

Friday, 09 June 2017

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

The election results are in and they underline a very important life lesson – you can presume what people want but you will not know unless you ask them. It's also clear that people may have a different view from your own and discussion, debate and compromise may be required. This is an approach that we try and take in our STP, working as a partnership and with the people we support to develop and deliver plans that are achievable and credible. We also increasingly need to work with staff, the public and patients to design care in the future.

Whatever the outcome of the election was going to be, it's us in the 'front line' that will carry on delivering care to our communities across West Yorkshire and Harrogate. Doing so requires the right culture and the right approach. A big part of this is not presuming we know what people think, and asking instead. We have been planning our next phase of work on **Harnessing the Power of Communities**, with good leadership from the voluntary sector, and attracting support from Healthwatch, NHS England, and [National Voices](#). This important work will be as fundamental to the future as getting future staffing in place.

The Harnessing the Power of Communities Group met this week to debate the next steps. There was a focus on consistently embedding 'person centred' approaches in the work of the WY&H priority work streams, such as stroke and mental health. Our experiences to date were again a theme at a **Kings Fund event** on STPs this week. I presented work that includes new care model vanguards and how this links with communities and integration. It was good to see the evidence from Wakefield, Airedale and elsewhere. As Alyson McGregor put it, the "secret is that 'self-care already exists.... our role in organisations is to see it, value it and to connect and support it'.

What's been happening this week?

The new Joint Committee for the 11 clinical commissioning groups in WY&H met for the first time this week. Chaired by Marie Burnham, members discussed the need to work together for the benefit of the 2.6 million people living across the area whilst ensuring the work of our local place plans continues at pace. Both are equally important parts of our STP. The first meeting in public will take place on the 4 July 2017 and thereafter every other month. We will keep you updated on the arrangements of how this will be made possible soon. These are public meetings chaired by a lay person, and this open approach builds on our good work with Healthwatch and local places on engaging with people.

The Committee will have joint delegated powers from individual CCGs to make collective decisions. This will be around specific work programmes, for example mental health, urgent care and stroke. Members will continue to work closely with partners including councils, hospitals and community and mental health trusts so that there is a clearer understanding of, and shared solutions to, health priorities whilst ensuring better access to consistently high quality care.

The Clinical Forum met on Tuesday, to discuss digital technology, stroke and the urgent and emergency care (UEC) delivery plan - the first iteration of this will be submitted to NHS England next week. UEC is one of four national service improvement priorities highlighted in the 'Next Steps' (the others being mental health, primary care and cancer). Dr Adam Sheppard, who is the Chair of the UEC Network, outlined the targets for NHS 111 Online, 111 calls, GP access and urgent treatment centres. Key targets

have also been identified for the Ambulance Response Programme, and ensuring people only stay in hospitals for as long as need be.

Although the capability for sharing of health records locally, booking appointments online and electronic prescriptions have been around for a while, there was agreement that other opportunities are often not grasped and implemented at scale. Maximising the real benefits for our staff and public awaits us and Dr Jason Broch (Senior Responsible Officer for Digital) and Alastair Cartwright (Programme Director) discussed the **potential digital offer for our STP**. To get the full benefit of technology, we need to look at how key systems talk and link up to each other.

Alongside transformational opportunities, both Alastair and Jason explained the importance of getting the basic infrastructure right. This includes resilient systems in terms of preventing future cyber-attacks, consistent record keeping and effective data sharing. The recent 'digital' bids against national STP funds included both transformational and infrastructure proposals.

The clinical forum also agreed that formalising the role of Chief Clinical Information Officers will be pursued across the STP. This role is an essential bridge between clinical and digital leadership and essential for delivering transformational change at scale.

Dr Andy Withers, Chair of the Clinical Forum and Lead for the **Stroke and Task and Finish Group** gave an overview of the work to date and in particular the need for early assessment on whether someone is actually having a stroke or presenting similar symptoms. Julian Mark, Executive Medical Director at Yorkshire Ambulance Service, led a useful discussion on the role of paramedics in the critical first hours.

The System Leadership Executive Group also met on Tuesday. Ian gave an overview on the Next Steps document and our intention to have something ready to share with the public in summer. Jonathan Webb updated the group on progress being made on the refresh of our financial plan.

Over 70 health and social care professionals, charities, voluntary sector and patient involvement groups attended the WY&H Cancer Alliance development session on Wednesday. The aim being to discuss how we bring the very best of everyone's experiences together across the cancer work streams.

Professor Sean Duffy (Clinical Director and Alliance Lead, West Yorkshire and Harrogate Cancer Alliance) introduced the day by explaining the importance of wrapping the system around the person and cutting across organisational barriers. Cancer is emotive and engaging – it breaks down barriers as people describe their experiences and tell their stories. Commissioning for better outcomes, early diagnosis, high quality services, living with and beyond cancer, and the patient experience were the themes of the day. There was a clear commitment from all those in the room to work together to improve care as a Cancer Alliance and STP. Thanks to the Alliance Team for pulling it altogether.

Finally, welcome to Jonathan Ellison who joins the core team from Leeds South & East CCG on a full-time basis from this week. Jonathan will be focusing on elective work and finance support to the development of a strategic estates development plan.

Such additional support from NHS E and the CCGs has been welcomed. They allow us to get on with our work in partnership. The leadership challenge for us all will be to ensure we maintain the ownership of our STP as a collective task as we grow and develop. One of the highlights of the week was this list of leadership behaviours shared by Devon STP lead Angela Pedder on building Trust in her STP. It included two useful tips – assume good intent – always; and remember cynicism is not leadership.

Have a good weekend.

What's happening next week?

- STP local place based planners meet on Tuesday.
- On Wednesday the WY&H programme leads will meet.
- The first meeting on the WY&H Carers Strategy Group takes place on Friday.

What's coming up?

- NHS England Executive Management Group are in Bradford on the 29 June, talking to leads including Helen Hirst from Bradford District and Craven CCGs and local partnership, health care staff. This is part of a continuing tour around the 44 STP areas.

For information

- Pre-election restrictions are still in place and will be until a government has been formed. Colleagues are advised to read the comprehensive guidance from the Cabinet Office here. You should also re-read the NHS and Local Government Association Guidance issued at the start of the pre-election period.
- Last month the Kings Fund ran an event on [social prescribing](#). Here are the [presentations](#)
- Read here the recent [publication](#) by the Academic Health Science Network and NHS Clinical Commissioners.
- A Strategy for Improving Population Health event will take place on the 6 of February 2018 at the Royal Society of Medicine, London. You can find out more [here](#) and register at this [link](#)
- (Free) delegate places are available to attend the Infection Prevention conference which takes place in Leeds on July 12th. To book your place on line go to www.infectioncontrol2017leeds.co.uk and use the discount code LEE17DPN or Email delegates@knowlex.co.uk .If you have any questions please call 0161 696 4868.
- A webinar will take place on the value of public engagement – helping you make the case on 28th June, from 3pm-4pm. The NHS England STP & Public Participation teams will present the webinar with colleagues from Healthwatch England. You can register [here](#)
- Health+Care 2017, Wednesday 28th & Thursday 29th June, [London ExCel](#)
Final arrangements are now being made for Health+Care. Rob, Jo Webster and Helen Hirst will be presenting on the WY&H STP. You can book a place [here](#)
- One week to go until the health and care event of the year, Confed17 – 14 & 15 June, in Liverpool
Confed17 will be the first opportunity to hear some of the detail behind the next government's plans for the NHS, with a keynote address from the Secretary of State for Health. Click here to [book your place](#)
- The Forum Central team is delighted to invite you to attend an event on Tuesday 4th July at The Bridge Church and Conference Centre, Rider Street, LS9 7BQ.
This [free event](#) is a unique opportunity to find out about the vast range of services and activities the third sector provides in Leeds to support people's health and social care. There will be exhibitors from the fields of learning disability, mental health, older people and physical and sensory impairment, plus those who work in a more general health and social care setting.