



## West Yorkshire Joint Health Overview Scrutiny Committee

8<sup>th</sup> September 2022

### Refreshing the Partnership's Five Year Strategy and developing an improvement approach to delivery

#### Purpose

1. As part of our new statutory Integrated Care System (ICS) arrangements, we are required to refresh our Partnership's Five Year Strategy by March 2023. This paper sets out our approach to this work alongside the outcome of engagement and evidence gathering to date. In parallel, it also highlights the development of an approach to an improvement and delivery framework to both enact the strategy and to monitor progress and outcomes through the creation of a joint forward plan.
2. Members of the West Yorkshire Joint Health Overview Scrutiny Committee (WY JHOSC) are asked to:
  - a) Consider the approach to refreshing the strategy, in line with our partnership principles and operating model
  - b) Support the proposition to refine the 10 Big Ambitions to reflect the citizen and partner insight
  - c) Note the intention to build a delivery framework which aligns the strategy with the Joint Forward Plan, operational planning, Better Care Fund and Winter Planning and maintains an improvement ethos.

#### Background

3. In December 2019, the West Yorkshire (WY) Partnership Board approved the Five Year Strategy for the WY Partnership, [\*Better health and wellbeing for everyone\*](#). This document was the culmination of a long period of public and partnership engagement and set out the vision, ambitions and ways of working for the partnership. The strategy was built from our citizens and places and the priorities are embedded into our operating model through our programmes and places.
4. This strategy reflected what is important to us – including ambitions on inequality, race equality, climate, and fair economic growth, and the 'must dos' from NHS England in line with the [\*NHS Long Term Plan\*](#).
5. Since its publication, the context and focus for our work has changed significantly. While we have made good progress across a range of areas, the COVID pandemic has meant that our partnership has necessarily needed to

shift its focus away from our priorities to more immediate operational pressures. The scale of challenge has also increased in a number of areas, most notably the widening of inequalities.

6. In addition the publication of the white paper [Integrating care – next steps to building strong and effective integrated care systems](#) set out a move to new statutory arrangements for ICSs with the abolition of Clinical Commissioning Groups and the creation of Integrated Care Boards. More recently the publication of the [Joining up care for people, places and populations](#), the government's proposals for health and care integration published on 9<sup>th</sup> February 2022 has signalled the importance of integrated 'place' level working towards a common set of locally agreed outcomes.

### **Refreshing our five year strategy**

7. As part of our move to the new statutory arrangements, the nationally set establishment timeline mandates requirement refreshing our five-year strategy by March 2023. We had already set out our intention to refresh our strategy post-pandemic, and the timeline afforded us with the opportunity to do this in a way which fits with the collaborative ethos of our partnership.
8. [Guidance on the preparation of Integrated Care Strategies](#) was published in July 2022, setting out the purpose of the strategy, Health and Wellbeing Boards (HWBBs) and subsidiarity, proposals for who to engage with in the production of the strategy and proposed content. The guidance broadly fits with our existing strategy and early feedback from engagement as part of our refresh process and aligns with the engagement that we have undertaken to date.
9. We continue to undertake this work in a manner which ensures that:
  - The strategy will be ours - it will articulate our collective ambitions for the citizens and population of WY and it will remain true to our model of distributed leadership, subsidiarity and democratic accountability. It will also reflect the breadth of our partnership
  - We will continue to focus on collaboration to improve outcomes locally – working better together at every level and putting the citizen at the centre of all we do.
10. In line with our ethos of subsidiarity, our strategy will continue to be built from our neighbourhoods and places to ensure that our work is locally led. The place Health and Wellbeing Strategies will form the foundation of our overall Integrated Care Strategy. Working with our Local Authorities our places are all in the process of refreshing their Health and Wellbeing Strategies or have an intention to do so in the coming months. Discussions relating to the Integrated Care Strategy are already planned into HWBBs over the coming months. New

draft guidance related to how HWBBs will work with Integrated Care Partnerships and Integrated Care Board has recently been published alongside a refreshed set of principles for the role of Health Overview and Scrutiny Committees.

11. These will be an important starting point for our ICS strategy given they are locally informed and based on population need and citizen insight. The relationship between these strategies and the delegation and accountability of delivery is set out in paragraph 66 as reflected in our constitution.
12. Given the issues highlighted earlier in this paper and the likelihood of additional unknown pressures over the coming years, it will be important to ensure that we build enough flexibility in the strategy to allow for 'course correction' where needed. This will also be an important factor to be considered in the development of the associated improvement and delivery framework.
13. It will be equally important to also ensure that our strategy both reflects and addresses, key strategic risks for our partnership as highlighted in the Board Assurance Framework. In addition, this will need to be embedded in its delivery through the Joint Forward Plan.
14. In governance terms, we are working closely with place-based committees and HWBBs to ensure we are able to develop the strategy collaboratively and ensure collective ownership across the breadth of our partnership. We also continue to ensure that the Integrated Care Partnership has sufficient oversight of the development and delivery of the strategy.
15. Applying our leadership principles to this work creates a set of 'tests' for our strategy, as follows:

Leadership Principle	Tests for our strategy
<ul style="list-style-type: none"> <li>We will be <b>ambitious</b> for the populations we serve and the staff we employ.</li> <li>The partnership belongs to <b>commissioners, providers, local government, NHS and communities</b></li> <li>We will <b>do the work once</b> – duplication of systems, processes and work should be</li> </ul>	<ul style="list-style-type: none"> <li>Our strategy will be <b>ambitious</b>. It be founded on what citizens who live and work here tell us is important.</li> <li>Our strategy will reflect the <b>breadth of our partnership</b>. It will focus on what is important to us, as well as meeting national requirements. It will build on our previous points of agreement and priorities.</li> <li>We will have an <b>integrated plan</b>, reflecting the work pf place, provider collaboratives and system.</li> </ul>

<p>avoided as wasteful and potential source of conflict.</p> <ul style="list-style-type: none"> <li>• We will undertake <b>shared analysis</b> of problems and issues as the basis of taking action</li> <li>• We will apply <b>subsidiarity</b> principles in all that we do – with work taking place at the appropriate level and as near to local as possible</li> </ul>	<ul style="list-style-type: none"> <li>• We will work to build a <b>shared understanding of population health, inequality and need</b>. This will be built from places. We will also build a clear approach for implementation.</li> <li>• Plans will be <b>built from places</b>, and our shared ambitions will be defined in a way so that there is flexibility for local delivery.</li> </ul>
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## Process Architecture

16. We are using an inclusive approach to refreshing our strategy. There will be the opportunity for all members of the partnership and the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to build in the opportunity for effective challenge and enabling diversity of thought and to be prepared to listen to suggested change, keeping open minds and hearts.
17. The refresh process is data and intelligence driven, supported by strong clinical evidence and clinical and professional leadership. It is also timely, both in terms of national and local requirements, system need and to ensure connectivity and alignment of supporting strategies and places in line with the political democratic process. The work is a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.
18. We have developed a strategy design team providing a core function of designing, co-ordinating, developing and overseeing the strategy's delivery. It plays a key role in analysing data and intelligence, and providing the information through which to make sense of where we are and where we want to be. The group:
  - Creates capacity in the system to design and lead change through the strategy
  - Represent the dynamics and culture of the ICS
  - Develops change principles to enable the delivery of the strategy
  - Will produce a strategy which connects ambition to delivery.
19. In tandem with this engagement and to support the discussions, a desktop review of data, evidence and existing policies and strategies is also being

undertaken. This review takes in to account existing strategies and plans both within the architecture of our ICS system, but also from across our wider system, including the Mayoral pledges, the role of the West Yorkshire Combined Authority devolution deal and other policies and areas of work through which, we come together in partnership.

### **What are our citizens telling us?**

20. Listening to what our citizens are telling us is important to them is central to the development of our strategy. We have a long history of working with Healthwatch to support us with gathering this insight and they have developed a scope for this work which aims to:
  - Bring together insight, data and the voice of groups, citizens and communities from across WY into the strategy refresh, using a local involvement approach similar to the long-term plan engagement approach taken in 2019
  - Further understand what issues are important and how these are impacting on citizens' lives and to include and address these as part of the refresh – whilst looking at what Healthwatch already know through mapping reports and identifying gaps against the ambitions to address
  - Influence development of the improvement and delivery framework to ensure the issues raised are addressed as part of it
  - Support the 10 principles of public involvement whilst following the ICB's involvement framework approach, and new NHSE guidance on citizens' and communities' involvement.
21. It is important to ensure that we are not duplicating work which has already been undertaken and not asking the same questions of our citizens again. With that in mind, the work is taking place in two phases:
  - **Phase 1** – Mapping existing insight from across WY: What we already know (end August)
  - **Phase 2** (if required) – Involvement and Engagement work: Filling in the gaps in insight identified through the mapping process (September/October)
22. The mapping from phase 1 is now broadly complete and the report setting out the detail from this is being considered in a paper alongside this report. The key headlines are however:
  - **Access to GPs** remains one of the key areas that citizens are concerned about. Citizens see GPs as the front door to the wider health and care service and many feel let down when they can't access their GP in a way that works for them. There is a deep concern that this has a detrimental impact on their health and wellbeing. There was also concern raised about routine checks in terms of availability and choice in how they are conducted

- **Access to dentistry services** continues to be an issue raised for both children and adults. This is both in terms of being able to register with a NHS dentist and access to appointments and treatment when registered. It was also raised that access to urgent dental care was not as responsive as needed. There was a strong message that the lack of dental treatment has had a significant impact on health and wellbeing
- Of **increasing** concern is the **cost of living crisis** which continues to escalate and impact on citizens' lives. This impacts significantly on the ability to travel to appointments and to make choices to access to private care where NHS care is not available. These challenges are having a particular impact on those who are living with social disadvantage, serious illness, addictions and carers. It is also having a significant effect on how citizens support their own personal health and wellbeing through activity such as exercise and leisure facilities and leading to difficult choices being made
- **There** continues to be concern around accessing support for **mental health** in a timely manner, an issue which has increased with the impact of the pandemic. Of significant concern is access to support for our children and young people and the lack of support for children with autism and long waits for assessment. It was also highlighted that crisis services are not working in a which reflects the current need
- We know that the pandemic has led to significant **delays in treatment** and citizens are telling us that this is causing a deterioration in their physical, mental and emotional health. The impact of this is also extending to family members and carers. It was felt that better communication would help to mitigate some of this
- The choice people have in accessing care highlighted concerns about **digital exclusion** with many appointments and support moving to online. Many of our population do not have access to digital technology or have additional challenges in using it. This was particularly a challenge for citizens with learning disabilities
- Negative experiences of **quality of care** are starting to emerge in some care settings. Whilst it is acknowledged that this is in part due to challenges arising from the pandemic in terms of staff shortages, it is still important to be treated with care and compassion
- We have been hearing about citizens' experience of **hospital discharge**. Citizens told us about their experience of being discharged too early from hospital and not feeling prepared. It was also felt that carers needed to be far more involved in the discharge process to mitigate some of these issues. Better communication was again a theme in terms of how this could be better carried out.

23. The Healthwatch Insight Report sets out a set of recommendations from this initial mapping of insight, which will be incorporated into both the strategy refresh and the development of the Joint Forward Plan. The particular focus around action to support communication, compassion and co-ordination provides a helpful framework through which to embed this work into this.
24. As we begin to prepare for the Joint Forward plan consultation, there are a number of areas which we may want to do further desk top research, or a deeper dive into any further insight available to ascertain if new engagement activities in these areas is needed, for example around domestic abuse. We will work with our partners as we undertake this work, not least with our Local Authorities who may have much of this insight available as part of their ongoing work. The Joint Forward Plan guidance is expected in October and this will give further clarity.
25. Feedback is a key element of our involvement framework and we will ensure that this is given to those who have kindly provided their insight as part of this work. Illustrating not only how we have listened to the insight they have provided, but also what we intend to do for each of these areas and the impact we hope to make.

### **What are our partners telling us?**

26. As set out in paragraphs 16 to 19, extensive engagement has been undertaken with partners throughout the strategy design phase, far exceeding the traditional engagement which may have usually happened. Each member of the group has connected with citizens, informal and formal groups to create a conversation around the refresh of the strategy. The insight gained from these conversations has aligned well to the citizens insight we have already received.
27. Access to services continues to be a concern for partners as well as citizens. There was a strong recognition that access to services has deteriorated significantly since 2019 (largely due to the pandemic) and there continues to be a need to focus on this in our refreshed strategy.
28. Poverty and the cost of living crisis has been the most consistent concern through the discussions held to date both in terms of the communities we serve and our own workforce. There was a strong desire to have a poverty informed strategy which commits to having no health and care worker living in poverty, improving advocacy support and tackling poverty through:
  - Maximising the contribution that health and care services make to reducing poverty and its impacts
  - Working with WY partners (eg WYCA and the Police) to identify what WY level action needs to take place

- Developing a WY narrative related to poverty and health (again working with WYCA)
  - Sharing, amplifying and adding value to action being taken in our five places.
29. There has also been a strong view expressed to continue to ensure that our strategy reflects our continued commitment to anti-racism. Our strategy will continue ensure that we act and show there is no place for racism across our region. We continue to be proud to stand alongside our colleagues and root out racism.
30. Becoming a trauma informed system continues to be a priority for our partners. Ensuring that we work together to prevent trauma and adversity and mitigate existing harm across the life course needs to be a central aim of our refreshed strategy.
31. Feedback expressed from partners expressed how we can further explore the use of creativity and how this can lead to system change and improvements in our health and care settings. We want to strive to be the first region in the country to develop a pioneering regional infrastructure for driving cultural and creative health – ensuring that:
- All of our people can access creative opportunities and this leads to healthier individuals and communities.
  - West Yorkshire is positioned as a national leader on Creativity and Health.
  - Our arts and cultural sector is more supported and resilient with more diverse income sources.
  - West Yorkshire takes a creative approach to tackling health disparities in our communities.
  - We increase the cultural distinctiveness and health of our places resulting in stronger, more resilient, more cohesive communities.
32. Our Voluntary Community and Social Enterprise (VCSE) colleagues articulated a strong need and ambition in relation to how we work together going forward and creating a sustainable health and care sector for our populations. As a result of their discussions, they have proposed a set of funding and commissioning principles across WY and place to support a sustainable VCSE, which are now being considered as part of the development of the finance strategy.
33. VCSE representation on all decision-making bodies was also suggested as key to the success in delivering the strategy, alongside shifting perception of VCSE



colleagues amongst professionals. In terms of the digital strategy, the ability of the sector to contribute to integrated care is currently constrained by some of the digital capability, something which needs to be resolved.

34. Lastly, there was a desire to harness the significant role that volunteers have in our system. There are opportunities to further enhance this through the facilitation of volunteers to move around our system (and sectors) to be able to be deployed where there is the most need.
35. Working better together has been a common theme across the partner discussions and given our new statutory arrangements, we now have a unique opportunity to harness this and develop new ways of working. Some of the areas highlighted were in relation to how we make better connections across our partnership and share best practice, something which our Innovation Hub will be able to facilitate going forwards.
36. In addition, having an operating model which reflects what we need to deliver the integrated care strategy, particularly in terms of analytics and communications. This will allow us to be able to better build contribution into the 10 Big Ambitions into all our discussions and allow us to be able to measure the impact we are making.
37. A strong message was also voiced in relation to building resilience in our workforce, building a diverse leadership for the future and also building prevention into all of our decision making.

### **What are the data telling us?**

38. As a partnership we collect, and have access to other sources of, substantial levels of data about WY's citizens and we have long since recognised the importance of this data. Much of this information begins with the data compiled as part of the Joint Strategic Needs Assessments at place. This together with the resources available via NHS England and the Office for Health Improvement and Disparities (OHID) (previously part of Public Health England), has enabled the partnership to understand the needs of WY's citizens, shape and prioritise effective responses to improve their health and care outcomes, and monitor the effectiveness of these responses.
39. In 2017 the Partnership in collaboration with NHS England and OHID analysts used data about the treatment and outcomes of citizens' circulation issues to identify the need to manage these more effectively within Primary Care, to reduce cardio-vascular incidents and deaths, and demand on acute services. Working with the Academic Health Science Network two projects were instigated, one to tackle atrial fibrillation, and the other to tackle high blood

pressure, high cholesterol levels and complex diabetes. Both projects gained national interest, and the latter received the HSJ award for 'Cardiovascular Initiative of the Year' in 2020.

40. In 2020, again in collaboration with NHS England, the Partnership identified the need to improve the treatment and outcome of patients with respiratory issues. In partnership with NHS Wales and the Institute of Clinical Science and Technology, an improvement project was instigated to drive up care, standards and management of respiratory issues in primary care. The project's web platform provides an education programme for both asthma and chronic obstructive pulmonary disease and suggests quality improvement projects. Every three/four weeks there are learning sessions to drive up clinical awareness and onboarding of more participants. All sessions are recorded and circulated through the WY primary care newsletter.
41. While COVID has skewed the data available, it is still possible to use historical and current data to understand areas to review where there is variation between places in WY from national levels of achievement. A recent high-level review of data undertaken by NHS England for the partnership identified areas for action as set out in the following paragraphs.
42. In terms of life expectancy none of our places achieve the England average for women or men, the 'worst' of our places has a reduced life expectancy for women of 1.9 years and 2.4 years for men. Even more stark is how the difference in life expectancy between IMD1 (those most deprived) and IMD5 (those least deprived) varies across our five places; for women it is at best 6.9 years and at worst 9 years, and for men 7.9 years and 10.2 years.
43. The review showed a continuing need to improve uptake of cancer screening services. If WY were as effective as similar localities in its screening programmes, over 3,000 more women aged 25-49 would have had cervical screening in 2020/21, and over 14,000 more women aged 50-70 would have undergone breast screening.
44. Our Cancer Alliance has used existing insight to explore the reasons for these variations; its review identified those in lower socio-economic groups, and/or from minority ethnic communities, and/or transient populations as most likely to not be screened. The Alliance is taking targeted action to increase uptake in these communities in response to this.
45. This action is in conjunction with public health and place leaders and includes using primary care network facilitators, social prescribers, community advocates and champions to promote the importance of screening, and thereby improve citizens' outcomes. There is a funding application to use app-based

technology to break down barriers to screening access, shown to double uptake, and halve do not attend rates.

46. The NHS England review also highlighted variation in prescribing levels between our places, and with comparable health and social care economies. Work to reduce this variation is already underway and will benefit from the generalised activity to harmonise practice across the partnership.
47. Use of hospital services varies substantially between those citizens in IMD1 and IMD5. Use of emergency department services is 71% higher by those in IMD1 than IMD5, use of non-elective services 49% higher, while the use of elective services is 66% lower. Given that 36% of WY's citizens are in IMD1, the impact of the difference in usage of these services is likely significant both for citizens and the acute sector. Understanding the causes for these differences and any impact might lead to improvement of outcomes for those in IMD1, and reduction of burden on the acute sector.
48. Also highlighted was the extent of 21+ day stays in one of our places, which have been a feature for some years. While the causes of this are still to be confirmed (although potentially the nature of specialised services in that place), such an issue will require a response from a range of partners across a place to resolve.
49. Those who experience most deprivation, are most likely to be disadvantaged by variations in services. Effective analysis of variation data and building improvement projects to tackle these variations give opportunity to improve health outcomes for WY's most deprived citizens while reducing variation in service delivery and outcomes more generally.
50. Despite the clear value in having a strong analytical offer within the partnership, a strategy for analytics is currently not in place. Further, whilst there is analytical capacity across the partnership, more work could be undertaken to ensure that it is effectively utilised or targeted to ensure focus upon opportunities to improve citizens' outcomes.
51. With recent changes within NHS England and OHID the level of analytical support to the partnership from these organisations has decreased. Therefore, given the existing limited analytical capacity in the core team of the partnership, consideration will need to be given to both strengthening an approach through the introduction of an analytics strategy and also increasing this resource to ensure that we can maintain our successful improvement ethos.

## **What does this mean for our strategy?**

52. As a result of the data, evidence and insight received so far, there are a number of areas of focus for the refresh of our strategy. Firstly, it is intended that the refreshed strategy be a short document which provides a strategic overview of our purpose, vision, ambitions and ways of working as a partnership as set out in the next section. Much of the detail behind the ambitions will be contained within its delivery arm, the Joint Forward Plan.
53. In terms of our ambitions, it is proposed that we need to embed tackling poverty and the cost of living crisis throughout our 10 Big Ambitions. Our strategy has tackling inequalities at the heart of its purpose and work and tackling poverty is a key element of this work. There will also be some refinements to make to some of our ambitions, not least in strengthening our children's ambitions to include both poverty and improving access to services and in refining our climate change aspiration whilst retaining our WY ethos. Our supporting metrics will need to be refined to demonstrate the impact of this.
54. We will need to build access to services into all appropriate ambitions to ensure that we are re-committing to our citizens and retaining a focus on this in the delivery through our Joint Forward Plan. There will be an opportunity to better describe our aspirations with this in relation to dentistry, optometry, pharmacy and specialised commissioning as we take on delegation for these services.
55. We need to ensure that our strategy takes a life course approach, from conception to end of life, treating the entirety with the respect and ambition that our citizens deserve. This may involve strengthening our approach to our ambition and commitment to end of life care. Personalised care and our approach to supporting our carers will also continue to need a strong emphasis.
56. In order to deliver our strategy, we will need to have strong enabling strategies in digital, people, finance, analytical, and equality, diversity and inclusion (EDI). They need to be developed/refreshed in a way which will enable delivery of the strategy both at WY and place levels. Representation from each of these areas has been built into the strategy design group in order to ensure connectivity.
57. Lastly, we need to reflect on our operating model to ensure that we have the resources and capacity across our WY, place and provider collaborative teams to enable delivery of the strategy. Analytics and communications were highlighted as areas which we need to provide more support and capacity to in order to develop and delivery our strategy in a way in which we are able to articulate the impact it is making for our citizens.

58. One of our important goals is to develop and deliver innovative ideas and solutions to improve the health and wellbeing of the 2.4million people living across our area and this will continue to be a priority in our strategy. To do this we have identified several key areas of work which through working together with organisations from industry, universities, and public and voluntary community partners, we can create a culture that uses 'innovation' to improve people lives. This helps to make sure people have the best start in life and every opportunity to live a long, happy, and healthy one.
59. By working together, we aim to inspire the growth of the area, both economically and socially, and help to alleviate some of the pressures that our services experience. Our partnership with South Yorkshire ICS and the Academic Health Science Network (AHSN) to establish innovation hubs in the region is an important step to embed an innovation approach into our work going forward.
60. Our work with the WYCA and the Leeds City Region Enterprise Partnership (LEP) continues to be central to one our core purposes of supporting broader social and economic development. Representation on our strategy design group has subsequently led to comprehensive engagement about how we can work in partnership to improve outcomes in health and wellbeing through the broader social determinants of health. Through our cross-sector partnership with the LEP, Local Authorities, Universities and health technology leaders, we will continue to lead the development of the national digital health industry through our strategy.
61. There will be a stronger coherence between our strategy and the WY Mayoral Pledges. There already exists a strong relationship between the two however, the current context further strengthens this, particularly in terms of a poverty informed strategy. We will continue to build on this partnership working through our Joint Forward Plan in the Autumn, including more detail around the bringing together of plans to help deliver the pledges.
62. The table below illustrates the refinements we intend to make to the strategy in the context of the four core purposes of an ICS. It is helpful to note however, that some of the ambitions highlighted below, will naturally connect to more than one core purpose.

ICS Mission	10 Big Ambitions refinement and delivery framework
<b>Improve outcomes in</b>	<b>Ambition 1:</b> We will increase the years of life that people live in good health in West Yorkshire

population health and healthcare	<p><i>We need to ensure that our strategy seeks to improve access to our health and care services for all of our population. This means a focus on GP and dentistry services, improving access to and reducing gaps in, mental health services and ensuring that we reduce the length of time citizens are waiting for elective care. Our strategy will seek to contribute to mitigating poverty in our population to ensure that people can access health and care services and enjoy improved health and wellbeing.</i></p> <p><b>Ambition 4:</b> By 2024 we will have increased our early diagnosis rates for cancer</p> <p><i>Our strategy needs to continue to understand and address the reasons why citizens do not currently take up screening and ensure that services are targeted accordingly to address these who may find it difficult (either due to financial situations or other challenges to access).</i></p> <p><b>Ambition 5:</b> We will reduce suicide by 10% across West Yorkshire by 2020/21 and achieve a 75% reduction in targeted areas by 2022</p> <p><i>We will strengthen this ambition to be clear on the collective contribution all parts of our system can have to reducing suicides. We will also refine the ambition to reflect the need to tackle the causes and impact of poverty given the significant contribution this has to mental health and wellbeing.</i></p> <p><b>Ambition 6:</b> We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024</p> <p><b>Ambition 7:</b> We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.</p> <p><i>Our strategy will refine this ambition to provide an additional focus on poverty to ensure that mothers have the financial ability to travel to appointments and that both they and their babies are able to experience good health and wellbeing, living in a warm home and access to support when needed.</i></p>
<b>Tackle inequalities</b> in outcomes,	<p><b>Ambition 2:</b> We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.</p>

<p>experience and access</p>	<p><i>This ambition continues to be an important priority for our strategy and will be refined to add focus around improved access to services and support for young citizens with mental health conditions, learning disabilities and/or autism, particularly focusing on managing long term conditions and seamless transition to adulthood. It will be important to embed tackling poverty as part of this.</i></p> <p><b>Ambition 3:</b> We will address the health inequality gap for children living in households with the lowest incomes.</p> <p><i>Our strategy will be strengthened through the refinement of this ambition to have a focus on tackling and mitigating the impacts of poverty on our children, young people and families. Ensuring that they continue to have the ability to have good health and wellbeing, access to education and a warm home and bed to sleep in.</i></p> <p><b>Ambition 8:</b> We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic staff will become a thing of the past.</p> <p><i>Our strategy will be supported by a strong people plan and a WY EDI strategy which will tackle the poor experiences and inequalities which exist. The refresh of the strategy and the diverse range of experiences citizens have had illustrates the importance of the great work already undertaken on this to date and the need to continue our focus.</i></p>
<p><b>Enhance productivity</b> and value for money</p>	<p><i>The delivery framework, including the system leadership and systems thinking way of working, will bring an embedded improvement ethos to our work which fosters innovation and inclusivity. Productivity and value for money will be a key product of this. In addition, the process of the strategy refresh has ensured that our enabling strategies will support delivery of the strategy in a way which also creates value for money and centres on using our resources wisely.</i></p>
<p>Help the NHS support broader <b>social and economic development.</b></p>	<p><b>Ambition 9:</b> We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.</p> <p><i>It is intended that this priority will be refined to retain the ambition that we seek to achieve, whilst reflecting the</i></p>

	<p><i>ethos of WY and ensuring there are measurable targets we can strive for over the life course of the strategy. Working in partnership with Local Authorities, WYCA, the LEP and our Universities we can ensure that our strategy is informed with research and innovation driven practice to meet our ambition.</i></p> <p><b>Ambition 10:</b> 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.</p> <p><i>Our strategy will continue to have a focus on reducing health inequalities and improving skills. Working across the partnership through our enabling people plan to ensure that can build the skills we need and support citizens into work and staying in work. This ambition will also be strengthened to focus on how we support our workforce through the cost of living crisis, ensuring that they can continue to work and to have good health and wellbeing in work. Working in partnership with Local Authorities, WYCA and the LEP we will continue to innovate through our inclusive growth, industrial and health tech strategies to drive economic growth and improve health outcomes.</i></p>
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63. The Integrated Care Board considered progress against the strategy refresh to date at a recent development session and were broadly supportive of the findings to date and proposed refinements outlined above. Members were keen to work together to understand what the conditions for success in delivering the strategy might be and how they as a Board can influence this. In addition, they were keen to undertake some further work as a Board to better understand and plan for, prioritisation of delivery against different elements of the strategy, with a strong supporting financial strategy and a co-owned risk appetite.

### **Developing an improvement and delivery framework**

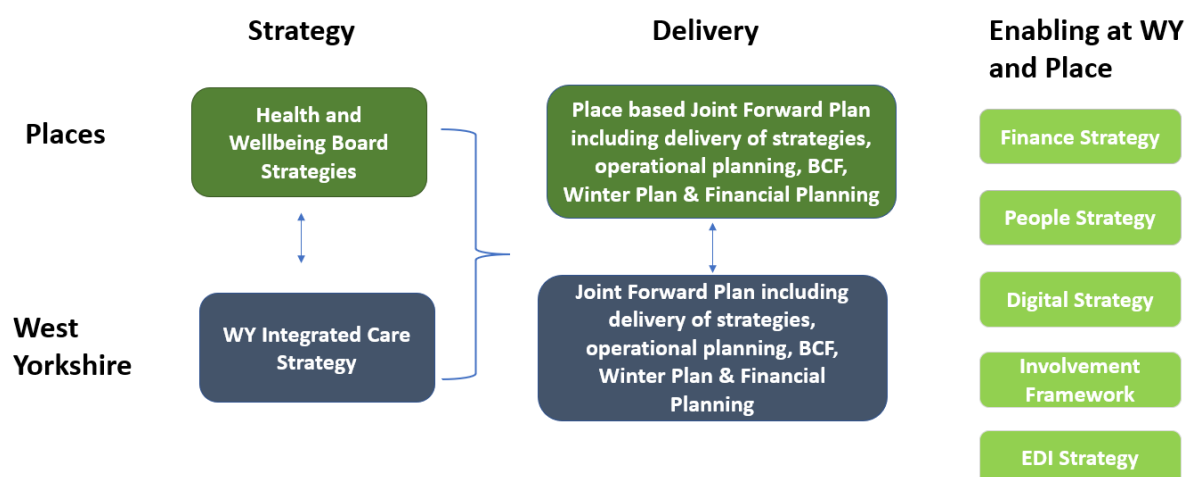
64. Delivery of the ambitions set out in the strategy has been owned and co-ordinated within programmes across the ICS core team, working alongside places. We have used the annual planning cycle and our mutual assurance processes to help ensure alignment with place planning and delivery.
65. As part of our new statutory arrangements there is an opportunity to strengthen the approach we take to delivery so that we have greater confidence of delivery of these ambitions. This framework will address questions such as:
- Can we develop a clearer methodology on the actions to be taken at



organisational, place and system level so that there is a constant focus on improving access experience and outcomes across health and care services?

- How do we create clearer alignment between our strategic ambitions and financial and investment strategy?
- How do we create space and focus in the annual planning process so that local ambitions carry as much weight as national requirements?
- How do we strengthen our peer review and mutual accountability processes to have the right focus on these ambitions?
- What are the data and intelligence requirements to be able to objectively measure progress at the appropriate geographical footprint?
- How do we ensure coherence between the five year strategy and other supporting and enabling strategies, such as people, capital and digital?

66. With the new requirement to develop a five year joint forward plan (with two years operational detail) in the autumn, it is helpful to now revisit this work in this new context. Work is currently underway with representatives from across the Partnership to co-design a process in which we can ensure meaningful alignment of the Joint Forward Plan, operational planning, better care fund and winter planning to the integrated care strategy. This will require place based plans which reflect contribution to priorities at place, WY's ambitions and national must dos as outlined in the diagram below:



## Timeline and Next Steps

67. Building from the foundations of an existing co-owned and co-designed five year strategy which was the culmination of extensive cross partnership engagement has meant that we are in a strong position as an ICS. The published guidance aligns well to this and the additional insight we have gained through our engagement process will lead to a citizen informed and

co-produced strategy with clear ambitions for WY. We will continue this engagement over the coming months and also work to ensure that our refreshed strategy aligns with existing (and where appropriate, refreshed) finance, people, digital, EDI and involvement strategies. Ensuring that there is a strong relationship between the strategy and the organisational development plan for the partnership will be critical for its delivery.

68. The proposed high-level timelines are:

- **March 2022 onwards:** Continued engagement with system partners on priorities, review of the 10 Big Ambitions and **partnership wide engagement** to support the refresh of the strategy
- **September 2022:** Co-design of a new WY process to align the development of the Joint Forward Plan, operational planning, Better Care Fund and winter planning to the five year strategy
- **October 2022:** Publication of the national guidance for the development of the Joint Forward Plan
- **September 2022 to early February 2023:** HWBBs to consider an early draft and subsequently final copy of the Integrated Care strategy
- **December 2022:** Partnership Board to consider a draft copy of the five year strategy document alongside early thoughts on Joint Forward Plan.
- **February 2023:** Continued engagement on the Joint Forward Plan alongside assurance with NHS England
- **March 2023:** Partnership Board to approve the final version of the document and publication of both the Integrated Care Strategy and Joint Forward Plan.

## Recommendations

69. Members of the WY JHOSC are asked to:

- a) Consider the approach to refreshing the strategy, in line with our partnership principles and operating model
- b) Support the proposition to refine the 10 Big Ambitions to reflect the citizen and partner insight
- c) Note the intention to build a delivery framework which aligns the strategy with the Joint Forward Plan, operational planning, Better Care Fund and Winter Planning and maintains an improvement ethos.

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