THE WEST YORKSHIRE STP: UPDATE

Update for Boards August 2016

Health and care partner organisations across the NHS and Local Government in West Yorkshire have been planning together to develop the five year West Yorkshire STP (WYSTP) for four months now. The WYSTP is formed from the six local place-based plans and a set of supporting West Yorkshire programmes.

As the WYSTP (both the local plans and the WY level programmes) develop, updated versions have to be submitted to a group of national bodies including NHS England, NHS Improvement and the Local Government Association. There have been two such checkpoint submissions so far, the most recent was on 30 June 2016.

We will work towards agreeing a final WYSTP during July & August, seeking approval from all our Health & Well Being Boards, CCG Governing Bodies and provider Trust Boards in September/October 2016, once the submission process and timescales are finalised by NHS England. Local Authority partners have also agreed to have a one-off meeting of all Health and Wellbeing Board Chairs and Council Leaders to discuss any collective view on this before final submission.

This is a five year plan and the focus is on providers and commissioners collectively returning a currently unsustainable health and care system to long-term sustainability by 2020/21. Our planning for the WYSTP is therefore emerging as we understand better how we collectively deliver sustainability, and our submissions to date represent checkpoints on how our plan is evolving.

Improving Outcomes

The focus of all planning across the WYSTP is firmly based around improving benefits to and outcomes for our population based on our understanding of:

1. their needs through local and West Yorkshire joint needs assessment and the wider determinants of health, and
2. where there are gaps (variations) in outcomes in peoples' health & well-being, the quality and care they receive as patients and service users, and the funding available to deliver that care.

Planning across all services and all 'places' in the West Yorkshire footprint is complex and will take time to get right so that we target interventions and programmes of transformation where they are needed most (improving outcomes) and have the greatest impact on closing gaps and reducing variation.

Principles

There is clear recognition of the principle of subsidiarity and that planning and transformation should take place at the most appropriate level. The vast majority of transformation to improve outcomes is being delivered at a local level with our populations, communities and the services supporting them, with self-care and providing care wrapped around their homes. This is defined in each of the six local place-based plans, tailored to meet the needs of their local populations.

We are also working to establish a shared and honest analysis of the problems, issues and challenges we face in West Yorkshire and how we do our work once as a system, in order to minimise conflict and the resources we use.

Governance & Engagement

Our success will depend on *collectively understanding* the WY system and *making decisions jointly* as a system and *at all levels* – local CCGs and Health and Well-Being Boards, across provider Boards, across Local Authorities, and as a West Yorkshire Leadership Team (which has representation from all partner organisations).

A significant amount of effort, for example, has been spent on establishing the relationships and governance required by all health partner organisations to augment their current statutory authority and allow them to come together collectively to make recommendations and decisions. This has included developing new ways of working with regulatory bodies and exploring how the system can assure itself collectively that it is working towards reducing the current gaps, and manages risks to sustainability.

The Leadership Team are supported by the Clinical Forum and are now coming together for Leadership Days every month to progress planning and discuss the challenges and possible solutions as a system.

We continue to engage daily with our partners and engagement around the emerging WYSTP will start with our local communities and workforce as priorities and plans are agreed collectively by our Boards.

Our work to date

Year one (2016/17) and planning to date as a system has been about jointly understanding gaps and variations in outcomes, the pressures on services which are making them unsustainable and the contribution that collaborative programmes and local place-based plans can make to close these gaps and improve outcomes. This will provide an agreed foundation from which we can effectively plan and prioritise the transformation required over five years to address these gaps.

HEALTHY
FUTURES
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There are currently a number of priority West Yorkshire workstreams planning and delivering collaborative programmes of work at a West Yorkshire level. These augment transformation being delivered through local place-based plans, and provide an opportunity to share best practice and deliver transformation at scale to improve outcomes for our population in a way we cannot do locally. These West Yorkshire workstreams include: prevention at scale, cancer, mental health, urgent and emergency care, specialised commissioned services, stroke, primary and community services (focused on sharing local innovation and best practice) and sustainable acute services (with a strong link to mental health, cancer, stroke, and urgent and emergency care).

Key Dates:

2 August 2016: Leadership Day: meeting of the Clinical Forum and Leadership Team

31 August 2016: informal submission of the finance template to regional NHS England Team

6 September: Leadership Day: meeting of the Clinical Forum and Leadership Team – approval key content of the WYSTP and draft communications and engagement strategy

16 September 2016: submission of final finance template / plan to national team within NHS England

September / October 2016: approvals process with all partner Boards across West Yorkshire

October 2016 (date TBC): submission of final West Yorkshire STP.