



Evidence to the Health Devolution Commission enquiry into the value and accountability of devolved health systems

The West Yorkshire and Harrogate Health and Care Partnership has progressed significantly as an Integrated Care System within the existing policy and statutory arrangements. We have built a system-wide partnership to deliver the triple aim of improving the quality of healthcare, improving the health of the population, and achieving value and financial sustainability. We have established a set of locally owned, democratically accountable and transparent arrangements that are working both politically and managerially.

Our [5 year strategy](#), including our '10 big ambitions', demonstrates our ambition and commitment to working together on all the factors that create health, not just the delivery of health and care services. These ambitions have a strong focus on taking action to prevent ill-health and to reduce health inequalities. They are focused on people's lives and include strengthening economic growth and responding to the climate emergency. They will only be delivered by working differently together.

Our effectiveness as a partnership has meant that we have played an important advocacy and influencing role on key national issues including workforce and finance. We have welcomed the NHS Long Term Plan proposals for legislative change which have the potential to further strengthen collaborative working and integration.

Additional freedoms and flexibilities devolved to our Health and Care Partnership, coupled with the devolution deal agreed for West Yorkshire, will support us in achieving our ambitions to integrate services, build healthier communities and develop our regional economy. However, it is important that these types of devolved powers are not seen as an end in themselves, but as mechanisms for helping us to deliver better outcomes.

Therefore, the additional freedoms and flexibilities must:

- Support and enable the successful relationships and ways of working that we have already established.
- Include longer term funding settlements and greater control and flexibility over both revenue and capital expenditure.
- Support approaches to cross sector accountability and oversight arrangements that are place-based, focus on tackling inequalities and are strongly connected to local democratic accountability.

Question 1. What does good health devolution look like?

We believe that our health and care system already includes many of the features associated with good health devolution – and most importantly, is delivering the outcomes that we have collectively agreed to work towards. See here for the [difference our partnership is making](#).

Our system is based on joint working between partners delivering health and care services, and also partners not included in traditional definitions of health and care. It is also based on the principle of subsidiarity, recognising that most of the work to join up services around people's needs happens at neighbourhood level. Our 5 year plan commits us to stretching, outcome-based metrics which enable us to track implementation and support mutual accountability. The plan has shared ownership across all partners.

Building healthier communities and preventing ill health

- Tackling inequalities is a strong theme that runs through our 5 year strategy. The first two of our 10 ambitions specifically aim to reduce inequalities.
- We are rolling out the Bradford Healthy Hearts model through [WY&H Healthy Hearts](#). Nearly 8,000 more patients now have their hypertension better controlled to safe limits. This could help prevent 65 deaths, 122 strokes and 82 heart attacks over the next five years.
- We have won [national awards for our work to support carers](#) and our '[Looking out for our Neighbours](#)' campaign to combat social isolation.
- We aim to 'unlock the talent' in our communities, through a wider approach to employment and skills. This includes maximising the ability of healthcare organisations as anchor institutions to create social value and shape communities, using our experiences to date in each of our places and work with vanguards.

Marshalling services across local authorities and the NHS to address the drivers of health ill health

- Our Partnership enables us to tackle the drivers of ill health in an holistic way. It means we can look beyond the NHS into the determinants of better health and wellbeing – focusing on education and skills, social mobility, housing and employment.
- The Leeds City Region Local Economic Partnership operates on a similar footprint to the ICS, providing a great opportunity to bring together the health and equitable growth agendas. Increasingly we view health and care spending as an investment into the region, rather than a 'cost' to the system.
- There is a significant overlap between the Five Year Strategy and the Local Industrial Strategy – there are shared priorities on:
 - Life-led: Our ambition is to be a region that understands and invests in lifetime health, both for our current population and for future generations.
 - Climate emergency: We aspire to be a global leader in responding to the climate emergency.
 - Good work: Good work drives good health, and good health enables good work. We will work together to support the development of people's skills and ensure that our area is a great place to work.
 - Ageing well: We will focus on the strengths of our older population and co-produce with them the solutions to ageing well.
 - Health tech innovation: We have significant health tech 'assets' in the region and we will ensure that people in our area benefit from innovation which improves services and lives. We have already agreed a MoU between the ICS, Association for British Healthcare Industry, Leeds City Region and the Regional universities to progress this.

- We are pleased that an announcement relating to a devolution deal for West Yorkshire was announced in the Budget, this will create further opportunities for aligning our Health and Care Strategy and our Local Industrial Strategy, building on the discussions we have at our WYH Partnership Board and at the Leeds City Region LEP (Local Economic Partnership) Board.

Barriers to potential benefits of health devolution being realised

- We have developed an effective partnership between health, local government, academia, business, the third sector and our local communities, built on strong relationships and the principle of subsidiarity. It is important that additional freedoms and flexibilities enable successful systems like WY&H to build on these existing relationships and do not impose structures or ways of working not suited to local circumstances. We explore these issues further in our evidence in response to question 2 on accountability, power and control.

Outcomes and care for people with specific conditions and specific population groups

- We are taking shared accountability for cancer waiting times in the region, led by our [Cancer Alliance](#). We have implemented best practice pathways and have a shared approach to managing diagnostic capacity. We have maintained performance in the context of significant deterioration elsewhere.
- We are delivering major service changes for Hyper Acute Stroke Units and vascular services, which have received widespread support.
- New WY&H care models for Adult Eating Disorders and Tier 4 CAMHS have reduced admissions (22% in eating disorders, 19% in CAMHS) and limited out of area placements, reducing the distance between home and care for service users (85% less mileage for eating disorders, 31% for CAMHS).
- We have developed a preferred model for the future provision of Assessment & Treatment units for people with a Learning Disability. This includes how the three existing (and two future) geographically dispersed units will operate as one WY&H centre of excellence. Our plans are out for public engagement.

Integrating health and social care and delivering the NHS Long Term Plan

- Our collaborative approach to financial planning and management has allowed us to live within our budgets, and produce a balanced and credible five year financial plan. We have won significant transformation and capital funding.
- We have strong collaborative commissioning arrangements, both at place level and across WY&H. We are working to strengthen these arrangements, and our commissioning futures programme is leading on how we can go further and faster in developing strategic commissioning at WY&H level.
- We are making strong progress on digital - particularly the success of digital pathology, Cerner implementation, and the Yorkshire and Humber Care Record.
- We have attracted the highest level of capital funding of any ICS in the country, (close to £900m), including 2 major schemes in Calderdale and Huddersfield and Leeds and significant support to Mental Health services.
- We have strong acute trust and MH trust collaborative arrangements – which are exploiting opportunities to share services, standardise care and improve quality and outcomes.

- We have a collaborative approach to use the apprenticeship levy flexibly across organisations to increase the number of apprentices in our region.
- We have established a staff portability agreement, making it easier for staff to work across acute trusts in our region. A similar approach is also being adopted for MH providers.
- We have established a close partnership with the Academic Health Science Network, so that their work is fully embedded in our priority transformation programmes. This has led to WY&H having one of the highest uptake rates of the national ‘basket’ of innovations of anywhere in the country.
- Improving the diversity of leadership in WY&H is one of the 10 ‘big ambitions’ of our 5 year strategy. We have collectively agreed actions to improve the diversity of our leadership over the next 5 years, particularly in relation to BAME groups, which have coproduced our approach.

Question 2. What are the implications of health devolution for accountability, power and control in devolved health systems?

Our Partnership is founded on the principle of subsidiarity, with work taking place as near to local as possible. The Partnership is the servant of its partners not their master, and we come together only on those priorities that we cannot tackle alone. This means power, energy and accountability stays aligned to statutory responsibilities in organisations and places. Additional freedoms and flexibilities for our Health and Care Partnership must support this way of working if they are to deliver the benefits that we want to achieve.

Relationship between central government, NHSE and devolved health areas

- We already have a clear model of place-based mutual accountability, supported by an NHSE/I team that is fully integrated into the ICS. We believe that this model works and is replicable across other parts of the country.
- We want to continue to support the development of mutual accountability – and help ensure that this is the single channel for our accountability to NHSE/I. We have a cross sector approach based on shared goals and mutual accountability – this could provide a test bed for cross sector government targets, applied to whole places.
- We welcome place-based approaches to regulation and believe that they support our model of place-based mutual accountability.

Local accountability

- Our integrated governance arrangements are designed to support delivery and ensure that accountability is clear. Our Partnership Board gives strong, visible leadership. Health and Wellbeing Boards lead the place-based work that deliver on health and wellbeing outcomes locally. Additionally, we have system-level Programme Boards, with representation from all places that drive our joint priority areas. Our System Oversight and Assurance Group reviews progress against our agreed system objectives.

- To ensure transparency and accountability, many of our key governance forums meet in public, including the [WY&H Partnership Board](#), WY&H Joint Committee of CCGs and Health and Well Being Boards. We also regularly report to the WY Joint Health and Care Overview and Scrutiny Committee.

Relationship between local clinical and civic leaders

- Successful Partnership working is based on trust and clear accountability. We have invested heavily in relationships, bringing clinical and civic leaders together to tackle system-wide issues at monthly leadership days. Most Partnership business takes place in system-wide, cross sector groups and builds on the strong relationships that we have established. Our governance arrangements – set out in our [Partnership Memorandum of Understanding](#) – set out clearly where accountability rests across our system

Empowering individuals to have more power over health and social care

- Our approach is designed to put people at the centre of their health and wellbeing. Personalised Care is one of our WY&H priority programmes and we are exceeding all of the personalised care trajectories.

Impact on the third sector, including charities, social enterprises, co-operatives, faith-based initiatives and other bodies with a not-for-profit constitution

- The third sector has an integral role in all parts of our Partnership. Three nominated representatives from the third sector sit on the Partnership Board, the third sector lead and manage a specialise priority programme – Harnessing the Power of Communities - and third sector representatives sit on all of our priority programme boards. In each of our places there are arrangements in place to ensure that the third sector is fully engaged.

Impact on the Independent Sector

- The independent sector plays a vital role in providing care services to people across our Partnership. Local places already have arrangements in place for engagement with this disparate sector. We are in discussion with groups representing the independent sector about how we can ensure the effective involvement of the sector in our regional arrangements.

Rob Webster

Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership

16.03.20