

**Name of Meeting:** Health and Adult Social Care Scrutiny Panel

**Date:** 12 December 2017

**Title of report:** Kirklees Health and Wellbeing Plan

**Purpose of Report:** This report presents information about the Kirklees Health and Wellbeing Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan.

<b>Key Decision - Is it likely to result in spending or a saving of £250k or more, or to have a significant effect on two or more electoral wards?</b>	N/A
<b>Is it in the <a href="#">Council's Forward Plan (Key Decisions and Private Reports)</a>?</b>	N/A
<b>The Decision - Is it eligible for "call in" by <a href="#">Scrutiny</a>?</b>	N/A
<b>Date signed off by <u>Director</u> and name</b>	1 December 2017 - Richard Parry
<b>Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?</b>	N/A
<b>Is it also signed off by the Assistant Director, Legal, Governance and Monitoring</b>	N/A
<b>Cabinet member <a href="#">portfolio</a></b>	Cllrs Viv Kendrick and Cathy Scott, Adults and Public Health

**Electoral [wards](#) affected:** All

**Ward councillors consulted:** Consultation with Ward Councillors is not applicable to this report

**Public or private:** Public

## 1. **Background**

- 1.1 A mandate to develop Sustainability and Transformation Plans (STPs) was announced by NHS England as part of the *2016/17 National Joint Planning Guidelines*. Organisations (Provider, Commissioner and Local Authorities) were tasked through this mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges.
- 1.2 In response, the NHS and Local Authorities have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. The focus of all top level STPs is addressing the three gaps set out in the NHS Five Year Forward View:
- health and wellbeing
  - care and quality
  - finance and efficiency.
- 1.3 The West Yorkshire and Harrogate STP (WY&H) was published in October 2016 [here](#). The West Yorkshire and Harrogate STP is underpinned by 6 placed based

plans, including Kirklees. An update on progress with the West Yorkshire and Harrogate STP was presented to the Health and Wellbeing Board in September. A copy of the report is in Appendix 1.

- 1.4 The Health and Wellbeing Board approved the Kirklees Health and Wellbeing Plan in June 2017. However, members were asked to note that the Plan is a live document and will continue to evolve. The current version of the Plan is attached.

## **2. Kirklees Health and Wellbeing Plan**

- 2.1 The Kirklees Health and Wellbeing Plan sets out our vision for our health and social care system. The Plan draws on the Kirklees Joint Strategic Assessment and our analysis of our current challenges across the 'triple aim' of the Five Year Forward view; health and wellbeing, care and quality of services and finance and efficiency.

- 2.2 The Plan sets out a range of priorities for change:

### Areas of Transformation

1. Early intervention & prevention
2. Improving services for children
3. Developing an adult wellness model
4. Capacity & quality of primary care
5. Sustainability of adult social care
6. Change the configuration of acute services
7. New model for continuing care
8. Transforming care for people with learning disabilities
9. Changing the commissioner landscape and new models of care

### Supporting programmes

- A. Health & Social Care Workforce
- B. Digital Opportunities
- C. One Public Estate
- D. Kirklees Economic Strategy

- 2.3 The Plan encompasses a range of activity, including some that has been in development for a number of months, or in some cases years, and the planning and decision-making processes for those areas are well established. It also recognises that the Plan is supported by a number of existing organisation level plans and enabling strategies. As such the implementation of the Health and Wellbeing Plan will mainly be through these existing plans. Work is underway to ensure that these plans are responding to the priorities for change set out above.

- 2.4 The Plan identifies a range of measures of success against each of the challenges identified for the health and wellbeing gap and the care and quality gap. These proposed measures are currently being refined to create a more coherent dashboard of high level measures of success. The current draft of the indicator set is in Appendix 2. These indicators are intended to provide a high-level picture of progress towards the vision for our health and social care system. The existing organisation level plans and enabling strategies will provide additional levels of detailed performance information covering specific population groups and health and care issues in greater depth.

2.5 Starting in April 2018 the current proposal is that the new set of integrated governance arrangements that are being developed will take on responsibility for agreeing and monitoring the annual work programme to support the delivery of the Kirklees Health and Wellbeing Plan. The high level indicators and the integrated governance arrangements will be presented to the Health and Wellbeing Board for their approval early in 2018.

**3. Information required to take a decision**

This report is submitted for information only.

**4. Implications for the Council**

**4.1 Early Intervention and Prevention**

The Kirklees Health and Wellbeing Plan clearly recognises the central role that early intervention and prevention play in achieving our vision for the health and social care system, and as such it is one of the priorities for change in the Plan.

**4.2 Economic Resilience**

There will be no impact arising from this report.

**4.3 Improving Outcomes for Children**

Improving services for children is one of the priorities for change in the Plan.

**4.4 Legal/Financial or Human Resources**

There will be no impact arising from this report.

**5. Consultees and their opinions**

This report has been prepared in consultation with CCG partners.

**6. Next steps**

Not applicable.

**7. Officer recommendations and reasons**

That this report be received.

**8. Cabinet Portfolio holder recommendation**

Not applicable.

**9. Contact Officer**

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**10. Background papers and history of decisions**

Not applicable.

**11. Service Director responsible**

Carol McKenna, Chief Officer, Greater Huddersfield and North Kirklees CCGs

Richard Parry, Strategic Director for Adults & Health, Kirklees Council

## Appendix 1

### West Yorkshire and Harrogate Sustainability and Transformation Partnership (WY&H STP) update for the Kirklees Health and Wellbeing Board

Thursday, 07 September 2017

#### 1. Background

The approach we have taken to developing our STP in WY&H is based on the principle of subsidiarity – we do the work and make the decisions as close to the person as possible. The majority of the work therefore happens in each of our six places (Bradford, Calderdale, Harrogate, Kirklees, Leeds and Wakefield) which build on existing partnerships, relationships and health and wellbeing strategies.

Where we work collectively at WY&H level it is for one of three reasons:

- We need to look at how we best provide services across a wider footprint than place
- There is benefit in doing the work once and sharing
- We have a collective difficult issue and working together would help solve it.

The West Yorkshire and Harrogate Health and Care Partnership website [www.wyhpартnership.co.uk/](http://www.wyhpартnership.co.uk/) includes a wide range of information about the WY&H STP including agendas, papers and minutes of West Yorkshire and Harrogate Joint Committee of the 11 Clinical Commissioning Groups (CCGs), the Cancer Alliance Board, West Yorkshire and Harrogate Local Workforce Action Board (LWAB) and the Lay Member Assurance Group

#### 2. Recent developments

##### Finance

We are currently refreshing our financial plans, from those submitted in October 2016. The October submission was high level proposals that preceded the 2 year planning and contracting round. We aim to have this work completed in the next few months.

There are increasing resources going into health and social care in West Yorkshire and Harrogate - £5.7bn by 2020-21. We also know that need for care and services are growing at a faster rate than the money we have. If we delivered care in the way we do today, with no change and no efficiencies, the cost would be at least another £1billion by 2021. We need to make the best use of every £ we spend.

#### 3. Joint Committee of the 11 Clinical Commissioning Groups

As we move to new models of delivery through the STP, the collaboration of the 11 CCGs across the area has been further strengthened by coming together as a Joint Committee.

We have recruited an Independent Lay Chair and two lay member representatives for the Committee.

The first meeting was held in public on the 4 July. The agenda, papers and recordings of the meetings are available online at [www.wyh-jointcommiteeccgs.co.uk](http://www.wyh-jointcommiteeccgs.co.uk).

#### 4. West Yorkshire and Harrogate priorities

## **Stroke**

The stroke engagement work led by Healthwatch ended on 15 March 2017, with over 1500 comments received. Findings from our stroke engagement have been made public as part of our Joint Committee meeting on 4 July 2017. You can view this at <http://www.wyh-jointcommiteeccgs.co.uk/>.

This work is very much around the whole stroke pathway from prevention to after care. Further work is being considered and consultation will follow as appropriate

## **Cancer**

The WY&H Cancer Alliance Delivery Plan was signed off at the end of March 2017. NHS England have announced that West Yorkshire and Harrogate Cancer Alliance are one of the first Alliances to have successfully been awarded £12.4 million investment over two years to transform services to speed up cancer diagnosis across the area. The work, which is part of the STP, will focus on working with GPs, community care providers and hospital services. Part of this work involves engaging the public and importantly patients, and carers over the coming months – this will be with the support of our including Healthwatch and leading charities, such as Macmillan and Breast Cancer Now.

## **Standardisation of Commissioning Policies**

Healthwatch engaged with people across the whole of the area around ‘follow up’ appointments earlier this year. Although this is an independent piece of work, this will help inform the work of the WY&H STP. We are currently looking at improving elective care. Elective care is pre-arranged, non-emergency care, including scheduled operations.

## **Prevention**

There are three gaps (health and wellbeing, care and quality, efficiency and finance) which we are addressing on our STP and tackling health inequalities is a priority. Public Health England, NHS England, and the Yorkshire and Humber Directors of Public Health are ambitious for our STP to lead the way nationally in reducing health inequalities across the region and within our local areas.

## **Urgent and emergency care**

The Urgent and Emergency Care Board (UECPB) builds on a firm foundation of partnership working, shared learning and leadership to deliver the ambitions of WY&H STP. It connects all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts.

UEC is one of four national service improvement priorities highlighted in the ‘Next Steps’ (the others being mental health, primary care and cancer). Targets for NHS 111 Online, 111 calls, GP access and urgent treatment centres. Key targets have also been identified for the Ambulance Response Programme, and ensuring people only stay in hospitals for as long as need be.

We delivered an 8% improvement in A&E performance between December 2016 and March 2017, e.g.

- GP streaming in A&E
- Strengthening ambulatory care models to reduce hospital admissions
- Introduction of the SAFER care bundle in ward areas to help aid the timely flow of patients
- Providing 24/7 telemedicine video links between clinicians and care homes to reduce unnecessary A&E attendances
- We want to sustain, embed and further improve A&E performance through 2017-18 to return to 95% achievement of the standard.

UECPB submitted a milestone tracker in June 2017 to NHS England. This sets out the expected milestones and achievements over the next two years in order to implement the national plan.

## **Mental health**

Building on the work of the Vanguard and the blue print for the Mental Health Five Year Forward View, we have good collaboration across community and mental health trusts that provide mental health care, and what we see now is the sharing of expertise, and a shared vision to deliver consistent outcomes for people who need care and support. Providers are also working more closely together so people don't have to go out of area when they need specialist help. Work continues around improving child and adolescent mental health services, approaches to suicide and the scoping of autism specific care.

We have prioritised suicide prevention in our STP and our "zero suicide" approach will help reduce the toll on families and communities as we move from planning to delivery mode.

Colleagues are working on a number of work streams, including reducing out of area placements, and rehabilitation into the community. We are also looking at best practice nationally and how we can maximise funding opportunities, for example mental health liaison bids and there continues to be a huge challenge around the appropriateness of accident and emergency attendances – something we clearly want to address.

It is now well understood that mental and physical health conditions are not separate. Care and services need to focus on the whole person rather than isolated body parts. Historically there has been an artificial separation between physical and mental health, and mental health has tended to do worse in terms of the priority it has been given, and consequently the investment and focus on improvement it has received. There is strong evidence that tackling mental health problems early improves lives and can reduce subsequent problems.

If you are a man with a severe mental illness in West Yorkshire and Harrogate you are three times more likely to die of circulatory disease and twice as likely to die of cancer than someone without mental illness. This is equally true across a range of other common conditions, and the combined result of this that your life expectancy is 18.6 years lower. This is why we need to improve mental health services, and crucially, remove boundaries that exist between mental and physical health services.

Our mental health work across the STP footprint aims to redress this imbalance. Here in WY&H we are developing a Local Service Framework for mental health and strong collaboration on child and adolescent mental health services, forensics and suicide. Our ambitions include:

- A 40% reduction in unnecessary A&E attendance

- A zero suicide approach to prevention (75% reduction in numbers by 2020-21)
- A reduction in Section 136 place of safety episodes both in police and health based places of safety
- Elimination of Out of Area placements for non-specialist acute care within 12 months
- A reduction in waiting times for autism assessment.

To help ensure that we meet these ambitions the four NHS trusts (South West Yorkshire Partnership NHS Trust, Leeds and York Partnership NHS Foundation Trust, Bradford District Care NHS Foundation Trust and Leeds Community Healthcare NHS Trust) are working collaboratively, alongside clinical commissioning groups, to strengthen partnerships and share delivery of specialist mental health services. Through these closer working arrangements, we will share best practice across the region, for example reducing out of area placements for non-specialist hospital care over the next 12 months. We are already achieving this in some areas across the STP. Our aim is to ensure that people are supported in the least restrictive environment, ideally in a community setting close to home, rather than in hospital.

Specifically, this includes:

- Ensuring there are effective 24/7 crisis services in place across the region and where possible developing more consistency in the way these operate. Working with partners in the police, local authorities, third sector, Yorkshire Ambulance Service and acute trusts to develop new ways of working and services that ensure that people are seen in the most suitable environment and that people don't end up in A&E and police cells unnecessarily.
- The development of a WY&H suicide strategy ensuring all organisations are working together to prevent suicidal behaviour
- Working together across the region sharing best practice to keep people close to home reducing and eventually eradicating the need for out of area placements.
- CAMHs – improving the care pathway for CYP, providing as much care as possible in the community and ensuring people can access a bed close to home when needed.
- Exploring how we can work together to make improvements to the time people have to wait for the assessment and diagnosis of autistic spectrum disorders (ASD) and Attention Deficit Hyperactivity Disorders (ADHD).

**In Harrogate** we are piloting a project with a local 3rd sector organisation of social prescribing for people with long term mental health problems with the aim of reintegrating into communities, reducing reliance on mental health services and working towards employment. Harrogate has also introduced an all age mental health crisis response through single point of contact.

**Bradford's crisis care partnership** and first response services have received national recognition and they have had no mental health out of area placements in over a year. Being part of the WY&H partnership will help strengthen the work to improve mental health and wellbeing through shared learning across our area.

The service offers mental health crisis support 24 hours a day, seven days a week, to vulnerable people needing urgent crisis support. A single phone number means that people can self-refer.

Since its launch in March 2015, there have been no out-of-area placements and people are now getting the help they need within their own communities rather than travelling long distances. The service is run by the Care Trust in partnership with the Bradford Council

and West Yorkshire Police, and voluntary partners - Mind, Creative Support and the Cellar Trust - that provide three 'safer spaces' for people of all ages, 24/7, as an alternative to A&E. Trust mental health professionals in police control rooms, custody suites and A&E, and council social workers working in the First Response team, means that people in mental health crisis get the right support, with the right professional, when they need it. Intervening early and signposting to the right service, has reduced demand on the police, ambulance services and A&E departments, and achieved a 50 per cent reduction in people detained under section 136, which gives police the power to take someone to a place of safety.

NHS Greater Huddersfield CCG and Kirklees Council, North Kirklees CCG have worked to improve access to children's mental health services. This included agreeing additional funding for autistic spectrum condition assessments, launching a one-stop-shop phone service for children and young people with emotional and mental health needs, developing a regional eating disorder service and piloting a scheme to provide support to school pupils with autism and mental health needs.

### **Primary care**

Strong primary and community services are an essential part of the STP. This means broadening the definition of primary care and changing the model to build resilience for professionals and the public. The programme of work is taking shape to address and make links to local plans and GP access. There is also a strong focus on the GP Forward View and workforce.

This programme has brought together strong leadership across the STP footprint, and is developing an ambitious programme of work focused on addressing the challenges we face, identifying and sharing good practice for high quality care in community settings, and supported self-care. This is the biggest area of care delivery and small, positive changes will make the biggest difference to local people. Bringing together local authorities and NHS perspectives, boosted by the independent and 3rd sector, is essential.

### **Hospitals working together**

One of the other key areas of progress in WY&H has been how our hospitals are working together. The Acute hospitals do this through the West Yorkshire Association of Acute Trusts (WYAAT). The board of each of the WYAAT trusts agreed to form a Committee in Common which is responsible for leading the work programme to deliver this ambition. Any case for change will be considered by the Committee in Common before being recommended to each of the individual trust boards for approval.

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust

WYAAT has a joint work programme which includes four work streams:

- Specialist services
- Clinical standardisation and networks



- Clinical support
- Corporate services.

WYAAT is driving forward nine different projects which are all at different stages of development. This includes:

- Developing a West Yorkshire Vascular Network - Clinical representatives from each Trust have been working together to develop a model for how we can develop a West Yorkshire vascular team and network. Developing the service as a single network will improve recruitment to local services and provide opportunities for staff to specialise in different aspects of vascular surgery.
- Improving the pharmacy supply chain - pharmacy teams from acute trusts in west, north and east Yorkshire (covering WYHSTP and Humber, Coast and Vale STP) are working collaboratively to explore opportunities for optimising efficiency and value by establishing a shared medicines supply chain from the point of ordering to the point the medicine is available for use in clinical areas. Not only will the project bring efficiency savings, it will bring about supply chain performance improvement, release clinical time for patient care and support in managing any risk around supply shortages.
- Programme management and governance - Matt Graham, Programme Director joined WYAAT this month taking over from Caroline Griffiths. The WYAAT programme management office has been developing a range of governance and assurance processes to support the progression of the different programmes of work.

### **Specialised services**

The responsibility for commissioning specialised services remains with NHS England. Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.

The role of the STP is to work closely with colleagues in NHS England on local place based plans to ensure connectivity. This includes working in partnership in order to improve the quality and outcomes of specialised services across the North of England.

Specialised Services North will link with STP footprints to develop a whole system, pathway led approach to provision and commissioning of services, particularly where transformational change is required.

### **Maternity services**

In support of NHS England's National Maternity Review, we have developed the West Yorkshire and Harrogate Local Maternity System Board. The Board's vision for maternity services is to further improve safety for mum and baby, personalisation, choice and family friendly care. We believe every woman and their partner should have access to information to enable them to make decisions about care; and every woman and baby should be able to access support that is centred around their needs and circumstances.

We also believe that all staff working in maternity care should be supported to deliver care which is women centred. They should work in high performing teams, in organisations which are well led, and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.

To achieve this, we will be:

- Developing a local vision for improved maternity services in order to ensure that there is access to services for women and their babies, regardless of where they live
- Ensuring women and their babies can access seamlessly the right care, in the right place at the right time
- Making sure that providers in West Yorkshire and Harrogate, such as NHS hospitals and other health services, work together so that the needs and preferences of women and families are paramount
- Putting in place necessary infrastructure to support services to work together effectively
- Making sure that women, their partner, their families and local communities are involved in designing maternity services
- Supporting a learning culture between NHS staff, partners and fostering workforce co-ordination and training.

### **Next steps**

- We will be producing and publishing our response to the national '[Next steps on the five year forward view](#)' document later this year. This will describe our plans to improve health and outcomes for the people in our region, and the governance and capacity arrangements we are putting in place to deliver them – reflecting the good progress that we have made since publishing our [draft proposals](#) in November 2017.
- We are developing a WY&H Finance Strategy. This is a really important piece of work, building upon the work that has already taken place by our Finance Directors across WY&H, providing a coherent summary of the actions we will be required to undertake to deliver financial sustainability as one of the three key aims set out in the Five Year Forward View. The continuing ownership of the agenda and numbers will help ensure the success of the STP.
- We have recently established a programme of work to understand how we can best work together to develop a better understanding of our estates and capital requirements to meet the requirement of changing clinical service models. [Owen Williams](#), Chief Executive at Calderdale & Huddersfield NHS FT has agreed to lead this piece of work.

### **Throughout everything we do we will continue to:**

- Develop and support our staff
- Have conversations with people who use services and their carers
- Work with our politicians, council leaders, WY&H Local Authorities Consultative Group, Joint Health and Overview Scrutiny, Health and Wellbeing Board Chairs
- Work at pace to implement positive change.

## Appendix 2

### Kirklees Health & Wellbeing Plan headline indicators

(DRAFT November 2017)

#### Health and Wellbeing Gap

1. inequality in life expectancy for men and women
2. healthy life expectancy for men and women compared to the England average
3. infant mortality rate
4. proportion of people who feel socially connected (especially those with a long-term condition)
5. proportion of children and adults who are obese (greatest improvement in the areas with the highest levels)
6. drinking at sensible levels **or** physical activity
7. smoking prevalence in routine and manual occupations
8. proportion of people with 3 or more long term conditions who feel confident that they can manage their health
9. cancer screening rates (greatest improvements in groups with the lowest rates)
10. proportion of people with common mental health conditions who access early help

#### Care & Quality

1. non-elective admissions
2. avoidable admissions for frail elderly population
3. admission rates for respiratory conditions **and/or** admission rates for CVD **and/or** admission rates for all cancers
4. 18 weeks referral to treatment (NHS Constitution measure)
5. cancer treatment in 62 days (NHS Constitution measure)
6. delayed transfers of care (NHS Constitution measure)
7. social care related quality of life for people receiving social care
8. variability in long term condition management (measure tbc)
9. people achieving their preferred place of death
10. late/emergency presentations (mental health)
11. self-reported quality of life for carers