

Our ten ambitions continued...

5

We will **reduce suicide by 10%** across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.



6



We will achieve at least a **10% reduction in anti-microbial resistance infections** by 2024 by, for example, reducing antibiotic use by 15%.

7



We will achieve a **50% reduction in stillbirths, neonatal deaths, brain injuries** and a reduction in maternal morbidity and mortality by 2025.

8

We will have a **more diverse leadership** that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.



9

We aspire to become a global leader in responding to the **climate emergency** through increased mitigation, investment and culture change throughout our system.



10



We will **strengthen local economic growth** by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.



^ Photo credit: Bradford Teaching Hospitals NHS Foundation Trust



Chapter 1 Introduction

What we cover in this chapter:

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About our Partnership



West Yorkshire and Harrogate is the **third largest health and care partnership in the country**. 2.7 million people live here. We have strong, diverse and vibrant communities.

Collectively, we have a health and care budget of over **£5.5bn**.



We work together to improve the health and wellbeing of local people living in our six local places:

- Bradford district and Craven
- Calderdale
- Harrogate
- Kirklees
- Leeds
- Wakefield



What is an Integrated Care System?

West Yorkshire and Harrogate Health and Care Partnership is also known as an 'Integrated Care System' (ICS). An ICS is given flexibility and freedoms from government in return for taking responsibility for the delivery of high quality local services. **Throughout this Plan we will refer to ourselves as the Partnership because we believe this describes what we do more clearly.**

The Partnership is not the boss of the partners, it is their servant. This is crucial, as it allows power and energy to remain aligned to statutory accountabilities in our places. The reality is that without our local partners working together, including housing, public health, education, and

community organisations, none of us would be able to tackle any issues alone. We have agreed to work at a West Yorkshire and Harrogate level on the following priority areas of work. Please see below.



Our five year ambitions for these priorities are set out in this plan

Improving population health

- Preventing ill-health
- Health inequalities
- Determinants for healthy lives
- Personalised care



Transforming services

- Primary and community care
- Urgent and emergency care
- Improving planned care and reducing variation
- Hospitals working together



Priority areas for improving outcomes

- Cancer
- Mental health, learning disabilities and autism
- Children and families
- Carers
- Maternity



Supporting work programmes

- Harnessing the power of communities
- Workforce
- Digital
- Capital and estates (buildings)
- Leadership and organisational development
- Partnership commissioning
- Finance
- Innovation and improvement



Partners

The Partnership is made up of many [organisations](#) including the NHS, councils, Healthwatch, charities and voluntary and community organisations who work to provide the best health and care possible to the 2.7million people living across our area. This support is delivered by committed, dedicated staff, unpaid carers and volunteers.



It includes a health and social care workforce of well over 100,000 people and the value that community networks and local support bring to help keep people well and feeling connected.

Throughout this Plan we refer to voluntary and community organisations. It's important to note that we work with charities, social enterprises, the faith sector, community benefit societies and many other community partners. We also work with hundreds of other organisations, including the Police, West Yorkshire Fire and Rescue Service, and independent care providers.



Watch our 'Stronger Together' animated film [here](#).

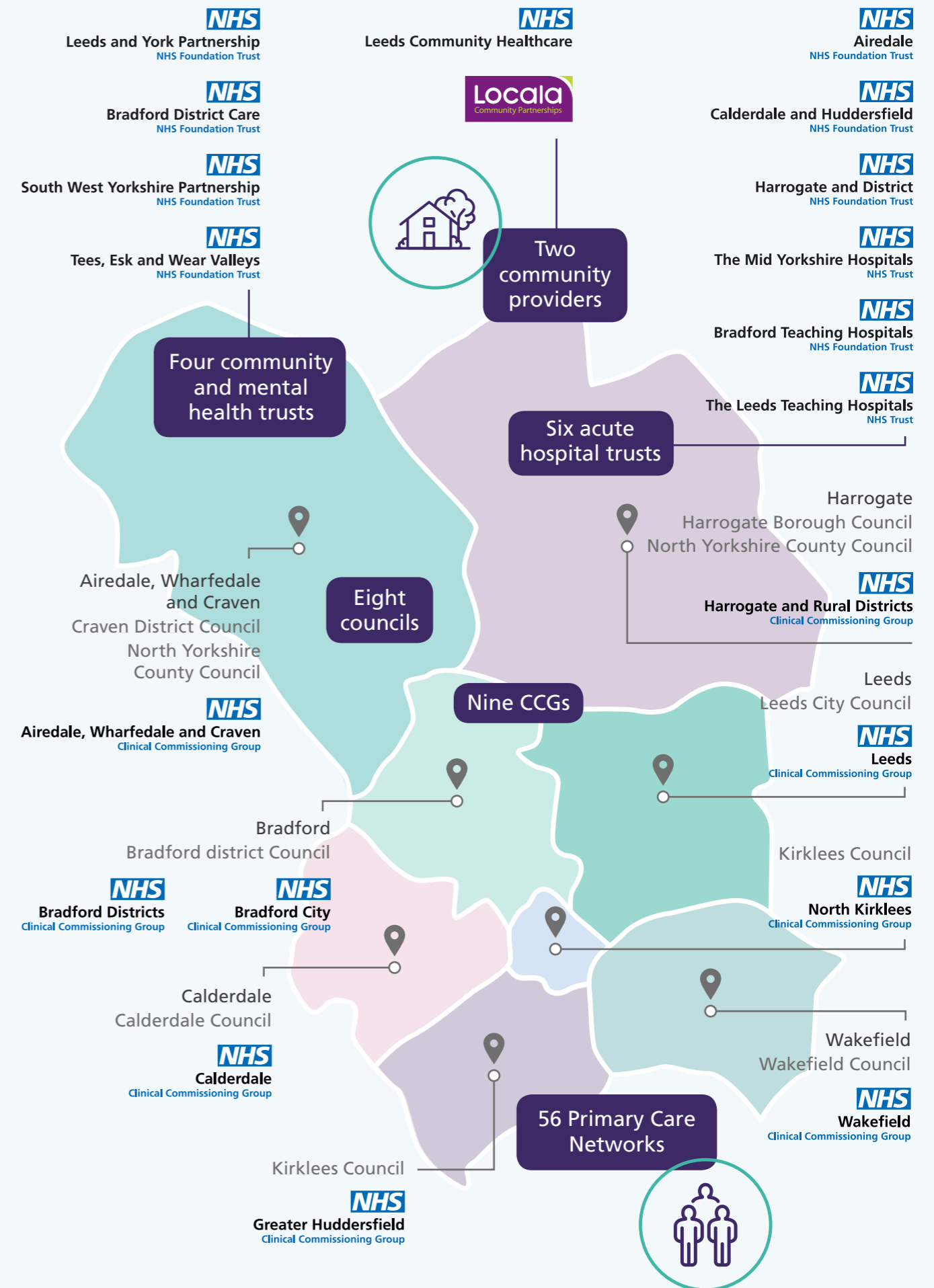
Our health and care landscape

Our councils



- 316 GP practices
- 555 community pharmacies, plus 38 online
- 431 providers of services in people's homes
- More than 611 care homes
- 11 hospices
- Thousands of voluntary and community organisations
- Hundreds of independent care providers

Figures accurate at November 2019.



West Yorkshire and Harrogate Health and Care Partnership is made up of six local places: Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield



Our Partnership's progress

2016/17

Developed our first plan to improve people's health and wellbeing

Agreed to work together on our finances

Our clinical commissioning groups (CCGs) agreed a shared work plan

2018

1500 people identified for treatment to prevent stroke

Set up an award-winning programme to support 260,000 carers

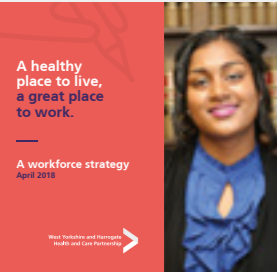
Partnership formed

West Yorkshire and Harrogate Health and Care Partnership

Set out our vision to work with people so they stay happy healthy and well

£1m for our health and social care workforce plans

Developed a programme and training to reduce suicides



Published 'A healthy place to live, a great place to work' to help develop and support staff and carers

Rolled out the 'red bag scheme' to help care home residents when they go in and out of hospital

£1m invested in our communities to tackle loneliness



Published our 'Next steps to better health and care for everyone'



Set up a new community eating disorder service

Launched Yorkshire and Humber Digital Care Record to improve people's care

Hospitals work together for the first 72 hours of critical stroke care



Launched the Healthy Hearts project to reduce and prevent heart-related illness



2019

Published our maternity care plan to give women the right care, in the right place at the right time

Partnership Board met for the first time, which brought in elected members, non-executives and lay members into the decision making process

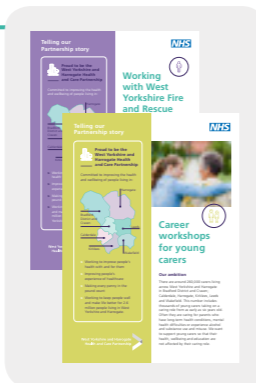
Funding agreed for new unit to support children and young people with mental ill health

Secured the largest share of national capital investment totalling £883m for ten schemes

Launched career workshops for young carers

Established a health and care champions network for people with learning disabilities

To find out more about the positive difference our Partnership is making, from staying well, to cancer, children and young people's mental health, to award winning support for unpaid carers, to what we are doing to reduce suicide, right through to building new hospitals, visit www.wyhpartnership.co.uk.



Set up the first suicide bereavement service for West Yorkshire and Harrogate

Worked with Healthwatch who talked to over 1,800 people about the NHS Long Term Plan

Managed our money better together



Signed a HealthTech Memorandum of Understanding to reduce health inequalities and provide more jobs

Launched 'Looking out for our neighbours' community campaign



This is our Five Year Plan

This Plan sets out our ambitions for the next five years. It is also a response to the [NHS Long Term Plan](#). We are proud of the [‘Positive difference our Partnership is making’](#) yet we are not complacent. There are some big challenges around rising, unmet health and care needs and significant barriers to better health and inequalities we need to address.

Our ultimate goal is to put people, not organisations, at the heart of everything we do so that together, we meet the diverse needs of all communities.

This means at all levels of the Partnership:

- We are working to improve people’s health with and for them and to make life better
- We are working to improve people’s experience of health and care
- We want to make every penny in the pound count so we offer best value to the people we serve, and to taxpayers.

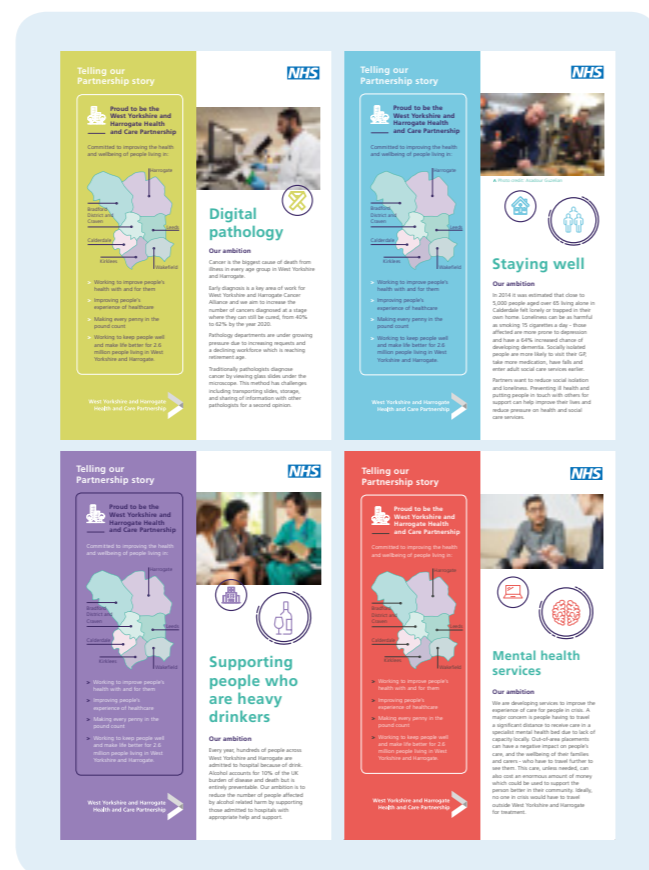
We are treating more people than ever before, providing better services faster, safely and in better environments, as well as supporting more people to live at home independently. Demand for services is growing faster than resources, and we must keep innovating and improving if we are to meet the needs of people to a consistently high standard.



We are proud to be the home to many world leading new treatments delivering care to people at the forefront of technology. For example, surgeons at Leeds Teaching Hospitals NHS Trust made history in 2018

by performing the UK’s first double hand transplant in the UK. In many areas, we are leading the way to develop a culture of innovation across health and care organisations - you can see many examples throughout our Plan.

Despite facing the most significant challenges in health and social care for a generation, we are addressing these issues head on and working to better meet people’s needs in their own homes, care homes and hospitals.



The current adult social care system is under unprecedented strain. Demand is increasing across all age groups, but there are significant spikes in need in children’s social care, support to prevent family breakdown, adults with learning disabilities and mental illness.

There is also a sharp increase in the number of older people living longer, but unfortunately experiencing a greater number of years in ill health.



The social care system has experienced years of increases in unmet need which has created challenges for the social care market – with a huge number of private and independent sector providers working alongside the statutory care sector. The care market overall has not had the stability it needs to be able to address the substantial workforce shortages now and for the future. There is also evidence that an even greater burden is falling on unpaid carers particularly as other essential wrap-around services such as advice services and housing support workers have been reduced (see page 70).

Our Plan has been developed to this stage in the absence of an anticipated long term funding policy for adult social care. It is likely to evolve further when greater clarity is available.

We want West Yorkshire and Harrogate to be a great place to work and an outstanding place for care; whether in the community, in one of our hospitals or online. Our Partnership [Memorandum of Understanding](#) sets out more clearly how we work together.

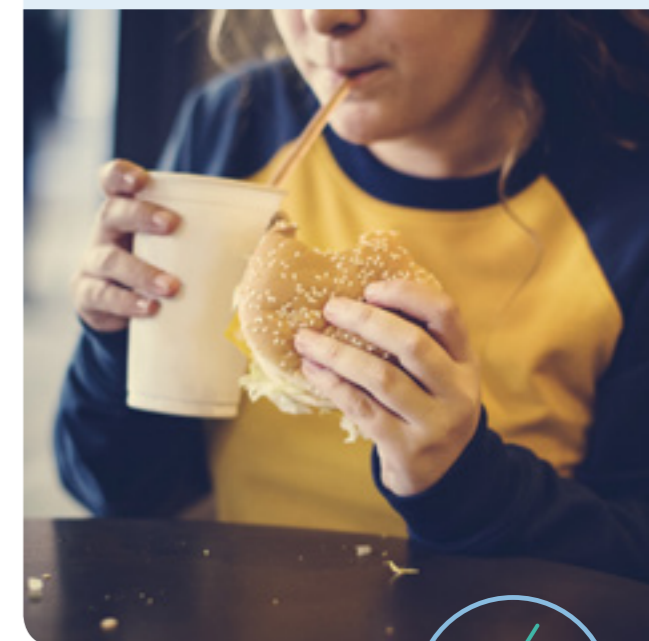
Our Partnership is based on the belief that working together and not competing for funding is the only way we can tackle these challenges. We put people, rather than organisations at the heart of all we do. We share our expertise and assets, including staff, buildings and money.



Working together across all sectors at a local level is key to **‘better health and wellbeing for everyone’**.

Case study

Leeds is the first city in the UK to turn the curve in childhood obesity. The change is most marked among families living in the most deprived areas, where the problem is worse and hardest to tackle. There is an opportunity to share and spread learning across West Yorkshire and Harrogate through our Children and Young People Programme (see page 98).





How we work

56 communities, 6 local places, and **one health and care partnership**

Joining up services to improve the health and wellbeing in communities

In 56 communities of between 30,000 and 50,000 people across West Yorkshire and Harrogate, GPs, community nurses, social care workers, community organisations, charities, mental health services, pharmacists, advice services and other care providers are working together to provide better joined-up services for people.

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with general practices being a part of a wider network, typically covering 30,000 to 50,000 patients. The networks will provide the structure and funding for services to be developed locally, in response to the needs of people living in their surrounding neighbourhoods. PCNs are important because they will build on strong local partnerships already in place. Working effectively with councils, community organisations, and local elected members in the development of the PCNs is important – they also know what keeps local people healthy and well.



^ Dr Pert
Photo credit: Calderdale Council

Case study

Using creative activities to help people 'Live Well in Calderdale'. This is a partnership between Calderdale Council, South West Yorkshire Partnership NHS Foundation Trust, West Yorkshire and Harrogate Health and Care Partnership, Calderdale Clinical Commissioning Group, Creative Minds, and other creative organisations. The vision is to make Calderdale a leader in using arts and culture to support people's health and wellbeing, whilst tackling health inequalities.



Case study

Harrogate and Rural Alliance (HARA) brings together primary care, adult community health and social care in Harrogate, Ripon, Knaresborough, Nidderdale and the surrounding areas. It covers a population of 160,000 people. From autumn 2019, integrated community health and adult social care colleagues are working across four teams, wrapped around primary care practices, to prevent ill health and to provide joined up care.

Case study

Nurse Andrea Mann is Clinical Director of the Cross Gates Leeds Primary Care Network (PCN). The PCN is part of the East Leeds Collaborative (made up of three PCNs) with a total population of approximately 95,000. They work together to join up care more effectively to deliver new services.

^ Leeds Living Well Cafe
Photo credit: James Hardisty



Partnership working at place level

The number of people living in our six places ranges from 160,000 in Harrogate District to 785,000 in Leeds. In each of these places, councils, NHS organisations (including clinical commissioning groups which buy local health services), Healthwatch, and community organisations are working together to understand people's needs better.

These local partnerships organise how they use their collective resources, including buildings and staff, to deliver better joined up care for people. You can see examples in the district place strategies, such as Bradford district and Craven's Happy, Health at Home Strategy.



You can read the local plans for each place [here](#).

Local Health and Wellbeing Boards are responsible for improving outcomes in health, care and wellbeing for their local population and do this by uniting clinical, political and community leaders under a shared vision for their communities.

One of their key roles is to make sure that **preventing ill health is at the heart of everything we do** - helping to keep people well in the first place, rather than just managing ill health better.



You can read examples of how Health and Wellbeing Boards are working with partnerships like ours, in a publication by the Local Government Association [here](#).



The large majority of hospital services will continue to be provided in each of our six local places. These hospital services will work seamlessly with primary and community care services (primary care is the day-to-day healthcare available in every local area and the first place people go when they need health advice or treatment). Increasingly they will operate in networks with other providers across the Partnership to reduce the difference in care people receive, regardless of where they live.

>
Photo credit: Calderdale and Huddersfield NHS Foundation Trust

Working together across West Yorkshire and Harrogate

We know that in some areas it makes sense to work together across West Yorkshire and Harrogate. We apply three tests for joint working:

- Working at scale to ensure the best possible health outcomes for people
- Sharing good practice across the Partnership
- Working together to tackle complex (or 'wicked') issues.

Working at scale to ensure the best possible health outcomes for people

For some complex services we need to plan and work across West Yorkshire and Harrogate to achieve the best health outcomes for people. There are many examples of this in our Plan, including our work around hyper acute stroke (the care people receive in the first 72 hours after a stroke), vascular services and cancer. Our work at a West Yorkshire and Harrogate level reflects the fact that very complex services should be provided in centres of excellence; and that hospitals need to work in close partnership with each other in networks to offer the very best care to people (see page 86).



Case study

Working together across West Yorkshire on vascular services.

In 2018, [West Yorkshire Association of Acute Trusts](#) (hospitals working together) agreed it would be better for people needing vascular care if all vascular services in West Yorkshire (except Harrogate, which works with York Teaching Hospitals NHS Foundation Trust to provide vascular services for people in their area) were brought together into a 'single regional service' under one management team. This will create one of the largest vascular services

in England covering a population of over 2million and with almost 40 specialist vascular consultants (surgeons and interventional radiologists). For people receiving treatment it will improve ease and equity of access to vascular services as well as continuity of care. Although our outcomes are very good, there are pockets of knowledge, expertise, and technical developments held in different units across the area. NHS England are asking people for their views (accurate at November 2019).



Sharing good practice across the Partnership



We have a history of innovation but we need to get better at sharing and spreading these new ways of working. Working better together means we can identify, share and spread good practice across partners and areas. For example we are making good progress on our ambition to spread 21 innovations, including preventing cerebral palsy in preterm labour (PReCePT).

We met or exceeded these ambitions for 18 of those innovations and adopted six of them 12 months earlier than expected.

We embrace innovation and encourage the whole system to work together with organisations such as the [Yorkshire & Humber Academic Health Science Network \(AHSN\)](#), [Leeds Academic Partnership](#) and the health tech sector (see page 152).

Case study

Reducing cardiovascular disease. Atrial Fibrillation (AF) causes devastating strokes every year with one in every 20 sufferers left with a life changing disability. Yorkshire & Humber Academic Health Science Network (AHSN) has provided hands-on support to GP practices across Yorkshire and the Humber to improve their ability to detect people who have AF and protect them through anti-coagulation drugs. The AHSN has issued hundreds of mobile electrocardiogram (ECG) devices to facilitate testing across the region. Since April 2018, 1,500 people have been identified across our area as having AF with approximately 2,000 people receiving anticoagulation drugs. As a result of this, it is estimated that 81 people with AF in West Yorkshire and Harrogate did not have a life-changing stroke because they received protective medicines.



^ Photo credit: Yorkshire & Humber Academic Health and Science Network and Healthwatch

Working together to tackle complex (or 'wicked') issues

We share many common ambitions including a commitment to eliminate preventable health inequalities, remove barriers to accessing care or making sure that everyone has the chance to be healthy. This means having equal access to things we all need, for example 'somewhere to live, someone to love and something to do'. We also share many common challenges including financial pressures, increasing demand and being able to afford, attract and retain the staff we need to deliver our ambitions.

Throughout this Plan you will hear more about these challenges and how we will work together over the next five years to make things better.



Case study

Working together is making a positive difference to people's lives. For example **we are sharing work from Bradford to reduce the number of people experiencing heart attack and stroke by 10% across our area by 2021** via our [West Yorkshire and Harrogate Healthy Hearts Project](#).



This would mean 1,100 fewer heart incidents by 2021.



Working in partnership with people and communities

We know that hospitals and healthcare professionals are not alone in keeping people well. Where people live, their homes, the community environment, family support and the life choices they can make are vital.



Working with people in communities is a crucial part of our Partnership.

The role of voluntary and community organisations (also known as the third sector) is vital, no matter what their size. From the very smallest volunteer-led community group, to the largest not-for-profit organisation, they enable people to take collective action on issues that matter to them. A thriving third sector is vital for our health and care system, as they often have established high levels of trust with people who may have faced multiple barriers when accessing statutory services. They have a strong empathy and knowledge of the people and diverse communities they serve. They are often rooted in that community or work in ways that empower people to bring about their own lasting change.



^ Photo credit: Harrogate and District NHS Foundation Trust



Community anchor organisations

We know that improving health and wellbeing in our communities is about **getting the best out of everyone working together**. This includes local elected members, schools, faith groups, community organisations, local businesses, police, fire and rescue, as well as health and care organisations. There are many more parts of the picture that make up community life.

Case study

Craven District Council worked with a local community group to upgrade the facilities in their local park ([Aireville Park](#)) in Skipton. They agreed a masterplan, which included a new pump track, skate-park and a really ambitious new play area. It was a far-reaching programme and one they could not have funded on their own. The [Friends of Aireville Park](#) raised money and applied for grants (which the public sector was excluded from), whilst relying on the council's procurement and project management expertise, as well as their negotiations with developers over contributions from s106 agreements to bring it all together.



^ Photo credit: Craven District Council

Community conversations

We are committed to meaningful conversations with people on the right issues at the right time. Effective public involvement, particularly with those with lived experience and who are seldom heard, and with our diverse communities ensures that we make the right decisions together about our health and care services.

Over the past three years we have published on our website all engagement activity in which we have been involved.



A full list of this activity and reports is available to read [here](#).

These include public assurance groups, patient reference groups, events and community champions. We aim to learn from feedback from all our networks without duplicating effort and cost.

Our Five Year Plan sets out further engagement activities needed to realise our ambitions, including findings from the Healthwatch Report (2019). More information on how you get involved is on page 172.

✓ [Partners in the Wakefield targeted lung health check project](#)



Our engagement and consultation mapping report captures intelligence from activities carried out across West Yorkshire and Harrogate from January 2014 to March 2019. It includes specific mapping exercises, for example on mental health, and details of any issues raised by different groups. This report helps to ensure we don't duplicate people's time and most importantly points us to public conversations that have already taken place in our six local areas and which help to inform our planning.



You can read more [here](#).

In April and May 2019, the six West Yorkshire and Harrogate Healthwatch organisations engaged with over 1,800 people to ask their views on the NHS Long Term Plan and our Partnership priorities. As well as surveys, Healthwatch coordinated over fifteen focus group sessions with seldom heard people such as those with mental health conditions; dementia, carers, LGBTQ, disability, faith groups and young people.

Feedback on preventing ill health highlighted: 'more awareness for both children and parents of long-lasting problems from living an unhealthy lifestyle and the benefits of being healthier'.



People said they wanted to be: **'listened to, trusted and taken seriously as experts of their own bodies'**.



You can read the report [here](#).



The findings are important in developing our Five Year Plan and have informed the development of our priorities. You will see other examples of engagement work throughout our Plan. Further community conversations will take place as our programmes of work develop.



We are working with partners to develop a 'health and care champions' network of people with learning disabilities. Their role is to advise and help us talk to other people with learning disabilities so we can hear their views and experiences to improve care and support for them. **Our ambition is for as many people as possible to contribute, influence and co-produce the direction of the Partnership.**



You can find out more by watching this film [here](#).



^ Photo credit: BTM

We have sought guidance on the production of this plan from Inclusion North, an organisation which specialises in supporting people with learning disabilities. They have helped us to identify ten important areas for people with a learning disability or autism. This supports our work to tackle health inequalities (see page 41) and the [Learning Disability Mortality Review \(LeDeR\) Programme](#) (May 2019) which links to our priorities for people with learning disabilities (see page 102). This includes preventing ill health, early identification and treatment of sepsis, cancer screening and health checks.

Case study

More than 80 third sector representatives attended a Partnership event in May 2019. The event raised awareness of the NHS Long Term Plan and how voluntary community organisations could get involved as equal partners.

To find out how you can get involved in the work of the Partnership visit: www.wyhpартnership.co.uk or see page 172.

Working with the voluntary and community sector



In 2018 we allocated **£1m to support our 'Harnessing the Power of Communities Programme'**.

Community and voluntary partners in our six places were allocated funding through their partnership work with local councils and Health and Wellbeing Boards. This helped tackle loneliness and social exclusion, which has a major impact on people's health and wellbeing.

Community organisations make a tremendous difference. Work in Bradford focused on befriending support to prevent ill health. In Calderdale, the money was used to support 'Staying Well' which takes referrals and signposts people into local support organisations and groups. The funding was used to reach local communities and groups which either do not engage or have barriers to access.

In Harrogate the focus was on making the best use of existing community health assets to tackle loneliness and isolation.

Kirklees has brought together partners Better in Kirklees, Barnardo's Young Carers Service, LAB Project and Support to Recovery to deliver an 'arts on prescription' approach to men over 40 experiencing depression and unemployment.

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Delivered in partnership with Leeds community foundation, Health Impact Grants helped nine community groups to develop and deliver their own innovative solutions – including the 'Friend on a phone' group for older people; the 'Happiness Café' for foodbank users, 'Home Cooking' skills for people with long term mental health problems, or the 'Zine' by men for men on health and mental health. We have also allocated £900,000 this year to voluntary and community organisations to improve person-centred wellbeing across our area.

You can find out more [here](#).



Watch these short films to find out how Julia, Salman, Steve and many others made a positive difference to people in their local neighbourhoods through the 'Looking out for our neighbours' campaign which tackles loneliness and reduces isolation. Watch the films [here](#).



Case study

Building health partnerships.

With the Institute for Voluntary Action Research Building Health Partnerships programme, we have worked with community and voluntary groups to improve the health of people in Calderdale and Wakefield. The project in Calderdale is focussing on conditions that lead to muscle and joint pain and how, through promoting good health and activity at an earlier age, people can reduce the early onset of such conditions. In Wakefield, the Partnership in collaboration with Wakefield Council's Public Health team, worked with local people and voluntary groups to raise awareness of eye health.



^ Phoenix Project: photo credit Asadour Guzelian



Working in partnership with staff



Our Plan can only be delivered through **working in partnership with staff.**

We engage with staff at a Partnership, local place and neighbourhood level, depending on the issue. For example, in Calderdale and Kirklees plans for local changes to hospital services have been informed by both clinical and non-clinical staff. Most engagement with staff takes place through their employing organisations.



^ Photo credit: Leeds Irish Health and Homes

All our priority programmes, such as stroke care, cancer and mental health, are informed by the clinical voice. The West Yorkshire and Harrogate Clinical Forum provides clinical leadership and expertise into all programmes of work. It is supported by networks of nurses, allied health professionals and medical directors. For example our stroke programme was underpinned by clinical evidence from the Yorkshire and Humber clinical senate, and informed by a clinical summit in 2017.