Friday 17 March 2017

Hello my name is Rob, and welcome to the STP update for this week.

What's been happening this week?

Suicide is the biggest killer of young males. This week, the Commons Health Select Committee published a report into the Government's Suicide Prevention Strategy. The Chair, Dr Sarah Wollaston stated:

"The clear message we have heard throughout our inquiry is that suicide is preventable. The current rate of suicide is unacceptable and is likely to under-represent the true scale of the loss of life."

The Committee had a clear message – that the strategy needs to move to implementation. Thankfully, it is no accident that we have prioritised suicide prevention in our STP. It's been hidden in plain sight for too long and our "zero suicide" approach will help reduce the toll on families and communities as we move from planning to delivery mode.

I spoke at the Institute for Public Policy Research (IPPR) round table on STPs this week, alongside other STP leaders, national body representatives and think-tanks. It was an informative session that explored the challenges we face moving from planning to delivery. I enjoyed swapping notes with other parts of the country in what was a more positive session than might have been expected.

Clearly we have a set of leaders across the country who are making progress despite the legal framework, financial pressures and fluid nature of policy. Of particular note was Healthwatch England's positive response to our compendium of consultation and engagement, which has just been updated and is attached. This will published on our new website when we go live, and you can also access it here. Thanks to Kirsty Wayman for pulling this together. We are not starting from scratch with the STP and this resource helps demonstrate what people want and need from us – as well as exemplifying the power of good work with local Healthwatch teams.

Incentives, finances and risks were also discussed. This is a subject never far from any debate. News of the £800m funding held centrally for a risk pool being used to help support acute sector risks emerged in the HSJ this week. This is not news to us locally and was discussed at the last meeting.

The headlines risk pitting sector against sector – a daft approach that we must avoid at all costs. It does though show the challenge that we will need to meet in investing in services in community, mental health and primary care if we are to succeed. And remember this is where most care happens so we are not "shifting care out of hospital", we are supporting services that have been under-resourced.

These challenges require good and effective working across places and our programmes. STP planners met on Tuesday. All six of our local plan leads come together to discuss work programmes, cross overs, shared learning and good practice. Mike Curtis gave an overview on the Workforce Strategy with a focus on local health and social care needs. We are supporting the workforce elements of the STP through Local Workforce Action Boards (LWABs). The LWABs are working closely with health and social care providers and commissioners across the area.

Ultimately, the local plans plus the WY&H programmes need to add up to significant difference around closing the three gaps (health and wellbeing, care and quality, funding and efficiency gap) This was discussed in the first **WY&H programme leads meeting this week**. Although there are differences between performance measures for local Health and Wellbeing Boards and the WY&H work, there are overlaps and we need to make sure reporting mechanisms are robust and consistent. This will become more important as we move towards the development of our delivery plan and there is clearly a need to demonstrate that we are achieving our STP aims. I know some of your organisations are in the process of developing dashboards to display the current status of metrics and key performance indicators (KPIs) to help with this.

The standardisation of policies group met this week and discussed how we measure progress and mitigate risks; and how we reach a consensus on WY&H priorities, for example prescribing, follow up appointments and health optimisation. One way of fulfilling such expectations is for clinical commissioning groups to prioritise the promotion of a healthy lifestyle and to prevent as much ill-health as possible. We can do that in a wide range of ways – tackling smoking and obesity, detecting pre-diabetes and high blood pressure, reducing inactivity and alcohol consumption, increasing immunisation and uptake of cancer screening and helping people to understand their options to manage this, where possible. It's not only important that we talk to public health colleagues in terms of how best we tackle this, it's also useful to tap into national good practice so we can understand better wider decision-making and mitigate risk, deploy resources effectively, learn and share.

One example of this is the work taking place around community pharmacies. Every day about 1.6 million people visit a pharmacy in England. Many are open long hours when other health care professionals are unavailable.

Whilst on the theme of prescribing, Amanda Bloor, who leads the standardisation of policies theme and colleagues, are working with the Academic Health Science Networks clinical leads for medicines to organise a **workshop on the 4 May** in the afternoon. The workshop will:

- Explore the governance required to deliver changes at an STP level
- Look at shared right care opportunities for medicine optimisation
- Share innovation and best practice across the area.

Amanda and the team would welcome attendance from colleagues across all organisations. More information is attached, and you can register your interest here.

The primary and community care leadership group met on Wednesday. Strong primary and community services are an essential part of the STP and Thea and the team will be leading a discussion at the next leadership team meeting to share their thinking so far and agree the next steps. Without strong and effective primary care we are lost. This means broadening the definition of primary care and changing the model to build resilience for professionals and the public.

Ian and Karen met with Soo Nevison and Hannah Howe, our STP voluntary and community sector representatives, to talk about '**harnessing the power of communities'**. This is one of our STP enablers and closely linked to the new primary and community work stream. Soo and Hannah are leading on this important area of work. We will be holding an event in June to bring together people from across the sector to discuss the specification of the work. This will give us the opportunity to share some of the innovative, creative work taking place, around community capacity building and volunteer initiatives. It's important that the voluntary and community sector are part of the co-design and co-production of services, they have a lot of expertise around this and in many cases know far better than most about what is going on in communities. Ian will be picking this up with STP planners and the WY&H programme leads.

Following the submission of draft delivery plans on 18 January by the **Cancer Alliance group** we have received initial feedback. Cancer Alliance colleagues are busy refining the delivery plan to resubmit a further draft to the regional team for feedback by Wednesday 22 March. Final plans are to be submitted to the National team by 31 March 2017. Our draft plan was shared with other STPs as an example of good practice - only one of three (Cheshire & Merseyside and Thames Valley being the other two). The strength in our delivery plan was mainly around vision, membership, governance and Alliance alignment with the STP. Great work and well done Sean Duffy, Carol Ferguson, Tracy Short and the team.

The first West Yorkshire and Harrogate **stroke service change assurance meeting** (Checkpoint 1) took place on Thursday. I hear the meeting went well and we will be receiving confirmation that NHS England are assured. In particular they mentioned the engagement work that has taken place and I'd like to thank Healthwatch, the Programme Management Office, our communication and engagement network for their work to date. I'll share a copy of the engagement report which Healthwatch are pulling together in a future update.

Finally, quick funding update – we are still awaiting the decision regarding quarter one funding for the West Yorkshire Accelerator Zone. We are also waiting to hear whether we have received transformation funding for diabetes and cancer. I'll keep you posted.

Have a good weekend

What's happening next week?

- Rob, Ian and Jo will be meeting Cllr Gruen, Chair of the West Yorkshire Joint Health Overview and Scrutiny Committee on Tuesday. This will be to discuss the programme of work moving forward.
- The advert for the West Yorkshire and Harrogate Joint Committee for the CCGs will go out next week. The Chair of the Joint Committee will fulfil an essential role in overseeing collaborative commissioning across West Yorkshire and Harrogate. The time commitment for the role is approximately 1.5 days per month, and the remuneration is £4,875 per annum plus expenses. For more information visit the NHS jobs website. The closing date is March 31st 2017. People can also email the Programme Management Office at wyhstp.coreteam@nhs.net for more details.
- The Lay Member Reference Group, Chaired by Graham Prestwich will take place on Tuesday. This is made up of 11 CCG lay member chairs. In particular there will be a discussion around terms of reference; WY&H programme updates and the role of the Joint Committee.
- West Yorkshire and Humber STP Public Health Co-ordination Group will meet next week.
- The Smaller Steering Group will meet on Thursday. This is made up of representatives from our STP sectors.

What's coming up….

- The King's Fund are organising an event on 'Sustainability and transformation plans: moving towards implementation'. There are two events one in London and the other in Manchester on the 6 June. You can find out more here.

Useful reading

- Building collaborative places report – local system leader approach
- King's Fund report – STP extraordinary leadership
- King's Fund report - financial pressures and the impact on NHS services
- HSJ article on West Yorkshire and Harrogate Joint Committee of the CCGs (please see below)

CCGs to join up for STP-wide commissioning - 15 March, 2017 By Joe Gammie
All CCGs in West Yorkshire and Harrogate STP patch sign up to form a joint commissioning committee. The 11 CCGs have signed a memorandum of understanding and terms of reference NHS England needs to approve the changes to CCG constitutions necessary for the committee to make decisions on behalf of the CCGs. All the clinical commissioning groups across a sustainability and transformation plan footprint have signed up to form a commissioning committee covering the whole patch. The 11 CCGs in the West Yorkshire and Harrogate STP have signed a memorandum of understanding and agreed terms of reference to create the joint committee.

Once up and running, the committee will make decisions about how STP-wide services are commissioned. The committee's priorities have not been confirmed, but HSJ understands areas where it could make decisions could include: cancer; urgent and emergency care; mental health; and standardising commissioning policies.

The 11 CCGs are:

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

The memorandum says the CCGs will send two delegates to represent them on the committee, which will have an independent chair and two lay members. It will be hosted by Wakefield CCG and have a budget of £500,000 from the groups to fund the core team and infrastructure. The first of its monthly public meetings is expected to be in May. The three Leeds CCGs are signed up to the joint committee.

The CCGs will also write the new committee into their constitutions to allow it to be a decision making body on behalf of all the organisations. To make decisions the committee will need the support of 75 per cent of its members.

Each CCG will apply to NHS England to approve changes to their constitution. The national body told HSJ it had only received one application at the time of writing. The CCGs will still make local commissioning decisions and can delegate decisions to a lead commissioner or contractor if relevant.

STP programme director Ian Holmes said each CCG had agreed to delegate decision making to the committee, with the scope of the work being set by an annual work plan agreed by each CCG's board. It will set out which decisions will be made by CCGs, the joint committee or lead commissioners.

Mr Holmes added: "We want to do transformation as close to the population as possible but absolutely recognise the need to work at a West Yorkshire and Harrogate level. The joint committee arrangements are a step towards formalising that way of working
"What we are really trying to do is say: we need to get in a room and talk about the shared issues and problems we have got, come up with solutions that are in our and the patients' interests."

The STP, which covers a large patch with a 2.6 million population, decided to break down into six smaller constituent parts which have drawn up separate plans: Wakefield; Bradford District and Craven; Leeds; Kirklees; Calderdale; and Harrogate.

The STP proposals also include integrating health and social care commissioning, and creating accountable care organisations.