Peoples Plan etc
- Action by people who live, work or study in Kirklees

c) Raising awareness of the KHWS

d) Refining and monitoring the Indicator Framework

e) Embedding the ways of working

f) Providing assurance through 'Check and challenge' operating in 3 arenas

- In individual organisations and services
- In formal and informal partnerships
- In the statutory governance structures in Kirklees.

A schedule of updates was agreed by the Board which includes

- a 'deep dive' on one of the 3 KHWS priorities are each Board meeting
- a brief summary of progress on each of the other 2 priorities
- opportunity to discuss progress with the development of the other Top-Tier Strategies and particularly the interdependencies with the KHWS

A schedule is attached at Appendix 1

The lead officers for each Priority will present an update to the Board meeting. Each presentation will highlight

- the commitments made in the KHWS, and the success indicators
- recent successes, current challenges and upcoming milestones.

The Board has previously agreed to adopt a 'check and challenge' approach for any programme/project presented to the Board against:

- the JHWS vision, values & ways of working
- delivering on the 'I' statements
- achieving the ambition, delivering the local partner actions and progress against the success indicators for each of the 3 KHWS priorities
- consideration of 6 factors in delivering the 3 KHWS priorities and key strategies and plans
- contributing to other top tier strategies, the 8 Kirklees Shared Outcomes and the West Yorkshire Health and Care Partnerships 10 ambitions.

3. Proposal and next steps

The Board receive the updates as set out above and comment as appropriate using the 'check and challenge' prompts above.

4. Financial Implications

None at this stage.

5. Sign off

Rachel Spencer-Henshall, Strategic Director of Corporate Strategy, Commissioning and Public Health, Kirklees Council

7. Recommendations

The Kirklees Health and Wellbeing Board is asked to:

- Note and comment on the progress reports presented at the meeting.
- Consider how Board members can support the actions to deliver the KHWS priorities, particularly in relation to the current challenges noted in the updates from each Priority

8. Contact Officer

Alex Chaplin, Policy and Strategy Officer, Kirklees Council
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Appendix 1

HWBB Meeting	**KHWS Priority – Focus**	**KHWS Priority – Summary Update**	**Top Tier Strategy**
19th January 2023	Mental Wellbeing	Connected Care & Support Healthy Places	
30th March 2023	Connected Care & Support	Mental Wellbeing Healthy Places	Inclusive Economy Environment Strategy
May/June 2023	Healthy Places	Connected Care & Support Mental Wellbeing	

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**18th January 2023**
TITLE OF PAPER:	**KHWS Priorities – Mental Wellbeing Update**

1. Purpose of paper

To provide an update to the Health and Wellbeing Board (HWBB) on the Kirklees Health and Wellbeing Strategy (KHWS) priority of 'Mental Wellbeing.' To discuss delivery and proposed plans, against this priority and to use the update as an opportunity to raise the strategic profile of mental wellbeing across the partnership and help to unblock any barriers to delivery.

2. Background

This is the first update following the item which was brought to the HWBB on 24th November, where there was an agreement to support the proposed approach to implementing the KHWS. The Board has set an expectation that having set the strategic direction through the KHWS, partnerships and partners take responsibility for delivery and the Board will receive regular updates on delivery of each of the KWHS priorities.

3. Proposal

We would like the HWBB to help shape the response in delivery against this priority and endorse proposals discussed. Our presentation to the HWBB on 19th January will provide:

- An overview of the priority and what outcomes it contributes to
- An overview of what is already in progress
- An overview of what's in scope
- An overview of what we want to address
- An opportunity for discussion for how the HWBB can help us to achieve these

3.1. What progress has been made against this specific commitment?

What are local partners going to do?

Much work is already ongoing against this section of the KHWS, including:

- Development of a children and young people's emotional health and wellbeing partnership, focusing on early intervention and prevention for mental health and protective factors for mental health
- Commissioning of a bespoke suicide prevention training package to be delivered for free to partners who come into contact with those most at risk of suicide
- Strengthening the way 'experts by experience' are influencing decisions about local activity
- Commissioning of local groups to develop mental health anti-stigma-based campaigns
- Ensuring that grant opportunities offered via the Council are supportive of this priority in terms of protective factors for mental wellbeing
- Ensuring that patient stories are part of each MH Alliance meeting
- Extending the commission of KOOTH to reach those up to age 25 for safe and anonymous support for mental health

Delivery on the 'I' Statements

- Partnership working to develop a training package titled 'Mental health for you and others' with Wellness Service and Public Health
- Development of the primary care mental health transformation, adding resource to support for people and their mental health in communities
- Development of a new mental health website for Kirklees 'open up' making it easier for residents to find self-help and access to support in one place

Consideration of the factors that make a difference to our wellbeing, both positively and negatively

Inequalities and Inclusion: we know from CLiK (2021) that there is a 13.6% gap between those in the most deprived quintile of Kirklees and the least deprived quintile who rate their health as good/very good. We also know there is a 13.7% gap between the most and least deprived quintile with those who report having a mental health condition. We know that people with a mental health diagnosis, on average, die 15 years early than someone without.

Early discussions with public health and transformation leads regarding inclusive communities. The theme for inequalities is a golden thread through all the programmes in the mental health portfolio.

Poverty: Embedding mental wellbeing support as part of council cost of living response. Partnership working with 'The Bread and Butter Thing' and mental wellbeing team and integration into the Kirklees poverty partnership. Grant funding to support projects related to financial difficulties and mental wellbeing.

Digital: 24-hour MH helpline, Grief and Loss Service available via text, Kooth and recent extension up to age of 25.

3.2. What are the current challenges?

Workforce and recruitment challenges across all health and social care sectors

Inflationary pressures and budgetary restraints will encourage the development of creative solutions to ensure resources are efficiently deployed.

Growing demands and pressures on services.

Central funding for Suicide prevention wave funding coming to an end and concerns over the impact this may have in terms of place based and community suicide prevention activity.

3.3. What can the HWBB or other partners do to help?

- consider how they can contribute to achieving this priority so there is implementation across the Kirklees system

- consider their role as a provider and as an employer in terms of implementing the priority

4. Financial Implications

None at this stage.

5. Sign off

Rachel Spencer-Henshall, Strategic Director of Corporate Strategy, Commissioning and Public Health, Kirklees Council -TO DO

6. Next Steps

- Embed 'I' Statements within the MH Alliance ToR
- Agree within the MH alliance a systematic way of routinely monitoring delivery against this KWHS priority
- Agree periodic 'check ins' with the HWBB as a mechanism to monitor implementation

7. Recommendations

The Kirklees Health and Wellbeing Board is asked to:

- comment on and help shape the direction of delivery against the mental wellbeing priority
- consider how Board members can support the delivery against the mental wellbeing priority

8. Contact Officer

Rebecca Elliott, Public Health Manager, Rebecca.elliott@kirklees.gov.uk, 07976194127

Paul Howatson, Programme Manager – Mental Health and Learning, paul.howatson@nhs.net , 07929 659848

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Kirklees Health and Wellbeing Strategy 2022

Healthy Places

		Overall RAG		Project Summary (this reporting period)
Lead:	Lucy Wearmouth/Lisa Waldron	Previous	Current	The Physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice
Date:	10.1.2023			

Recent Successes	1. Adoption of the validation checklist for spatial planning 2. Revised Parks Service vision almost complete with specific reference to contribution towards health and wellbeing 3. Revised Health Impact Assessment templates have been adopted, providing clear framework for developers to consider the impact of their developments on local places. 4. Hot food takeaway SPD has been adopted 5. Behaviour change active travel officer role has been successfully recruited to 6. Playable spaces programme: 57 projects as of 12/10/2022
Current Challenges **(Resources, Budget, Timescales)**	1. Current gap in everybody active manger role 2. Capacity / budget constraints for Parks / Open Spaces 3. Temporary closure of a number of KAL leisure sites Deighton Sports Centre, Batley Baths, and the swimming pool at Colne Valley Leisure Centre.
Upcoming Milestones	1. Playing Pitch Strategy due to be completed in Q1 2. Replacement for Everybody Active Manager with wider facilities role being discussed 3. Work commencing on updating the open space audit. This will be a major piece of work but which will assist in helping activate green spaces for recreational purposes

Kirklees Health and Wellbeing Strategy 2022

Kirklees Health and Wellbeing Strategy Progress Report

Priority: Connected Care and Support

Reporting Month: January 2023

Key Achievements:

- Agreement to develop a Health and Care Plan which will outline how the Health and Care System will deliver the Connected Care and Support priority, with cross over into the other identified priorities and factors.
- Timeline for development agreed to align and support the development of the NHS West Yorkshire ICB Joint Forward Plan.
- Group established with membership from across the Health and Care System.
- Initial activities have focussed on what we have in place and building upon this. The Group have worked with Transformation Leads from across the system.
- Draft outline of the plan and its priority programmes/actions has been agreed. Areas for further system discussion are being identified.
- Governance and engagement routes to support development and sign off mapped.
- The principles within the KHWS and the I Statements developed by Healthwatch Kirklees will form an integral part of the Health and Care Plan and its priority actions/programmes.
- Further thought to be given to how success is measured linking with the KHWS outcomes framework and the West Yorkshire 10 Big Ambitions.

Challenges:

- Operational system pressures within health and care impacted on the availability of key people to meet and discuss the delivery plan.

Next Steps:

- Design Group to continue to meet and refine an initial draft of the Health and Care Plan.
- Identification of gaps/areas for wider discussion.
- Draft to be circulated for wider feedback and comment.
- Draft of the metrics and indicators to be defined.
- Continue to support the development of the West Yorkshire ICB Joint Forward Plan to ensure read across.

West Yorkshire
Health and Care Partnership

Kirklees Health and Wellbeing Board

19 January 2023

Summary report	
Item:	**Refresh of the West Yorkshire Partnership's Five-Year Strategy - Working Draft and Joint Forward Plan Approach**
Report authors:	Ian Holmes, Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board Esther Ashman, Associate Director of Strategy, NHS West Yorkshire Integrated Care Board
Presenter:	Esther Ashman, Associate Director of Strategy, NHS West Yorkshire Integrated Care Board

Executive summary

In December 2019, the West Yorkshire Partnership Board approved the Five-Year Strategy for the Partnership, *Better health and wellbeing for everyone*. This document was the culmination of a long period of public and partnership engagement and set out the vision, ambitions and ways of working for the partnership.

Since its publication, the context and focus for our work has changed significantly. While we have made good progress across a range of areas, the Covid-19 pandemic has meant that our partnership has necessarily needed to shift its focus away from our priorities to more immediate operational pressures. The scale of challenge has also increased in a number of areas, most notably the widening of inequalities. A current position against the 10 Big Ambitions is set out in Appendix A. In addition, the changing landscape of health and care brought about by the Health and Care Act 2022, has set out new ways of working together to achieve a truly integrated system.

In March 2022, the Partnership Board agreed an approach to refreshing the Partnership's Five-Year Strategy and developing an improvement and delivery framework to affect its implementation. This approach has its foundations in places with the strategy being built from the five places' Health and Wellbeing Strategies.

The strategy refresh has been undertaken using an inclusive approach. There has been the opportunity for all members of the Partnership and the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. There has been the opportunity for effective challenge, enabling diversity of thought and keeping open minds and hearts. The work has been driven by a strategy design group which reflects the broad diversity of the Partnership and who have been working hard since April 2022, to develop ways in which the system can connect itself better and use tools to support an improvement ethos to ensure delivery of the strategy. Representatives from Kirklees have been part of the design group undertaking this work.

In September 2022, an update on the work undertaken to date was taken to Partnership Board for both assurance of the work and agreement of the proposed changes in focus for the

strategy. This included comment provided by Kirklees Health and Wellbeing Board members in the strategy discussion held at the 22nd September meeting.

A working draft of the strategy is attached for comment, which is intended to retain the continuity of purpose that the Partnership previously set out, whilst recognising the changing context we live and work in. It is important to note that this draft has been developed in a time of significant uncertainty, with budgets and allocations for coming years yet to be finalised ie there is a lack of clarity of funding to support the delivery of the strategy.

The next phase of our work is the development of a five-year Joint Forward Plan (guidance is available here), owned by the Integrated Care Board and setting out delivery of the NHS elements of the Integrated Care Strategy. The Joint Forward Plan needs to meet three principles:

- Being fully aligned with the wider system partnership's ambitions
- Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Being delivery focused, including having specific objectives, trajectories and milestones as appropriate.

As we also begin the beginning of the NHS operational planning process, it is important that we ensure that the two processes align together and tell the story of how we will deliver the Strategy. The Operational Planning Guidance (available here) places at the centre the role of ICBs and systems in overseeing planning and delivery; its requirements are threefold, to continue:

- The recovery of services post-COVID including urgent care, elective care, cancer and primary care
- To continue to deliver the priorities set out in the NHS Long Term Plan
- To transform services in support of the above.

Our approach to the Joint Forward Plan and Operational Planning process will continue to be built from place and involve the whole system in its development. We expect that the place Joint Forward Plans will cover the three requirements set out in the Operational Planning Guidance as well as responding to local health and wellbeing strategies and the ICB strategy. We anticipate these plans, being developed to late draft by end-March 2023 and published by end-June 2023, providing the narrative to accompany the operational plans as well as the longer-term system ambitions. This process has been co-designed by members of the strategy design group and NHS England colleagues embedded within the Partnership. We will continue to bring together place and WY colleagues as the plans are developed, this will in turn inform our business planning process. This will determine the WY programme priorities and where there is value in working together in delivering the long-term ambitions.

An important element of the strategy work has been to consider evaluation and how we will know that we have been successful in its delivery. Whilst much of the focus to date has been around national oversight metrics and those metrics through which we are currently measuring progress against the 10 big ambitions, the strategy design work seeks to enhance this further. It is proposed that moving forward we use an approach where we bring these together with a

third element, ‘the integrated care experience’ to ensure that we are able to have an holistic richness to our information and can truly understand what is telling us about our system, the extent to which people feel their care is joined-up and seamless based on their own experiences interfacing with multiple different teams and organisations, what needs to change and what it needs to look like.

We know that there is already promising practice around gathering this information across the Partnership, not least in large scale transformation programmes, places and Local Authorities. Our work includes building on and implementing the recommendations from the Independent Review of Involvement and Good Governance Institute, where not already in place. This will involve where needed, a renewed focus, capacity and investment. Partnership Board are asked to support this approach to the ongoing delivery of the strategy.

The work to finalise the draft strategy is still under development, with engagement taking place over the coming weeks and months at the Joint Health Overview and Scrutiny Committee and all place Health and Wellbeing Boards alongside the Kirklees Health and Wellbeing Board. A final copy of the strategy will be presented to the March 2023 meeting of the Partnership Board for approval.

Recommendations and next steps

Members of the Kirklees Health and Wellbeing Board are asked to:

- note the work that has been undertaken across the Partnership as part of the refresh of the strategy;
- support the proposition to further build the ‘integrated care experience’ into the way in which we work to deliver the strategy; and
- comment on the current draft of the strategy, noting the further work to be undertaken and the development of a Joint Forward Plan to enable delivery of the strategy.

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West Yorkshire
Health and Care Partnership

West Yorkshire Health and Care Partnership

West Yorkshire Integrated Care Strategy

(Easy read, plain text, audio and BSL versions to follow on final draft)

Examples, case studies and infographics to be added and finalised

Contents

Foreword (TO ADD):

Councillor Tim Swift (Chair of the Integrated Care Partnership)

Rob Webster (Lead Chief Executive for the Integrated Care System)

Introduction

Proud to be a partnership

Our Partnership has existed since 2016. It was established on the fundamental belief that working together towards common goals rather than competition is the best way to join up services to meet people's needs, tackle inequalities and improve outcomes.

Over this time we have built close collaboration with partners such as the voluntary and community sector, universities, the West Yorkshire Police, the Combined Authority and the housing sector. These partnerships allow us work together on the things that matter for peoples health and wellbeing. Our previous strategy was published in March 2020 and included our 10 big ambitions for health and care, delivery of which are dependent on the strength of these relationships.

During the COVID-19 pandemic we witnessed the best of the health and care service. We rapidly changed working practices so that we could safely treat people with COVID-19 whilst supporting peoples ongoing needs; we significantly increased capacity to deal with the peaks of infection and severe illness; and we delivered the biggest vaccine roll out in our country's history. All of our teams across the health, care and voluntary and community sector pulled out all of the stops to keep people safe and well.

The demand for health and care has been rising over time, as a result of an ageing population and more people with multiple long-term conditions. The pandemic further increased demand for health and care services, as well as disrupting what could be safely be provided to the risk of transmission. This now means the pressure on services is higher than ever. People who need an operation are waiting longer than any time in the past 15 years, and the accessibility of services such as primary care and urgent care is not as good as we would like it to be. These challenges will be further exacerbated by the significant pressure on funding and workforce pressure on the social care sector.

This is the challenge that our Integrated Care System must now address, by focusing on prevention and proactively supporting people to stay well at home; and secondly by arranging services in a way so that people receive care from the right people in the most appropriate setting. This will mean multidisciplinary teams working together to organise care around people and their families, and professional and organisational barriers being broken down.

Whilst these challenges are significant, we believe that collaboration at all levels in the system is the best way of tackling them. Our Partnership acts as a strategic influencing voice at regional and national levels for our populations who live, work or study in West Yorkshire in relation to health and wellbeing. This strategy describes how we will do this, and the ambitions we hope to achieve.

Integrated care partnerships

The Health and Care Act 2022 introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people. As part of the new statutory arrangements, the Act describes how 'Integrated Care Partnerships' (ICPs, for West Yorkshire this is our Partnership Board) will bring together a wider range of partners, not just the NHS, to develop a strategy to address the broader health, public health, and social care needs of people and communities.

'Joining up care for people, places and populations', the government's proposals for health and care integration published on 9 February 2022 has signalled the importance of integrated 'place' level working towards a common set of locally agreed outcomes. This is something which is at the heart of our existing plan and the way in which we work as a Partnership.

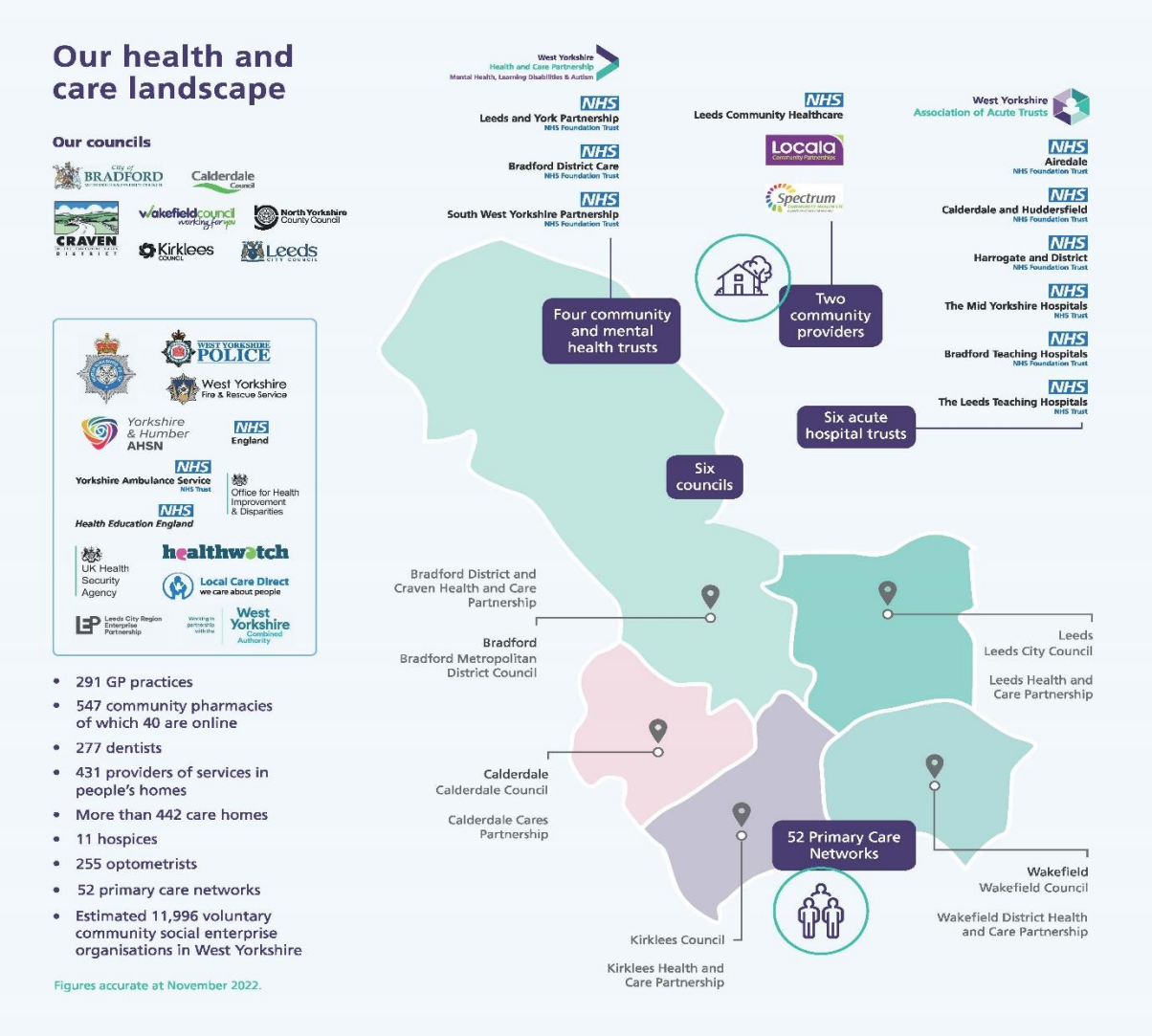
The Health and Care Act also sets out how ICPs should develop an Integrated Care Strategy to set the direction of the system and to show how they intend to deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The West Yorkshire Health and Care Partnership

West Yorkshire Health and Care Partnership (the Partnership) is a large integrated care system (ICS) that supports 2.4 million people, living in urban and rural areas. 770,000 are children and young people. 530,000 people live in areas ranked in the most deprived 10% of England. 20% of people are from minority ethnic communities. There are an estimated 400,000 unpaid carers, as many don't access support. Together we employ over 100,000 staff and work alongside thousands of volunteers.

Our ICS is made up many different organisations and collaboratives across West Yorkshire, including our Partnership Board which is the Integrated Care Partnership for West Yorkshire. It also contains the NHS West Yorkshire Integrated Care Board (WY ICB) which is the statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population. These are all supported by organisations working together across all services.

Our work begins in the neighbourhoods across West Yorkshire, keeping people, families, the health and care teams that support them within local communities at the centre of everything we do. Our five local places (Wakefield, Leeds, Calderdale, Bradford and Craven and Kirklees) support this work, coming together as partners in the place to meet the needs of local populations. An infographic of the system sets this out below:



Within the Partnership we have many partners working together across the NHS, local authorities, the voluntary community social enterprise sector (VCSE), Healthwatch, hospices, and wider public sector organisations. We come together to better join up integrate health and care, to tackle health inequalities and to improve health and wellbeing for everyone.

We also come together in partnership with some of our wider partners like the West Yorkshire Mayor, the West Yorkshire Combined Authority, Local Resilience Forum and universities to maximise resources, for example buildings, skills and expertise and to work together for a common purpose of reducing health inequalities we know exist.

The West Yorkshire Health and Care Partnership (our Integrated Care System), published 'Better Health and Care for Everyone: Our Five Year Plan' in March 2020, setting out how we work together to give everyone in West Yorkshire the very best start and every chance to live a long and healthy life.

Since its publication, the context and focus for our work has changed significantly. Whilst we have made good progress across a range of areas in our strategy, the COVID-19 pandemic and cost of living crisis has meant that our Partnership has

necessarily needed to shift its focus away from our long-term ambitions, to more immediate operational pressures.

The scale of challenge has also increased in a number of areas, most notably the widening of inequalities, increasing levels of trauma and adversity and mental health difficulties and the ongoing impact of poverty.

Responding to this changing context, we have refreshed our existing five-year strategy to develop this new strategy. Putting people at the heart of the strategy, it is built from our Health and Wellbeing Strategies for our five places. These have been developed to respond to and are informed by their local Joint Strategic Needs Assessments (JSNA). This strategy sets out where there is opportunity and need to address an issue at a West Yorkshire level. We do this through our three tests:

- Sharing good practice across the Partnership
- Working at scale to ensure the best possible health outcomes for people
- Working together to tackle complex issues

Our vision

Our Partnership has an agreed vision for the future of health, care and wellbeing in West Yorkshire, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. We want to help people live well and stay healthy for as long as possible, and if they have mental health or physical problems, they can easily access services that meet their needs in a safe, sustainable and trauma informed way.

Places will be healthy. We will work in partnership to prevent ill health by improving the physical environment where people live and work. Places will be supportive of good health by having access to healthy green and blue spaces that provide safe spaces for outdoor activities and exercise and are biodiverse with good air quality. We aim for this to be the case for this and future generations.

You will have the best start in life so you can live and age well and die in the place of your choosing. We will work to make sure you are not disadvantaged by where you live, your background, gender or ethnicity. We will focus on supporting you to stay healthy and prioritise approaches of preventing trauma, adversity and ill health, delaying onset of disease and reducing the impact of long term-conditions.

There will be a culture of prevention across the partnership, making this everyone's business. This will include primary, secondary and tertiary prevention alongside the determinants of health and a focus on reducing health inequalities and the impacts of climate change.

If you have a long-term health condition **you will be offered trauma informed personalised support to self-care**. This will include peer support, technology and communities of support from people like you.

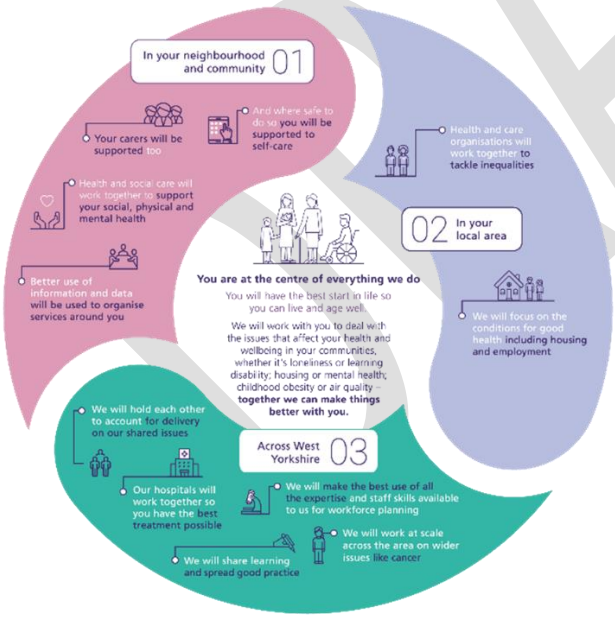
If you have multiple health conditions, **you will be in a team with your GP, community care staff, social services and voluntary and community organisations including community pharmacy working together.** This will involve you, your family and carers, the NHS, social care and community organisations. All working on what matters to you.

If you need hospital care, it will usually mean that your local hospital, which will work closely with others, will give you the best care possible.

Local hospitals will be supported by centres of excellence for services such as cancer, vascular (arteries and veins), stroke and complex mental health. They will deliver world class care and push the boundaries of research and innovation.

All of this will be planned and paid for once between the NHS, local councils and community organisations **working together and removing artificial barriers to care.**

Our people and communities will be involved in the design, delivery and assurance of services so that everyone truly owns their healthcare.



Our objectives and ambitions

What we've heard from people in West Yorkshire

Listening to what people and communities tell us is important to them has been central to the development of all work, including this strategy. As a Partnership we have a continual dialogue with the people of West Yorkshire, supported by Healthwatch partners as set out in our Involvement Framework and the work of our local places.

As part of the development of this strategy, a number of reports summarising what people are telling us is their experience of health and care have been produced. This includes a Healthwatch Insight Report published in August 2022, a mapping report published in May 2022 setting out involvement and consultation activity across West Yorkshire and lastly a further mapping report from across the Partnership which provides oversight of engagement in all other areas of work.

There are a number of themes which have been raised over the last year (2022) as a result of these discussions in relation to healthcare across West Yorkshire. The changing context has in many cases placed a new emphasis on some of the themes and more recently the cost-of-living crisis has been an escalating issue.

Access to primary care remains a key area of concern. Primary Care is considered the front door to the wider health and care service and many feel let down when they can't access their GP in a way that works for them. There is a deep concern that this has a detrimental impact on their health and wellbeing.

Access to dentistry services continues to be an issue raised for both children and adults. This is both in terms of being able to register with an NHS dentist and access to appointments and treatment when registered. It was also raised that access to urgent dental care was not as responsive as needed.

Of increasing concern is the **cost-of-living crisis** which continues to escalate and impact on peoples' lives. This impacts significantly on the ability to make choices that positively impact their wellbeing, such as accessing healthcare, undertaking activities that support mental wellbeing, eating healthy nutritious food and being able to live in warm, safe housing. These challenges are having a particular impact on those who are living with social disadvantage, serious illness, addictions and those people who are carers. We know that suicide rates rise during times of economic recessions and financial exclusion is a significant risk factor in suicide deaths.

There continues to be concern around **accessing support for mental health** in a timely manner, an issue which has increased with the impact of the pandemic. Of significant concern is access to support for our children and young people and the level of support for children who are waiting for assessment for, or have been diagnosed with, autism. Self-harm rates are rising, and the people we are supporting

with mental health issues are becoming more unwell, more quickly than they have previously.

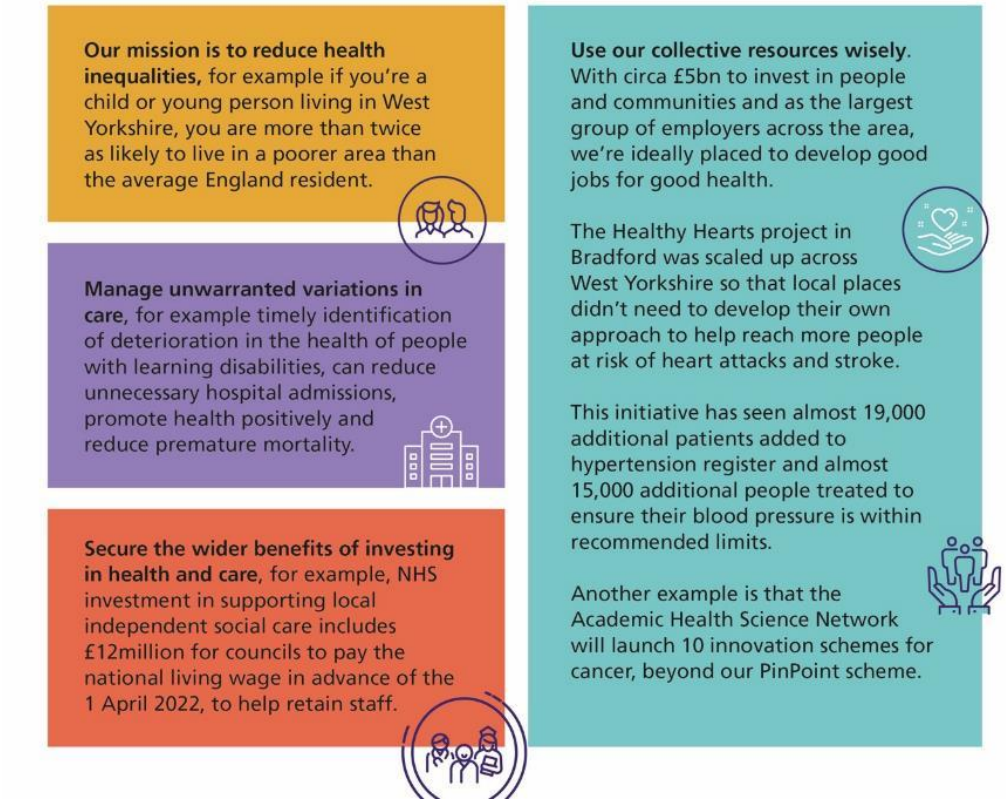
We know that the pandemic has led to significant **delays in treatment,** particularly for planned care services and people are telling us that this is causing a deterioration in their physical, mental and emotional health. The impact of this is also extending to family members and carers.

The choice people have in **accessing care that is right for them** highlighted concerns about digital exclusion with many appointments and support moving to online. Many of our population do not have access to digital technology or have additional challenges in using it. This was particularly a challenge for people with learning disabilities

Negative experiences of **quality of care** are starting to emerge in some care settings. Whilst it is acknowledged that this is in part due to challenges arising from the pandemic in terms of staff shortages, it is still important to be treated with care and compassion. We know that children and young people from ethnic minority backgrounds and those in more deprived areas with diabetes have consistently poorer blood sugar control. We also recognise that there is a variation in access to digital technology such as continuous glucose monitoring.

The four strategic objectives of our Integrated Care System

Our strategy is centred around our four strategic objectives which set out the core purpose of our ICS. These are:



Our ambitions for the people of West Yorkshire

Improving outcomes in population health and healthcare

We will increase the years of life that people live in good health in West Yorkshire

Health inequalities are avoidable and unjust differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worse off experiencing poorer health and shorter lives.

To achieve this ambition, we will take a trauma informed whole systems approach, that addresses the conditions people live in and recognises the importance of the wider determinants on the health and wellbeing of the population.

This will also require a strong focus on preventing trauma, adversity and ill health by addressing the root causes for health harming behaviours - including tobacco, alcohol, drugs and gambling, in a joined-up systems approach.

A focus on reducing health inequalities for the partnership will aim to address some of the preventable differences that contribute towards inequalities. Working as a partnership we will consider variations in; risk factors for ill health, early diagnosis and screening and access to effective support – all of which contribute towards inequalities in health outcomes.

We will aim for early identification of risk factors and long-term conditions so that we can act early and, prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular and respiratory diseases, cancer and suicide.

The work we are undertaking to mitigate the effects of poverty and the cost-of-living crisis will have an impact on quality of life, prevention of ill health and timely access to health and care services.

Access to good quality health and care services continues to be a challenge for the population of West Yorkshire as we recover from the pandemic. Whilst our primary care services continue to provide more appointments than pre-pandemic we know that public satisfaction with access to services has deteriorated significantly. We continue to work collaboratively to provide timely and appropriate services.

Our hospitals are also working hard to recover from the impact that COVID has had on our diagnostic and elective care services.

By 2024 we will have increased our early diagnosis rates for cancer

Our work on enabling the transformation of cancer services in West Yorkshire is coordinated at a system level, via the West Yorkshire and Harrogate Cancer

Alliance, which is hosted by the NHS West Yorkshire Integrated Care Board (WY ICB). Cancer Alliances are non-statutory bodies which bring together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment, and care for cancer patients in their local area.

Our local Cancer Alliance has an ambition to bring local partners together to deliver better outcomes and focusses on being empathetic, being honest and driven, being people focussed (including a focus on the cancer workforce) and being role models for effective collaboration. They help to oversee the cancer components of the NHS Long-Term Plan and the merger between nationally set priorities for transformation and locally derived need.

They work on a co-production model with patients and service users to ensure that our priorities and ways of working are informed by the experiences of people who are using cancer services. This is critical to ensure that patient experience of care is treated with parity of esteem around what care is delivered.

The Cancer Alliance works together with colleagues across all our West Yorkshire places, and Harrogate, to ensure that we are taking decisive action across the cancer pathway. This includes improved primary and secondary cancer prevention; better population awareness; promoting earlier diagnosis; achieving better treatment access including to new therapies and innovations; and adopting a person-centred approach both to follow-up, and end of life care where needed. They also work closely with partners involved in delivering the other ambitions, so that our work is joined up and connected for the common benefit of the people we serve.

We are clear why work to transform cancer care is important. In the future, it is estimated that one in two people could be diagnosed with cancer in their lifetimes, with four out of ten cancers being avoidable if we can achieve changes to lifestyle including healthier weight; safe sun care; reduced tobacco consumption; avoiding alcohol and substance misuse; and acting on wider determinants of health status, including air quality. The burden of cancer is one of the most significant faced by the West Yorkshire ICB and will be across the duration of this and subsequent planning strategies. Overall, cancer outcomes remain poorer than international comparators, and are strongly associated with wider prevailing health inequalities experienced across West Yorkshire.

Progress against our cancer ambition since 2020 has been good but we know that the data we have is usually around two years in arrears.

We know that:

- The net number of referrals into our local cancer services, including reduced volumes during the acute phase of the pandemic has closed.
- Almost all reduced treatment activity has been recovered on the same measure.

- The number of patients coming forward and being assessed for cancer symptoms has grown significantly since 2018, as has the number of patients being treated for cancer.

We have also made some good progress with our partners on encouraging uptake of the bowel cancer screening programme through local awareness raising campaigns and the activities of our public health, screening, and primary care network partners. Cancers detected via screening programmes are often at an earlier stage (and are therefore commonly more treatable).

We will reduce suicide by 10% across West Yorkshire by focusing on health inequalities, achieving a greater understanding of impact of inequality on suicide, so that suicide prevention becomes everyone's business.

Every death by suicide is devastating and can have a lifelong impact, with each death impacting 135 people on average. Suicide is our biggest killer of both men under 50 and young people. Suicide is one of our partnership's wicked issues, with no easy solution that one person/organisation can complete on their own.

Office for National Statistics data shows that despite a focus on prevention in recent years, suicide rates have not reduced. We need to work together to do something differently if we want to change this picture over the next five years. In order to achieve our collective ambition on suicide prevention, all partners have a part to play.

Our vision is to collaborate and create a movement for change - this will make suicide prevention everyone's business. We have adopted a zero-suicide approach where we believe that even one death by suicide is one too many. We have collaborated on a West Yorkshire suicide prevention strategy, which complements place-based suicide strategies and plans and has 13 core evidence-based themes on which we'll focus our work in the coming years:

We acknowledge that there are national and international factors, some of which are beyond our control, which may impact suicide rates. For example, Government policy, the economic climate and worsening poverty, widening inequalities and discrimination, harmful content online, the gambling industry and its regulation, and the climate crisis each have an impact. In order to mitigate these impacts, we need to:

- Invest in inclusive and preventative measures locally, including becoming a trauma informed system
- Ensure that suicide prevention is embedded across all organisations, eliminating stigma
- Build everyone's skills and confidence to recognise and address adversity and trauma, which is closely linked to suicide
- Improve and learn from evidence

- Provide inclusive and compassionate support for all people affected by suicide
- Support people with core risk factors for suicide

West Yorkshire Health and Care Partnership will work together to prioritise suicide prevention, creating a paradigm shift that makes suicide prevention everyone's business. Every organisation in the partnership will take demonstrable action on suicide prevention.

We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024

We know that the Northeast and Yorkshire region has the second highest antibiotic rates in England. All parts of West Yorkshire are prescribing over the national target in relation to antibiotic prescribing. Whilst the number of people presenting with infection reduced during the pandemic, data is currently telling us that prescribing is now increasing back towards pre COVID 19 rates.

Whilst the burden of infectious disease is known to disproportionately impact vulnerable groups, the evidence base for the burden of antibiotic-resistant infections is sparse. However, we do know that rates of prescribing are much higher in highly deprived areas. We are working to understand this in order, to develop actions to redress this trend.

A priority for our strategy will be sharing expanding successful work in this area across West Yorkshire. The Leeds 'Seriously' campaign to raise awareness of antibiotic resistance is a good example of where positive campaigns can have success.

One of the main priorities for our WY Anti-Microbial Resistance Board is to reduce Gram-negative bloodstream infections caused by E. coli and reduce inequalities related to E. coli bloodstream infections. This work will be set out in our delivery plans.

We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.

The West Yorkshire Local Maternity and Neonates System (LMNS) covers West Yorkshire and Harrogate and supports a number of Maternity Voices Partnership (MVP) groups across our system to transform our maternity services together. The MVPs are a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

The LMNS has already implemented seven of the initial immediate and essential actions from the Ockenden Report and each trust is currently being measured against these. The remaining issues raised from the report will be considered alongside the Independent Investigation into East Kent Maternity Services report,

with a further set of recommendations expected to be published in the early 2023. The actions to address these recommendations will form part of the Joint Forward Plan to deliver this strategy.

We continue to work at place and West Yorkshire to address the workforce challenges for maternity and neonatal services.

Tackling inequalities in outcomes, experience and access

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.

On average, we know that people with serious mental illness (SMI) live 12-15 years fewer than someone without an SMI, and 4 in 5 deaths related to SMI are linked to common and preventable or treatable conditions such as heart disease, lung disease and cancer. For people with learning disabilities or autism, this gap is even bigger, with a difference of around 14-18 years compared to someone without a learning disability or autism. These deaths are often also caused by the same conditions. We also know that neurodiverse people and those with diagnosed and undiagnosed mental health problems are more likely to take their own lives, and that suicides contribute to the remaining gap in life expectancy not explained by those common physical health conditions.

The reasons this gap exists can be divided into two main groups - increased risk of physical health conditions because of different risk factors and medications, and poorer access to health care when it is needed. This is more simply explained by saying that people with SMI, learning disabilities and autism face a range of inequalities that negatively impact their health and lives.

There are many ways that as a Partnership we can start to address this. We can:

- Listen to the voices of our populations to understand where the biggest barriers to good quality health care are across West Yorkshire
- Use the numeric data we have more effectively to understand what conditions we could target to reduce inequalities
- Work to ensure that as many people as possible can access a high quality, meaningful physical health check and any ongoing care that is identified
- Work with our acute hospitals to ensure that factors such as SMI, learning disabilities and autism are taken account of when planning elective care

We plan to do all the above, and more, to actively work to reduce the life expectancy gap for people with SMI, learning disabilities and autism, and reduce the health inequalities faced by this population

We will address the health inequality gap for children living in households with the lowest incomes

Children and young people who experience adversity and trauma are at higher risk of poor physical/mental health and emotional wellbeing and adopting anti-social and health-harming behaviours including serious violence, poor attendance/exclusion at school and decreased educational attainment. As a result, WYH&CP and WY Violence Reduction Unit (WYVRU) have recognised this as an area where it is essential, we work together across the whole system ensuring combined actions to address these issues.

We will do this by working together to prevent and reduce the causes of trauma and adversity for children, young people and families who are vulnerable and experiencing complex needs, including households living in poverty.

Ensuring that children, young people and families in WY have access to and receive integrated support from a range of professionals across health, mental health, education, social care, youth justice, the police and the voluntary sector to ensure that their needs are met in a coordinated way.

We know that we need to ensure that better support is available for children and young people with complex needs/special educational needs and disabilities (SEND). In addition, providing consistent and equitable support for managing long term conditions and seamless transition into adulthood will be a key element of reducing health inequalities and providing the best start in life for our children and young people.

We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic staff will become a thing of the past.

We see the diversity of all communities and colleagues as a strength to help inform the way we plan, design and commission health and care services for people living across West Yorkshire. We want to make sure that everyone is treated fairly and given an equal chance to access opportunities. Ensuring that we meet the needs of everyone to ensure that our population all have good outcomes.

We recognise and value individual as well as group differences, treating people as individuals and placing positive value on the diversity they bring because of a protected characteristic or cultural background.

Our strategy is also focused on making all groups of people feel included and valued within their society or community so that there isn't a negative effect on their health and wellbeing.

Our plans include delivering the actions for the Integrated Partnership of Sanctuary, development of the West Yorkshire health inclusion unit and continuing the great work across West Yorkshire led by partners across place.

Our delivery will value equality, diversity and inclusion at the heart of everything we do and through our Involvement Framework we will listen to people to ensure that we get this right.

Our fellowship and allyship programmes continue to be a success in contributing to the diversity of leadership across our Partnership. The fellowship builds on existing good practice and complements existing local and regional programmes to make sure that we have adequate representation of ethnic minority colleagues in our next generation of leaders. We know that there is more to do in embedding this in our organisations beyond the fellowship programme itself, supported in part through the roll out of the racial inequalities training.

Enhancing productivity and value for money

As part of our work to develop this strategy we have taken an approach to ensure that we use the process to help create the way we want health and care to look like in the future. We have done this by building system leadership through the process, ensuring that we can better integrate all our work in a way which enhances productivity, value for money and most importantly improves health and wellbeing outcomes for our people.

Through our work we have embedded an improvement ethos, connecting our system to more of itself to ensure that we can identify where there are issues in transitions and gaps in care. We know that in developing our plans to deliver this strategy, through being connected and integrated in this way, we will be able to use our resources to maximise outcomes for our population.

Our enabling strategies such as finance, people, digital and estates will also support the best use of our resources in a way which will support us to deliver this strategy collectively ensuring value for money for our population.

Supporting broader social and economic development.

We aspire to become an industry leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

We are already seeing the impact of climate change on the health and wellbeing of our population, with people living with vulnerabilities or living in more deprived areas experiencing disproportionate harm. It is also felt through long term health conditions such as respiratory and cardio-vascular disease. Air pollution is currently the 8th leading risk factor for death and contributes to approximately 40,000 premature deaths per year in the UK. Climate harms are felt first and most keenly by those who are already experiencing inequality and vulnerability.

We know that excess plastics in the environment have a significant impact on our health, as does building antibiotic resistance due to drugs in our watercourses. There are also wide-reaching impacts on physical health, mental health and wellbeing as a result of significant weather events.

As a Health and Care system, we need to also adapt to the impact of climate change now and in future. This requires a whole system response which includes considerations for supply chains, estates, transports, how we deliver care, housing, planning of the physical environment – so the whole system becomes resilient which is central to tackling health inequalities and enabling our population, including future generations, to live well.

As a partnership we're committing to making fundamental changes to the way we work, through increased investment, mitigation, and culture change throughout our health and care system. We want to create the conditions for all organisations and individuals across West Yorkshire to be empowered to take action on climate change in their day-to-day work. This includes how our staff get to and from work and how we support patients in accessing health care, and how we adapt to climate harms.

This will also support the achievement of the NHS Carbon Zero ambition by 2040. (2038 in West Yorkshire in line with our system partners the West Yorkshire Combined Authority and the 5 Local Authorities).

Our 'all hands in' campaign was an important step in this work, using a system wide approach to behaviour change. The campaign supported our workforce to become more aware that their individual actions have a direct impact on sustainability and in decreasing carbon emissions, which collectively is a good thing for population health.

We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

We know that economic activity has a significant impact on health and wellbeing. Having a purpose and a living wage contribute significantly to a sense of belonging and being able to live a life well. Both the pandemic and the cost of living crisis has significantly impacted on this for many people in West Yorkshire.

As an employer our workforce is our greatest asset and our ambition through the life of this strategy is to grow and retain our workforce. Exploring innovative ways of recruiting and training staff and creating new roles to deliver integrated health and care.

Our strategy aligns to the West Yorkshire Combined Authority Economic Strategy and its vision:

'West Yorkshire to be recognised globally as a great place with a strong, successful economy where everyone can build great businesses, careers and lives, supported by a superb environment and world-class infrastructure.'

An improving population health strategy

This strategy is poverty and trauma informed, and demonstrates a commitment made by our Partnership. Both have been strong themes coming out of our engagement with partners, staff people and communities.

Viewing West Yorkshire as a whole population gives us the opportunity to consider what action we can take to improve health and wellbeing for people living and working here as a partnership on a larger scale. Health status is determined by much more than health and care services alone. It is well established that the wider determinants of health (housing, work, education, social relationships and the local environment) contribute more than three quarters of the impact on our health and wellbeing, and direct healthcare less than a quarter. Working as a partnership will allow us to work together to more effectively address these wider causes of ill health.

Helping those facing the most inequality

Our Independent Review to tackle health inequalities for Black, Asian and Minority Ethnic Communities and Colleagues, highlighted a number of recommendations which are woven through this strategy and our Joint Forward Plan to deliver it. The COVID-19 pandemic has highlighted the impact of deep-seated and long-standing health inequalities faced by some of our communities.

What causes these inequalities is the subject of much debate. This can be linked to the deeper impact of wider societal inequalities beyond the operation of health and social care services. These include broader environmental, social and economic factors that exert a profound ability to shape health outcomes for communities. Structural racism and the impact that this has is a particular concern and we will continue to prioritise our work in this area and embed it throughout our programmes of work.

We are committed to targeting action around the recommendations of the review, including how we better support our own workforce, particularly around leadership development, reflected in our ambitions. You can see examples of the positive difference we are making. There is still much to do.

Our most vulnerable people often face the biggest inequalities in health and our strategy is focused on trying to mitigate this. We have approximately 400,000 unpaid carers across West Yorkshire, many of whom we know don't access the support they may need. We know children and young people from deprived areas have more than twice the level of tooth decay than children from less deprived areas. We are working collaboratively with public health and local authority leads to discuss oral health provision across West Yorkshire. It is important to recognise the challenges our population face around health literacy and literacy in being able to plan to support people in the right way to make a change.

Many of our unpaid carers are young carers who can be invisible and are often not identified at school or in health settings so do not have access to the support that is there to help them. With their help we have developed an app which will help ensure they are able to help their loved ones whilst looking after their own physical and mental health coupled with working towards a bright and healthy future for themselves.

We know that often those without a voice or advocacy, can experience the most inequality, as highlighted in many national reviews over the last year. We have worked hard through the pandemic to provide the best support we can, for example prioritising those with a learning disability for elective care. Advocacy for children and young people can be even more difficult, we have established a West Yorkshire Youth Collective to help influence our top priorities and decision making. We know however that there is much more that we can do.

The people in West Yorkshire who are involved in serious violence, exploitation and the criminal justice system are at increased risk of additional social needs, inequalities and poor health and wellbeing. We know that the majority of people in the criminal justice system have experienced trauma and adversity, often in childhood.

Working with partners across West Yorkshire including the West Yorkshire Violence Reduction Unit, West Yorkshire Policing and Crime Team and NHSE Health and Justice team, we will provide support for people when they enter, during and leaving the criminal justice system. We will also provide support for their families and victims

Our population and demographics continue to change and it is important to listen to our place based joint strategic needs assessments in order to plan for them. It is also however, important that our system has the flexibility to be responsive at short notice when challenges arise.

Climate change

Our world is facing a climate change crisis and as a Partnership we are committed to taking collective and individual responsibility to take action against it, and adapt to change already taking place. We will do this through embedding sustainability in everything we do and changing the culture in West Yorkshire so that we build resilience to climate change across the system.

We will work towards creating a healthy, equitable and environmentally sustainable society and reduce the climate change impacts of healthcare through a high quality, equitable and environmentally sustainable health and care system. We will also reduce our vulnerability to climate change harms, focusing on prevention by building climate resilience among our partners and in our communities.

Poverty and cost of living

The rising cost of living is impacting both on the staff we employ and the wider population we serve. We have committed as a partnership to mitigate the impacts of poverty and the increased cost of living on the health and wellbeing of our population and workforce, including:

- Supporting people to have good mental health and wellbeing and taking a zero-suicide approach, making suicide prevention everyone's business
- Enabling the West Yorkshire voluntary and community sector to support people and communities most affected by poverty and increased cost of living
- Preventing serious violence, abuse and exploitation
- Responding to increasing levels of trauma and adversity
- Identifying opportunities to influence the increase of welfare/benefits and income from employment
- Working in partnership with our local places Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield to identify people whose health is at greatest risk from poverty and increased cost of living and targeting ways to reduce that risk

A trauma informed approach

The people in West Yorkshire who are involved in serious violence, exploitation and the criminal justice system are at increased risk of additional social needs, inequalities and poor health and wellbeing. We know that the majority of people in the criminal justice system have experienced trauma and adversity often in childhood.

Working with partners across West Yorkshire including the West Yorkshire Violence Reduction Unit, West Yorkshire Policing and Crime Team and NHSE Health and Justice team, we will provide support for people when they enter, during and leaving the criminal justice system. We will also provide support for their families and victims

As a health and care partnership we are committed to understanding and responding to the root causes of serious violence, violence against women and girls and keep our communities safe.

We know that some population groups face multiple complex disadvantages for a number of reasons, complicated further by also experiencing poverty or destitution and impact of poor air quality and poor housing. These populations groups are often referred to as inclusion health groups and include groups who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences contribute considerably to increasing health inequalities and frequently lead to barriers in access to healthcare and extremely poor health outcomes, often much worse than the general population.

Inclusion health groups include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery but can also include other socially excluded groups.

We have a special focus on supporting people experiencing multiple disadvantages to attempt to reduce some of the barriers they face and to improve their experiences and outcomes relating to healthcare, but also the quality of their lives. This will require working with a wide range of partners across the WY Health and Care Partnership to address issues linked to the wider determinants of health (including the quality of housing people live in, the places and communities they live in and relationships they have, as well as a sense of purpose through giving back to the community or being in good quality employment, and having sufficient financial resources to meet their needs).

West Yorkshire is pursuing the status of ICS of sanctuary. In West Yorkshire, we see our Migrants, Refugees and Asylum Seeker population as an asset to our cities, towns and communities not a burden. Providing a safe and welcoming place of sanctuary for individuals and families should be seen as an opportunity not a threat.

Improving population health fellowship [example in a text box]

Our Improving Population Health Fellowship programme is helping to embed this work throughout our partnership. The Fellowship launched in 2021 with 33 equity fellows and will continue for a second year expanding to include, trauma, adversity and resilience, suicide prevention and climate change fellows. Our fellows are receiving training, implementing their learning in work and embedding their thinking across the Partnership and in everything we do.

Health inequalities academy [example in a text box]

Our Health Inequalities Academy continues to work to bring together partners to explore progress and share learning on tackling health inequalities. Our recent celebration of the first year of the academy, highlighted the work taking place to improve the lives of the most disadvantaged people living in West Yorkshire. The aim of the academy is to support everyone working across the partnership, whatever their role, to understand the part we can all play in creating a more equitable system.

By acting as a forum to raise awareness and bringing people together, the Academy provides support and showcases interventions which are being implemented locally and can be adapted across the whole of West Yorkshire and beyond.

Personalised care

An important part of improving people's health and wellbeing is through better delivery of trauma-informed personalised care, with and alongside them. Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what has happened to them', 'what matters' to

them and their individual strengths, needs and preferences. Our digital strategy aims to support personalised care through giving people the option to access and contribute to their own records and using technology to help them stay well.

This happens within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences. As a result of personalised care, health and care is tailored to what matters to the individual, in the context of their whole life, such that personalised care can support programmes and systems to address inequalities in access, experience and outcomes.

Our ambition for personalised care is important in tackling inequalities for communities and people, especially those who don't always know how best to access the care and support they need. For example we know that people with learning disabilities die 15-20 years earlier than the general population, as do people with complex mental illness. We also know that children and young people from ethnic minority backgrounds experience poorer health outcomes, with higher asthma rates and obesity.

We also know that only 55% of adults living with long-term conditions feel they have the knowledge, skills and confidence to manage their health and wellbeing on a daily basis Our continued approach to patient activation tools (which is a tool that assesses an individual's knowledge, skills and confidence to managing their own health and healthcare), personal health budgets, community-based support, shared decision making, personalised care and support planning all contribute to this.

Creative Health

Finding new innovative ways to support our population to have happier healthier lives is important to us in West Yorkshire and we want to have an active, vibrant, creative health sector. Our work to use creativity to support this is an important element of our work, it is proven to:

- Keep us well, aid our recovery and support longer lives better lived.
- Meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- Save money in the health service and in social care through building health producing and better connected communities.

We already have good examples of where we have made a real difference through using a creativity and health approach, for example our Calderdale Creativity and Health Programme working with South West Yorkshire Partnership Foundation Trust and Creative Minds. We know that expanding this learning could help us create stronger, healthier more resilient communities through working at a population health level. We know that it will support us in delivering targeted interventions addressing the greatest health disparities and importantly, be part of a transformation in the way health and care services look and work for all of our people.

How we will work together to achieve this

Our principles

As a large Partnership, agreeing the way we work together is an important part of building on the strong foundations already in place since 2016. This involves building on our common purpose and vision, agreeing values through which we work and the behaviours that when demonstrated ensure that we deliver. It is important that we get this right to deliver our strategy.

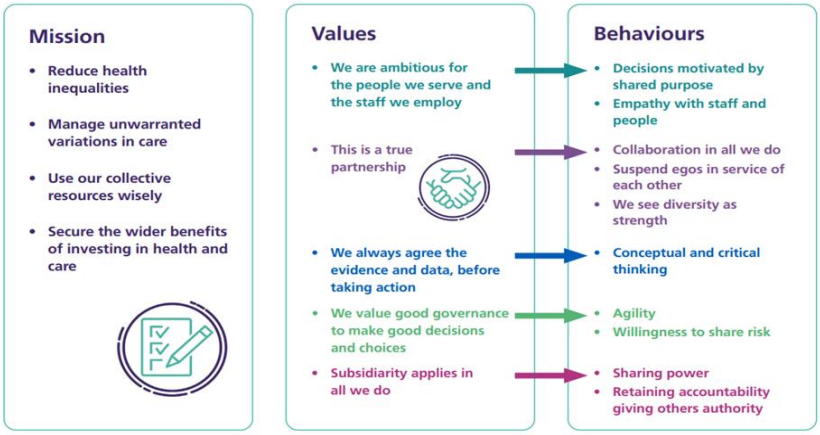
We have a long history of working together in West Yorkshire to improve outcomes for our population which means that the new statutory arrangements are already building on a successful way of working. This is demonstrated through some of the West Yorkshire work we have undertaken together across the Partnership, for example national award winning campaigns such as 'Root out Racism', 'Looking out for our Neighbours' and the 'Check-in Staff Suicide Prevention' Campaign.

We have agreed as a Partnership that:

- We will be ambitious for the populations we serve and the staff we employ.
- The Partnership belongs to us all, local government, NHS, VCSE and communities.
- 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 make decisions as close to individuals as possible – with work taking place at the appropriate level and as near to local people and communties as possible

Our mission, values and behaviours

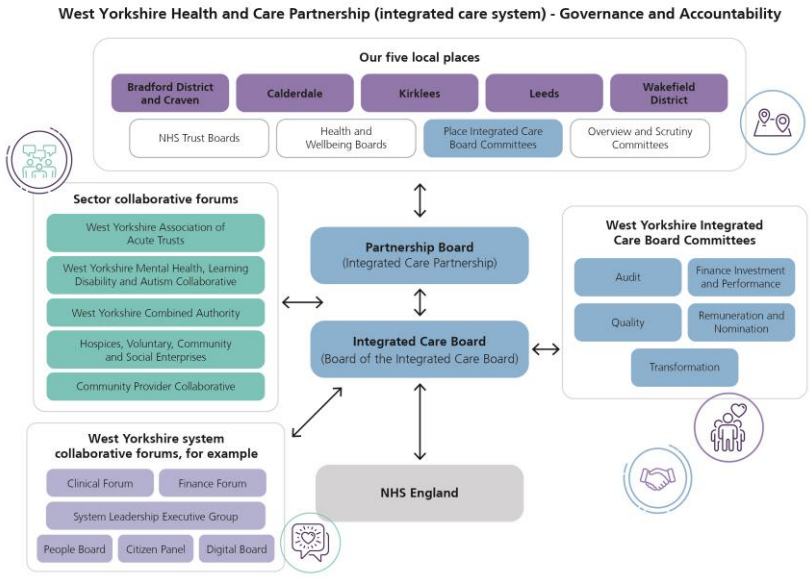
The way in which our Partnership will put these principles into action is set out in the diagram below:



The way we work has been demonstrated in being the Health Service Journal Integrated Care System of the year in 2021 and 2022, where leadership values across all health and care sectors was highlighted as a success of how we improve care for people and communities.

The way in which we organise ourselves to deliver better care for all

With the introduction of the new statutory arrangements following the Health and Care Act 2022, we have developed a new set of arrangements through which, we can ensure that we deliver our work for West Yorkshire people and communities. Details of these arrangements are available here. An illustration of how these arrangements work and how the different elements of our Partnership fit together is shown in the diagram below:



Building from Neighbourhoods

Our strategy begins with individuals, families and in the local communities or neighbourhoods in which they live. The ability of integrated neighbourhood teams, working together in an increasingly integrated way across the breadth of health and care services, to meet the needs of our communities underpins our ambitions to improve outcomes and tackle inequalities. We know that in recent years we have seen increasing pressure across primary care, community health services, social care and within the voluntary sector. This has been largely due to a combination of increased demand for care resulting from factors including an ageing population with greater morbidity, changes in the nature of population needs following the pandemic, and increased pressures on the primary care and community workforce.

Since our original strategy was published in 2019, and often in the face of the pressures created by the covid pandemic, we have continued to see local teams and services within our neighbourhoods work more closely together – for example through primary care networks and other related models of community and locality working. This is better for our populations in terms of helping provide a more joined-up experience, more personalised to people's needs and that helps people stay healthier and well at home and close to home. More integrated working also creates further opportunities and rewarding roles for our staff. But we know this is an on-going journey and one that we will need to keep in focus and support together across the Partnership over the next five years.

For example, as we take on responsibility for pharmacy, optometry and dental services over the coming year, there is also an opportunity for us to also integrate these services further into our integrated neighbourhood model of working. Our Voluntary and Community Sector partners are already an integral part of the way we work in our neighbourhoods and there is valuable learning as to how other partners can integrate their work and their teams. This will then ensure that we have a diverse team representing not just traditional health and care but also wider determinants of health, to wrap around individuals and families providing the support they need.

Our ambition is that our neighbourhood teams will be supported in adopting population heath management approaches to proactively identify and support people in their communities, helping to prevent ill health, reduce health inequalities, and being able to act earlier before people are at risk of poorer health and wellbeing outcomes. Our strategy also commits to ensuring that we are able to meet the workforce challenges (including investing in expanding and developing neighbourhood teams), capital requirements (to help ensure we have high quality facilities where teams can work together and further support local communities) and digital enablement to support the implementation of this approach.

Working in local places

Our Health and Wellbeing Boards have a long history of delivering real change in our local places and their representation reflects the breadth of contributors to health and wellbeing. They provide the strategic vision for each local place, working closely with the Place Based Committees of the ICB to oversee the delivery of the NHS elements of our Integrated Care Strategy.

Many of the Health and Wellbeing Board Strategies have been refreshed over the course of this year and they have all informed the development of this strategy. They all have a strong focus on tackling health inequalities through a life course approach, including giving people the best start in life, living well and having a good death. Many are based on the Sir Michael Marmot Report principles, a review of which is available on this website.

Our Local Health and Wellbeing Strategies are available on local place websites.

- Wakefield Health and Wellbeing Strategy
- Kirklees Health and Wellbeing Strategy
- Calderdale Health and Wellbeing Strategy
- Bradford Partnership Strategy
- Leeds Health and Wellbeing Strategy

Our local places are delivering their Health and Wellbeing Strategies in partnership overseen by Health and Wellbeing Boards and their Place Committees of the NHS West Yorkshire Integrated Care Board. Starting with neighbourhoods they are bringing teams and staff together to deliver joined up health and care, This includes partners such as housing, Police, Fire and Rescue and the Department of Work and Pensions. Sharing learning and scaling up good practice across West Yorkshire is key, as is collaborating when it makes sense to deliver joined up health and care services between places and always intervening early to prevent poor health and wellbeing.

In many of our places integrated work begins with the leadership teams, with joint appointments at a senior management position. For example in Wakefield our place lead also undertakes the role of Adult Social Care Director and Director of Community Services in the hospital (Mid Yorkshire Hospitals NHS Trust). In Calderdale Local Authority Chief Executive is also the place lead.

This approach is also replicated in teams across local places and in some cases has been happening for many years. This has involved commissioning staff working in provider organisations and local authorities to ensure rich and varied skills and expertise in the planning and delivery of services. This way of working not only leads to better integrated care around the person but is also a more effective use of resources and a driver for a joined-up partnership culture.

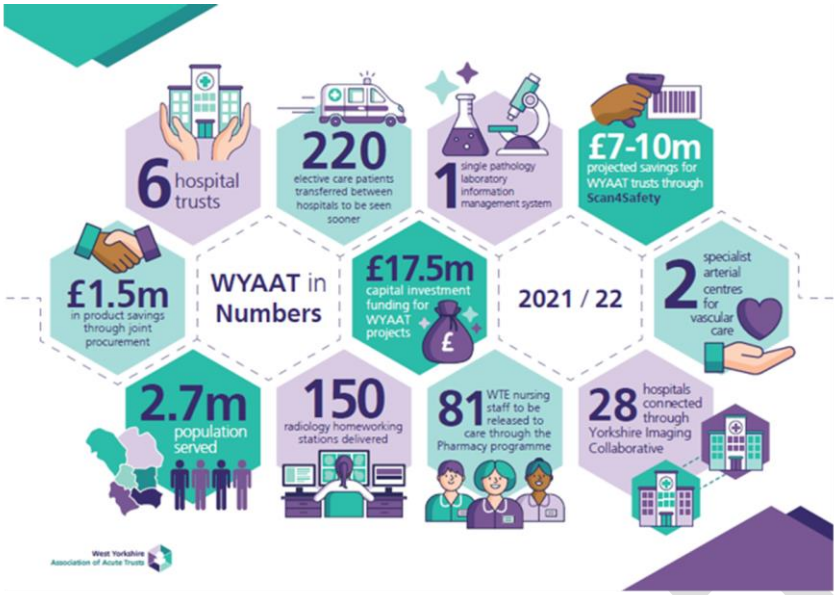
Often there is additional benefit in providers from across West Yorkshire working together as a team across a larger footprint (we call this provider collaboratives) in This is in addition to working together with other partners in their local places.

Working in collaboration at West Yorkshire level

Most of our work happens in our local places, communities and neighbourhoods, taking decisions and delivering integrated services as close to people and families. Sometimes however, there is real benefit in providers of services coming together (we call this provider collaboratives) across West Yorkshire to collaborate on agreed programmes of work. This work is in addition to working in collaboration with other partners within their local places.

West Yorkshire Association of Acute Trusts Provider Collaborative (WYAAT)

Our acute hospitals have worked together through WYAAT since 2016 providing a collaborative, partnership model of integrated acute and specialist healthcare across West Yorkshire. Their vision is to deliver outstanding, high quality acute and specialist healthcare for the whole population of West Yorkshire.



We know that the pandemic has had a significant impact on hospital services in the same way that it has elsewhere in our partnership. There are significant workforce challenges which we are seeking to resolve through our WY People Plan and we know that people are waiting longer than before the pandemic to receive hospital care.

In addition to the WY People Plan, WYAAT's developing strategy is aligned to our integrated care strategy in ensuring that we can collectively provide the best health and care for our population, whilst tackling health inequalities, as well as supporting sustainability and broader social and economic development. To ensure WYAAT is able to proactively collaborate where it makes sense to do so, the strategy contains five pillars:

- Workforce
- Service Delivery (clinical and non-clinical)
- Ways of working
- Recognising and reducing variation
- Estates

There are already a number of ongoing work programmes to deliver the strategic vision. For more information, please visit the WYAAT website here

Mental Health Learning Disabilities and Autism (MHLDA) collaborative

Our MHLDA Collaborative consists of our four mental health/learning disability trusts across West Yorkshire. It is designed to help drive forward the system changes that need to be made, remove barriers to integration and ultimately ensure that our resident population receive the best care and support that can be offered within finite resources.

Through the Collaborative, providers will share and learn from their experiences, including what has not gone well, offer peer support and challenge. Boundaries between services, organisations and across the provider/commissioner landscape will begin to blur focusing on becoming “one workforce” with a collective ambition.

We know that the pandemic has had a significant impact on mental health and this is now compounded by the cost of living crisis. As a collaborative much work has been undertaken over recent years to transform services and this will continue through the delivery of this strategy.

Community Health Services Provider collaborative

Our collaborative of Community Services Providers, which formed in 2021, has come together work collectively on shared issues that of common interest to the sector, such as enabling more healthcare to happen close to home, and where joint approaches or shared learning, such as in workforce development and service redesign, can add collective value.

The collaborative has an important contribution in delivery the strategy through both working together and with other partners, ensuring that community services has a clear and engaged stake in the direction and decisions

Hospice collaborative

In West Yorkshire we have an ambition that people will die well and have a good death. Our Hospice Collaborative is built from a powerful trust base and has strong relationships through which, it delivers a manifesto for palliative and end of life care.

Through our strategy we plan to provide the very best palliative & end of life care for the population of West Yorkshire, which will be personalised, holistic, accessible, a good life to the end of life & a good death. We will provide Effective and personalised support for carers, families & friends and ensure access and inclusion of diverse communities across West Yorkshire.

We want to make sure that hospices are working in a seamless way with the NHS and palliative end of life care system, to meet the needs of patients, reduce unnecessary hospital admissions and enable patients to be discharged home or to the setting of their choice.

Working with NHS England

Services are planned for and provided at, a range of different footprints and whilst this is best carried out as close to the individual as possible, sometimes it is more appropriate to be carried out at a much larger footprint. When this is the case, we work with NHS England to do this on behalf of our people in areas such as health and justice, specialised services, dental, optometry and pharmacy services.

From April 2023 the NHS West Yorkshire Integrated Care Board will be taking on responsibility for the planning and delivery of dental, optometry and pharmacy services, details of which will be set out in our delivery plans.

Specialised Services

The Specialised Commissioning and Health and Justice Team are responsible for commissioning services across a diverse portfolio of care that is provided at specialist tertiary centres, within prison settings as well as in specialised inpatient mental health units across the region. These services are planned at a regional level due to low volume, complexity of the services, and the potential financial risk associated with provision.

Specialised services have an important part to play in the delivery of the long-term plan ambitions for Yorkshire and the Humber. Many of the specialised services which NHS England commission are part of broader pathways of care. Working in partnership with West Yorkshire ICB, South Yorkshire ICB, and Humber and North Yorkshire ICB, specialised commissioning will explore ways to deliver new service models to integrate specialised services into care pathways, focussing on population health for each ICB. We will do this through joint collaborative commissioning approaches as set out in the Roadmap for integrating specialised services within Integrated Care Boards, published in May 2022. We will explore opportunities for more advanced integrated arrangements where these will support the delivery of outcomes for our population.

To optimise equity of access for specialised services, while ensuring care as close to home as possible, we will build on our current clinical engagement to expand new models of service delivery through network approaches, this will ensure that we can deliver care for our population while improving clinical governance and oversight. These successes will help us to develop networked solutions that are appropriate for the population of West Yorkshire.

Some of the joint priorities for 23/24:

Healthy Childhood (Maternity and Neonates)

- Work with the Northern Neonatal Operational Delivery Network (ODN) and Local Maternity Systems (LMS) to deliver the 5-year implementation plans for the ICS for the national Neonatal Critical Care Review, this will ensure delivery in the reduction in neonatal mortality. This will include plans for developing neonatal capacity, further developing the expert neonatal workforce and enhancing the experience of families through care coordinators and investment in improved parental accommodation.

Cancer

- Work with providers of Paediatric Radiotherapy Services and Cancer Alliances to develop new service model for Y&H that will ensure access to the best care and treatments.

Cardiovascular

- Review and assure plans for the delivery of mechanical thrombectomy for the ICS as set out in the Long-Term Plan and reduce the likelihood of disability from stroke.
- Work with the West Yorkshire Cardiac Network to deliver the national Cardiac Improvement Programme to improve patient pathways and quality of care. This includes reducing waiting times for Cardiac Surgery and improving the pathways for patients with Aortic Stenosis.

Other

- Develop an Adult Critical Care Transfer Service that will support best use of critical care capacity across the Yorkshire and the Humber patch, particularly in times of high demand for services.

Working with wider partners

We need to work effectively with partners outside of health and social care in order to make the most impact on health and wellbeing, as so much of good health is related to wider determinants of health such as employment, technology, policing, the economy the climate crisis

We have a long history of successful working in relation to wider determinants of health, for example through our work on health and housing. In some parts of West Yorkshire, we have successfully introduced housing advisors into hospital settings in order to ensure that we can begin to address people's housing needs as soon as they are admitted into hospital, therefore supporting the discharge process. We are also undertaking an assessment of the housing needs of people with Learning Disabilities, Autism and Severe Mental Illness to drive change in future planning decisions and ways of caring for people outside of hospital settings.

There are a significant number of large employers in a broad range of sectors across West Yorkshire. Taking a proactive approach to working with employers on health promotion and prevention will be mutually beneficial and more accessible for the population. Working with education and early years provisions to support children to have the best chances in live and outlook for their future is an important element of our wider working.

As a Partnership we are committed to working with both the West Yorkshire Combined Authority and the West Yorkshire Mayor on work which will in turn improve the health and wellbeing of our population. We know that employment,

housing and transport all have an impact on health and wellbeing and are all factors of concern in the cost-of-living crisis. We know that this is an issue for both our workforce and our population.

In delivering this strategy we aim to be work more closely with our partners to tackle this, placing more focus on the action we can take. The Mayoral Pledges align well to this strategy and provide us with a good opportunity to focus our work around supporting broader social and economic development working on the factors that are important to our communities and our workforce. As a partnership we have opportunities to work more joint up with these wider stakeholders.

Delivering our strategy

How we involve our people

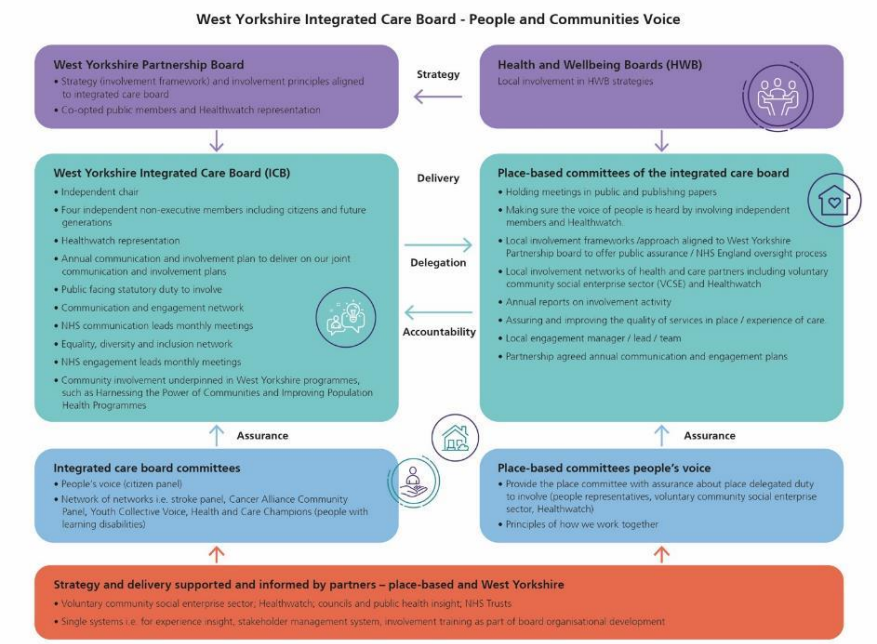
Our Partnership is committed to ensuring that our approach to involvement, in all its forms meets the needs of people living, working, and caring in West Yorkshire. No decision will be made about changes to health and care services that people receive without talking with and listening to people receiving those services or who may do in the future, about it first. It is important that people have their say to shape and improve local services and those provided on a wider geography.

Engaging with partners, stakeholders and the public in the planning, design and delivery of services is essential if we are to get this right. Wherever and whenever possible we will include meaningful involvement as part of our work. We want people to help us design, develop and improve services by sharing their views and experiences.

We know that the people we listen to and involve need to reflect the communities we serve. We know that many people are often not heard in our system and to ensure our services / commissioning meet the needs of all people we work creatively and accessibly to reach those whose voices / views / opinions are too often ignored or not sought. We have agreed principles of how we work together and with people and communities.

Our involvement framework describes our approach to involvement across West Yorkshire and how our engagement is helping us to tackle health inequalities. Through this approach we are able to ensure that we are putting the people of West Yorkshire at the heart of everything we do. We have used the involvement framework to guide us in the development of this strategy and this will be especially important in the development of our plans to deliver the strategy.

The way in which the people voice is heard in our system is outlined in the diagram below:



How we will develop plans to deliver: our Joint Forward Plan

To ensure as a Partnership we deliver this strategy, we will develop a Joint Forward Plan together which will be overseen and owned by the NHS West Yorkshire Integrated Care Board. This plan will set out how over the next five years we intend to deliver the ambitions we have set out in this strategy. The plan will also include national NHS ambitions including:

- Continuing to reduce the waiting times for people needing diagnostic or planned care (such as cancer treatments and orthopaedic surgery);
- Continuing to improve access to primary care services;
- Reducing demand for emergency care; and
- When people have an emergency or urgent need, they can be seen quickly by the most appropriate service.

In the same way that this strategy will be refreshed from time to time, our Joint Forward Plan will be reviewed each year. This will allow us to consider the progress made, what people are telling us about their health and wellbeing and how we might need to change our plans to respond to this. Using our involvement framework to support an ongoing discussion with people in West Yorkshire will be an important part of this work and will take place annually.

Our plans will be developed with a lens which will ensure that everything we do is developed and delivered in a way which will support sustainability and tackling climate change, mitigate the impact of poverty and respond to trauma.

We will publish our Joint Forward Plan on our website alongside information each year on the progress we have made. Our initial Joint Forward Plan will be published in April 2023 and if you would like to be involved in its development, please email westyorkshire.ics@nhs.net.

How we will plan for our workforce

Our people are our greatest resource, we are proud of their commitment to the people of West Yorkshire and the resilience they have shown through the Pandemic. The resilience shown over recent years in challenging times reflects their strength and compassion and as a Partnership we want to make sure that we are supporting them in the best way that we can,

In 2021 we developed our West Yorkshire People Plan which recognises the diverse nature of our partnership. It represents the full range of health and care sectors, including universities, those working and volunteering in the voluntary, community and social enterprise (VCSE) sector and unpaid carers. The Plan sets out the current challenges which the plan needs to address but also the ambition for our people. It sets out what we are doing now and what our future plans will include.

We know that the pandemic has brought huge challenges for our workforce and we continue to both adapt and learn from this to ensure that we can support our workforce now; plan to ensure that we grow a workforce for the future; build new ways of working and delivering care and build our partnership.

A key element of our digital strategy is centred around supporting our workforce. We will do this by providing the digital tools to enable efficient and effective working regardless of the location in which our workforce need to work.

Equality, diversity and inclusion

We see the diversity of all communities and colleagues as a strength to help inform the way we plan, design and commission health and care services for people living across West Yorkshire. We want to make sure that everyone is treated fairly and given an equal chance to access opportunities. Ensuring that we meet the needs of everyone to ensure that our population all have good outcomes.

We recognise and value individual as well as group differences, treating people as individuals and placing positive value on the diversity they bring because of a protected characteristic or cultural background.

Our strategy is also focused on making all groups of people feel included and valued within their society or community so that there isn't a negative effect on their health and wellbeing and so everyone can access the care they need.

Our plans to deliver will have valuing equality, diversity and inclusion at their heart and through our Involvement Framework we will listen to people to ensure that we get this right.

Clinical and professional leadership

Clinical and professional leadership is central to all of our work, helping us put the person at the centre of our decision making. The West Yorkshire Clinical Forum provides clinical leadership and expertise into all programmes of work. It is supported by networks of nurses, allied health professionals, pharmacists and medical directors from across the health and care system. The forum also provides clinical leadership to dental and optometry services. The development of this strategy has been informed by their voice.

Ensuring our services are of good quality

Listening to clinical leaders and people's experience of health and care is an effective way of us ensuring that our services across West Yorkshire are of good quality. We also work through our Integrated Care Board System Quality Group to ensure that we are delivering our statutory quality functions and strategic objectives in a way that secures continuous improvement in the quality of our services. It also provides valuable assurance for the delegation of some functions of commissioning.

Listening to our workforce and our people is also central to the way in which we design and deliver care and how we transform our services in response to their experience of providing and receiving care.

Safeguarding people

Our joined-up approach to safeguarding across our Partnership is based on arrangements within our five places and the statutory duties that organisations at place hold. Our Partnership's Safeguarding Committee spans these place arrangements to facilitate peer support and shared learning and an interface with NHS England and lead professional networks.

How we will use data and intelligence

In delivering this strategy, we will ensure that our decisions are data and intelligence informed. Much of the data will be built upon the Joint Strategic Needs Assessments in each place which look at the current and future health and care needs of local

populations. These are designed to inform and guide the planning and commissioning (buying) of health, well-being and social care services.

By bringing together our data alongside what our people and staff are telling us will support improving outcomes and reducing health inequalities for the population of West Yorkshire. This will not only ensure that we are able to tell a compelling story as to how our services are being delivered, but also help us consider where we can best focus our efforts on improving them.

To ensure that we are doing this in the right way, we need to make sure that we understand where this intelligence is in our system and how we can ensure that it is brought together to help our decision making on an ongoing basis. We will also gather and make sense of the data and intelligence we have, in the right place at the right time to ensure that we can improve efficiency and productivity.

In order to deliver the strategy and achieve our ambitions we will need to grow our analytical capacity and capability over the next five years, freeing up time to innovate and support our plans. We will be able to do this through shared learning and development and shared resources with an aim of all parts of the West Yorkshire system being able to contribute to, access and use, the best possible analysis of our information.

To deliver the strategy and the innovation we need to make a real impact on reducing health inequalities, we will look to constantly advance the technology we use. Building on our use of modelling to understand future demand and how we might innovate to meet the need. Our digital strategy sets out how we will use data to support decision making, design services and research to improve the health of our population. It also provides a direction of travel for how we will ensure the safe, secure and seamless flow of information between organisations to support care delivery.

Money and resources

In West Yorkshire, we have worked to a set of guiding values and behaviours which have ensured that decisions around how we allocate monies and manage financial risk have been made collectively together. We know that the budgets of all organisations within our partnership are going to be challenging over the coming years. All of these pressures run alongside the cost-of-living issues that people are facing across West Yorkshire, and the unequal impact on poorer communities. and that this will be felt at both system, organisation and individual level.

We know that demand for services is likely to increase across all ages. The impact on some sectors such as our VCSE has also been noticeable and has threatened their sustainability whether through reductions in grant funding or charity donations from the public alongside increased demand.

We have a strong history of working together across organisations and sectors to better use our resources to improve health and care. An example of where we have

made a difference through our collective action is the deployment of £1million into social care providers in 2021/22 to allow the early introduction of the national living wage for low-paid employees. This ensured early action to tackle the cost-of-living crisis whilst also supporting a more sustainable care workforce.

This work has been successful due to the way in which we work together across our partnership to a common vision, the level of trust we have and the relationships we have built. We will continue to do this over the lifetime of this strategy to ensure that we can use our resources to reduce health inequalities and improve health and wellbeing in our population.

We make our decisions as close to the individual as possible, starting our planning of services from places and communities. Our resources enable the delivery of plans at this level, ensuring that they are used effectively, efficiently and in new innovative ways where possible.

Our 2022-2027 Finance Strategy sets out our approach to how we will use our resources and make our financial decisions to support deliver of our strategy. It outlines the actions we will take to use our finance and resources in tackling health inequalities; managing unwarranted variations in care; using our collective resources wisely; and securing the economic and social benefits of investing in health and care.

Buildings and estates

To deliver joined up health care and new ways of working together we also need to look at how we make the most of our buildings (our estates). The way in which we work as organisations together across our Partnership helps us make the most of both our buildings and other assets available to us. We will look to use our estates effectively as an organisation and support our NHS Trusts to adapt to the new ways of working. Planning for future changes as more and more people become flexible and take positive advantages of hybrid working.

This work begins in our communities, using our estates to support bringing teams together to wrap around and support people, unpaid carers, communities and neighbourhoods. This extends beyond traditional health and care, looking at how we can use our estates across our wider partnership to truly integrate the way in which we work together. Our estates are led by the clinical strategy around the services that we provide.

Our capital and estates work are also important in supporting our organisations to deliver their services in a safe and effective way. In order to deliver this strategy we need to ensure that we are able to develop and prioritise bids for capital funding to ensure that we have high quality buildings which support us to deliver health and care safely, collaboratively and in an innovative way.

Through working together on capital, we been able to successfully bid for NHS England capital to support system-wide capital investments over recent years. This

has brought an additional £300m into West Yorkshire. We will work with WYCA to support investment within the region in economic and workforce development.

The way in which we will learn and develop

As a forward-thinking innovative partnership, we continue to develop and deliver innovative ideas and solutions to improve the health and wellbeing of the 2.4million people living across our area. We do this through working together with organisations from industry, universities, and public and VCSE partners, so that we can create a culture that uses 'innovation' to improve people lives. This helps to make sure people have the best start in life and every opportunity to live a long, happy, and healthy one.

Our partnership with the Yorkshire and Humber Academic Health Science Network provides us with a valuable opportunity to work with a range of professionals and organisations with expertise in a wide range of areas. Through this work we have been able to develop an Innovation Hub, one of two across Yorkshire and Humber.

One of the aims of the Innovation Hub is to support West Yorkshire to develop and foster our culture of innovation and improvement whilst highlighting areas of best practise and helping us to deliver on the systems innovation goals. Within the Innovation Hub, there is also a Digital Primary Care Innovation Hub, which supports our understanding and innovative work on issues facing primary care.

We also work closely with the Yorkshire and Humber Applied Research Collaborative which supports people-powered research that aims to tackle inequalities and improve health and well-being for our communities. With themes of healthy childhood, mental health and multimorbidity, older people and urgent care, this work provides us with an opportunity to both learn and commission work in these areas to support the delivery of our strategy and ambitions.

In the development of our plans to deliver our strategy, we will lean from both organisations to inform our plans and we also identify opportunities to use their expertise to help us understand areas where we have significant challenges.

There is also much we can learn from each other within West Yorkshire. We know that there is good work happening in neighbourhoods, places, providers, collaboratives and across West Yorkshire. We will continue to share and learn in a collaborative way to understand where we can implement good practice and innovation into our work to improve outcomes for our population.

The way in which we will use digital and technology

In West Yorkshire we are embracing technology to empower people to take control of their own health and care and continually improve the way we deliver services so we can be the best we can be. Our Digital Strategy sets our vision that:

‘People have a choice to use digital channels to access services and monitor their own health. Services are designed using evidence from data and our workforce can work from anywhere in the region and access the information that they need to care for the individual person.’

Our Digital Strategy also seeks to ensure that our services are designed using evidence from data and that our workforce can work from anywhere in the region and access the information that they need to care for the individual person. This will support us in our recovery from the pandemic and ensuring that people can access health and care and receive diagnoses at the right place and the right time.

An example of where we have made a difference is through our online GP consultation. Whilst we have continued to deliver face to face appointments over the last year, for those who have wanted to and been able to, the opportunity to access online GP consultations has been a valuable resource through the pandemic.

Useful information

Helpful publications & web links

Contact details

Availability in alternative formats

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West Yorkshire
Health and Care Partnership

10 Strategic ambitions - Update December 2022

Appendix A

West Yorkshire
Health and Care Partnership

Ambition 1 - Metric 1

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

These graphs show, for females and males at birth and age 65, the difference in life expectancy (in years) between the most and least deprived areas in each place. A lower value indicates less inequality in life expectancy.

On these graphs, a higher value indicates greater inequality.

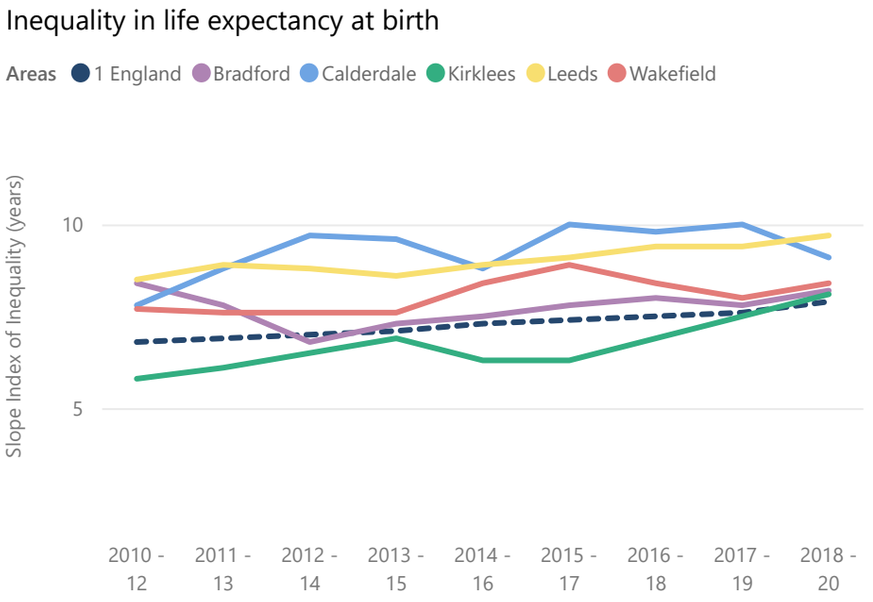
Metric 1 - Inequality in life expectancy at birth - Female
Metric 2 - Inequality in life expectancy at birth - Males
Metric 3 - Inequality in life expectancy at 65 - Female
Metric 4 - Inequality in life expectancy at 65 - Male

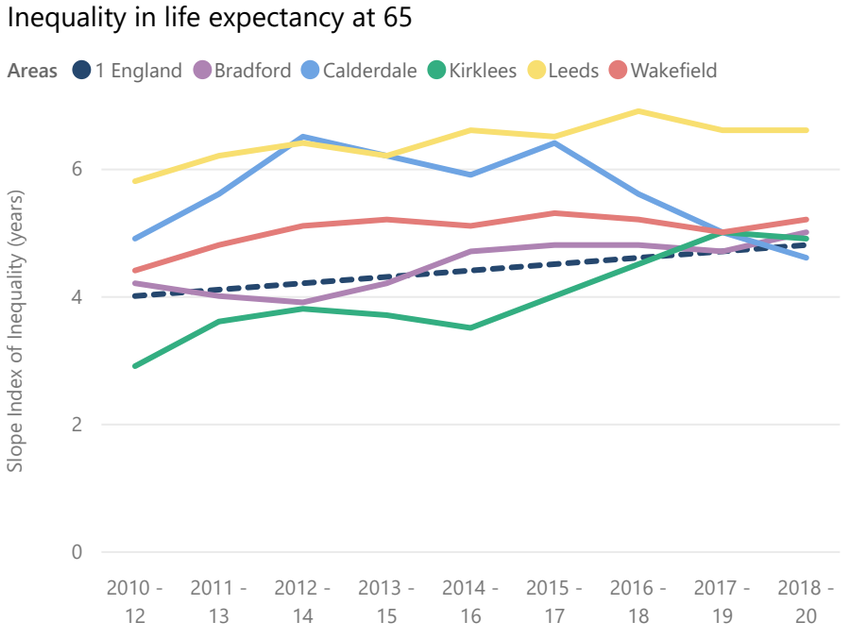
Data Sources

Figures calculated by Office for Health Improvements and Disparities using mortality data and mid-year population estimates from the Office for National Statistics and Index of Multiple Deprivation 2010, 2015 and 2019 (IMD 2010 / IMD 2015 / IMD 2019) scores from the Ministry of Housing, Communities and Local Government.

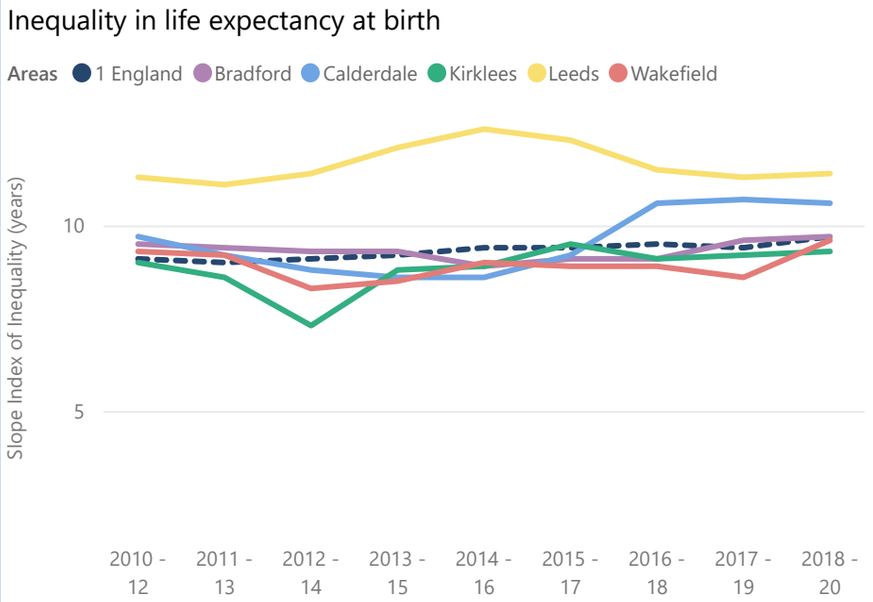
Extracted from Fingertips (OHID)

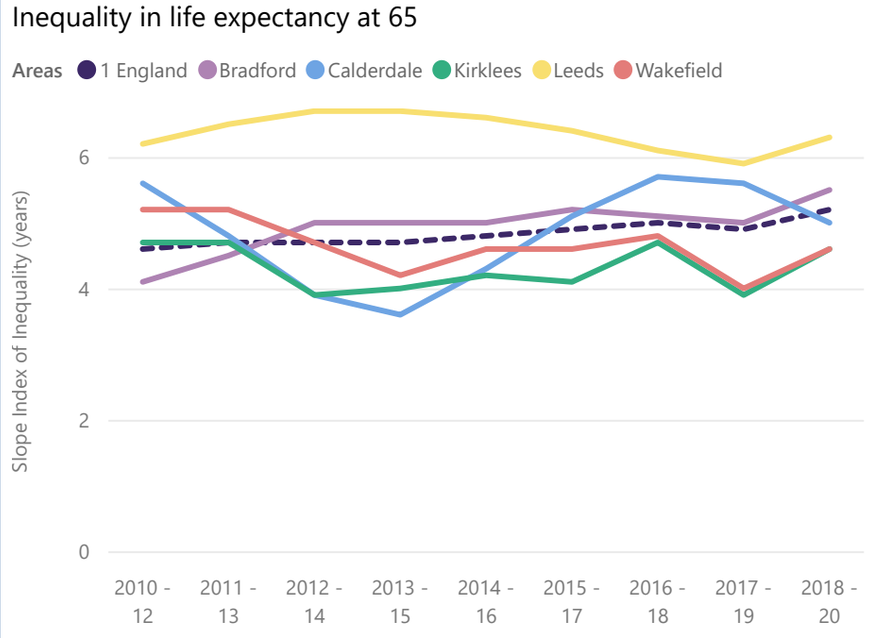
Female





Male





West Yorkshire
Health and Care Partnership

Ambition 1 - Metric 2

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
These metrics relate to 2 of the 3 levels of disease prevention for 2 of the main causes of death in West Yorkshire - CVD and COPD:

Metric 1 - % of patients with CHD prescribed aspirin, APT or ACT.
Metric 2 - % of patients with COPD who have had influenza immunisation.

Data source
Calculated using Quality Outcomes Framework (QOF) data. NHS Digital. 2020/21. CCGs.
Extracted from Fingertips (OHID).

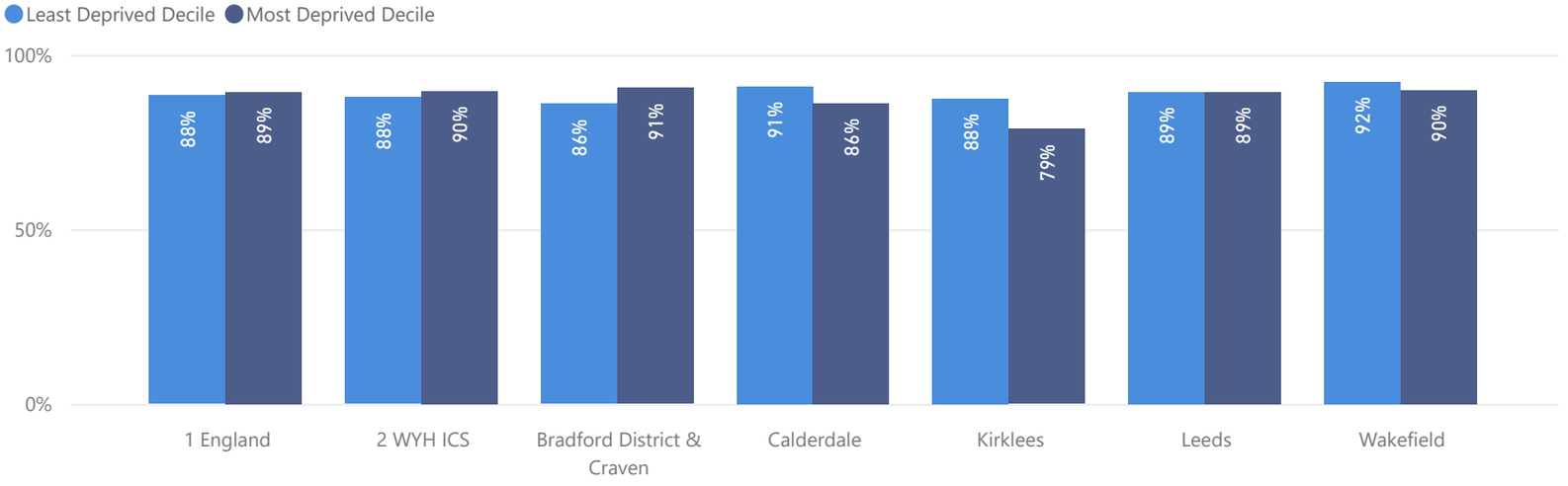
Least deprived decile is not always decile 10, and where unavailable the next decile has been used.

Timeperiod
2020/21

Cardio-Vascular Disease (CVD)

Tertiary Prevention

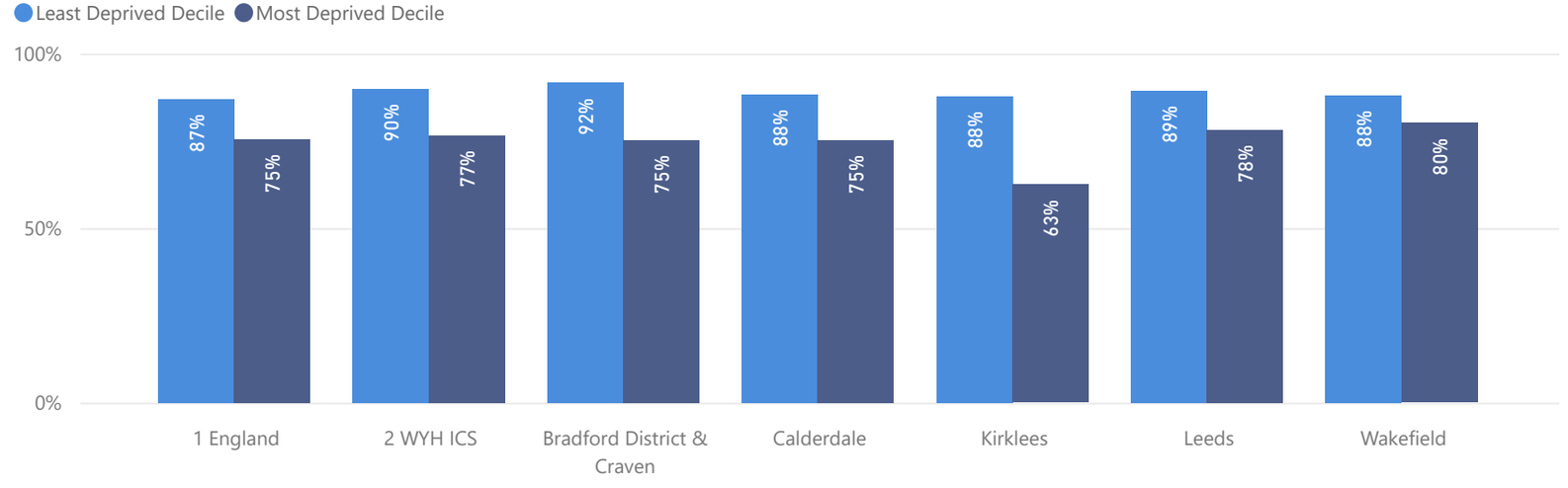
CHD prescribed aspirin, APT or ACT in last 12m



Chronic obstructive pulmonary disease (COPD)

Tertiary Prevention

COPD with Influenza Immunisation



West Yorkshire
Health and Care Partnership

Lung Cancer

Ambition 1 - Metric 3

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

These metrics relate to the 3 levels of disease prevention for another main cause of death in West Yorkshire - Lung Cancer:

Metric 1 - Smoking prevalence in adults in routine and manual occupations (ages 18-64).

Metric 2 - % of lung cancer diagnosed at an early stage (stage 1 or 2). Cancer Alliance Data, Evidence and Analysis Service (CADEAS) data. 2018. Based on most and least deprived quintiles.

Metric 3 - Proportion of baseline levels of 1st treatments for lung cancer. CADEAS data. Mar - Dec 2020 vs Mar - Dec 2019.

Data sources

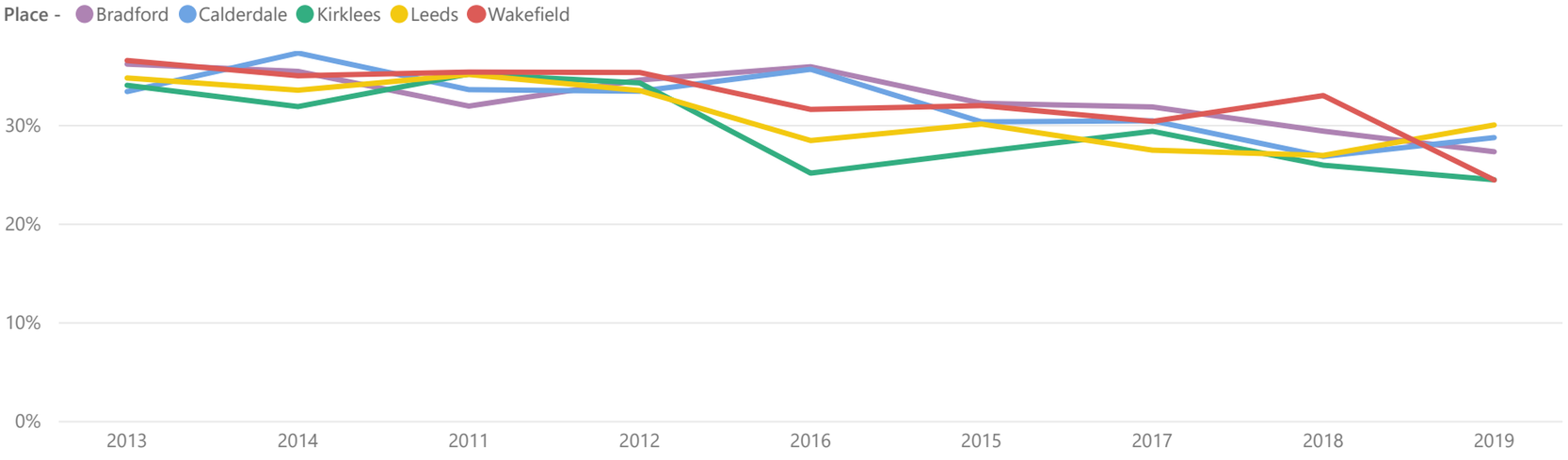
Annual Population Survey (APS). 2013 - 2019. CCGs. (Metric 1) Extracted from Fingertips (OHID).

Cancer Alliance Data, Evidence and Analysis Service (CADEAS). 2019. (Metric 2).

Cancer Alliance Data, Evidence and Analysis Service (CADEAS). Difference between 2019/20 - 2020/22.

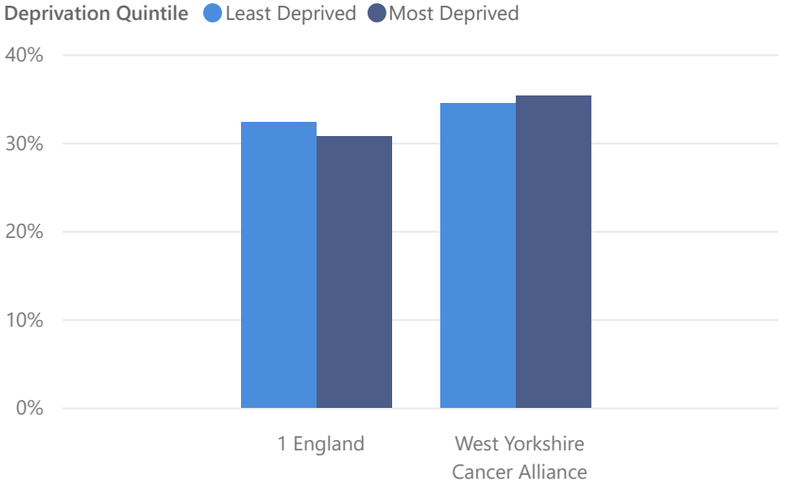
Primary Prevention

Smoking Prevalence in adults in routine and manual occupations (18-64)



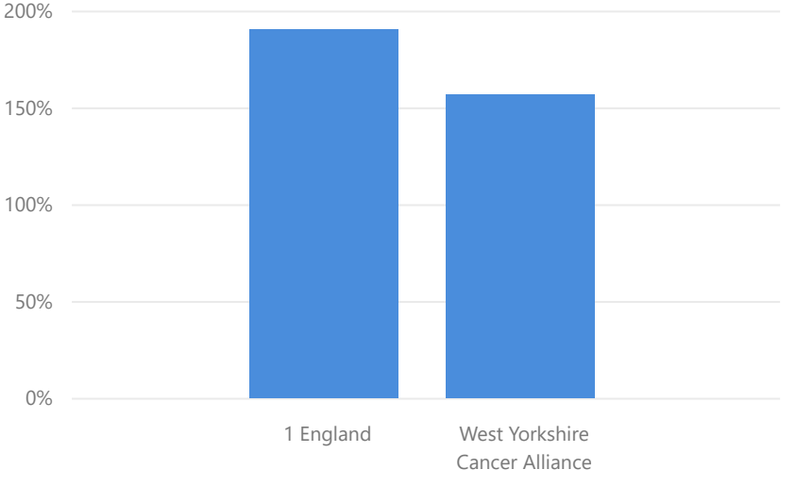
Secondary Prevention

% of lung cancer diagnosed at early stage



Tertiary Prevention

Proportion of baseline levels of 1st Treatments for Lung Cancer Mar - Dec 20 vs Mar - Dec 19



West Yorkshire
Health and Care Partnership

Ambition 2 - Metric 1

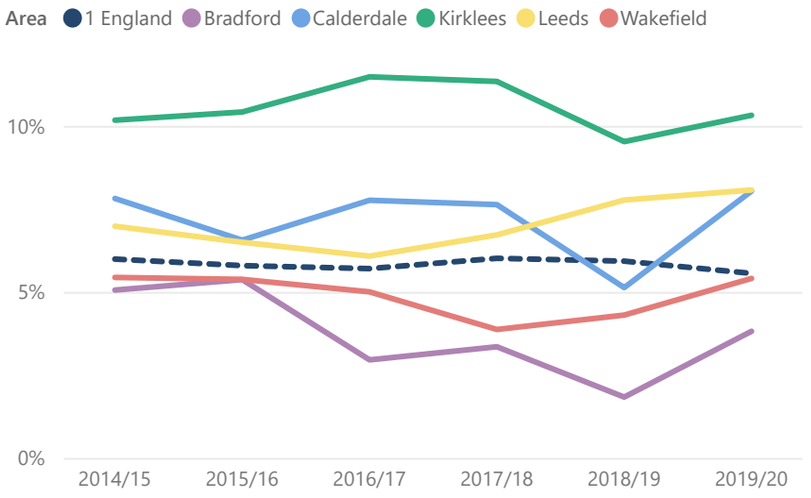
We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.
These metrics relate to the wider determinants of health such as housing and employment, and to primary prevention.

Metric 1 - Proportion of supported working age adults with learning disability in paid employment. PHE Fingertips. 2019/20. Local Authorities.
Metric 2 - Proportion of supported working age adults with learning disability living in settled accommodation. PHE Fingertips. 2019/20. Local Authorities.
Metric 3 - Proportion of eligible adults with a learning disability having a GP health check. PHE Fingertips. 2018/19. Local Authorities.

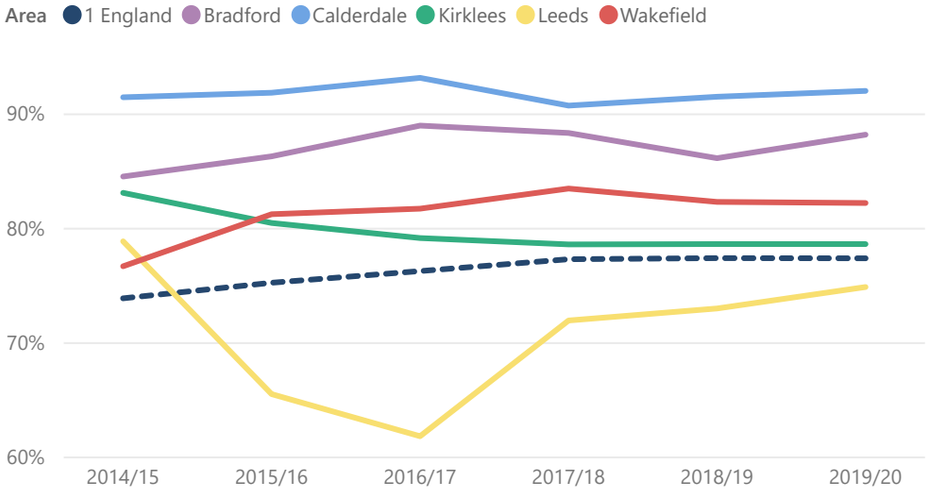
Data sources
NHS Digital, Adult Social Care Activity and Finance Report, Short and Long- Term Care Statistics (Metrics 1 and 2)
NHS Digital, Learning Disabilities Health Check Scheme Statistics (numerator) and QOF data (denominator)
Extracted from Fingertips (OHID).

Determinants of Health

Employment - Proportion of supported working age adults with learning disability in paid employment from 2014/15 to 2018/9

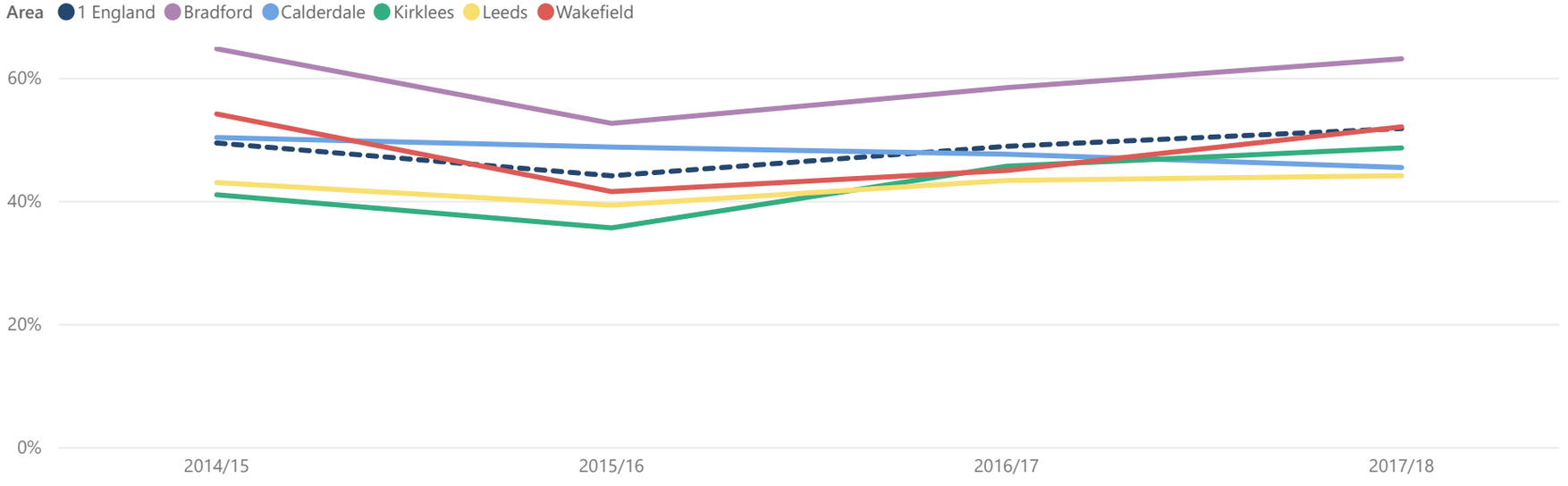


Housing - Proportion of supported working age adults with learning disability in settled accommodation from 2014/15 to 2018/19



Primary Prevention

Proportion of eligible adults with a learning disability having a GP health check - All ages



West Yorkshire
Health and Care Partnership

Ambition 2 - Metric 2

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.
These metrics relate to primary care interventions linked to Cardio-Vascular Disease.

Metric 1 - Record of blood pressure check in preceding 12 months for patients on the Mental Heath (MH) register in general practice.
Metric 2 - Record of Body Mass Index (BMI) in the last 12 months for patients on the MH register in general practice.

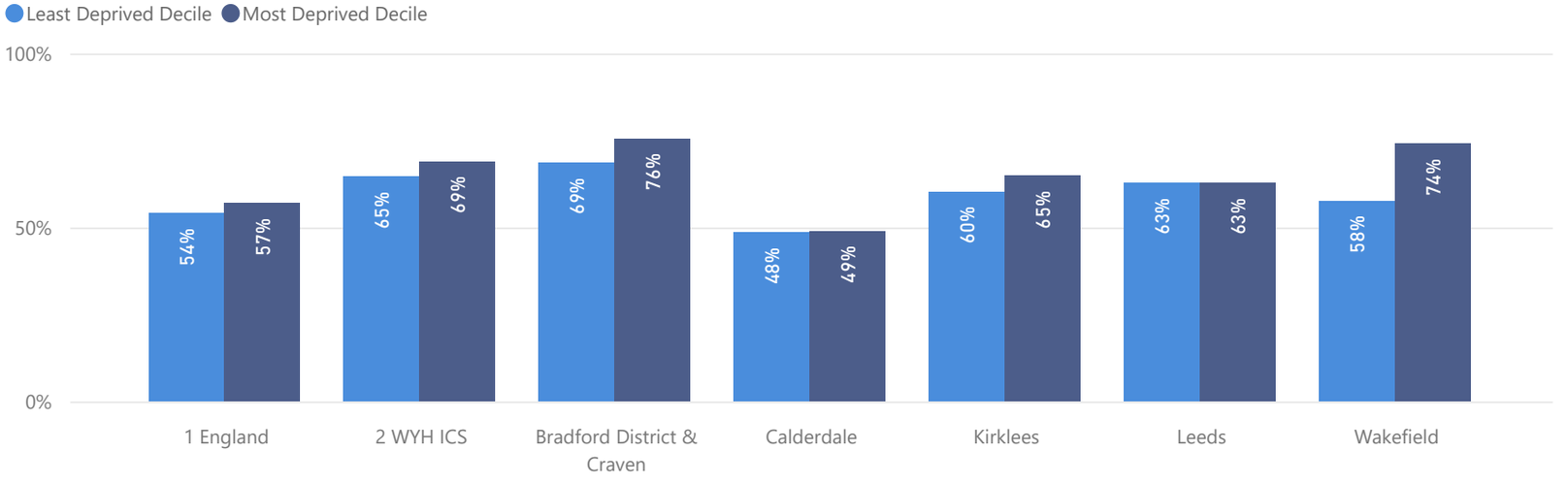
Data source for all metrics
Calculated using Quality Outcomes Framework (QOF) data. NHS Digital. 2020/21. CCGs.
Extracted from Fingertips (OHID).

Cardio-Vascular Disease (CVD)

Timeperiod
2020/21

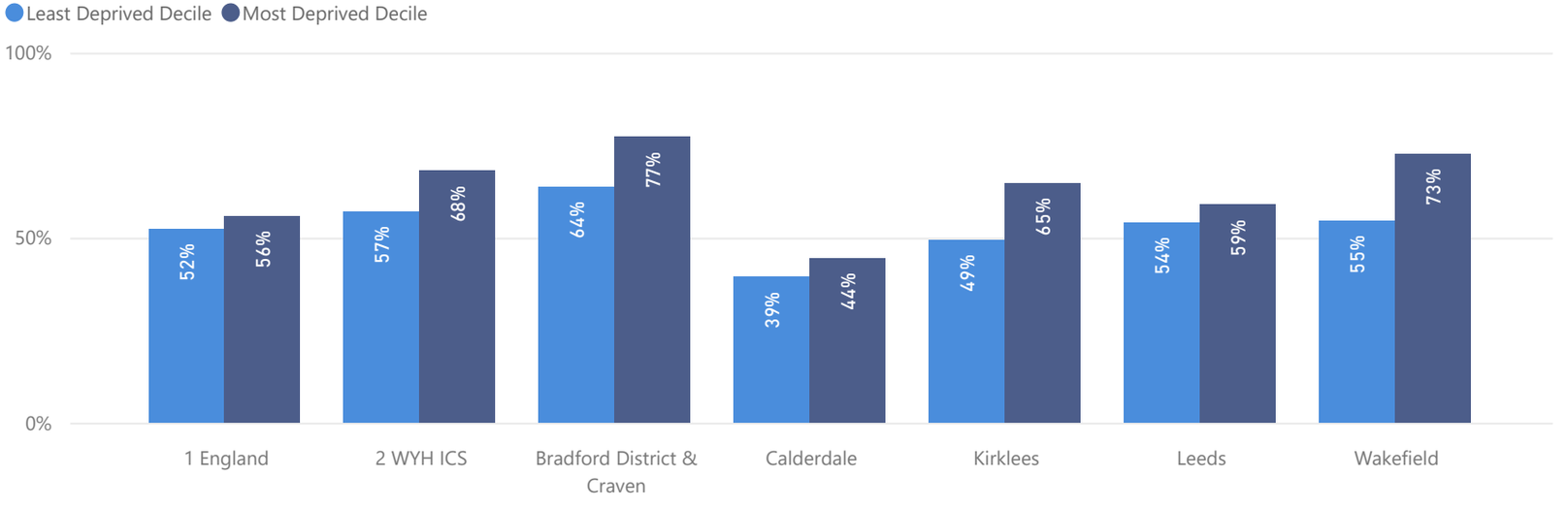
Secondary Prevention

Record of blood pressure check in preceding 12 months for patients on the MH register in general practice



Primary Prevention

Record of BMI in the last 12 months for patients on the MH register in general practice



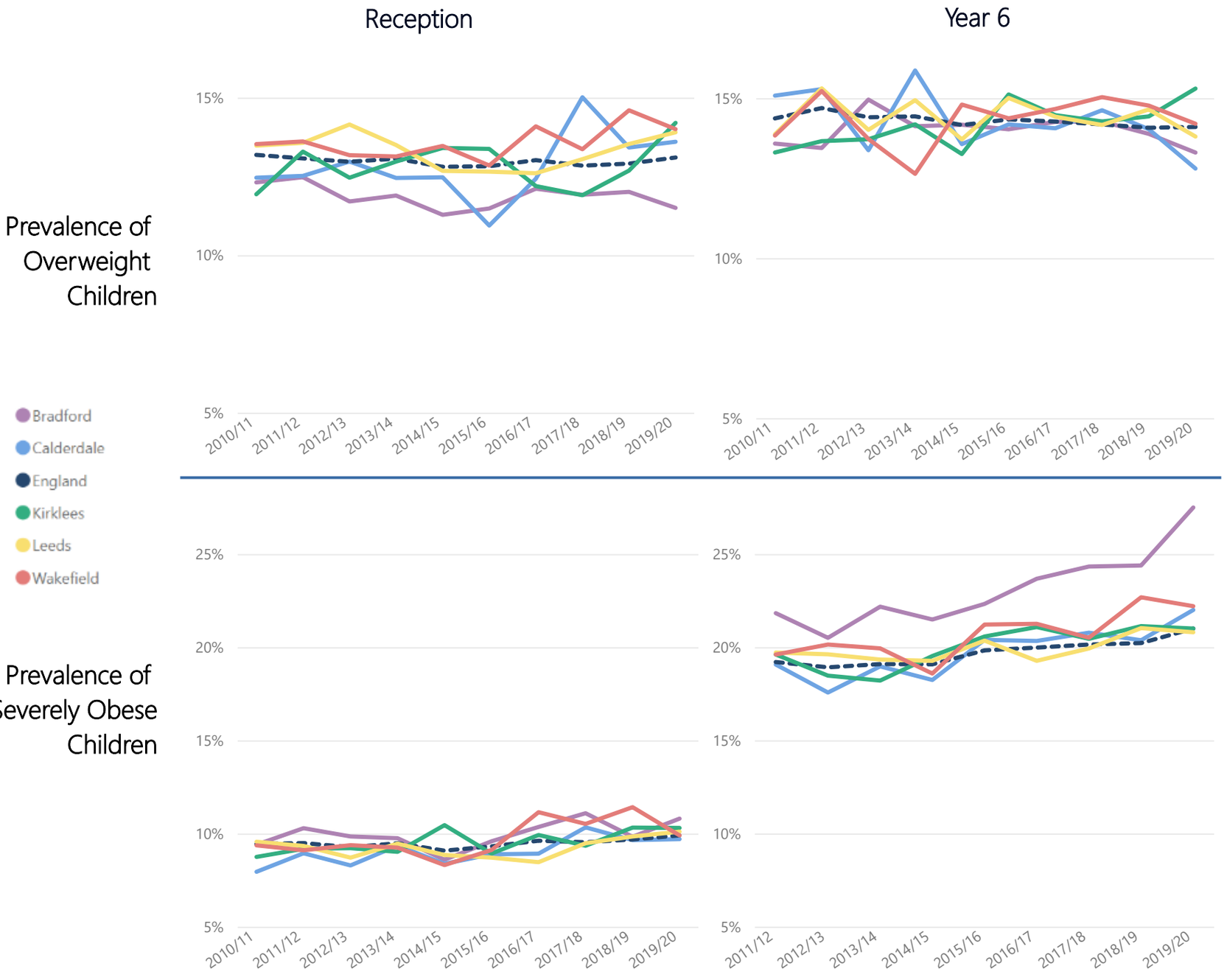
West Yorkshire
Health and Care Partnership

Ambition 3 - Metric 1

We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty
These graphs show, for both reception and year 6, the proportion of children who are either over-weight, obese or severely obese.

Metric 1 - Prevalence of Overweight Children - reception.
Metric 2 - Prevalence of Overweight Children - year 6.
Metric 3 - Prevalence of Severely Obese Children - reception.
Metric 4 - Prevalence of Severely Obese Children - year 6.

Data Source
NHS Digital, National Child Measurement Programme. 2010/11 - 2019/20. Local Authorities.
Extracted from Fingertips (OHID).



West Yorkshire
Health and Care Partnership

Ambition 3 - Metric 2

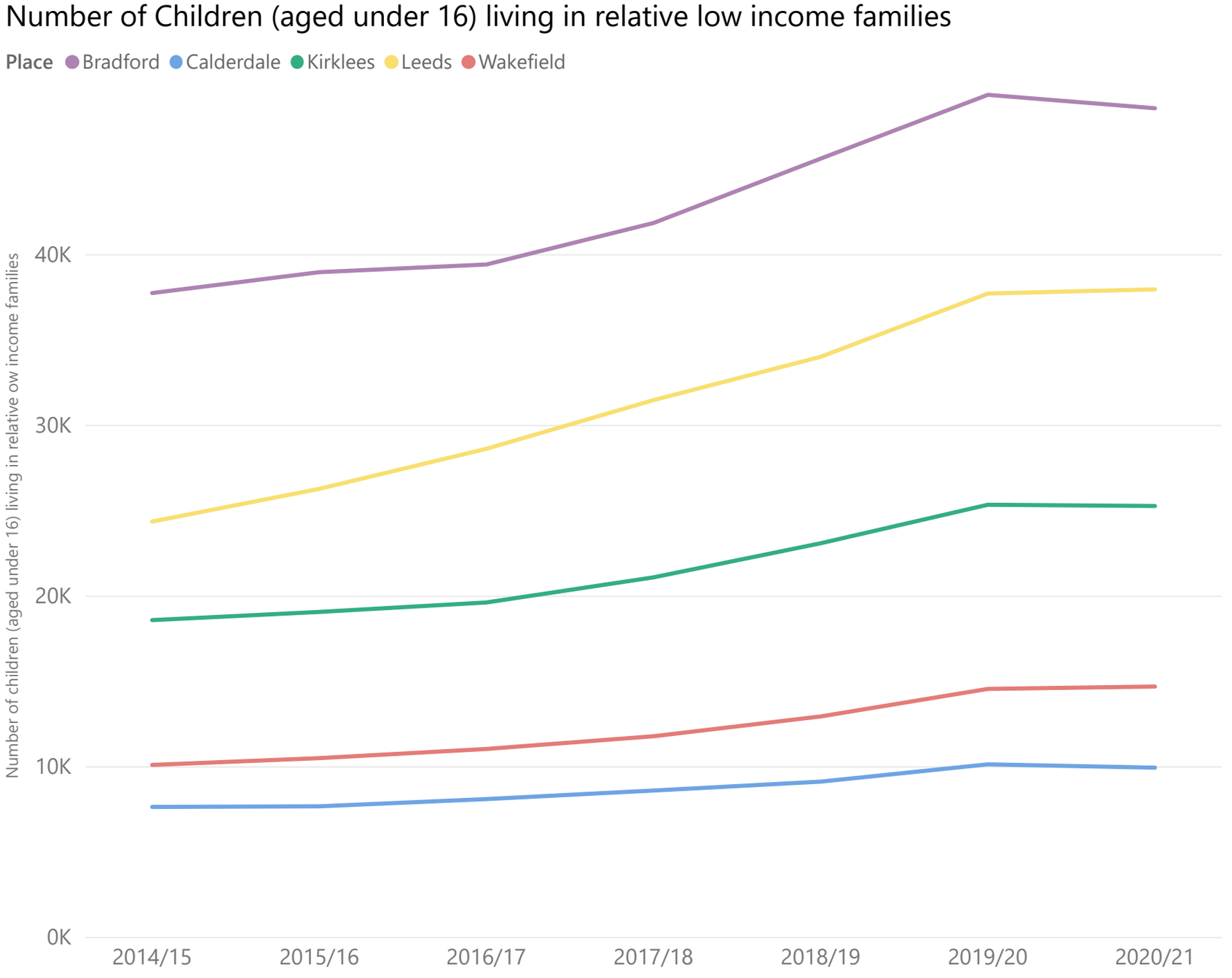
We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty

This graph shows how the number of children living in relative low income families has changed between 2015 and 2020. There are now over 138,000 children living in those families, based on provisional 2020 data.

Metric 1 - Number of Children (aged under 16) living in relative low income families.

Data Source

The Office for Health Improvement and Disparities. 2014 - 15 - 2020 - 2021. Local Authorities.
Extracted from Fingertips (OHID).



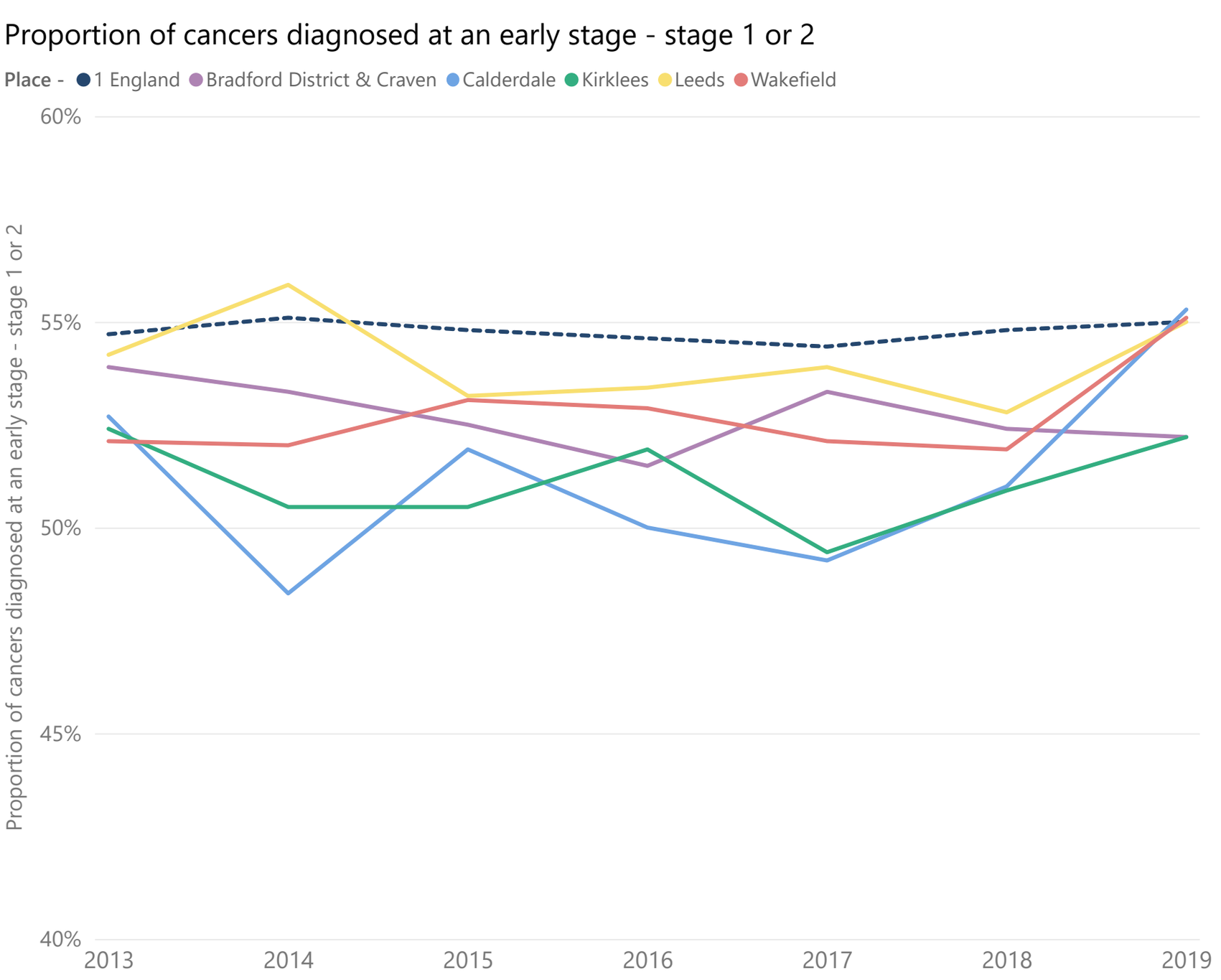
West Yorkshire
Health and Care Partnership

Ambition 4

By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.
The overall proportion of cancers diagnosed at an early stage (either stage 1 or 2) was 51.9% in 2018. This is based on the latest published data.

Metric 1 - Proportion of cancers diagnosed at an early stage - stage 1 or 2.

Data Source
Cancer Alliance Data, Evidence and Analysis Service (CADEAS). 2013-2019. CCGs.



West Yorkshire
Health and Care Partnership

Ambition 5

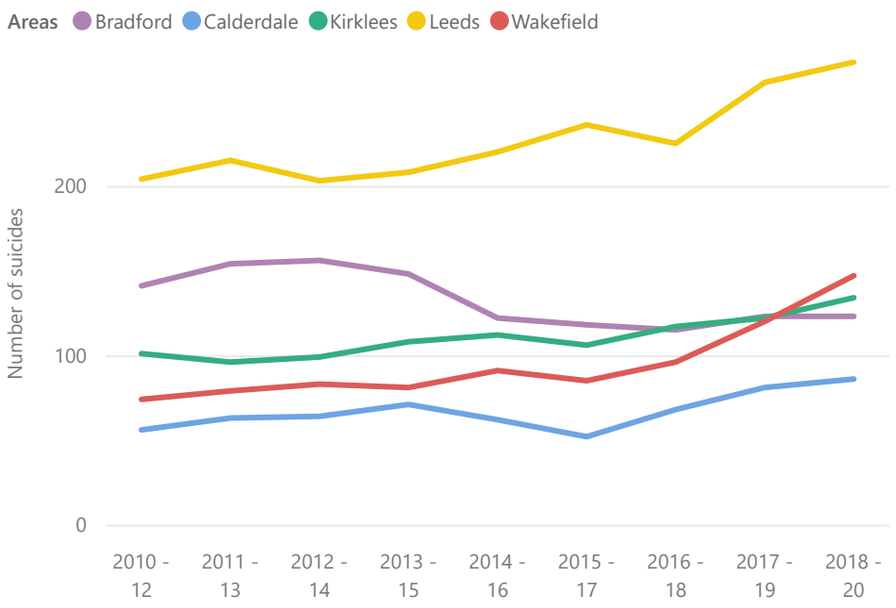
We will reduce suicide by 10% across West Yorkshire by 2020/21 and achieve a 75% reduction in targeted areas by 2022.

In 2019 there were 277 suicides recorded in West Yorkshire, a 22% increase on the 2015 number of 227 suicides. There is a significant degree of variation in both numbers and change over time between the places in West Yorkshire, as can be seen from the graphs to the right.

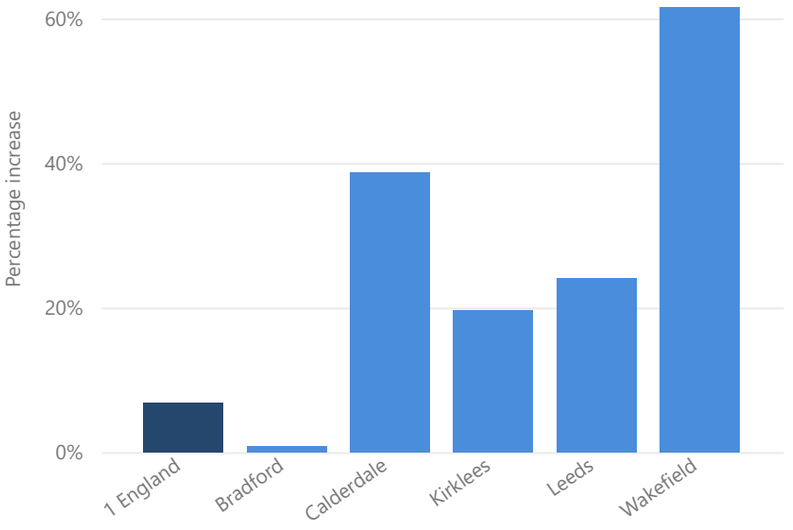
Metric 1 - Number of Suicides.
Metric 2 - Percentage change in the number of suicides between 2014 -16 - 2018 -20.
Metric 3 - Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. ONS data. 3 year average, 2017-19. Local Authorities.
Metric 4 - % Change in age standardised suicide rate between 2014 -16 - 2018 -20.

Data source for all metrics
Office of National Statistics (ONS) data, 2010-12 - 2018-20. Local Auhtorities.
Percentages calculated using ONS data
Extracted from Fingertips (OHID).

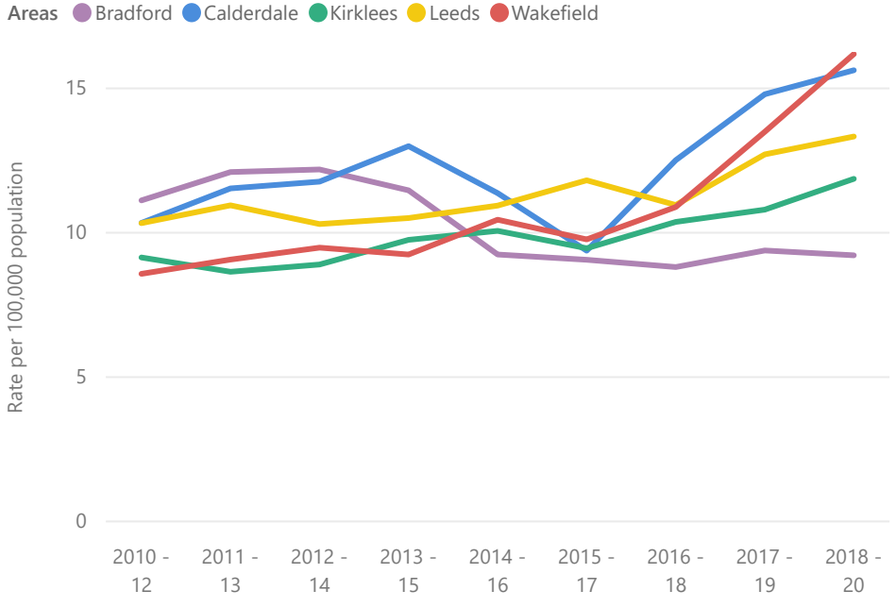
Number of Suicides



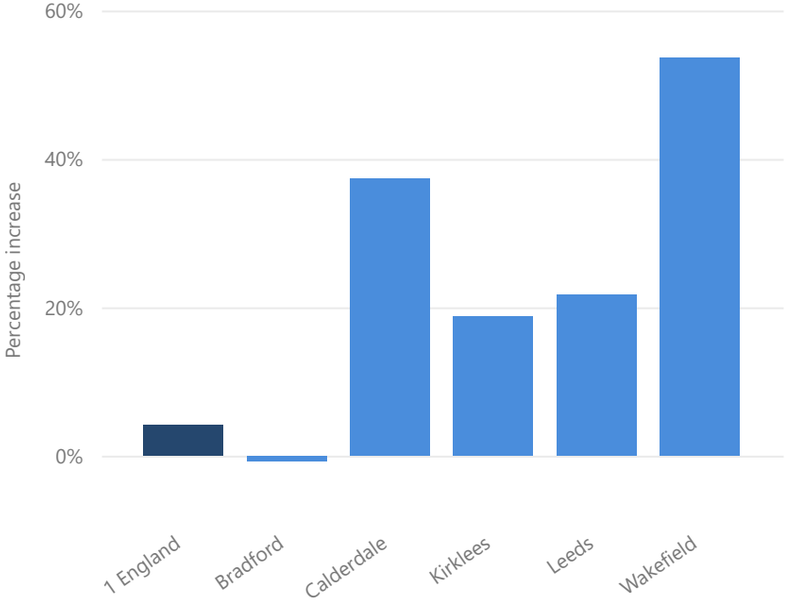
% change in number of suicides 2014-16 - 2018/19



Suicide rates per 100,000 population



% Change in age standardised suicide rate 2014-16 to 2018-20



West Yorkshire
Health and Care Partnership

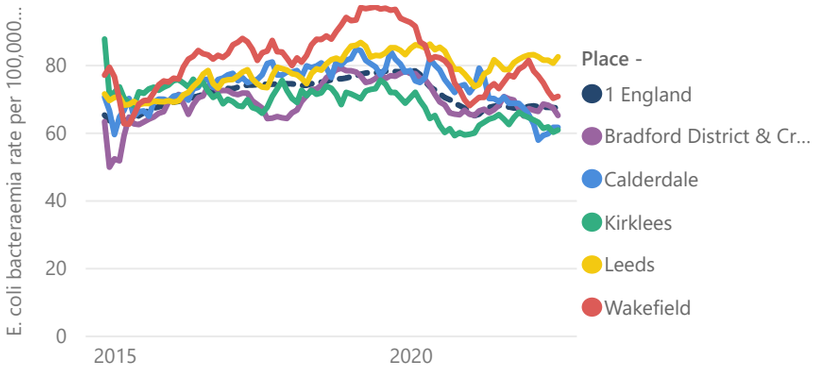
Ambition 6

We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024 by, for example, reducing antibiotic use by 15%.
The graphs to the right show the trends for key metrics related to antibiotic prescribing in both secondary and primary care.

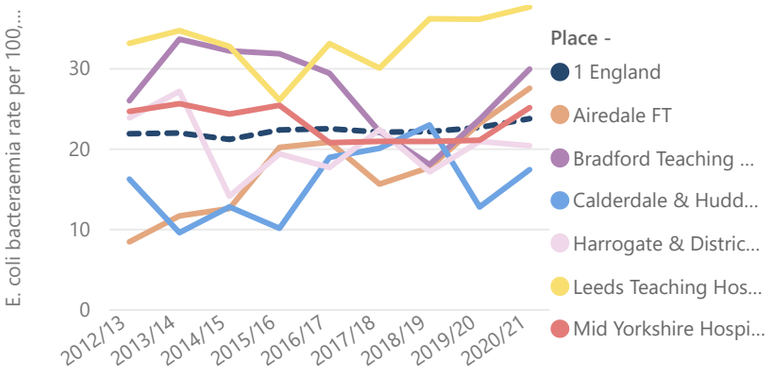
Metric 1 - E. coli bacteraemia. 12-month rolling rate per 100,000 population. May 2021. CCGs.
Metric 2 - E. coli bacteraemia 12-month rolling rate per 100,000 bed days.
Metric 3 - Antibiotic Guardians per 100,000 population
Metric 4 - Twelve-month rolling total number of prescribed antibiotic items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU)
Metric 5 - Percentage of antibiotic prescriptions for lower UTI in older people meeting NICE NG109 guidance and PHE Diagnosis of Urinary Track Infection (UTI) guidance in terms of diagnosis and treatment.

Data source for all metrics, in order
HCAI Mandatory Surveillance Data (Metric 1, 2)
AntibioticGuardian.com
ePACT2 from NHSBSA
Quarterly Commissioning for Quality and Innovation (CQUIN) returns made to UKHSA by NHS Trusts
All extracted from Fingertips (OHID).

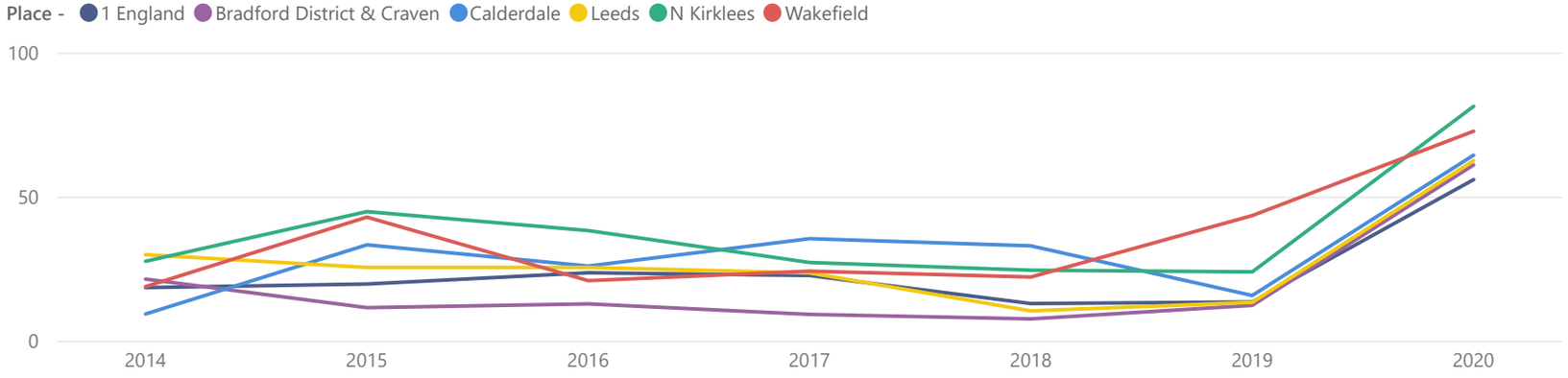
E. coli bacteraemia 12m rolling rate per 100,000 population



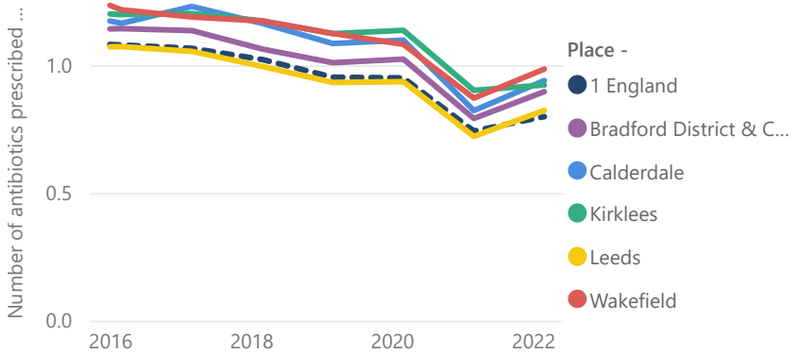
E. coli bacteraemia 12m rolling rate per 100,000 bed days



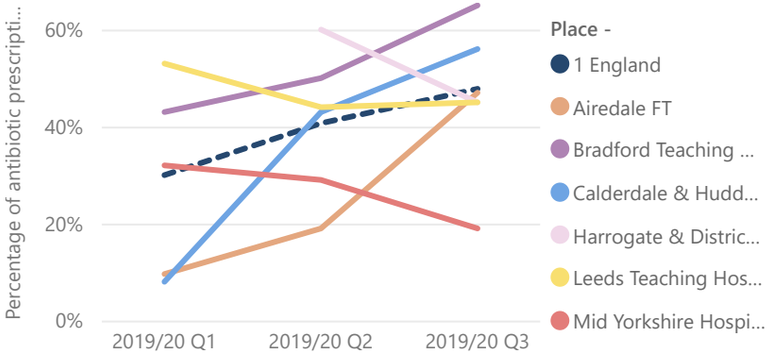
Antibiotic Guardians per 100,000 population



Twelve-month rolling total number of prescribed antibiotic items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU)



Percentage of antibiotic prescriptions for lower UTI in older people meeting NICE & PHE guidance



West Yorkshire
Health and Care Partnership

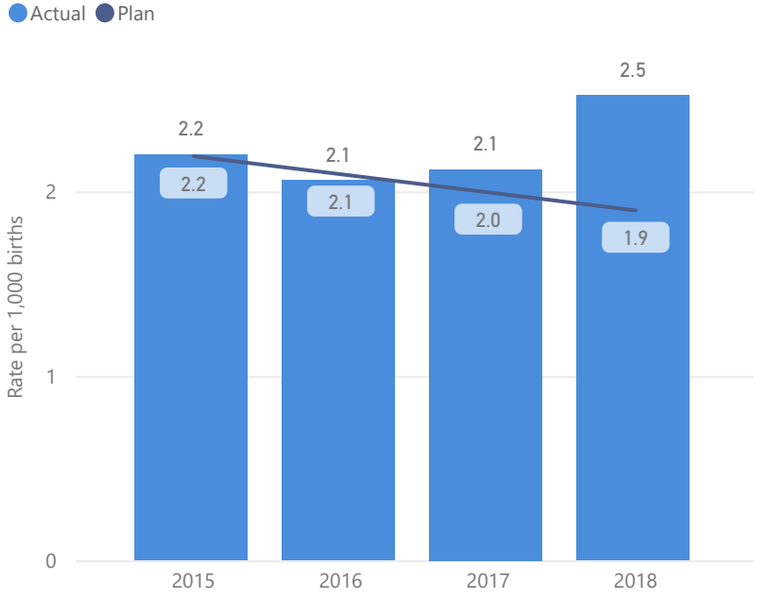
Ambition 7

We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.
The graphs to the right show the trend in achievement for 4 key maternity metrics, including trajectories where applicable.

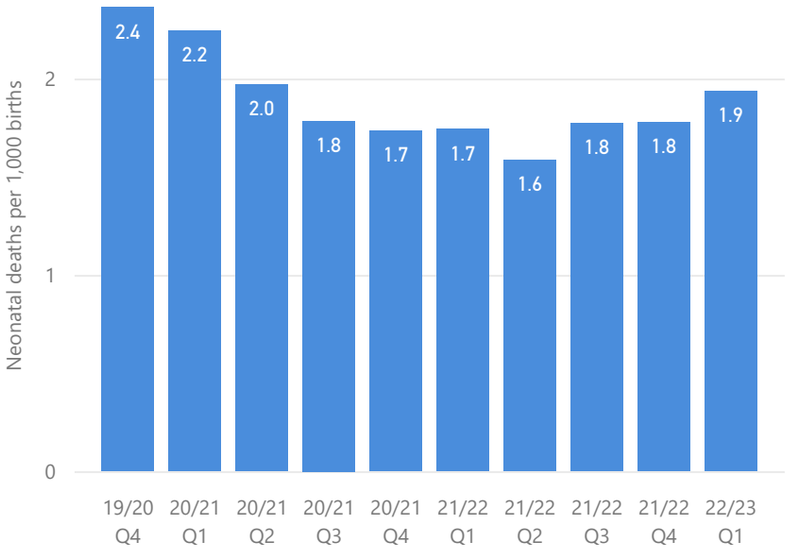
Metric 1 - Neonatal deaths per 1,000 births. Data source - MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries).
Metric 2 - Rolling 12 month in unit Neonatal deaths per 1,000 births. Data source - Yorkshire and Humber Operational Delivery Network Neonatal Dashboard.
Metric 3 - Intrapartum brain injuries - Brain injuries per 1,000 live births. Data source - Neonatal Data Analysis Unit, Imperial College London.
Metric 4 - Rolling 12 month stillbirths per 1,000 births. Data source - Yorkshire and Humber Clinical Network's Maternity Dashboard.

Data sources for all metrics
All data for West Yorkshire and Harrogate Local Maternity System (LMS). 2015-2022.

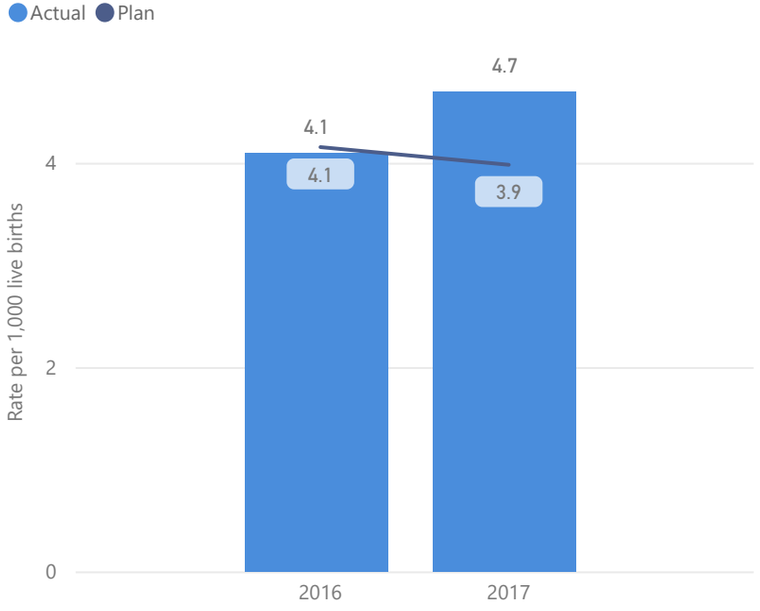
Neonatal deaths per 1,000 births



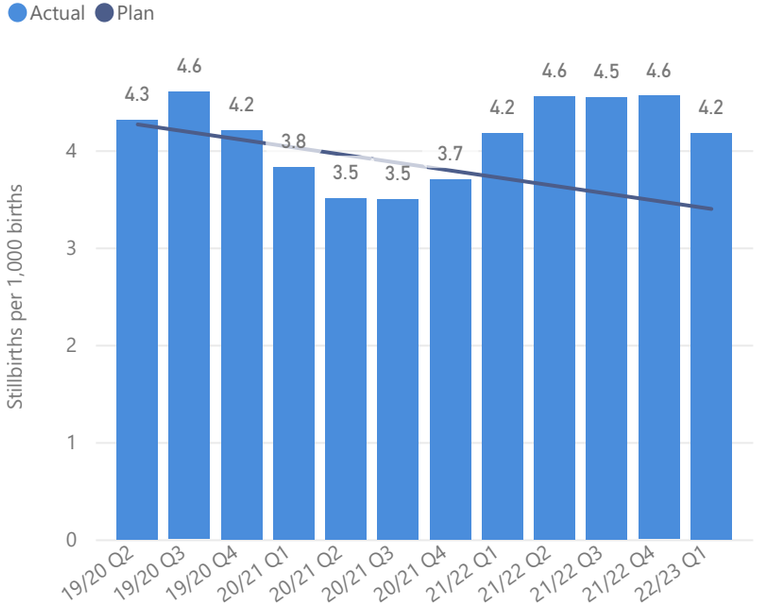
Rolling 12 month in-unit Neonatal deaths per 1,000 births



Brain injuries per 1,000 live births



Rolling 12 month stillbirths per 1,000 births



West Yorkshire
Health and Care Partnership

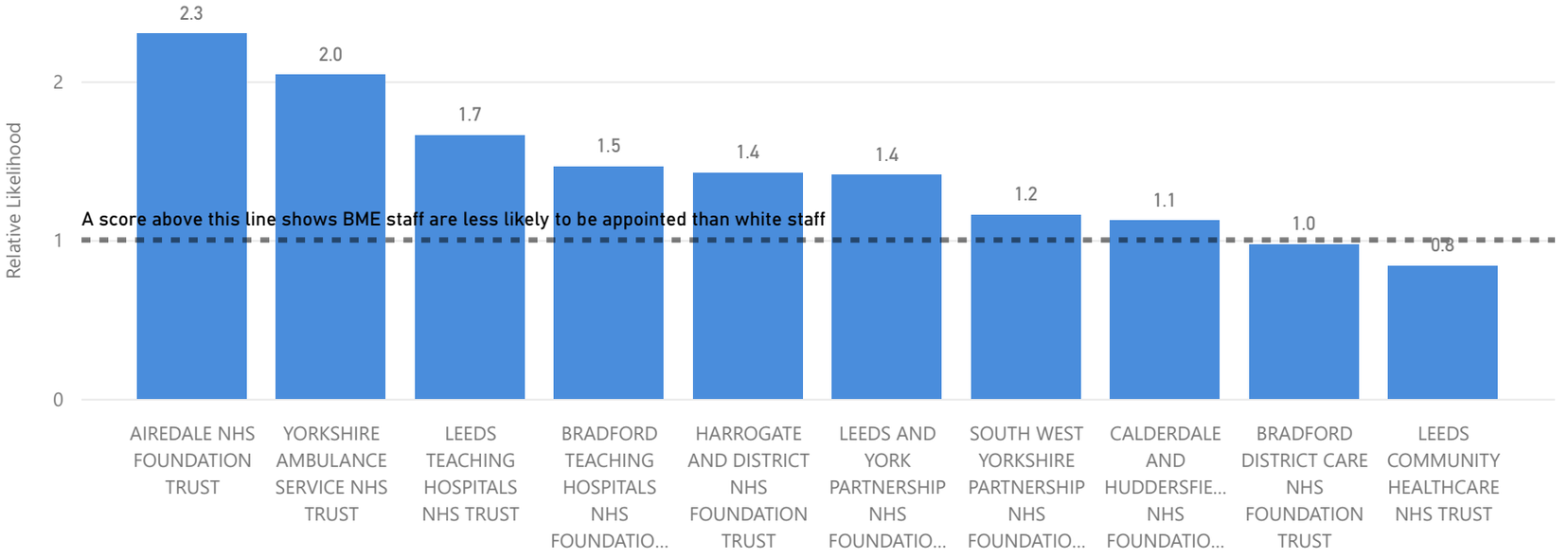
Ambition 8

We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for staff from Ethnic Minorities will become a thing of the past.
The graphs to the right show how 3 key metrics relating to the experience of ethnic minority staff vary across NHS Trusts.

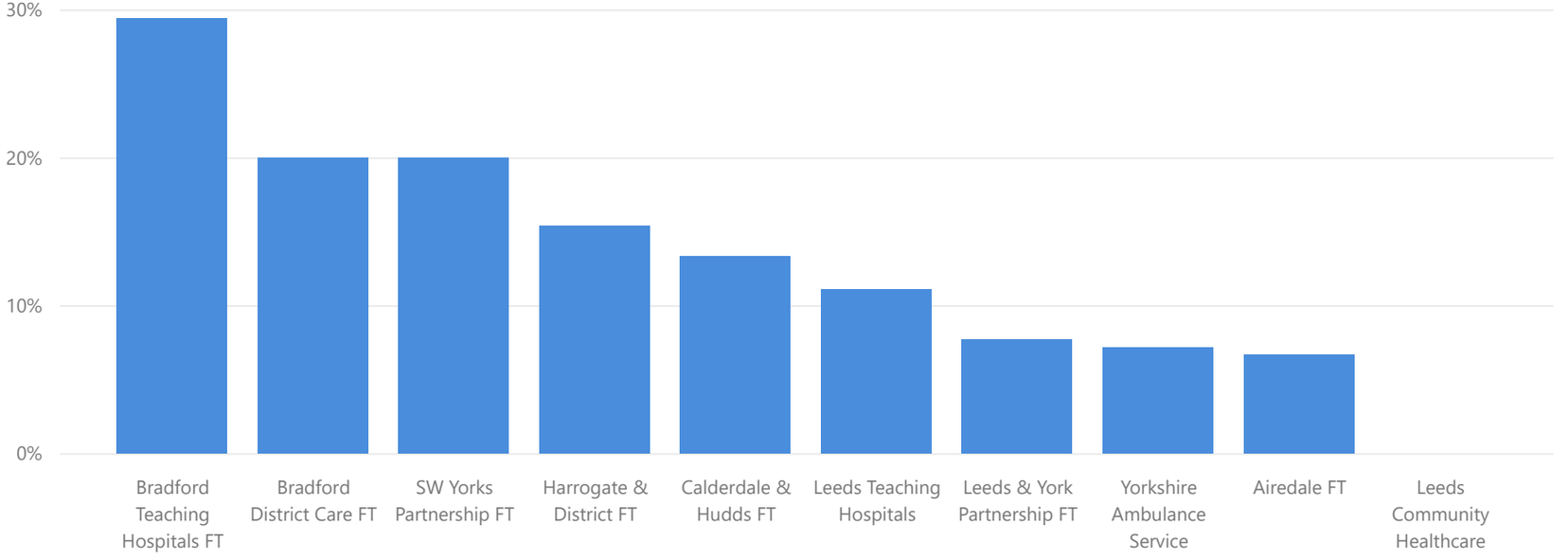
Metric 1 - Relative likelihood of white staff being appointed from shortlisting compared to Black and Minority Ethnic (BME) staff. .
Metric 2 - % of total Board members that are BME.

Data sources
NHS Staff Survey and NHS Workforce Race Equality Standard publications. 2021. NHS Trusts.

Relative likelihood of White staff being appointed from shortlisting compared to Black and Minority Ethnic staff



% of Total Board Members - Black and Minority Ethnic



West Yorkshire
Health and Care Partnership

Ambition 9

We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
These metrics reflect NHS Trust and CCG achievement against several measures published as part of the Greener NHS Dashboard. Whilst these initial metrics focus on carbon reduction, the scope of the programme is system wide.

Emissions from building energy use - Organisations are placed into quartiles with other organisations of the same type e.g. Community Trusts are bench-marked against other Community Trusts. Emissions resulting from electricity, gas, coal, oil, hot water and steam and water and sewerage use are included. 2018/19. Highest quartile = better performance. NHS Trusts.
Green Plans - does the organisation have an up to date, board approved Green Plan. 2019/20. NHS Trusts.
Sustainable Development Assessment Tool - score out of 100 of the organisation's most recent published assessment. Organisations are placed into quartiles with other organisations of the same type e.g. Community Trusts are bench-marked against other Community Trusts. December 2020. Highest quartile = better performance. NHS Trusts.
Metered Dose inhalers prescribed - proportion of prescribed inhalers that are Metered Dose inhalers. October 2021. 0. Lower percentage shows a lower environmental impact. CCGs.

Data Sources for all metrics
Greener NHS Dashboard.

Emissions from building energy use

Trust Name | Quartile

Trust Name	Value
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	Mid-high quartile
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	Mid-high quartile
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Mid-high quartile
YORKSHIRE AMBULANCE SERVICE NHS TRUST	Mid-high quartile
LEEDS TEACHING HOSPITALS NHS TRUST	Low-mid quartile
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	Lowest quartile
AIREDALE NHS FOUNDATION TRUST	Highest quartile
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	Highest quartile
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Highest quartile
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	Highest quartile
MID YORKSHIRE HOSPITALS NHS TRUST	Highest quartile

Green Plans

Trust Name | Plan Available?

Trust Name	Value
AIREDALE NHS FOUNDATION TRUST	No data
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	No data
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	No data
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	No data
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	No data
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	No data
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Yes
LEEDS TEACHING HOSPITALS NHS TRUST	No data
MID YORKSHIRE HOSPITALS NHS TRUST	No data
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	No data
YORKSHIRE AMBULANCE SERVICE NHS TRUST	No data

Measures and metrics to be agreed and updated following the Strategy Refresh meeting on the 2nd of November 2022

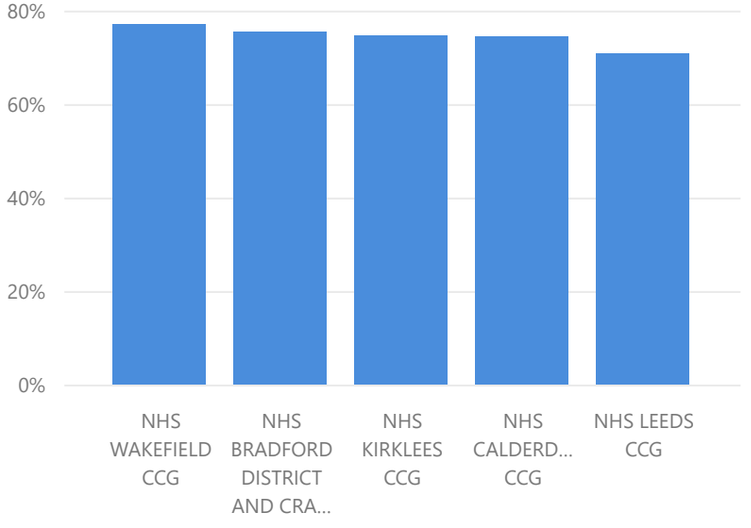
Sustainable Development Assessment Tool

Trust Name | Quartile

Trust Name	Value
YORKSHIRE AMBULANCE SERVICE NHS TRUST	Highest quartile
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	Lowest quartile
MID YORKSHIRE HOSPITALS NHS TRUST	Highest quartile
LEEDS TEACHING HOSPITALS NHS TRUST	Unpublished
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Lowest quartile
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	Highest quartile
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	Lowest quartile
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	Lowest quartile
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Lowest quartile
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	Highest quartile
AIREDALE NHS FOUNDATION TRUST	Highest quartile

Metered Dose Inhalers Prescribed

Percentage of Metered Inhalers by CCG - Oct 2021



West Yorkshire
Health and Care Partnership

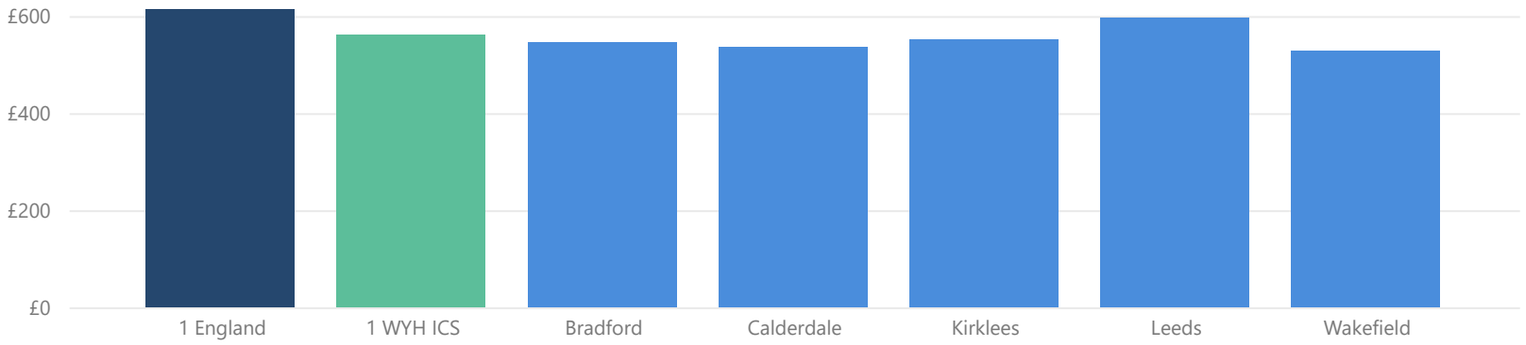
Ambition 10

We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.
The graphs to the right show how three key economic indicators vary across Local Authorities in West Yorkshire and Harrogate, and how they compare with England.

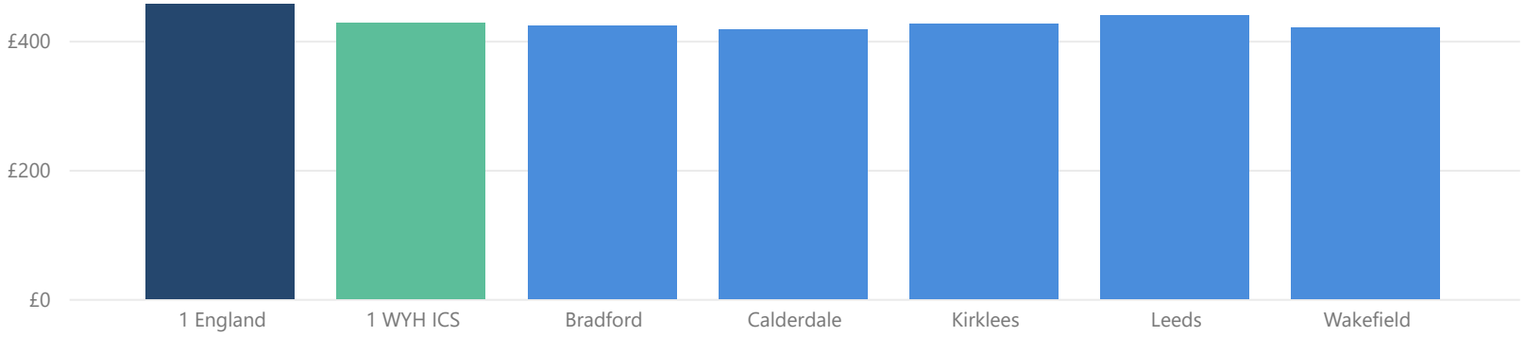
Metric 1 - Median weekly earnings (£). 2021.
Metric 2 - 25th percentile earnings (£). 2021.
Metric 3 - Employment rate aged 16 - 64 (%)

Data source for all metrics
NOMIS - Official labour market statistics from the Office of National Statistics (ONS). Local Authorities.

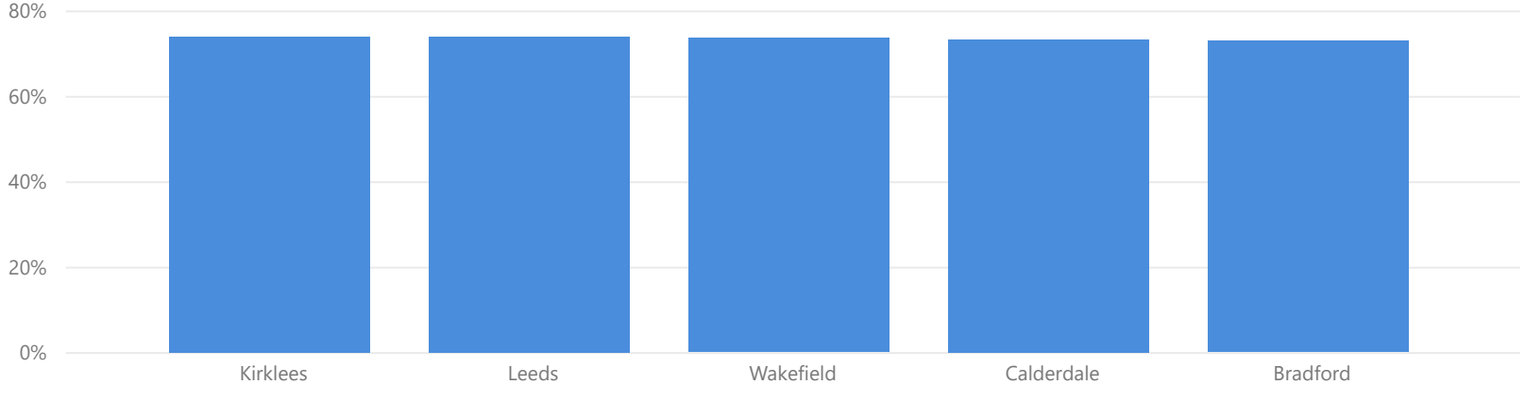
Median weekly earnings (£)



25th percentile earnings (£)



Employment rate aged 16 - 64 (%)



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