West Yorkshire and Harrogate
Health and Care Partnership

Dr Sara Munro

Chief Executive
Leeds and York Partnership
NHS Foundation Trust

ICS Lead for Mental Health,
Learning Disability and Autism

Place Lead for ‘One Leeds
Workforce’

17 October 2019

The Long Term Plan for the NHS

A new service model for the 21st century

Long Term Plan

- A new era with significantly more investment
- A strategy for the next ten years.
- A wide ranging document . . .

Future of ICS and role of CCGs

- Local NHS organisations will increasingly focus on population health – moving to integrated care systems (ICS) everywhere.
- The ICS is preferred model of healthcare planning and provision for the NHS.
- ICS will work with Local Authorities at ‘place’ level.
- Commissioners will make shared decisions with providers on how to use resources, design services and improve population health.
- New ICS accountability and performance framework
- The system will continue to support local approaches to blending health and social care budgets where councils and CCGs agree.

Every ICS will have …

- A partnership board
- Locally chosen non-executive chair
- Sufficient clinical and management capacity.
- Providers to contribute to ICS goals and performance

More NHS action on prevention and health inequalities

- Smoking
- Obesity
- Alcohol
- Air pollution
- Antimicrobial resistance

Further progress on care quality and outcomes

A strong start in life for children and young people

- Children and mental health
- Learning disability and autism
- Children and young people with cancer
- Redesigning other services for children and young people

Better care for major health conditions

- Cancer
- Cardiovascular disease
- Stroke care
- Diabetes
- Respiratory disease
- Adult mental health services

Research and innovation to drive future outcome improvements

NHS staff will get the backing they need

Digitally enabled care will go mainstream across the NHS

- Patient level (empowering people)
- Clinician level (supporting health and care professionals)
- Trust level (supporting clinical care)
- System/national level (improving population health)

Taxpayers' investment used to maximum effect

The five tests: The NHS will . . .

1. Return to financial balance
2. Achieve cash-releasing productivity growth of at least 1.1 per cent per year
3. Reduce the growth in demand for care through better integration and prevention
4. Reduce unjustified variation in performance
5. Make better use of capital investment and its existing assets to drive transformation


And then we got a new Prime Minister


Keeping focused on what matters…

ICS - 5 Year Strategies

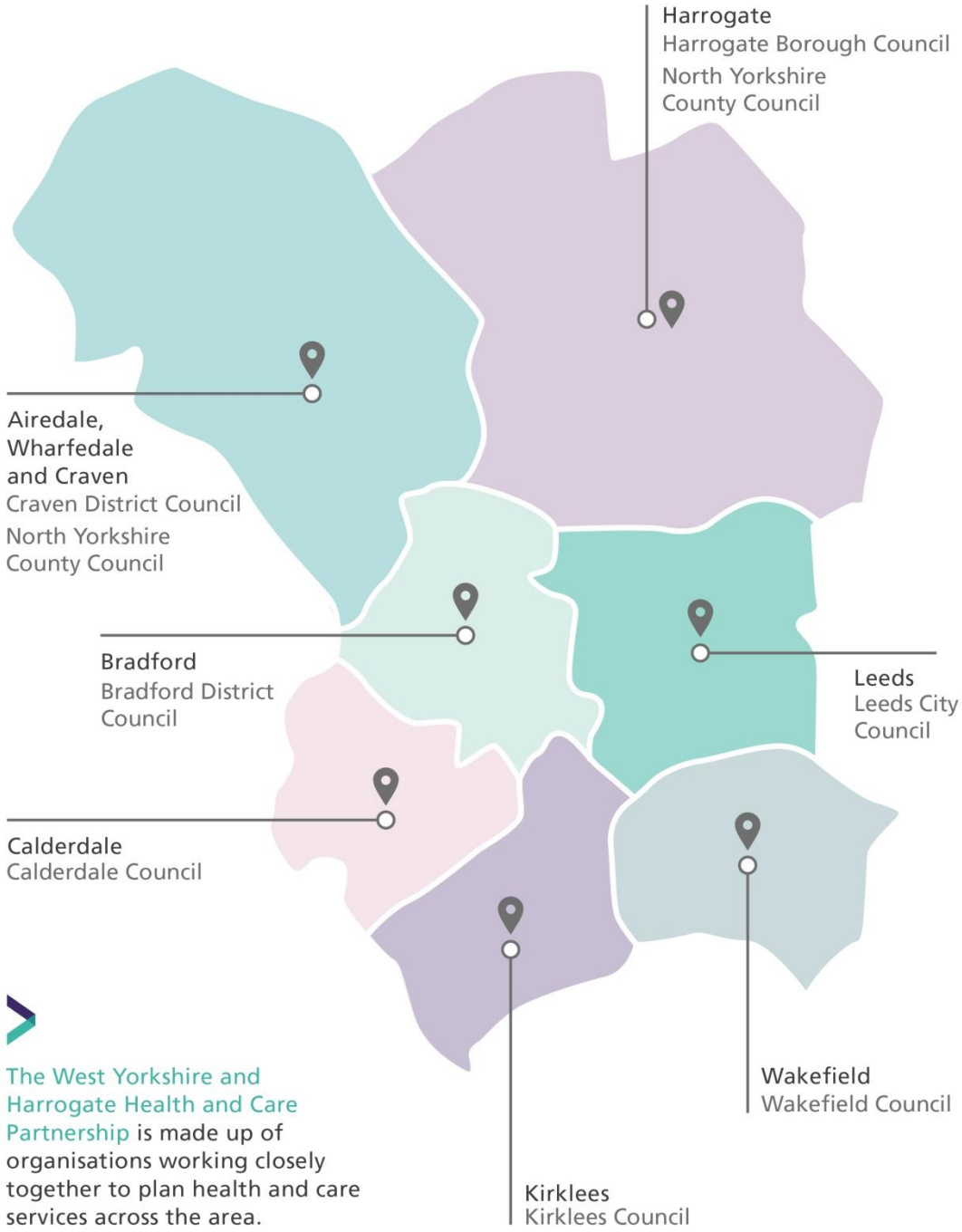
- Agree a plan for delivery of the Long Term Plan through to 2023/24.
- The West Yorkshire & Harrogate (WY&H) ICS plan will include:
  1. A System Narrative
  2. A System Delivery Plan

West Yorkshire and Harrogate Health and Care Partnership area

3rd largest in the country in terms of population:

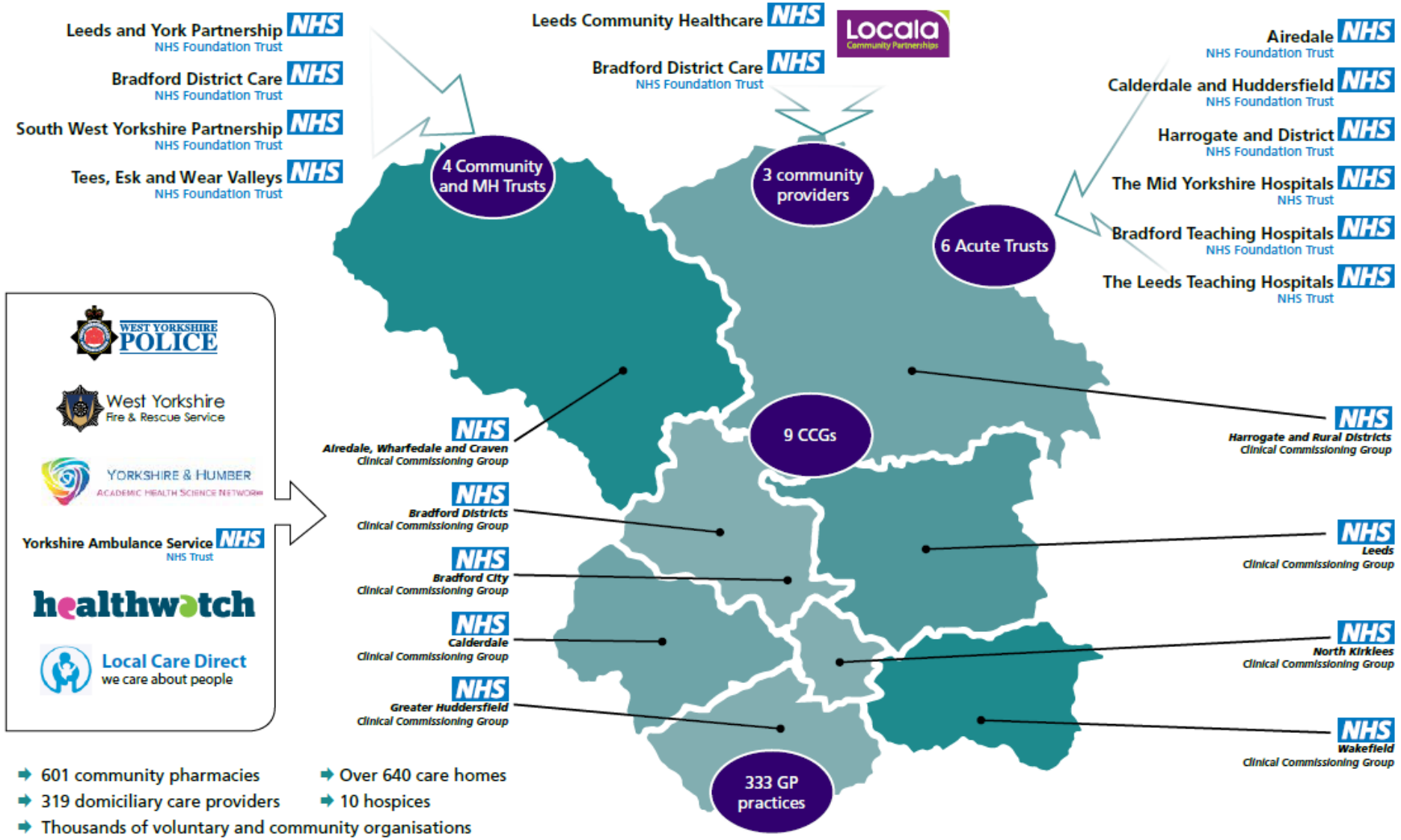
2.6m people

over £5bn of health and care funding.



The West Yorkshire and Harrogate Health and Care Partnership is made up of organisations working closely together to plan health and care services across the area.

West Yorkshire and Harrogate Health and Care Partnership



- 601 community pharmacies
- 319 domiciliary care providers
- Thousands of voluntary and community organisations
- Over 640 care homes
- 10 hospices

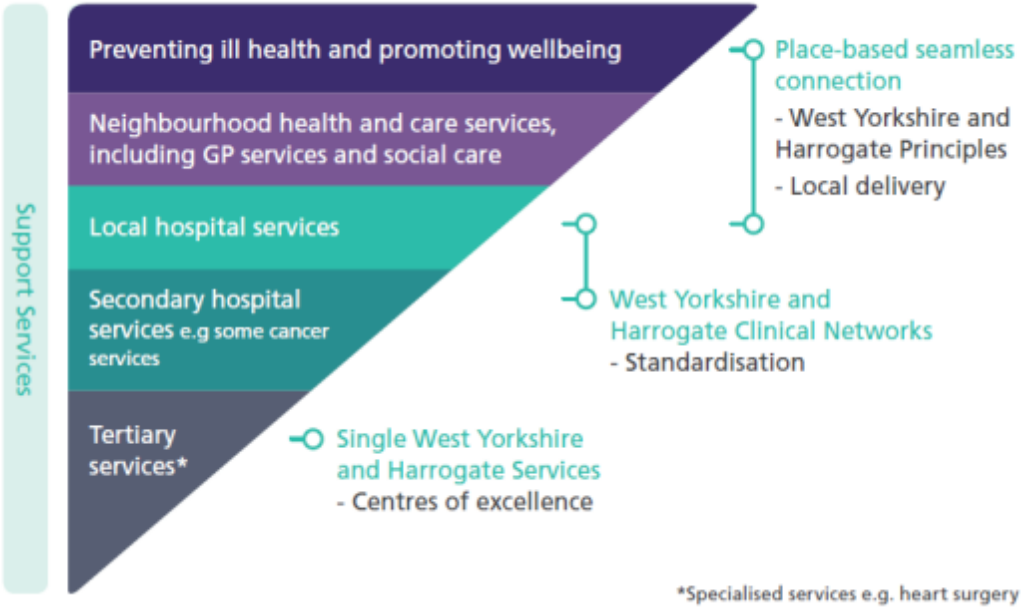
NHS Health Education England
NHS Improvement
Craven District
Harrogate Borough Council Working for you
Wakefield Council working for you
Kirklees Council
North Yorkshire County Council
Bradford District Council
Leeds City Council
Calderdale Council
Public Health England

The way we work…

The WY&H Health and Care partnership is the servant of our six places, not the master. Delivery model:

- **57** neighbourhoods of 30-50,000 people;
- **Seven** integrated care partnerships, covering **six** places;
- **One** association of acute trusts and **one** collaborative of mental health providers;
- **One** WY&H integrated care system.

West Yorkshire and Harrogate service delivery model



We work together at WY&H level when local partners agree the need to do so, considering three key tests:

- Do we need a critical mass beyond the local level to achieve the best outcomes?
- Will sharing and learning from best practice and reduce the variation in some outcomes for people across different areas?
- Can we achieve better outcomes for people overall by applying critical thinking and innovation to 'wicked issues'?

West Yorkshire and Harrogate Priorities

Improving population health

- Prevention
- Health inequalities
- Wider determinants of health and wellbeing
- Personalised Care

Priority areas for improving outcomes

- Cancer
- Mental Health, Learning Disabilities and Autism
- Children and young people
- Carers
- Maternity

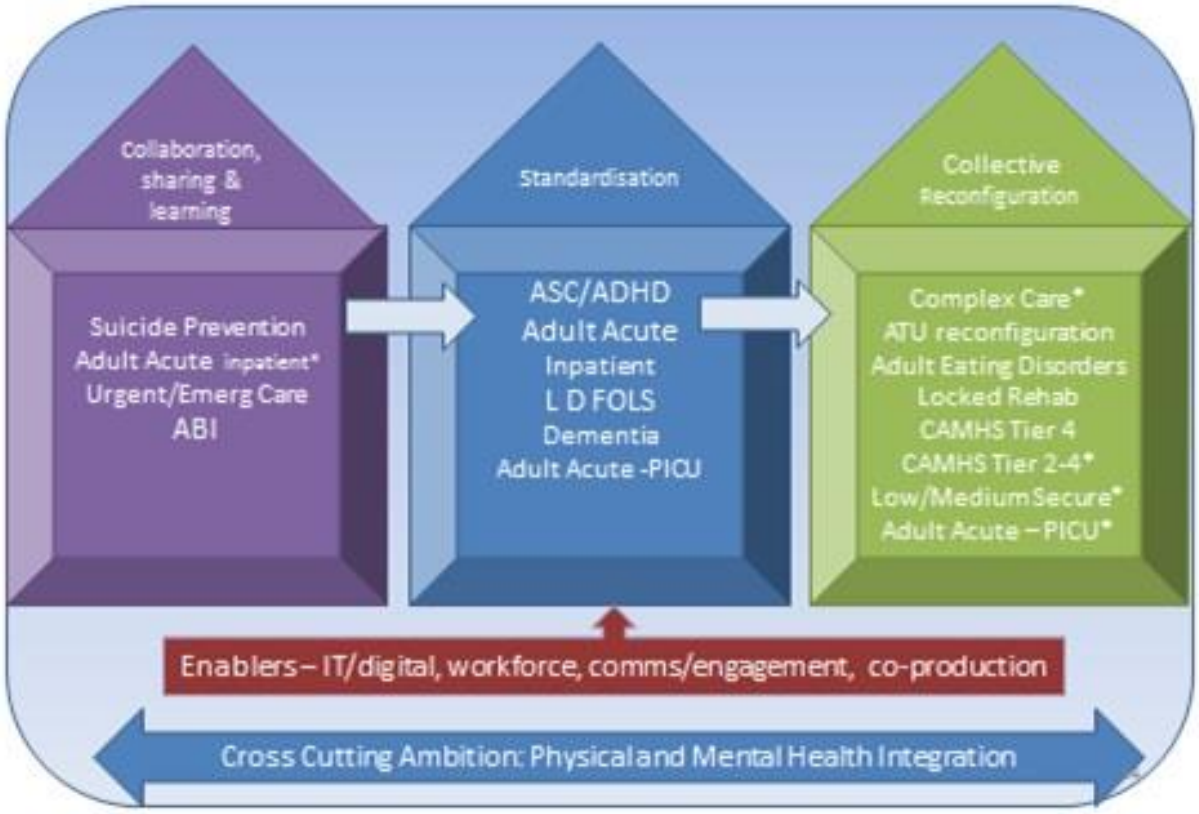
System change and integration

- Primary and Community Care
- Urgent and Emergency Care
- Improving planned care and reducing variation
- Hospitals working together

Enablers

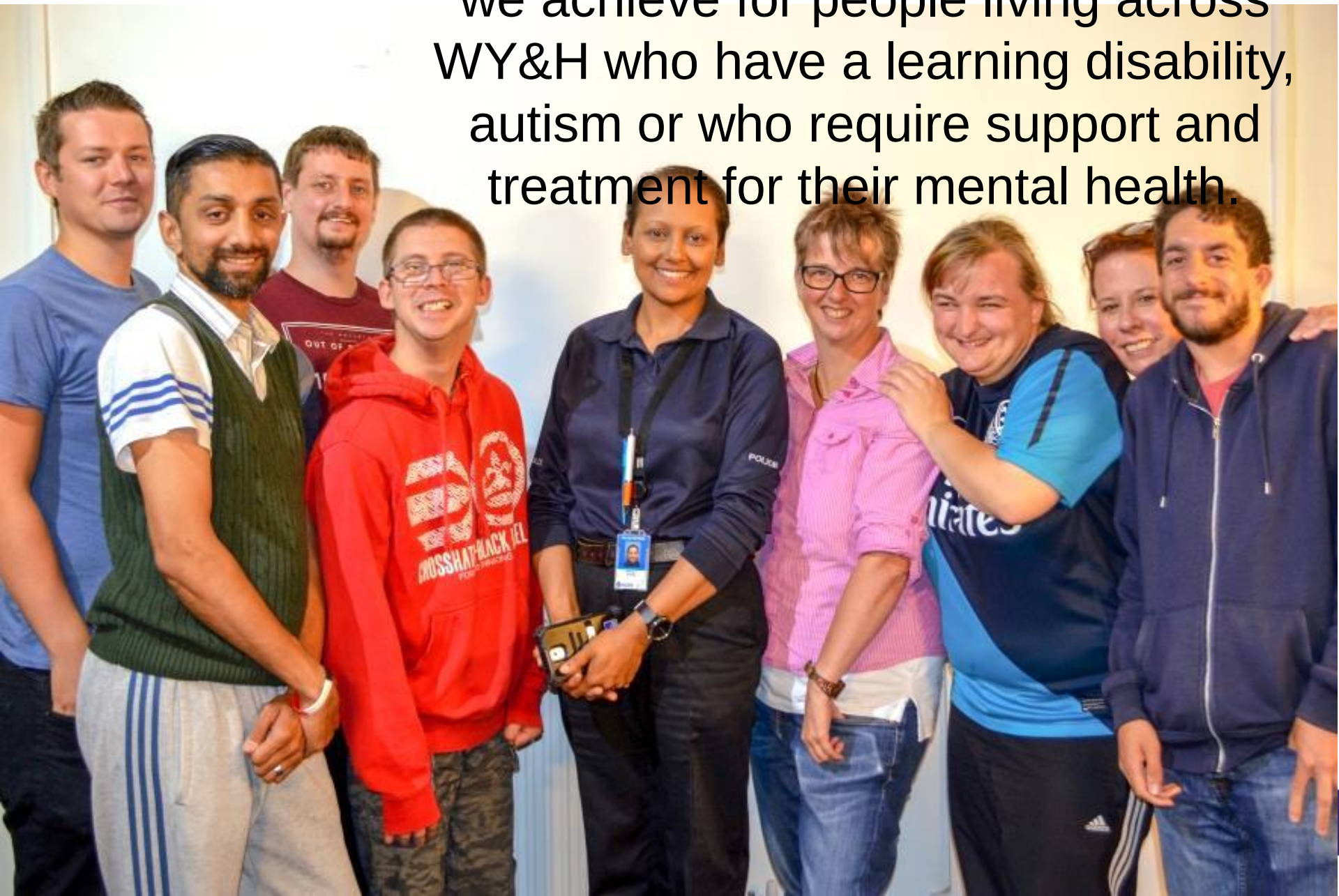
- Harnessing the power of communities
- Workforce
- Digital
- Capital and estates
- Leadership and OD
- Population health management capability.
- Finance
- Innovation and Improvement
- Commissioning

Mental Health, LD and Autism Programmes



Our Ambition

national exemplars in the outcomes we achieve for people living across WY&H who have a learning disability, autism or who require support and treatment for their mental health.



Where does housing fit?

Housing

1 IN 5 dwellings doesn't meet decent standards in England. Where we live is more than just a roof over our heads. It's our home – where we grow up and flourish

A healthy home is:

Affordable and offers a stable and secure base

Able to provide for all the household's needs

A place where we feel safe and comfortable

Connected to community, work and services

Investing in housing support for vulnerable people helps keep them healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs

£2 BENEFIT FOR EVERY £1 INVESTED

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics

Evidence is Compelling

Poor housing, poorer lifetime health

- Around 34% of older people in England live in non-decent homes
- Living in a cold home is a predictor of poor mental and physical health (BMA, 2016).
- Poor housing conditions increase the risk of severe ill-health and disability by 25% in childhood and early adulthood (Shelter, 2006)
- Children in overcrowded housing are more likely to contract tuberculosis (TB) and respiratory problems, such as asthma, as well as slow-growth (Shelter, 2006)
- Children in bad housing are more likely to have behavioural problems, such as aggression, hyperactivity and impulsivity. (Shelter, 2006)
- Homeless children are three to four times more likely to suffer from mental illness (Shelter, 2006)
- Direct link between housing and mental wellbeing, most specifically anxiety and depression (Health Foundation, 2015)

Focus on: homelessness and health

- Strong evidence that homelessness is often the **consequence** of a combination of structural and individual factors: ill health (mental and physical) is a significant contributory factor
- Any period of homelessness and housing insecurity can also **result in ill health or exacerbate** existing health conditions
- Living in insecure or temporary accommodation puts people at **greater risk of infection and accidents**
- Homelessness in early life can impact on life chances
- Co-morbidity amongst the longer-term homeless population is not unusual; **the average age of death of a homeless woman is 43 and 47 for homeless men** compared to 77 years amongst the general population
- Leeds has an effective approach but always more to do – Adult Safeguarding Review of street population deaths

Focus on Mental Health and Learning Disability

- People have complex though changeable needs
- Impact of risk appetite amongst housing providers
- Direct impact on discharge pathways leading to delays (Delayed Transfers of Care - DToC)

Population and Pathway Specific Needs

- People with a learning disability and the Transforming Care Agenda
- Complex and long term rehabilitation
- Step down pathways in forensic services

NHS struggles to interface with and navigate the housing sector but huge amount to gain for citizens.

Telling our Partnership story . . .

www.wyhpartnership.co.uk

Telling our Partnership story

Proud to be the West Yorkshire and Harrogate Health and Care Partnership

Committed to improving the health and wellbeing of people living in:

- Working to improve people's health with and for them
- Improving people's experience of healthcare
- Making every penny in the pound count
- Working to keep people well and make life better for 2.6 million people living in West Yorkshire and Harrogate.

West Yorkshire and Harrogate Health and Care Partnership

NHS

Residents of WDH's Springfield Independent Living Scheme in Castleford enjoying their newly refurbished patio area

Eating or heating? Beating the postcode lottery on housing health

Our ambition

Warm safe housing is a fundamental basic need for a healthy life. Fuel poverty is on the rise; for example in Wakefield around 15,000 households - or 10% – of people are living with fuel costs which put their income below the poverty line. People are having to decide whether to heat or eat as depending on where you live this can also impact on the easy access of good affordable food.

Our partnership recognises the impact that poor housing has on people's health and wellbeing. Our ambition is to address this across West Yorkshire and Harrogate.

Further information

- Visit www.wyhpartnership.co.uk
- Weekly blogs www.wyhpartnership.co.uk/blog
- ‘Our Next Steps’ www.wyhpartnership.co.uk/next-steps
- Follow us: @WYHPpartnership @LeedsandYorkPFT
- Follow me: @munro_sara