

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	25 September 2019
TITLE OF PAPER:	Development of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care
1	Purpose of paper
1.1	The purpose of this paper is to present a draft of the narrative of the West Yorkshire and Harrogate Health and Care Partnership Five Year Strategy and to describe the process for further developing and refining it.
1.2	Kirklees Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> • provide comments and feedback on the draft • note the timescale and process for the further refinement and sign-off of the strategy
2	Background
2.1	On 7th January 2019 the NHS Long Term Plan (LTP) for England was published. This set out the Government's ambition for how the NHS and its partners can respond to the challenge of planning future health services for England in the context of demographic changes, increased demand and the overall environment of finite public sector resources.
2.2	The NHS Long Term Plan includes the commitment that every Integrated Care System in the country will develop a new 5 Year Strategy for Health and Care.
2.3	At the end of June 2019, NHS England/NHS Improvement (NHSE/I) published the NHS LTP Implementation Framework that set out their expectations on what needs to be included in the 5 Year Strategies.
2.4	At the WY&H HCP Partnership Board on 4 th June, the direction was set by all partners, that whilst we are committed to fully meeting the expectations set in the Implementation Framework – our commitment to each other as partners, is to set a 5 Year Strategy that first and foremost works for the benefit of the 2.7 million people who live in West Yorkshire and Harrogate.
2.5	All partners were clear that it is our strategy and it will reflect our priorities and our way of working. And that this will include:
2.5.1	A System Narrative: to describe how we will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the NHS LTP.
2.5.2	A System Delivery Plan: to set the aggregate plan for delivery of finance, workforce and activity, and setting the basis for the 2020/21 operational plans for providers and clinical

commissioning groups (CCGs). The system delivery plan will also cover the NHS LTP 'Foundational Commitments'. This relates to the NHS components of the strategy.

- 2.6 During the spring and early summer, our existing WY&H programmes have been working to refresh their objectives and it was agreed that we would develop new WY&H programme on Children, Young People and Families, and expand the existing prevention programme into a new Improving Population Health programme.
- 2.7 The process to develop the WY&H 5 year Strategy has worked in collaboration with the planning for each of the 6 Places that make up the WY&H partnership area (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Wakefield and Leeds). Some areas have made small changes to their existing health and care partnership plans, and other places have taken the opportunity for a more substantial refresh of their local health and care plan.
- 2.8 In common with most ICSs around the country, the WY&H Partnership estimates that approximately 80% of the work of partners is arranged around either neighbourhood or Health and Wellbeing Board footprints. As such, we only work at the bigger footprint when it makes sense to do so, and that it passes at least one of the three subsidiarity tests: work that needs critical mass, has unacceptable variation or is classed as a "wicked issue." We consistently refer to the WY&H Partnership as the servant of place.
- 2.9 Therefore, the Joint Kirklees Health and Wellbeing Strategy 2014-2020 continues to set the context for how the WY&H Five Year Strategy and the Kirklees Joint Health and Care Plan will work together and deliver for the people of Kirklees.
- 2.10 The Health and Wellbeing Strategy firmly situates the health of the whole population in the wider context of all the factors that determine healthy lives – not just the collective actions of the health and care providers in the city or region. Therefore the sister strategy, the Kirklees Economic Strategy, and the development of the new regional Local Industrial Strategy, continue to be key to delivering on these ambitions.
- 2.11 Both at district wide level and in the bigger regional geography, it makes sense to work together with other partners to direct our collective resources to dealing with the multiple interlocking factors that promote good health for everyone - access to green space, strong communities, decent housing and the kind of inclusive growth that expands employment and opportunity for all.
- 2.12 Through the influence and advice of Health and Wellbeing Boards the development of the WY&H Five Year Strategy has been done with this ambition central to it and running throughout.
- 2.13 Getting this relationship right between local and regional health and care partners remains one of the highest priorities for the WY&H Partnership, and as such, the role of local Health and Wellbeing Boards remains pivotal.

3 Proposal

- 3.1 Part of our WY&H commitment to working in Partnership at ICS level is to ensure openness and transparency about how our plans are developed and iterated.
- 3.2 The draft document attached in Appendix 1 is the first draft of the system narrative, and this was first published on 27th August 2019 as part of the WYH Partnership Board papers.
- 3.3 It incorporates the updated priorities from each programme and builds on the existing work of our Partnership to date. It also incorporates a first draft of our new priorities on improving population health and children, young people and families.
- 3.4 Kirklees Health and Wellbeing Board is asked to contribute comments and feedback on this first draft which we will continue to further refine and develop in the coming weeks ahead of an expected publication date in December 2019.
- 3.5 There is a range of work still to be done as we further develop the document, specifically:
- 3.6 *Further engagement in place*
- 3.7 There is further work to do to engage with each place on the draft contents of the document. We will continue to engage with each of the 6 Health and Wellbeing Board through to autumn.
- 3.8 All Kirklees partner organisations and their boards will receive the draft document to review and comment.
- 3.9 And a number of public facing engagement activities are scheduled.
- 3.10 *Strengthening programme content*
- 3.11 The programme content generally strong, but in some cases further work is needed to quantify and specific ambitions over the five-year period. Wherever possible, we need to demonstrate this clearly. We also need to ensure that we are fully building in the main messages from the engagement report coordinated by [Healthwatch](#) for West Yorkshire and Harrogate.
- 3.12 Cross-checking against the NHS Long Term Plan Implementation Framework
- 3.13 The [NHS LTP Implementation Framework](#) includes a number of specific asks of Integrated Care Systems. The majority of these are covered by our programmes, but some of the specifics requirements are not yet adequately addressed in our written plans, so we will continue to work this through in our programmes.
- 3.14 We anticipate further feedback from NHSE/I following submission of our draft plan to them on 27 September 2019.
- 3.15 *Case studies*
- 3.16 In line with our [‘Next Steps’](#) document (published in February 2018) we will use case

studies to illustrate how these priorities are being taken forward across all the places that make up our WY&H footprint. A number of these are included in the draft as an example, and we are keen to use the very best to ensure there is a good spread across places.

3.17 Kirklees Health and Wellbeing Board is invited to suggest any further good examples for case studies to illustrate our partnership progress to date.

3.18 *Consultation, engagement and hearing citizen voice*

3.19 As partnership, we are committed to meaningful conversations with people (specifically including staff), on the right issues at the right time. We believe that this approach informs the ambitions of our Partnership - to work in an open and transparent way with communities' something that we have reiterated in all plans to date: [initial STP Plan](#), November 2016; ['Next Steps'](#), February 2018.

3.20 We are committed to continuous effective public involvement in our work and specifically to working to include those voices that are seldom heard. We believe that is the best way to ensure that we are truly making the right decisions about our health and care services.

3.21 There are numerous ways in which we ensure that public / patient voice is consistently "in the room", for example through public representation on our boards, continual engagement with existing reference/advisory groups, opportunities for public questions at meetings, ensuring that people's stories are embedded in all our decision making, events and focus groups. We have written more about this on our website [here](#).

3.22 We have lay member and voluntary sector representation on our WY&H programme boards, for example improving planned care, stroke, maternity as well as a patient public panel for the work of the Cancer Alliance. We are currently in the process of recruiting a lay member representative to our digital programme for the Partnership.

3.23 We publish [engagement reports of findings](#) from all the Partnership's events and rely on our local partners to ensure representation from their local areas in all such activities. Everyone receives a copy of the report to help with their local insight and intelligence.

3.24 [Engagement and consultation mapping reports](#) are produced with the support from local communication and engagement leads. These composite reports provide rich intelligence and can identify key emerging themes as well as identifying where there may be gaps both locally and at a WY&H level.

3.25 In all communications and engagement activity, we work on a local level and tailor our messages and methods accordingly to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences at a community level. This means making the most of community assets / organisations / champions and resources at a local level in order to reach everyone. This also helps to ensure there is a coordinated approach and that we are not 'getting in the way' of valuable local work.

3.26 Our Communication and Engagement Network has over 100 representatives from our six local place areas. It meets every three months and includes Healthwatch, voluntary and community organisations, such as Macmillan, all NHS organisations, commissioning and

community organisations including NHS England and Public Health England, all eight Local Authorities, the Academic Health Science Network and Leeds Academic Health Partnership.

- 3.27 Local communication and engagement leads are sent updates every week so they have the opportunity to share views and have advanced awareness of communications and engagement work taking place across the area. This helps to ensure their expertise is considered in advance of any communications being published and/or any engagement activity.
- 3.27.3 Specifically, for the development of the 5 Year Strategy, as a partnership we have worked with Healthwatch and engagement leads from across partner organisations. This included over 1,500 people across WY&H completing survey and a series of focus groups aimed at seldom heard groups of people, as well as some condition specific focused work including Cancer and long term conditions.
- 3.27.4 The combined WY&H Healthwatch groups collated this feedback into an excellent report, published here [WY&H Healthwatch Engagement Report](#), in June 2019 that is being used by all Programme to cross reference feedback against the plans we are developing.

4 Financial Implications

- 4.1 In June 2018, the government set out the funding increases that NHS England would receive between 2018/19 and 2023/24. In real terms this equates to a real terms increase of £20.6bn for England, an average of 3.3% per year. This rate of increase is below the historic average of 3.7% per year, but is above the average growth rate across the last decade of 2.1% per year.
- 4.2 Local Government budgets have fared significantly worse over this decade. Public health grants have fallen significantly since 2012. Social care spending has fallen across the country by 5% in real terms since 2010/11 and despite recent increases, spending was around £1bn less than in 2010/11, at £17.8bn. The government has yet to set out long-term funding plans for social care.
- 4.3 The [NHS LTP](#) proposes to achieve better outcomes by focussing the additional funding on the key areas of mental health, and primary and community services. The national expectation is that spending on mental health services will rise by £2.3bn over the next five years (4.6% per year), while spending on primary and community health services will rise by £4.5bn (3.8% per year). Funding for these areas will therefore grow at a faster rate than the overall NHS budget. This national policy requirement is in line with our WY&H local ambition to invest differentially in mental health and learning disability services, and primary and community health services.
- 4.4 However, this results in a challenge to other areas of NHS activity, particularly hospital-based services, which will see lower growth in spending despite having to tackle the needs of a growing and ageing population with increasingly complex health needs.
- 4.5 The [NHS LTP Implementation Framework](#) also identifies two additional sources of

transformational funding which will be allocated to support the commitments in the [NHS LTP](#), as well as previous requirements from the Five Year Forward View; these are in addition to the published five-year CCG allocations. These are:

4.6 Indicative Transformational Funding (up to £1.8bn for the NHS by 2023/24) – this is being made available to all systems for commitments in the [NHS LTP](#) which apply across the country, and funding is to be distributed on a fair shares basis to each ICS / STP, and between four different categories: mental health, primary care and community services, cancer, and ‘other’. The table below breaks down the funding by category.

4.7 Targeted Transformational Funding (up to £1.5bn for the NHS by 2023/24) – this is money to fund targeted schemes and for specific investments, where a general distribution is not appropriate.

4.8 The level of indicative funding that is expected to come to WY&H over the next five years is £26.7m in 2019/20, rising to £83.5m in 2023/24. At a summary level, the values are shown below:

Category (£m)	2019/20	2020/21	2021/22	2022/23	2023/24
Mental Health	2.9	3.1	10.5	21.1	28.3
Primary Medical and Community Services	16.7	18.6	21.2	27.6	33.6
Cancer	5.5	4.1	3.2	3.1	3.1
Other	1.7	1.8	4.3	6.2	18.5
LTP funding allocation – Total	26.8	27.6	39.2	58.0	83.5

4.9 The level of indicative funding that is expected to come to WY&H over the next five It is not clear the level of targeted funding that may be available to the ICS, or the bidding processes to access this. We will provide further information when it is available.

5 Sign off

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

6 Next Steps

6.1 The First Draft of the 5 Year Strategy specifically aims to address many of the ambitions set out by all 6 Health and Wellbeing Boards for the strategic delivery of better health and care for the people who live in West Yorkshire and Harrogate – this includes looking at the factors that drive health and healthy lives as well as improving the services and support for people living with ill health.

6.2 The first draft of the 5 Year Strategy is intended to complement and enhance the work being done on the Leeds Health and Care Plan.

6.3 Through sharing this first draft, all partners and places are being asked to contribute ideas and views to ensuring that subsequent drafts further improve

6.4 [Planning Timetable](#)

The latest version of the timescales we are working to is included here for reference.

Milestone	Date
WY&H Partnership Board consider approach to developing the 5-year strategy	3 June 2019
Engagement with Health and Wellbeing Boards (HWBs)	June/July/August 2019
Publication of the NHS Long Term Plan Implementation Framework	27 June 2019
Main technical and supporting guidance issued	c. 26 July 2019
WY&H Partnership Board to consider draft system narrative	3 September 2019
Engagement with place through HWBs	Through September 2019
CCGs and Trusts submit draft strategic planning tool templates	6 September 2019
WY&H programme teams and sector groups to review strategic planning tool submissions and provide feedback to place leads	13 September 2019
CCGs and Trusts submit second draft strategic planning tool templates	20 September 2019
WY&H and place level aggregations of strategic planning tool	23 September 2019
Initial WY&H system plan submission	27 September 2019
Regional assurance of WY&H submissions	Through October 2019
Further refinement of WY&H strategic narrative	Through October 2019
WY&H to consider strategic narrative and system plan	5 November 2019
Strategic narrative and system plan submitted to NHSE	15 November 2019
WY&H Partnership Board to consider final system narrative and publication date	3 December 2019
Publication of the national implementation programme for the NHS Long Term Plan	December 2019

7 Recommendations

7.1 The Health and Wellbeing Board is asked to:

- provide comments and feedback on the draft 5 Year Strategy
- note the timescale and process for the further refinement and sign-off of the strategy

8. Contact Officer

Ian Holmes, Director, West Yorkshire and Harrogate Health and Care Partnership,
Ian.Holmes@wakefieldccg.nhs.uk

Rachael Loftus, Head of Regional Health Partnerships, rachael.loftus@leeds.gov.uk , 07891 271054