



West Yorkshire and Harrogate
Draft Sustainability and
Transformation Plan (STP)

Public Summary

November 2016



Contents //

List of organisations involved	3
Foreword	4
Our vision	5
Our approach	6
What this draft plan means for you and your family.....	8
West Yorkshire and Harrogate local plans	14
West Yorkshire and Harrogate shared work	22
Supporting change.....	33
Our workforce	36
Having your say.....	37

This is a public summary of the draft Sustainability and Transformation Plan. The draft plan submitted to NHS England on the 21 October, 2016, along with a number of other documents is available from <http://bit.ly/WestYorkshireSTP>
You can leave a comment here too.

*Simply click on a section title in the contents to go direct to the area of your choice.
To return to this menu - click the page number at the foot of the page*

West Yorkshire and Harrogate STP //

Organisations involved include:

Clinical commissioning groups (CCG)

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds North CCG
- NHS Leeds South and East CCG
- NHS Leeds West CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG

Local authorities

- Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council
- Wakefield Council

Care providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Locala Community Partnerships
- The Mid-Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

Other organisations involved

- NHS England
- Public Health England
- Health Education England
- Healthwatch

Thanks also to the police, fire and rescue service, housing, independent, voluntary and charitable sector organisations involved in local plans and cross cutting programmes of work.

Foreword //

We can be proud of how our health and care teams have made major improvements to services over the past decade. The NHS is treating more people than ever before, providing services faster, more safely and in better environments.

Research and innovation is delivering world leading new treatments at the forefront of technology. Our integration 'pioneers' are joining up health and care. We are leading the way in developing new models of care that better meet people's needs in care homes, hospitals and local communities.

This history of improvement and innovation in public services is supported by a thriving third sector, excellent universities and engaged businesses.

Increasingly, we have been working together to ensure we can make the biggest changes we can to the lives of local people. We have done this with a keen eye on local variation in populations, people's needs and service delivery.

In 2016, we face the most significant challenges for a generation.

We know that we must keep innovating and improving if we are to meet the needs of our population in a tough financial climate. Demand for services is growing faster than resources. Services in some places are not designed to meet modern standards, and local people want things to be better, more joined up, and more aligned to their needs. This is clear from the continuous engagement we have with local people, as well as the changing world we live in.

Over the past six months, the leadership and staff of West Yorkshire and Harrogate health and care organisations have been working together on how we respond to these challenges.

We have been linking with existing plans and seeing how we deliver ambitious improvements for people in Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield.

This summary is an overview of our draft plan which sets out our high level proposals. These proposals are built on the ongoing work that has taken place locally through Health and Wellbeing Boards and local partnerships.

Over the next six months we will continue to work together to engage with Health and Wellbeing Boards, staff and the public, to further develop our draft plans and build on engagement activities to date, ensuring the involvement of everyone in future conversations around proposals for change.

The NHS and local councils in West Yorkshire and Harrogate commission care and treatment for 2.6 million people.

Every day a network of providers work across the whole social spectrum, engaging people from birth to death, head to toe, inside and out.

Our 113,000 staff are entrusted with a budget of £4.3 billion.



A handwritten signature in black ink, appearing to read 'R. Webster', written over a white background.

Rob Webster | CEO, South West Yorkshire Partnership NHS Foundation Trust

On behalf of the leadership of West Yorkshire and Harrogate.

Our vision //

Our vision for West Yorkshire and Harrogate is for everyone to have the best possible outcomes for their health and wellbeing. At the heart of this are the following ambitions:

Healthy places

- We will improve the way services are provided with a greater focus on **preventing illness**, or identifying and managing this at an early stage wherever possible.
- We will support people to manage their own care, where safe to do so, with **peer support** and technology provided in their communities to help with self-care.
- Care will be **person centred**, simpler and easier to navigate.
- There will be **joined-up community services across physical and mental health** as well as much closer working with **social care**.

High quality and efficient services

- **Hospitals** will work more closely together, providing physical and mental healthcare to a consistently high standard by organisations sharing knowledge, skills, expertise and care records, where appropriate.
- The way that services are designed and paid for will change. We will move to a **single commissioning arrangement** between Clinical Commissioning Groups (CCG) and local councils. This will ensure a stronger focus on local places and engagement. There will also be a stronger West Yorkshire and Harrogate commissioning function for some services.
- We will share our **staff and buildings** where it makes sense to do so; to make the best use of the resources we have between us and to help further service investment.

A health and care service that works for everyone, including our staff

- West Yorkshire and Harrogate will be a **great place to work**.
- We will always **work with people** in how we design, plan and provide care and support.
- West Yorkshire and Harrogate will be an international destination for **health innovation**.



Our approach //

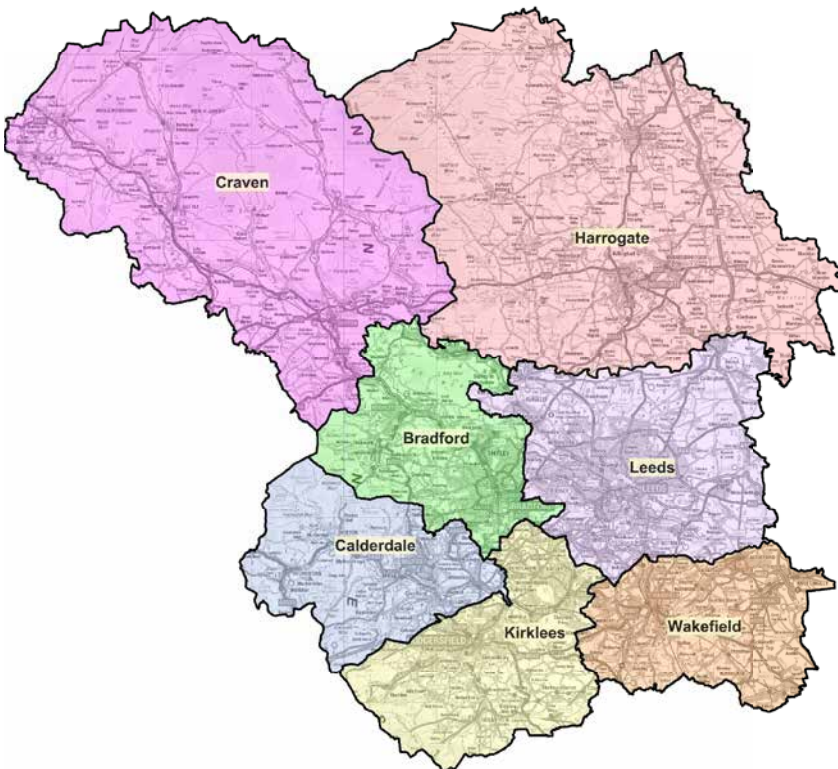
In these tough times, we want to deliver the best outcomes we can for everyone. This will mean more emphasis on the places people live and on closer working between organisations. There will be less of a focus on competition as a means of driving change.

Closer partnership working is at the very core of our STP. Over the past six months the leadership and staff of the West Yorkshire and Harrogate health and care organisations have been working hard on how we respond to the challenges we face, whilst delivering quality care and working towards achieving our vision.

Our STP area covers eleven Clinical Commissioning Groups (which design, specify and buy care for local people), six local council boundaries, as well as services provided by a number of health and social care organisations, GP practices, mental health trusts, community therapy, care and nursing providers, and our hospitals. Over time these organisational differences will become less important. We want to put people and communities above individual organisational boundaries.



West Yorkshire and Harrogate STP area



Contains Ordnance Survey data © Crown copyright and database right 2016

West Yorkshire and Harrogate has a diverse population, with different health and social care needs. We believe that for the majority of services, these needs are best met on a local level through closer partnership working.

Our approach starts with these local places and Health and Wellbeing Boards, which have existed since 2012. They have been developing local health and wellbeing strategies based on the needs of local people. They bring together the NHS, public health, adult social care and children's services, including councillors and local Healthwatch. They plan how best to meet the needs of local people and tackle local inequalities in health. They provide a way of ensuring that local people have a strong voice.

Our draft STP is based on a set of principles: we are ambitious; we do the work together; and we deal with issues as locally as possible.

The West Yorkshire and Harrogate STP is built from six local area plans: Bradford District & Craven; Calderdale; Harrogate & Rural District; Kirklees; Leeds and Wakefield. This is based around the established relationships of the six Health and Wellbeing Boards and builds on their local health and wellbeing strategies.

These six local plans are where the majority of the work happens. We have then supplemented the plan with work done that can only take place at a West Yorkshire and Harrogate level (see page 22). This keeps us focused on an important principle of our STP - that we deal with issues as locally as possible.



What this draft plan means to you and your family //

In developing these proposals we have thought about health and care services in three ways:

- What do we need to do to help you stay healthy and well?
- What do we need to do to improve the quality of care and services you receive when you need them?
- What do we need to do to address the finance and efficiency challenge we face?

Health and wellbeing: helping you to stay well

With a population of 2.6 million people living in West Yorkshire and Harrogate, we know there are pockets of deprivation and areas of affluence. Where you live can determine your life chances and we need a new approach to make sure all people have the chance to live longer, healthier lives.

There are higher than average childhood obesity levels and 50% of people are overweight in West Yorkshire and Harrogate. Over 200,000 people are at risk of diabetes and we want to reduce this number by a quarter by 2021.

Alcohol is also a major concern. There are around 455,000 heavy drinkers across the area. This has a major impact on people's lives and the cost of care. We want to reduce the number of people admitted to hospital because of alcohol by 500 every year and also the number of ambulance call outs for related incidents.

Mortality is higher than average for those with serious mental health concerns and we want to work together to reduce the number of people taking their own lives. To do this will involve sharing information, awareness raising and local suicide prevention strategies.

West Yorkshire and Harrogate has significantly worse rates than other parts of England for cardiovascular diseases (CVD), which are conditions affecting the heart or blood vessels that cause damage to the brain, heart, kidneys and eyes. It is one of the main causes of death and disability in the UK, but it can often be prevented with a healthy lifestyle. We want to reduce 10% of CVD incidents across the area by 2021.



Where you live has a major impact on your quality and length of life, for example there is a 11 year difference for men depending on where they live in Leeds and a 10 year variation for women in Calderdale. This is clearly something we want to address.

People who smoke increase their probability of lung cancer, heart and respiratory disease, such as asthma and chest conditions. In the case of pregnancy this can lead to real health issues for both mum and child.

4 in 10 cancers are preventable through lifestyle choices. For example we would like to see 125,000 fewer smokers in West Yorkshire and Harrogate and increase the one-year survival rate from all cancers to 75% by 2021, with the potential to save 700 lives each year.

Some good work has already been done but we need to improve the health and wellbeing of both young and old, including those with physical and learning disabilities - so that we can improve people's quality of life and prevent them going in to hospital or care homes, unless absolutely necessary.

We know that people prefer to remain at home, independent and safe, for as long as possible and we want to fully support this.



Improving people's health and wellbeing



Reduce the number of smokers by **125,000** by 2021

226,000 people at risk of diabetes, we want to reduce this by a **quarter** by 2021

Reduce number of people admitted to hospital due to alcohol by **500** a year

Increase the one year survival rate of people with cancer to **75%** by 2021 with a potential to save **700** lives a year

By **2021** we want to adopt a philosophy that all suicides are preventable, aiming to reduce the number of suicides by up to 75% as part of the **five year** forward view for mental health.

Reduce the number of people experiencing a CVD incident by **10%** across the area by 2021. This would mean **600** people in Bradford alone.

Care and quality: making sure the right care is there when you need it

We want to ensure that the majority of our services remain high quality and offer a good personal experience. At the same time we want to address the fact that for some people and some populations the service falls below the standards and expectations we have set.

We want to make sure services work together to support you and your family. We will build on the prevention work outlined in the previous section to ensure that everyone gets the best start in life and has the opportunity to age well. This means joined up services for new mums and families that build on traditional health visiting, community services and sees education, health and care working together. This will include new “perinatal” services that give mental health support to new mums at their most vulnerable time.

Over 4 million people live with diabetes in the UK and this number is increasing. Thousands and thousands of others live with long term conditions, such as asthma and mental health problems like depression.

Increasingly, we will make sure that you are supported to self care, with technology and peer support networks providing better opportunities for monitoring and management of your health condition. We want to harness the power of peer supporters, expert patients and similar developments for everyone who would find this helpful.

Organisations, including the NHS, local councils, voluntary organisations and other public sector services, need to work closer together to deliver more ‘joined-up’ health and care. This coordination of services will help to improve the quality and experience of care.

This is particularly true for people with multiple issues and conditions. We will make sure that frail older people, children with complex needs and similar groups have a joined up team that supports them to live their lives. **In doing so we will have a modern health system that looks at people’s physical, social and mental health needs.** We will increase access to psychological therapies for people with common mental health conditions (25% of people to receive these services by 2020/21), co-locating these services in primary care.

We will transform care standards for people with a learning disability, so that health assessments in general practices are the norm, good and safe specialist assessments for people are available and locally based residential care is there for people who need it.

We also plan to better organise and simplify urgent and emergency care so you get the very best care, at the right time, in the right place. This will mean clearer coordination and better organisation of urgent care services (including primary care, such as GP and pharmacy services, mental health, ambulances A&E and urgent care centres) so they work together and you know where to get the help you need.

We aim to improve on our four hour accident and emergency standard by March 2017 to ensure 95% or more of people are seen, assessed, admitted or treated and discharged within four hours, and we will continue to improve on this.

The demand for planned care (when you have a booked appointment to see a specialist or have an operation) is placing ongoing pressure on services.

Unfortunately as a result people are waiting longer for appointments - we aim to address this and ensure that we meet our 18 week referral to treatment standard over the next five years across the area. In addition, we will tackle hidden waits in mental health services to ensure that we meet modern standards for mental and physical health.

Improving patient experiences, choice and delivering high quality, safe care across seven days of the week is also a priority.

We want to reduce avoidable emergency admissions, and the reduction in time someone will stay in hospital unless absolutely necessary. Our intention is to support more people in the community so they don't end up being admitted or readmitted to hospital – this is where hospital avoidance schemes can make a huge difference alongside better alternatives to being in hospital.

Our targets for change



95% of people attending A&E will be seen in **4 hours**, by 2017

92% of people will be seen by a specialist within **18 weeks** and we will deliver these standards in physical and mental health services

Supported self care for **all people with a long term condition**, with peer support and access to technology designed for your needs

A move to **25%** of the appropriate population accessing psychological therapies in their community and increasing the levels of recovery

Regardless of where you live, your experience of services will have improved by **2021**

A new **28 days** standard to cancer diagnosis will be introduced

Reduce the number of people with mental health concerns going to A&E by **2021** and bring their care closer to home

Increased focus on common thresholds for care and treatment to meet standards and **reduce postcode variations** in care.

Finance and efficiency: making the money add up by 2020/21

It's great news that people are living longer than previous generations, but the reality is that up to two thirds of people in the UK could spend their retirement years in ill health.

An ageing population, people living longer with complex health and social care needs, means we have to change if we want to improve people's quality of life and meet the challenges we face together with the money we have available.

The health and social care economy in West Yorkshire and Harrogate has growing income in the coming years. This funding for the NHS is not growing as fast as demand for care and pressures on local council budgets continue, particularly in social care and public health.

The growth funding for the NHS allocated to our draft STP is also lower than the national average and funds for training doctors, nurses and therapists have reduced. This means, unless we change the pattern of demand and make services more efficient, we could face significant financial pressures in excess of £1billion between now and 2021.

We will approach this challenge together. We will develop solutions in our local areas as well as taking collective measures across West Yorkshire and Harrogate.

The way we will meet this challenge falls under the following categories:



We currently have an annual budget of £4.3 billion; by 2021 it will increase to £4.7 billion. However it's important to note that if we delivered care in the way we do today, with no change and no efficiencies, the cost would be at least an extra £1 billion every year by 2021.

Delivering care more efficiently, £0.5 billion

We will look to drive efficiencies in the way we deliver care, focusing on reducing duplication and differences in service delivery. This will include reviewing how and where services are delivered, sharing administration and releasing funding for front line care.

Providing the right care to everyone who use our services, £0.3 billion

This involves a different relationship and a new approach to the way we deliver services across both health and social care services. Our focus will be on early help and support, making sure the services we offer meet the needs of everyone sooner rather than later.

This will include helping you to take more control in the management of your care, where safe to do so.

Programmes delivering savings across the area, £0.1 billion

We will look to deliver savings by acting once across West Yorkshire and Harrogate. This will focus on our organisations working in partnership to deliver efficiencies, reducing variation in service provision, and working together to deliver better services for everyone at reduced cost.

Securing our fair share of sustainable funding, £0.2 billion

Our draft plan assumes that additional funding, called Sustainability and Transformation Funding, will be available to us so that we can deliver our plans. Some of this funding will be used to help make the changes happen, whilst some of this money will be used to support existing services

We know this isn't an easy message – it will be a challenge and difficult decisions will need to be made.

West Yorkshire and Harrogate local plans //

If we are to make the most of our resources, we need to focus on keeping people well through healthy places and joined up care in communities. By having six local plans, we can make progress on both.

Since 2012, local councils have been responsible for improving the public's health. This means a focus on health, education, housing, the environment, and the economy.

For people who need support, most of the care you and your family receive is delivered in communities. Social care, community therapy and nursing visits, GP contacts and trips to your local pharmacy, can reduce the number of A&E attendances. This community and home based care needs a greater focus and investment.

This is reflected in all six of our local delivery plans as they consider communities - from Luddenden to Laisterdyke, Harrogate to Honley, Wetherby to Wakefield and all points in between. Each plan is different as it reflects local people's needs. However, each plan also contains a number of common themes too. These are covered in the next section.



Prevention and early intervention

We are working in every one of our six areas to improve the way services are provided with a greater focus on early help and keeping people well. This involves helping people earlier rather than later, for example supporting people to stop smoking, when we know this is the major cause of cancer and working with families who have problems sooner rather than later.

Plans vary according to the needs of local people: this includes tackling obesity, smoking and heavy drinking; making sure that children get the best start in life; and that we reduce the risk of dementia through addressing lifestyle risks. Well targeted health support can help keep people in work. This in turn can improve people's wellbeing, including their mental health, preserving their livelihoods and keeping them in employment. It is also good for the region's economy.

Having a good coordinated set of prevention activities, for example working earlier with people at risk of diabetes, should result in a reduction in admissions to accident and emergency; decrease the numbers of people living with long term conditions and fewer avoidable early deaths.

We also know that early help for children, families and adults is not only better for the person but can prevent or delay the need for more costly social care services in the future.

For example Kirklees are developing a new early help model for children and families, so they get support sooner rather than later.

Spotlight on children

To address some of the biggest health and care challenges we face we will need to create stronger and broader partnerships within our towns and cities and across our region.

We already have great examples of where this is happening, like the Child Friendly City initiative in Leeds. Over the past four years the city has made a big effort to get more people involved in making a difference on some of the most important issues relating to children and young people, things like improving school attendance, increasing youth education, employment, training and keeping the most vulnerable children safe.

A positive and wide reaching campaign has led to major businesses, sports clubs, well-known people, public and third sector partners and even the local media, working together towards some common goals and doing more to support things like fostering and 'family and friends care'. A combination of new approaches and different attitudes have made an impact, for example by working with families and local communities, Leeds has safely and appropriately reduced the number of children and young people placed in care by around 250. This gives them better life chances and saves a significant amount of money. If we can take the support we've seen for children and young people and apply it to some of our other big health and care challenges we could see a real step change.

Recent engagement work has shown that people want clear, easy to understand information, more involvement with communities and investment in voluntary and community services. You have also told us that not being involved in care decisions about you, has a negative impact on your wellbeing and health professionals should communicate more with you. In delivering and designing services, we will ensure that there is significant engagement in plans to address these issues.



The development of a thriving voluntary community sector can help greatly with our focus on early help, for example healthy child programmes, which bring together, health visitors, school nursing, support for families, not only from health and social care, but from community organisations too.

Development of community support for families, preventing illness and elderly loneliness is also important.

A new alcohol liaison service at Pinderfields Hospital means we can target people with drink related illness and injury. The aim is to provide people with a seamless transfer from hospital into community support services to help them reduce the risk of alcohol-related problems in the future.

Primary and community services

Primary care includes a wide range of services supporting the health and wellbeing of everyone in the community, including your local GP, pharmacies, mental health and social care. We know that people's experience and trust of primary care services is generally very high, but we have also heard that services are not as convenient to some as they would like them to be particularly out of core daytime hours (8.30am to 6.30pm), and that some people would like to receive services on evenings and weekends.

Primary and community care has been the subject of a number of engagement activities across West Yorkshire and Harrogate. The content of conversations varies across the local area from broad engagement on primary care to specific service areas. In summary there are a number of themes that are emerging across the West Yorkshire and Harrogate area which need to be considered in future commissioning arrangements.

This includes improving access to appointments and buildings; in particular help for urgent care issues, looking at the delivery of walk-in centres and increasing the range of services available at GP practices. We believe that this will help to address the number of people who attend emergency departments when they could have seen a health professional near to where they live. There are already good examples of where this type of service is being provided during evenings and weekends, for example in Wakefield. We want to review and potentially build upon this across the whole of West Yorkshire and Harrogate to provide services that are convenient to everybody.

In the future we would like to have more care delivered in local community and primary care settings rather than needing trips to the hospital. This means many of the tests, investigations, treatments for minor injuries and minor surgery that are usually provided in hospital can be provided nearer to home. We will consider the use of our buildings and how well equipped they are. This will help us to plan where we can provide services nearer to you and your family and closer to your home. In addition, we want to take this opportunity to think about what other services could be provided under one roof. This could include physiotherapy and citizens advice services. This would mean that you would be able to receive a range of services in one location that could meet both your health and social needs.

We hope to see more GPs in training and working together more closely with community and mental health services. Our aim is for you to see the right person, in the right place at the right time. By working in teams, health and social care professionals can provide advice and treatment for you together, instead of you needing lots of appointments at different departments.

As GP practices work more closely together, they could in the future begin employing consultants who have the specialist skills to manage your health condition in the surgery. This will also provide the opportunity to develop services that include senior nurses, hospital doctors, geriatricians, paediatricians and psychiatrists to work alongside community teams. In addition to this we would also like pharmacists, psychologists, social workers, and other staff to be part of community teams as we develop our workforce.

Our aim is to keep people healthier for longer and enable them to stay at home and not in hospital. By developing and improving primary care services it will help you and your family stay healthy and independent.

We want to work with primary care to develop existing services that address lifestyle changes. This means supporting people to stop smoking, support for losing weight and how you can do more exercise to keep fit. This will mean less chance of you developing the kind of serious illness that needs hospital treatment in the future.

Our draft plans include how we will improve in-hours and out-of-hours access to primary care so that you can get the professional advice you need, when you need it.

Advice and support should be as convenient as possible for you to get, including making the best possible use of smart phones and digital technology. We want to work with our practices so that you can easily book an appointment and request a repeat prescription on line and if you want to, be able to see your medical records. As part of making the most of technology we will also think about video/skype type of appointments, which are being used successfully in other parts of the country already.

Bradford, District and Craven is known nationally for its work in digital healthcare, in particular providing 24/7 face to face consultations. This is something we want to do more of across the area.

In Harrogate and Rural District we want to reduce the number of children aged 10-11 years who are overweight.

We also want to increase the number of people in Leeds having bowel screening by 3%.

In Wakefield we want to reduce the number of young people not in education, employment or training.

Supported self-care

People with long term health conditions spend most of their time looking after themselves. We want to support them to do this as they want more focus on preventing illness, so they can stay well.

To support this they felt that more information about healthy lifestyle choices should be available with professionals having the relevant skills and knowledge to advise them on any changes they may want to make.

Each of our local plans support people to take greater control and management of their long-term health conditions.

Spotlight on self-care

Locala is a community health care provider. They use the term maximising independence (MI), which was originally informed by a listening exercise with staff, patients and carers to describe the approach they take to support people to be as confident and independent as possible when managing their own care in Kirklees.

Locala's integrated community health care teams include community matrons, district nurses and therapists. The self-care work has involved a training programme that has helped over 1000 staff to use evidence based behaviour change and health coaching techniques. The training has helped people to manage their own care.

Evidence shows if more time is invested upfront with people to address their needs holistically then less time is needed on follow up visits. Most importantly this improves the care delivered and the person's quality of life.

Locala has also successfully used technology to improve how care is delivered, for example skype consultations.

Records are also shared between health and social care professionals so that people tell their story only once.

An outcomes framework has been developed by Wakefield Public Health which will provide a snapshot of data across the area. Several indicators refer to understanding how people feel they are supported to manage their condition, so they understand their long term conditions better, for example those with mental health concerns. This helps to identify further areas for improvement.

We will support self-care and preventing illness by helping you to manage your health safely. This will include training our workforce to work alongside you so that self-care and early support will be the norm.

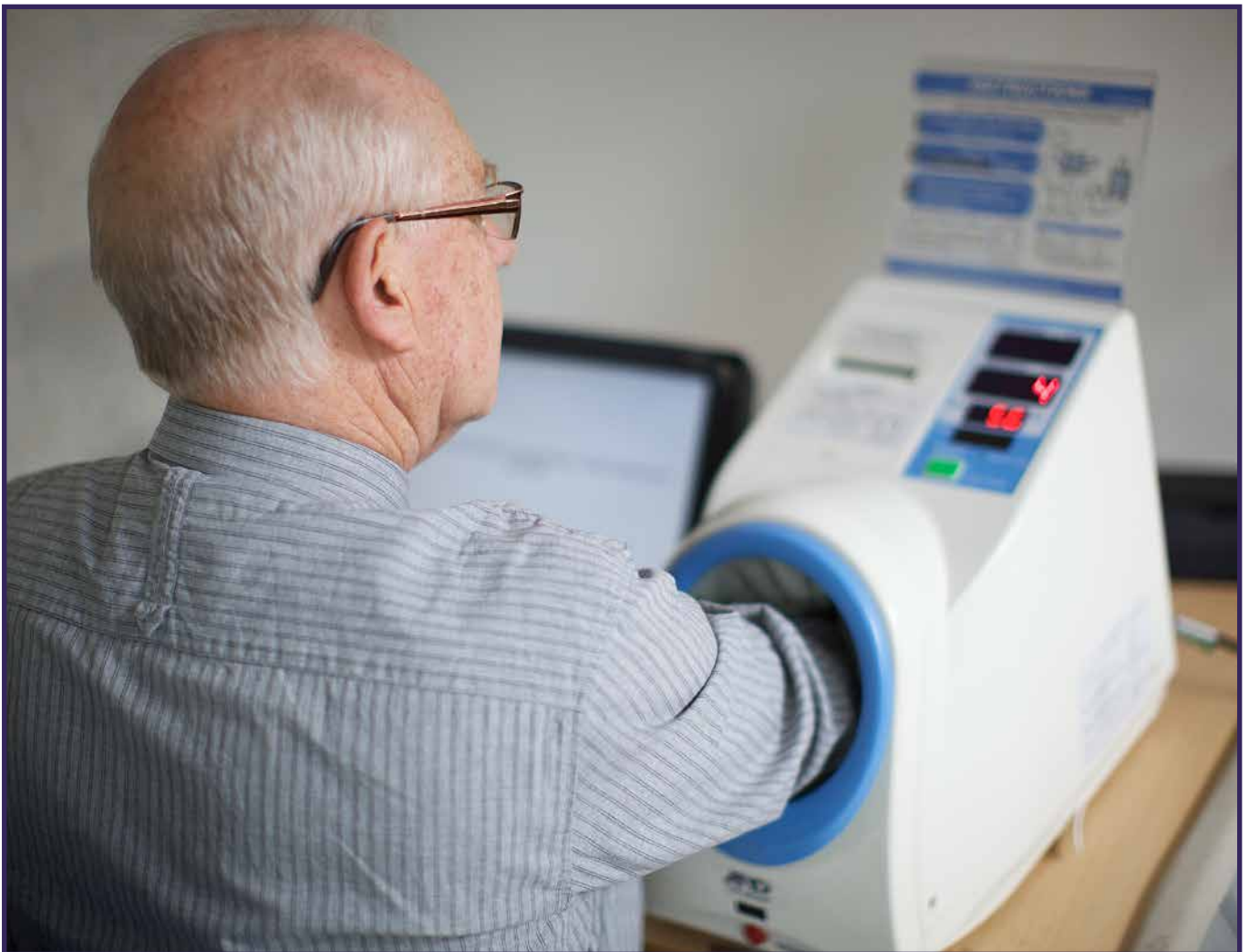
Around 15 million people in England have one or more long-term health condition. The number of people with multiple long-term conditions is predicted to rise by a third over the next ten years.

35% of people living with long-term health conditions have low knowledge, skills and confidence to self-care. This results in a rising demand in urgent and emergency care, including A&E attendances and emergency admissions.

Most importantly we know this is not what people want – they want to lead a healthy life as much as possible and supporting people to self-care can help.

People with long-term conditions are the most frequent users of health care services, accounting for 50% of all GP appointments and 70% of all inpatient bed days.

35% of people with diabetes live with diabetes plus other long-term conditions.



Joined-up services

When services are provided by different health and care organisations they often feel disconnected from one another. We have also heard that people want services that consider all of their needs together rather than different services for different conditions.

We are trialling new ways of providing services that bring together organisations to better meet peoples' needs. We believe that these new models have the potential to offer a better experience of care as well as being more efficient and cost effective. We will learn from these trials, rolling them out wider if they work well.

We're learning from our Vanguard programmes on urgent care, care homes and community services. We are building on the integration pioneer work done in Leeds and a long history of joint work in Calderdale, Kirklees and Bradford. Each plan sets out opportunities to look at new models which make these joined up services a reality for everyone.

Spotlight on community care

We are joining up care services for people who live in care homes or supported living accommodation. GPs, care home staff, volunteers, a specialist doctor, nurses, pharmacists, therapists and mental health workers are pooling their resources in about a quarter of care homes in Wakefield. The aim is to help people to have healthier lives, with a better sense of wellbeing so that they don't need to keep going in and out of hospital.

We will help you to better understand how pharmacies and on-line resources can help you deal with coughs, colds and other minor ailments without the need for a doctor appointment or accident and emergency visit.



West Yorkshire and Harrogate shared work //

Over the past six months the leadership and staff of the West Yorkshire and Harrogate health and care organisations have been working together on how we respond to the challenges we face.

To support our six local places we are carrying out a range of work collectively across the STP wide area.

When we work in this way it is for one or more of three reasons:

- Services cut across the area and beyond the six local places.
- There is benefit from doing the work once and sharing, so we make the best use of the skill and expertise we have.
- Working together can deliver a greater benefit than working separately.

On this basis we have identified nine priorities for which we will work across a larger area.

These are:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies.



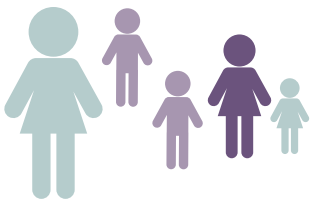


Prevention

Prevention has been identified as a priority in each of the six local plans. Given the importance of this work we are keen to share learning, skills and expertise to ensure best practice is rolled out across the area. We are doing this with a focus on the biggest causes of ill health.

This work is led by Directors of Public Health from across West Yorkshire and Harrogate and its focus is on smoking, obesity, alcohol, and ensuring that our workforce is supporting health promoting behaviours as it provides care to ensure every contact counts.

In our area
there are



379,836 smokers
455,000 heavy drinkers
1.3 million people overweight
We want to make every health and social care contact count for you.

Primary and community services

Like prevention, our work at West Yorkshire and Harrogate level is designed to help local places take forward programmes to deliver better primary and community care. This work brings together primary and community care leaders to help design what the important parts of an effective system are. This includes breaking down organisational barriers, looking outside the clinical model to develop a service that meets social needs too - making sure people are always at the centre of their care.

We are currently working with local GPs to explore new ways of working. For example, some practices are working together in a hub to provide appointments on an evening and weekends. This means that people are able to see a doctor or other professional at a range of different times.

In other places teams of expert patients complement doctors to deliver peer and social support.

Mental health

We will work together locally and at a regional level, to make sure that mental health conditions are treated the same as physical health issues. Local mental health services will be integrated with physical health and care services. This will ensure we care and treat the 'whole' person tailoring care to the person's need; supporting people with long-term conditions to cope with anxiety or depression, and ensuring people only go to hospital when absolutely necessary.

We are developing services across the region to reduce difference in the quality of care people receive in order to improve their wellbeing and make services more effective and efficient for the future.

This includes working to introduce coordinated management of mental health in-patient beds across the area with the aim of reducing people being placed outside the region and eliminating this where better for the person. We know that people receiving care near their home and support network much improves their health and wellbeing. Our aim is that hospital stays will only take place where appropriate, and where needed only for a minimum length of stay.

Good progress has already been made on the development of services to improve the experience and care for people in crisis. For example 'Safer Spaces' have been developed so that adults and children and young people in crisis have a safe alternative to go instead of emergency departments, police cells or being admitted to hospital an in-patient unit. The plan is to roll these out to other parts of the region. We are also working to ensure that there is a service that places mental health nurses in police control centres, in place across the region assisting the police with people in crisis. This will include reducing by 50% the use of police powers around Section 136 of the Mental Health Act.

Alongside this a region wide multi-agency suicide prevention strategy is also being developed with awareness and understanding at the heart of this work. We will look at international best practices that have reduced the number of suicides by 50%.

Professionals in this area of expertise have also identified further services where working together at a West Yorkshire and Harrogate level would be beneficial. This includes attention deficit hyperactivity disorder (ADHD), autism, eating disorders and perinatal services (from when pregnancy begins to the first year after the baby is born). We will be working with our staff and people who use our services to develop and take forward our draft plans. This will impact on all parts of the system, including a 40% reduction in unnecessary A&E attendance.

Stroke

In 2013 there were 3,915 stroke admissions into West Yorkshire and Harrogate hospitals. 74% of people who had a stroke were in the 65+ age group with most aged over 75 years (52% of all strokes).

Nationally and locally lots of work has taken place to improve outcomes for patients who suffer stroke. Progress in improving stroke care over the past 10-15 years has also increased the demand for the provision of specialist services. This has led to some of our hyper acute stroke services experiencing difficulty in recruiting and retaining the skilled workforce needed to meet these demands.

Differences may exist in outcomes and quality of services for people. In order to reduce any differences we are working with local health professionals and those who have had a stroke to make sure care across services is working to meet the needs of people, from prevention, primary care and community services to stroke and after care.

Working differently together to transform services offers us new opportunities to meet increasing demands for stroke care and to make the most of our existing resources more effectively.

There will be a consistent approach determined by health professionals and stakeholders across West Yorkshire and Harrogate to reduce any differences.

We've already worked together to detect and treat atrial fibrillation. Atrial fibrillation causes a fast and erratic heartbeat which is a major factor of stroke.

In order to ensure sustainability across the area it requires that we focus on hyper-acute stroke services. We will work across the region to deliver the best possible outcome for those affected by stroke.

We currently have five hyper-acute stroke units in West Yorkshire and Harrogate and we know that this may not be viable for the future.

Depending on where you live, some people have better experiences and access to services than others. By changing the way you receive care after having a stroke, we can make our services safer and of a higher quality whilst also reducing your chances of living with a disability afterwards.

This may mean we will need to reduce the number of hyper-acute stroke units across West Yorkshire and Harrogate, so that our services are as safe as possible. In doing so, we will save more lives and ensure better care and quality of service for people, including a consistent service over 7 days.

Over the coming months we will work with you to understand the options for delivering stroke services.

Engagement and consultation with the public will follow in 2017 to ensure high quality sustainable hyper-acute stroke services for all.



Cancer

Cancer has been recognised as a particular big issue in West Yorkshire and Harrogate. Every week 250 people in West Yorkshire are diagnosed with cancer and sadly 115 people will lose their fight against this every week.

Cancer patients touch each and every part of the health and social care system and therefore to be effective we need to plan across the whole of the system and not in isolation. What cancer patients do not want, nor recognise, are artificial boundaries between organisations. Understandably, we all want the very best for ourselves and our families irrespective of which organisation is responsible at any given time point.

The STP process allows us to plan across boundaries and to put the person firmly centre stage. It allows us to wrap the system around people and in so doing improve the quality of care they receive.

If we work together, we can hope to realise our three key ambitions:

1. Prevent cancer where possible.
2. Make more cancer curable from 40% to 60%. This means 3,000 more people receiving survival enhancing treatments.
3. Increase the reach and impact of people's feedback to improve services.

Public Health England, NHS England, and Yorkshire Cancer Research will launch a new report this autumn, aimed at all stakeholders involved in commissioning, delivering, or receiving cancer services across the area. We will work closely with this partnership to take forward these important report findings.

With four in ten cancers preventable by changing lifestyles and behaviours, the risk factors like smoking, poor diet and physical inactivity, obesity and alcohol in our communities continue to cause concern. The cancer rate continues to increase at a faster rate than improvements in survival.

This makes it essential that all cancer health services, care providers and charities work together, especially in terms of prevention, risk reduction and people's experience.

Our aim is to make sure that 95% of all people referred for cancer investigation are diagnosed within 28 days.



Urgent and emergency care

There has been engagement or consultation on urgent care across specific areas of West Yorkshire and Harrogate.

People report high levels of satisfaction with the service they receive in A&E. They have confidence and trust in A&E and believe it provides the best place for them to get care, but urgent and emergency care is provided outside A&E by other health professionals.

Many people believe A&E provides a convenient place to go. It can provide reassurance that an injury or condition is not serious and does not need further treatment, and it is perceived as offering the highest level of expertise, with access to diagnostic equipment, such as x-rays. However medicine has changed – GPs, ambulance staff and people working in a wider range of services can and do provide urgent and emergency care.

We know that this is a challenging area of work. Getting the balance of who and why people attend A&E, and putting other safe options in place, will mean that fewer people need to be admitted to accident and emergency services.

Our vision for urgent and emergency care is that we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families. For those people with more serious or life-threatening emergency care needs, we should make sure they are treated in centres with the right expertise and facilities to maximise the prospects of survival and a good recovery.

We will continue to engage with our staff, and the public about these proposals and what this will mean for you.

People are worried that proposals to change the way emergency services are currently provided will lead to further problems, including increased mortality rates, longer waiting times and greater demand on services.

We are working together to ensure that there is excellent, quality, integrated emergency and A&E services in and outside of hospitals, providing the best care for people.

Our work is focused on:

- ‘Hear, See and Treat’ – delivery of a Clinical Advice Service (CAS), 111 and out of hours service, working across Yorkshire and Humber to integrate 999 with 111 services, and developing the ambulance service to provide a treatment service by March 2017. So that people get the right access to the right people at the right time.
- Primary care – building on the local development and delivery of new care models to manage the urgent needs of people and the delivery of direct booking from 111 and out of hours to extended and in-hours services.
- Delivery of a Pharmacy Urgent Repeat Medication Service (PURMs) across West Yorkshire in partnership with chemists .
- Work together to deliver seven day services across the clinical priority areas (vascular, stroke, hospital paediatrics and cardiology).
- Technology - improving access to a person’s care record with an increasing amount of information available. Remote working facility for clinicians, a care record for 999 staff and direct booking arrangements.

A&E proposals require a lot more consideration and we need to raise public awareness around the difference between urgent and emergency care services. People want to see 24/7 access to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, people can be assessed appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E. Further work is underway.

The West Yorkshire and Harrogate Urgent and Emergency Care Network oversee the improvement of urgent and emergency care for everyone who lives here.

Healthwatch delivered an engagement programme on ‘Hear, See and Treat’.

Overall, 147 face to face sessions were held across the area, supported by a social media campaign that reached over 300,000 people. The majority of people who responded were supportive of the proposed model. They felt that it would ensure that only those people that needed to attend A&E would do so. It was thought that this would lead to a reduction in the inappropriate use of ambulance services and reduction in A&E admissions. This would mean people would be seen quicker, which would result in an improvement of care.

Specialised commissioning

We are working to ensure that specialised services are designed to ensure that they are located where they are needed and we have enough of them to meet local people's needs, for example patient care, mental health support for young people, specialised weight loss, help for people with brain injury and HIV services.

Specialised services are those provided in relatively few hospitals, accessed by 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 which helps them to develop their skills. These include a range of services from renal dialysis and secure inpatient mental health services, through to treatments for rare cancers and life threatening genetic disorders.

Our approach to commissioning specialist services is two-fold. First to manage the demand for specialist services e.g. reduce the increasing demand for the treatment of obesity surgery through preventative approaches to tackle weight management across the whole of West Yorkshire and Harrogate, which is planned and delivered by local places in line with the needs of local people.


Secondly the provision of specialist services and how this is planned and delivered to make sure services are sustainable and fit for the future. This will mean services will be provided through a networked approach. To do this we must plan together at a Yorkshire and Humber level.

We have a proud history of world leading research and development of ground breaking treatments in mental and physical health. We will continue to ensure that these are supported through specialist networks.

Hospitals working together

There are significant challenges across the area for our hospitals.

Local hospitals will work in partnership with one another to give you access to the very best facilities and staff. This could mean care will be provided by a team of expert medical staff who work together across a number of hospital sites within a single, high quality service. All hospitals within the single service will benefit from this networked approach. You would receive the very best care - at your nearest hospital wherever possible and at a centre of excellence if required. This approach has been proven to save lives.



Local people have been involved in the proposals for how hospital and community services will be provided in the future, such as Calderdale and Huddersfield, Wakefield and North Kirklees.

We are working with our hospitals to see how they deliver care together. Our hospitals have created the West Yorkshire Association of Acute Trusts, involving Leeds, Bradford, Calderdale and Huddersfield, Airedale, Mid-Yorkshire and Harrogate Trusts. They will look at consolidating back office and support functions, for example payroll and estates. They will also review clinical services, including hyper-acute stroke, head and neck cancer, vascular, pathology and radiology services. Working together they will ensure we 'get it right first time', with standard procedures. They will support centres of excellence delivering world class care.

These plans will mean higher standards of care, for example reducing waiting times in accident and emergency as well as the length of wait before you get to see a senior doctor.

Hospitals already specialise in providing certain types of care. For example, some specialise in stroke, others in cancer care. In the future we will see single services with hospitals specialising in emergency general surgery for patients with life threatening conditions – creating these centres of excellence networked with local hospitals will help to save more lives.

Working in this way ensures that doctors working within these teams are performing the same procedures day in, day out, building up excellent levels of expertise in treating these complex conditions.

If you call an ambulance, paramedics will decide which hospital to take you to for the specialist care you need. If you attend hospital yourself, doctors there will assess you and, if you need to go to another hospital, they will arrange for you to be taken to the appropriate one. If you are transferred to a specialist hospital, once you are well enough, you will be transferred to your local hospital or home to recover. Extensive work will be carried out to make sure that you and your family will be able to get to any of the specialist hospitals within a reasonable time.



Standardisation of policies

There is a big opportunity to standardise our commissioning policies and reduce difference for people receiving health and social care across West Yorkshire and Harrogate – often referred to as a ‘postcode lottery’. This helps to ensure that what care people receive is fair and consistent no matter where you live. It also supports the work of hospitals and the professional support available and given. This is divided into four key areas:

- Health and wellbeing – making sure that people are as well as they can be before surgery.
- Clinical thresholds – which determine an appropriate treatment.
- Follow up management – making sure you are only invited for a hospital follow up appointment when necessary and making the most of technology to provide further consultation as needed.
- Prescribing treatment and medicines – making sure they are best value for money.

Our proposals will take into account all of the West Yorkshire and Harrogate area, and will connect to the work of local Clinical Commissioning Groups.

We will be having more discussions with Health and Wellbeing Boards about these proposals over the coming months. We aim to have a standardisation of commissioning policies in place across West Yorkshire and Harrogate by 2021.

We have started community conversations via Healthwatch in some of our local areas. This has included asking for people’s views on:

- Gluten-free foods
- Procedures for managing individual funding requests and restricted treatments
- Branded medicines
- Medicines management
- ‘Stop before your OP’ – a campaign to encourage people to stop smoking to support people prior to having a procedure.

**DON'T SWALLOW
UP YOUR NHS**



Drugs like Paracetamol can cost up to three times more on prescription than from a supermarket. Please, buy them over the counter for pennies instead.

Supporting change //

All of our proposals are about improvement and change.

To do this we must:

- Create the right workforce, in the right place with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff.
- Engage our communities meaningfully in co-producing services and making the right choices, including on difficult decisions.
- Using technology to drive change and create a NHS fit for the future.
- Place innovation and best practice at the heart of what we do, making sure that our learning benefits the whole of the area.
- Ensure we have the best commissioning structures in place to push through change.

Strategic commissioning

This draft STP has been developed through a network of organisations working together. Over the next year, we will be working on strengthening the decision making to make sure we have the right infrastructure to invest over £4billion of public money. Within this, the commissioning arrangements, for example how services are planned, designed and paid for – will change. We will seek to retain the best of our clinical leadership and enhance the role of local government. We will make the most of our expertise and capacity to make sure decision making happens at the right level. This means we will increasingly move to:

- A West Yorkshire and Harrogate wide commissioning / contractor function dealing with acute hospital and some specialist services. This will include low volume, high cost treatments in mental and physical health, hard pressed specialties and common standards to end the postcode lottery.
- A place based commissioner in each of our six areas bringing together the functions of local councils, Clinical Commissioning Groups and NHS England (primary care) commissioning. This will make sure the right ambitions and outcomes for local people, with a key focus on prevention, supported self-care and joined up services in communities; as well as local hospitals.
- A transfer of some local 'commissioning' functions will be embedded within new models of care and providers of care. This reflects the move across the region to new joined up providers who will increasingly plan service delivery together in ways currently reserved for commissioners. This will include risk management, performance and development.

These changes will take time to fully develop but our intention is to ensure progress is visible from the 1 April 2017 and to ensure that we continue to meet our principle that decisions are always taken at the right level. In doing this, we believe we can reinvigorate commissioning – to be a process about engagement, need, design, innovation and delivery in service.

Communities

New and existing relationships

Every local place-based plan has been built up from a wealth of information, where people have told us about their local services.

Local plans have been developed and approved by local Health and Wellbeing Boards (or equivalent structures).

We will also establish a new relationship with our communities built around good work on the co-production of services and care. Our proposals link to building community capacity, resilience and thriving community sector organisations across West Yorkshire and Harrogate.

The voluntary and community sector (VCS) has a strong presence in our communities. They have an important role to play, especially at a local level, and in many cases they are much better placed to do this than statutory organisations. We will build on the work that has taken place, and look at how we can ensure the involvement of the wider VCS in future planning and delivery of services.

We want to form new relationships, support innovative ways of working, and the development of community capacity building. This will include working more closely with third sector leaders, social enterprise organisations and community interest groups.

Healthwatch is a key partner in our STP and provide leadership, assurance and challenge, acting as the voice of the patient.

We will create a new way of working with the voluntary sector and will ensure we work closely for the benefit of everyone across West Yorkshire and Harrogate.



Innovation

The STP will be successful if it can create a vehicle for sharing and nurturing innovation, including the talent in the region and across our communities. We see this already in change labs and new programmes of delivery.

We will work with the Yorkshire & Humber Academic Health Science Network (AHSN) and all partners to create an infrastructure for innovation that will make us a global destination for innovation. This will include working with our universities, the independent sector, our local authorities, health and care institutions.

Leeds has been working successfully for several years across health and social care to develop an integrated health record which enables more seamless care for local people.

This improves the experiences of people receiving services making sure information is collected from people only once. This also reduces duplication as set out in the Getting It Right First Time (GIRFT) programme and Carter Review. We are talking to Connected Yorkshire (Leeds University) to see how we can use our data to understand people's health better so that we can bring greater benefits

Digital

We are also developing social movement through our Digital Health & Wellbeing Ecosystem. This is a platform for health and social care, education, industry, the voluntary sector and patient organisations, to work together and increase the uptake of digital health technology.

There are a number of overarching key themes, including technology to support knowledge, education, self-care, direct booking, telehealth and telecare.

We are already seeing this in the digital space with the development of the mHealthhabitat programme for mental health, sponsorship of the #YHDigitalcitizen programme and the People Driven Digital Movement.



Our workforce //

We need to create a health and social care workforce that can deliver services in new ways.

Our priority is to retain them and their skills, whilst recruiting new staff for the future.

Our workforce are our biggest asset and our biggest investment. Our approach is based on:

- Being a model employer to ensure we retain our staff and help them deliver good care.
- Developing skills in teams for the 21st century. This includes good training and development, new roles like nurse associates and advanced practitioners and pharmacists in primary care.
- Recruiting new staff, to replace people leaving, so we fill the gaps, so reducing agency spend.
- Having the capacity to deliver this in our organisation.

We have close working relationships with local universities and the Local Workforce Advisory Board, made up of NHS and other care organisations including Health Education England. Our workforce plan means working together, rather than competing with each other for staff. We will do this in a number of groupings.

- Primary, community and public health staff.
- Registered staff like therapists, nurses, midwifery and doctors.
- Non registered staff like apprentices and care support workers.
- A forum for helping staff to stay well and be ambassadors for prevention.

The result will be more of the right staff, with the right skills, to support great care.

Our workforce is getting older and we have difficulty recruiting and keeping staff in some professions, such as care homes. Health and social care needs to become a career of choice and will be looking at how best we can achieve this across all areas of health and social care, including the recruitment of local GPs.

We have a Workforce Action Board, which considers your health and social care needs whilst working towards an affordable, skilled workforce that is fully supported and fit for the future.



Having your say //

How you can get involved?

You can get involved in the NHS in many ways locally, by becoming a member of your local NHS Foundation Trust, joining a Clinical Commissioning Group, Public Patient Involvement Panel or becoming a member of Healthwatch. You can also contact us with any questions you may have. Our contact details are on the back cover.

Engaging and consulting with local people

We are committed to using all the information you have already told us and have reviewed our recent engagement activity across West Yorkshire and Harrogate. This information has informed the development of our draft plans to date and will help identify where further engagement on our proposals is needed.

This has included face to face conversations, and public and staff surveys produced by local health and social care services, Healthwatch, care providers, and The Patients Association and Patient Opinion.

A full report is available here: <http://bit.ly/WestYorkshireSTP>

We will use this information to inform our plans and make sure that any future proposals will build on this work rather than duplicate effort.

We all know that plans are better when they are developed with people and communities; our commitment is to do that so that we can embed the changes and make them a reality

We will continue to actively engage with you around any change proposals, listening to what you say, to develop our proposals further.

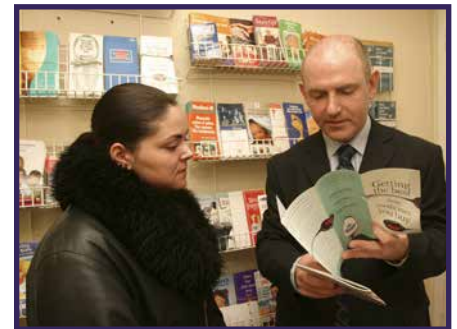
We are starting to develop our plans around how we will involve, engage and consult with all stakeholders, including you, and how it will work across the future planning process and the role of the Health and Wellbeing Boards.

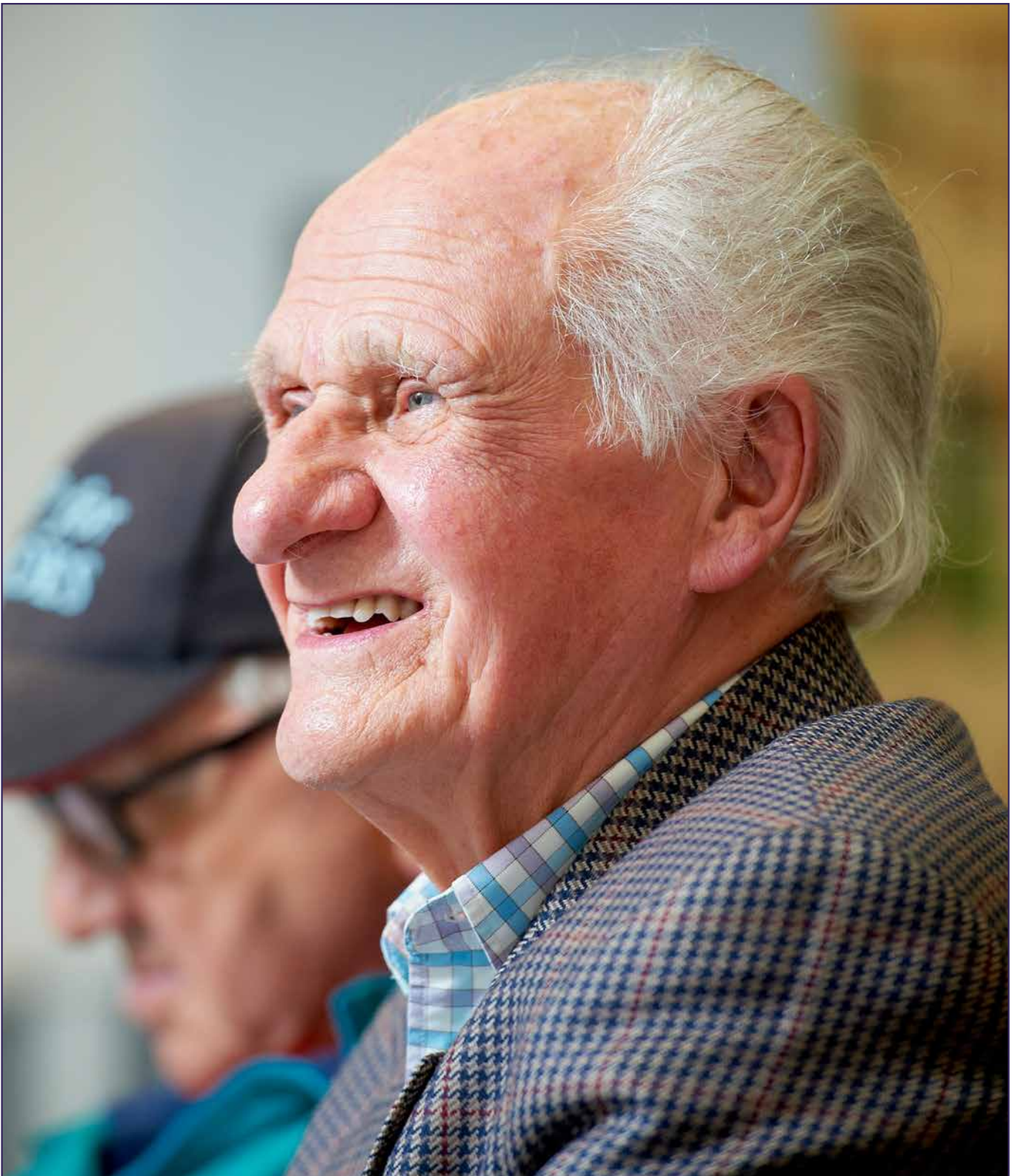
We will ensure the involvement of everyone in future conversations.

This will include further work with Healthwatch and our voluntary sector partners to make sure we connect with all groups and communities.

We will consider views and feed these back into our plans before any further work takes place.

Our focus now shifts to building on the conversation we have with you over the coming months so that together we can develop more detailed plans.





Our vision for West Yorkshire and Harrogate is for everyone to have the best possible outcomes for their health and wellbeing.

If you would like more information or this document in another format,
please call **01924 317659** or email westyorkshire.stp@nhs.net

This information was published November 2016.