

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>Sustainability &amp; Transformation Plan Development</b>
<b>TITLE OF PAPER:</b>	<b>30<sup>th</sup> June 2016</b>
<b>1. Purpose of paper</b>	<p>To provide the Board with an update on progress with developing the Sustainability and Transformation Plan (STP), particularly the Healthy Futures component and the feedback from the Scenario Planning event held on 26<sup>th</sup> April 2016.</p>
<b>2. Background</b>	<p>The Board has received regular updates on the development of the STP since January 2016. NHS England recently announced that there should be a 'checkpoint submission' by 30<sup>th</sup> June 2016, and that the final submission date will be in the Autumn.</p> <p><b>Scenario planning event</b></p> <p>One strand of the development of the STP was the recent Scenario Planning event hosted by the Board. The event brought together 40+ senior leaders from across the Council, NHS and other partners for a full day workshop on 26th April 2016. The event was facilitated by Sue Goss from OPM.</p> <p>The event used a series of potential future scenarios to develop plans to sustain the principles in the JHWS and the emerging Sustainability and Transformation Plan. The future scenarios were very challenging, but realistic – and designed to enable us to foresee future challenges and opportunities, and 'future-proof' current plans – thinking more radically about ways to achieve desired outcomes in very different futures.</p> <p>The write up of the event is attached (Appendix 1). What emerged from the work done by participants was a set of key actions and potential principles to guide us in the future.</p> <p><b>Kirklees STP Development</b></p> <p>The Kirklees STP Working Group which has representation from CCGs, Council, all 3 Trusts and Locala is continuing to work on developing a draft STP.</p> <p>The focus is not just on addressing the mandatory requirements set out by NHS England but also on reinforcing the importance of developing a Kirklees system wide view of both the challenges we face and the proposed solutions that draws on existing and emerging organisational and partnership plans, issues emerging from the updated JSA, the scenario planning event and the Healthy Futures work.</p> <p>There will be a presentation to the Board on the current draft.</p> <p><b>Healthy Futures</b></p> <p>The West Yorkshire STP is being developed with the active involvement of all key partners across West Yorkshire and Harrogate. The work is being led by Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust.</p> <p>The development of the WYSTP is informed by a set of principles and a draft set of aims has been developed (see Appendix 2). The proposed structure, governance and leadership arrangements are under development and will be shared with the Board as soon as they are available.</p>

<p><b>3. Proposal and next steps</b></p> <ul style="list-style-type: none"><li>• Any feedback from NHS England on the 30<sup>th</sup> June checkpoint submission will be shared with the Board.</li><li>• Further drafts of the Kirklees STP and the West Yorkshire STP will be circulated to all members of the Board for comment as they become available.</li><li>• Both CCGs have a detailed plan for engaging with their respective stakeholder groups, including providers, and Governing Bodies.</li><li>• Other members of the Working group are also ensuring that drafts are taken through their own internal processes as necessary.</li></ul>
<p><b>4. Financial Implications</b></p> <p>Not applicable</p>
<p><b>5. Sign off</b></p> <p>Carol McKenna, Greater Huddersfield CCG Chief Officer and STP Senior Responsible Officer Richard Parry, Director for Commissioning, Public Health and Adult Social Care</p>
<p><b>7. Recommendations</b></p> <p>That the Board</p> <ul style="list-style-type: none"><li>• Note the progress and next steps in developing the Healthy Futures and Kirklees STPs.</li><li>• Note the set of key actions and potential principles that emerged from the Scenario Planning event and agree to these being reflected in the Kirklees STP where appropriate.</li><li>• Receive the final draft of the Kirklees STP for approval at the Board meeting prior to the final submission date set by NHS England.</li><li>• Delegate authority, if required, to sign off the Kirklees STP submission to Carol McKenna, STP Senior Responsible Officer, and Richard Parry, Director for Commissioning, Public Health and Adult Social Care in consultation with the Cabinet Portfolio Holder - Prevention, Early Intervention and Vulnerable Adults.</li></ul>
<p><b>8. Contact Officers</b></p> <p>Phil Longworth, Health Policy Officer, Kirklees Council Rachel Millson, Business Planning Manager, North Kirklees CCG Natalie Ackroyd Business Performance Reporting and Planning Manager, Greater Huddersfield CCG</p>

# Kirklees Health and Wellbeing Board

## Scenarios Event

### 26th April 2016

### Report-back

The Kirklees Health and Wellbeing Board brought together 40+ senior leaders from across the Council, NHS and other partners for a full day workshop on 26<sup>th</sup> April 2016. The event was facilitated by Sue Goss from OPM. The programme and outline of the purpose of the event are in Appendix 1. Participants worked on the five scenarios for 2020 attached in Appendix 2. The scenarios had been developed from a range of national publications in consultation with a range of people involved in the Health and Wellbeing Board. Each scenario set out a different possible policy, structural and organisational context – but assumed the same health and wellbeing issues for Kirklees based on the analysis in the JSNA – and the same desired outcomes as set out in the Joint Health and Wellbeing Strategy.

The discussions prompted by the scenarios were wide-ranging and rich – but we set out below some of the key actions that emerged based on the issues arising from each scenario.

#### **1. Key actions:**

**A Vision for Kirklees:** Given that the desired outcomes are set out in the JHWS – the next step is to create a coherent, shared vision about how to get there – involving everyone – including private and voluntary sectors – an approach that everyone can buy into and contribute to. The Health and Wellbeing Board could move from ‘a committee’ to a ‘leadership group’ – engaging all sectors in the actions needed to make change happen.

**Think beyond boundaries** – both geographical and functional: We need to connect to neighbouring authorities and learn from other places – and integrate not simply within sectors but across. The greatest creativity comes when we connect different approaches.

**Re-think the commissioner-provider split:** While competition may bring dynamism and creativity – it adds costs for both providers and commissioners. We need to find a way to keep creativity and efficiency within a more collaborative co-production model – removing waste at all levels and allowing scope for emergent solutions and innovation.

**Be smarter about joining things up:** We need to be courageous about really joining up and pooling budgets when this adds real value – but only join things up when it makes sense – not when it slows us down.

**Link to the economy:** We need to make health and wellbeing a key aspect of housing, planning, leisure transport and economic policy – and vice-versa.

**Stand collectively as a Kirklees economy** – with an agreed shared direction, standing shoulder to shoulder against interference and unhelpful regulation.

**Recognise there are many different sorts of private sector** – learn about them and understand their motivation – think about how they can contribute – as employers, potential partners in creating employment, providers, retailers, sponsors, through corporate responsibility etc.

**Recognise the contribution of the voluntary and community sector:** not just as a provider of services – but contributing ideas, resources, funding sources, volunteers, energy, new models and approaches – engage with them fully – not just ‘ticking the box’.

**Rethink the workforce:** We need to create a flexible and responsive workforce for the next decade – attracting good staff into health and social care – creating career paths between sectors and organisations. We need to rekindle the debate between generic, multi-skilled and specialist staff – who need to be able to respond to the ‘whole person’. We need to work together to find ways to attract good staff into Kirklees.

**Digital roadmap** - Need to take advantage of what technology offers – understand what is possible and work collaboratively to take up new opportunities.

**Draw on a wider range of assets and resources:** in our organisations, the community and the private sector – e.g. use schools as a key player in creating health and wellbeing.

**Create the right environment for self-help:** Create the spaces within which people can learn to improve their own health and wellbeing and we need to create the right environment that helps people to change behaviour.

## **2. Principles to guide us into the future:**

- Be more collaborative in our behaviours – less defensive – support each other - recognise that a ‘win’ for another organisation is also a win for us and the outcomes we want.
- Build trust - bring the right people together for the right work – trusting each other (I don’t have to go to everything) and inviting each other in to share thinking.
- Learn to understand each other’s problems and motivations – understand the motivation of private sector and voluntary sector players.
- Inject pace – be faster and more purposeful – recognise that if we move faster we will make mistakes and that’s OK – we will learn faster that way.
- Be braver about taking risks across the whole system – trust the common sense of local people (kids climbing trees, or patients taking paracetamol).
- Be more exploratory and pro-active – e.g. engage with young people to understand their views and attitudes – they are the future!
- Change language and assumptions – ‘service user’ and ‘patient’ assumes we do things to people – instead talk about people and understand what they bring and contribute.
- Take leadership action– we have the ability to change things within our gift – for example by how we develop the STP.
- Hold each other to account for making change happen



## The West Yorkshire STP

### Principles for Developing and Delivering the WYSTP

The WYSTP and Healthy Futures programme have agreed that the following principles will underpin our approach to working together:

- We will be **ambitious** for the people we serve in closing the 3 gaps
- The WYSTP **belongs to commissioners, providers, local government and NHS**, including the health, care and financial challenges we face
- We will apply **subsidiarity principles** in all that we do – WY has a supporting function performing only those tasks which cannot be effectively delivered at a local level
- We recognise the vast majority of transformation to improve outcomes is being delivered at a local level and therefore the **local STPs have primacy**
- We will **agree a shared analysis** of problems and issues as the basis of taking action
- We will **do the work once** – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will **always make decisions together where we can** – working together, meeting together and making joint recommendations to the appropriate decision-making forums in WYSTP and our own membership organisations
- We will use the 'WY lens' to prioritise all areas where we will work collaboratively: [see Appendix 2]
  - ✓ What can we only achieve by working at a WY level in order to deliver the best outcomes?
  - ✓ Where does working at a WY level give us more leverage to achieve the best outcomes?
  - ✓ Where can we share best practice across WY in order to achieve the best outcomes?

These principles will continue to apply to all of our work and underpin this proposal.

## **Aims of the WYSTP (What do we want to deliver?)**

- To **develop a collaborative leadership across West Yorkshire** to support evidence-based decision-making
- To **understand the gaps in outcomes** - health and well-being outcomes, care and quality outcomes and funding outcomes, that exist in West Yorkshire across health and social care. This will be presented as an agreed cumulative position across commissioners, providers and local authorities in the WYSTP
- To scope and develop **plans for addressing these gaps** through the delivery of programmes of transformation work which deliver the greatest and fastest possible improvement in outcomes for patients
- To scope and develop a **WY sustainability plan** which will ensure that all the required health and care services are sustainable within the West Yorkshire funding allocations [by ? which year]
- To **commission and deliver** health and care services (whether collectively, as local STPs or individual CCGs with local authorities) which offer the **best possible value for WY pound spent** based on the improvements to outcomes, reduction in variation and the standardisation of commissioning approach across West Yorkshire
- To develop an **integrated approach to delivering** the health and care which people need which delivers the best possible outcomes for patients, the best value for pound spent and supports future sustainability in WY
- To enable transformation through the utilisation of **new models of care**, contracting, funding and innovation
- To **access and allocate the various sources of transformational funding** to support the delivery of these transformational programmes, understanding the return on investment, the benefit to patients in terms of improved outcomes and the benefit to services in terms of addressing sustainability pressures
- To take a **WY-wide perspective when considering the total funding** available for the next five years across WY and collectively consider how to address the current and future sustainability challenges, funding gaps and opportunities for commissioning with this funding