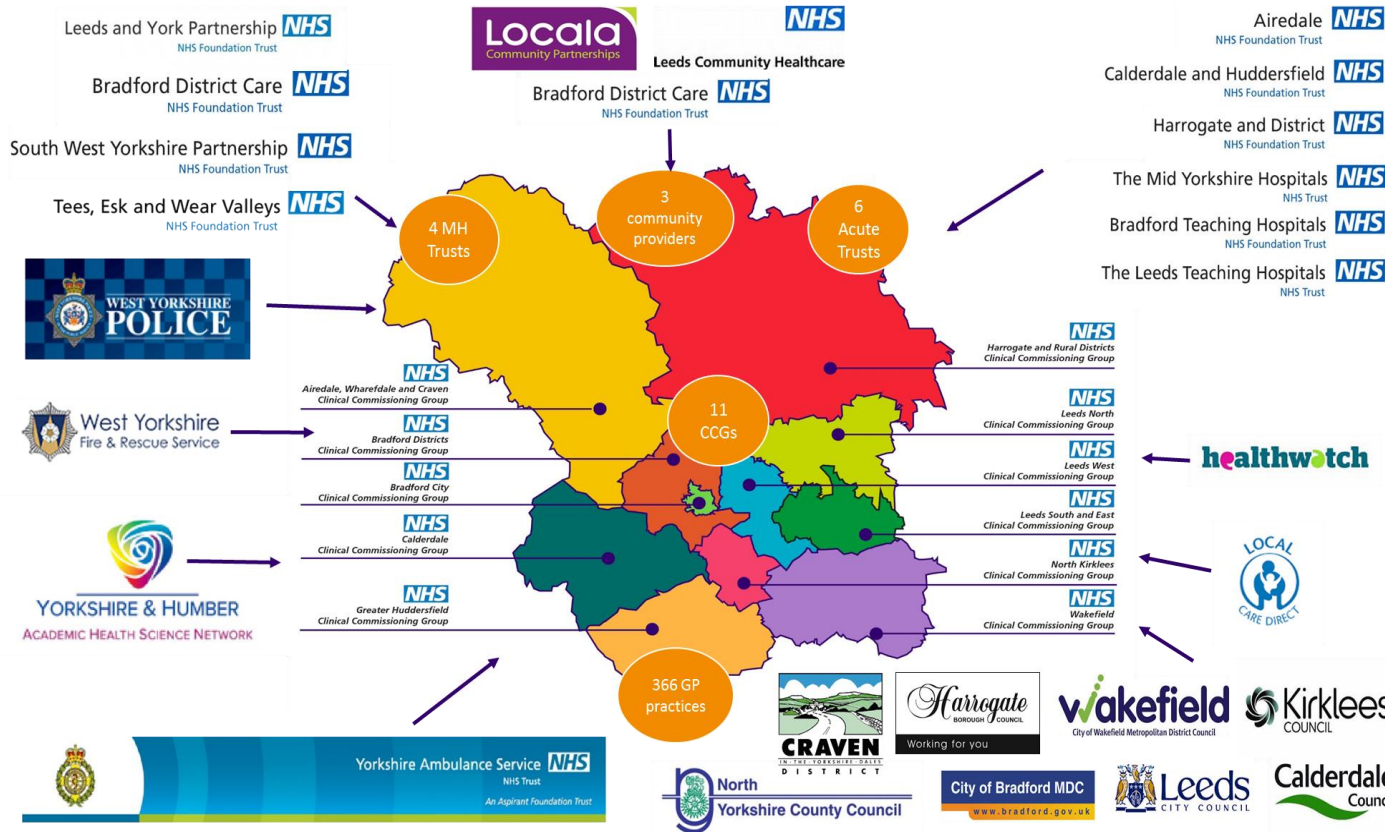


# Sustainability, Transformation, Planning



Serving a  
population of  
2.64m

With a total  
allocation of  
£4.7bn across  
health by  
20/21

With a health  
and social care  
workforce of  
113,000

## Plus....

- 650 Care homes
- 319 Domiciliary care providers
- 10 hospices
- 8 large independent sector providers
- Thousands of Voluntary & Community Sector organisations

# Leadership Aim and Principles

*Our collective leadership **aim** is to achieve the best possible outcomes for the population through delivery of the Five Year Forward View*



We have **Guiding principles** that shape everything we do as we build trust and delivery

- We will be **ambitious** for the populations we serve and the staff we employ
- The WY&H STP belongs to **commissioners, providers, local government and NHS**
- We will **do the work once** – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake **shared analysis** of problems and issues as the basis of taking action
- We will apply **subsidiarity** principles in all that we do – with work taking place at the appropriate level and as near to local as possible

**These are critical common points of agreement that bind us together**

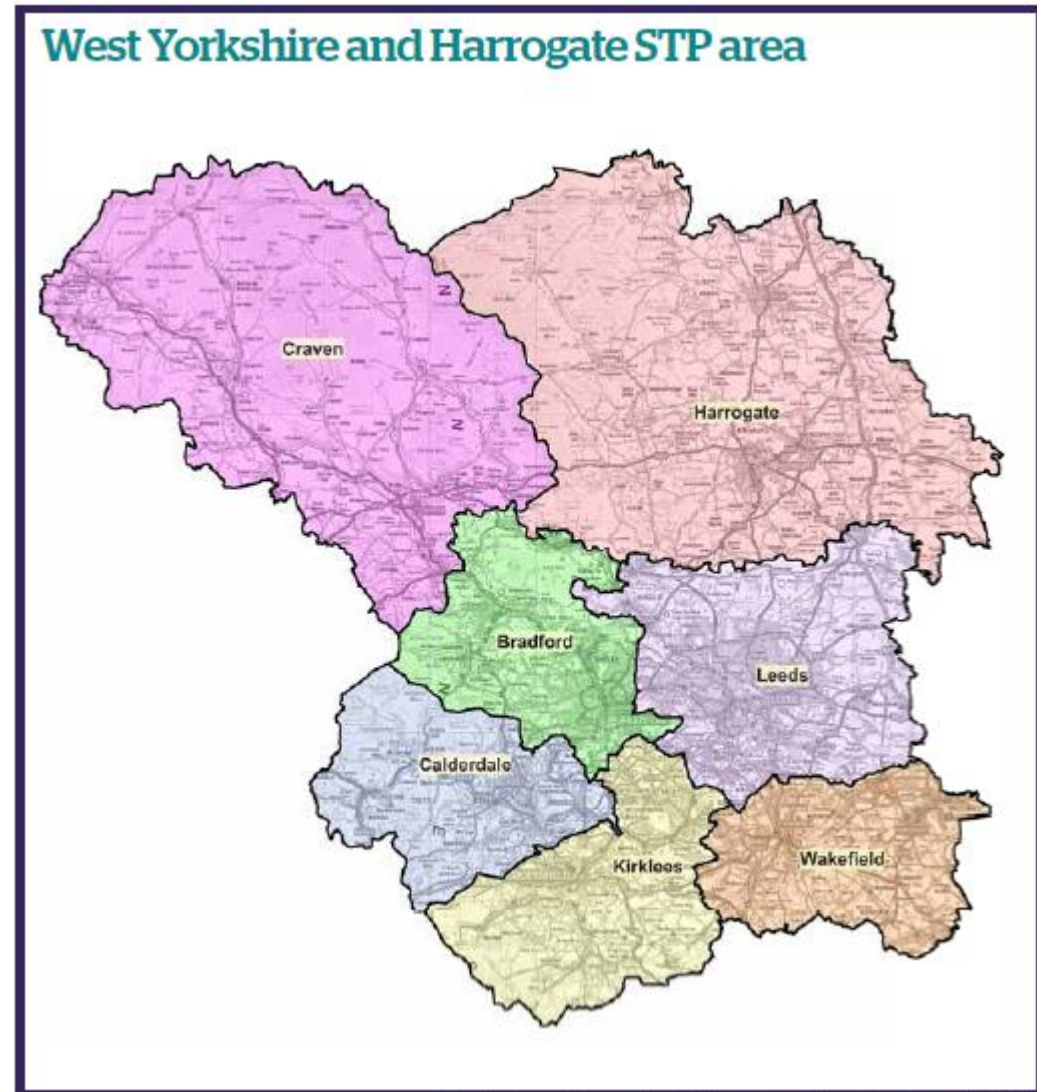
## Six local area plans.....

The West Yorkshire and Harrogate STP is built from six local area plans:

- Bradford District & Craven;
- Calderdale;
- Harrogate & Rural District;
- Kirklees;
- Leeds; and
- Wakefield.

Health and Wellbeing Boards, local health and wellbeing strategies and JSNA.

These six local plans are where the majority of the work happens.



## We identified the following priorities for working together at West Yorkshire & Harrogate level...

- **Cancer services**
- **Urgent and emergency care**
- **Specialist services**
- **Stroke (hyper-acute and acute rehab)**

- We work together because of the need for critical mass

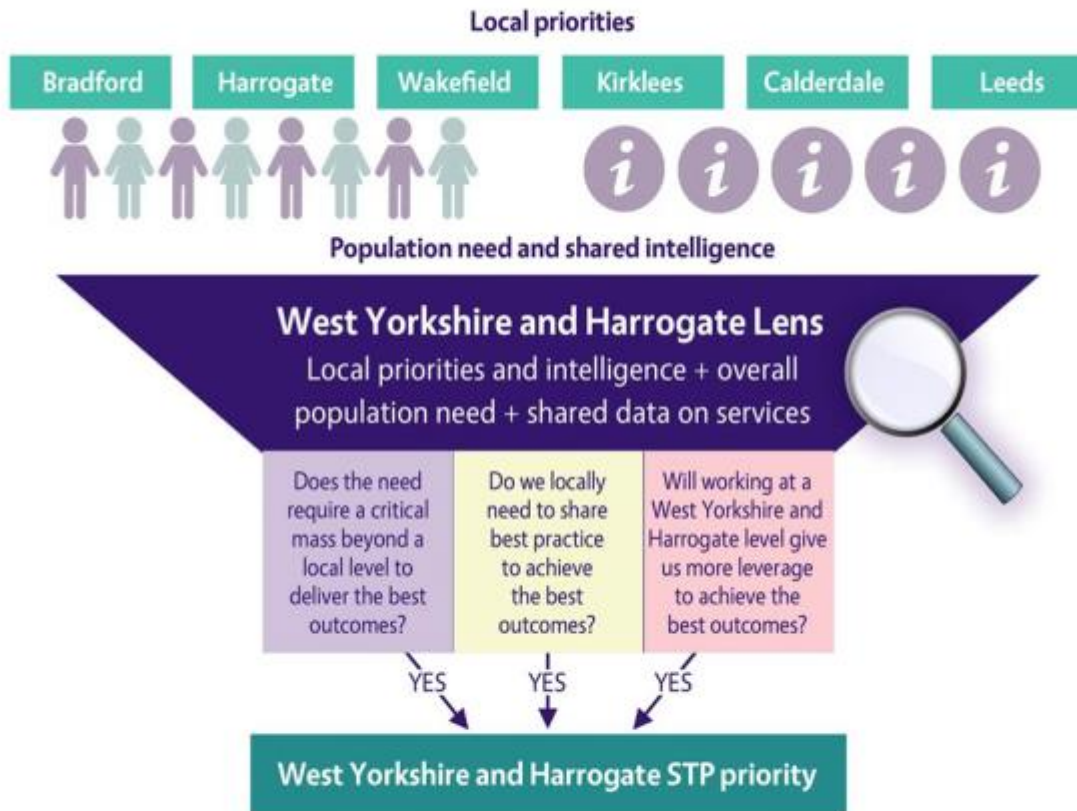
- **Standardisation of commissioning policies**
- **Acute collaboration**
- **Primary and community services**

- We work together to reduce variation and share best practice

- **Mental health**
- **Prevention at scale**

- We work together to achieve greater benefits

# Our nine priorities for WY&H



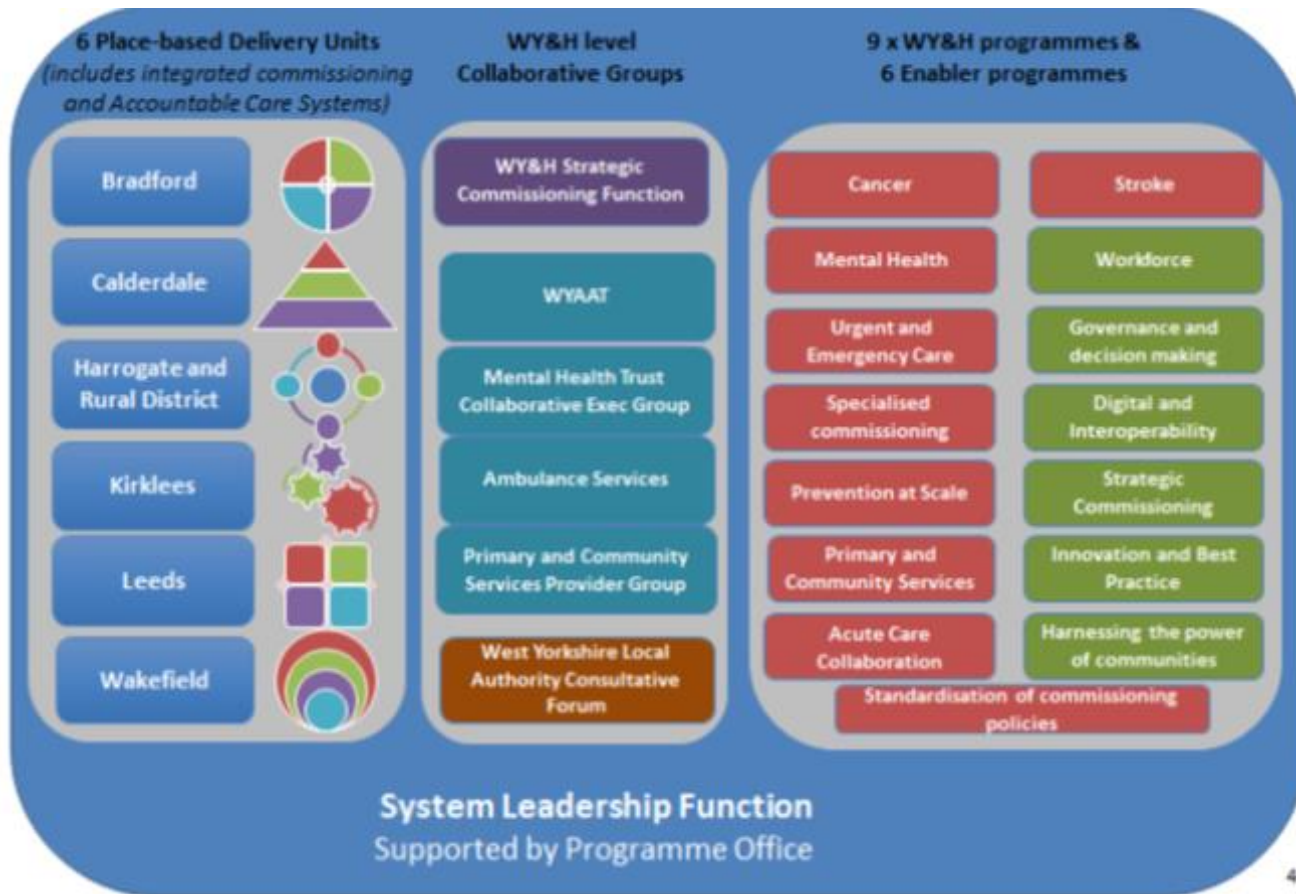
- **Prevention at scale**
- **Primary and community services**
- **Mental health**
- **Stroke**
- **Cancer**
- **Urgent and emergency care**
- **Specialised commissioning**
- **Hospitals working together**
- **Standardisation of policies.**

# A unique health and social care partnership

**Our STP exists to improve outcomes for local people and deliver the five year forward view.**

- The 3rd largest health and social care partnership in England - a real opportunity to influence and shape the direction of travel
- A raft of expertise across our patch and some excellent trail blazer work taking place, for example the work of the West Yorkshire Accelerator Zone and vanguards in Wakefield and Airedale
- We look at the whole person in local communities, from birth to death, head to toe, inside and out. We do this with a view to ensuring the artificial separation of physical and mental health from each other (and social care) is removed.

# New ways of working



# WY&H MH Programme Overview

## UEC

- MH Liaison
- 24/7 Crisis Services
- Intoxication pathway

- 40% reduction in unnecessary A&E attendance
- 50% reduction of S136 PoS
- Effective 24/7 crisis services

## Suicide Prevention

- A zero suicide approach to prevention, (10% overall reduction and 75% reduction in targeted areas 2020-21)

## Care Closer to Home (OAPs)

- Adult Acute
- PICU
- Locked rehab

- Elimination of out of area placements for non specialist acute care within 12 months.
- Shared bed management function

## Specialist Services

- CAMHs T4
- Low/Medium Secure Forensic
- Adult Eating Disorders

- Elimination of out of area placements for CYP
- Development of new care models

## ASD/ADHD

- Reduction in waiting time for autism assessment



# WY MH STP Commissioner Priorities

STP Workstream	Lead	Reserve	Also involved
Care Closer to Home – Acute & PICU	Alix Jeavons	Karen Pollard	Sasha Bhat
Urgent & Emergency Care/Liaison	Corinne McDonald (Cal)	Alix Jeavons	Mark Vaughan, Karen Pollard
Care Closer to Home – Locked Rehab & Forensics	Sarah Antemes	Kashif Ahmed	Kris Farnell (Bfd), Karen Pollard, Alix Jeavons
C&YP	Sasha Bhat	Ian Holdsworth (Wfd)	
Suicide Prevention	Kashif Ahmed	Sarah Antemes	
Autism/ADHD	Jo Butterfield	Karen Pollard	

Collaboration areas	Lead	Reserve	Also involved
Linked to OOA – HBTT, Community and DToC	Karen Pollard	Alix Jeavons	
Outcomes based commissioning	Sasha Bhat	Karen Pollard	
Personality Disorder	Alix Jeavons	Sarah Antemes	Karen Pollard
OPMH Provider market development	Sarah Antemes	Kashif Ahmed	Karen Pollard
Inequality	Kashif Ahmed	Karen Pollard	Sasha Bhat
TCP	Jo Butterfield	Sarah Antemes	
Mental Health and Physical Health	Jo Butterfield		