

West Yorkshire & Harrogate Health and Care Partnership

VCS2020

Supporting the voluntary and community
sector to develop a better future for our area

December 2018



About our Partnership

The West Yorkshire and Harrogate partnership's purpose is to make sure everyone living across the area receives the best possible health and social care possible; whilst importantly recognising that within this there are differences in people's needs which require different solutions.

Strong local leadership together with a common purpose on key programmes of work will provide the very best for people, putting them and our workforce firmly at the centre of everything we do, ensuring our services are fit for the future.

West Yorkshire and Harrogate is the second largest health and care partnership in the country in terms of population. 2.6 million live here and we have a total health and care budget of over £5bn. It is a large and diverse area with lots to be proud of as well as some significant health challenges, such as people are living longer with complex health and social care needs, higher than average obesity levels and 200,000+ people are at risk of diabetes.

In February 2018 we published '[Our Next Steps to Better Health and Care for Everyone](#)'. The document describes the progress made since the publication of the initial West Yorkshire and Harrogate plan in November 2016. It sets out how the partnership will improve health and care for the 2.6 million people living across the area in 2018 and beyond.

West Yorkshire and Harrogate Health and Care Partnership includes nine clinical commissioning groups (which buy and plan healthcare for local people), eight local councils, and services provided by a number of health and social care organisations, including hospitals, mental health care providers, the ambulance service, Healthwatch, and community organisations.

The partnership is built on organisations working together in the West Yorkshire and Harrogate six local areas: Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds, and Wakefield to meet the needs of the people in each of these places. Partners also work together on priority programmes for the whole of West Yorkshire and Harrogate, including mental health, hospitals working together, maternity care, urgent and emergency care.

The work in our local places is driven through our Health and Wellbeing Boards and their Health and Wellbeing Strategies. You can find out more at www.wyhpартnership.co.uk

We all agree that working more closely together is the best way to achieve our ambitions. It is the only way that we can genuinely put people rather than organisations at the centre of what we do. It is also the only way we can maximise the benefit of sharing the expertise and resources, which includes money, buildings and workforce that we have between us towards a greater focus on preventing ill health and reducing health inequality.

You can find out more about the difference our Integrated Care System (ICS) is making [here](#).

Voluntary and community organisations as partners

We will not achieve our ambitions without the involvement of voluntary community organisations and local communities in the development and design of our work.

Working alongside our communities is an important part of our partnership - seeing the people we serve as assets and partners, and not as problems. Working alongside local communities, ward councillors, council colleagues, voluntary community organisations and many others is essential if



we are to improve the health of our communities. We want a changed relationship with local people, built on trust and empowerment, where the benefits of self-care and prevention strategies can really flourish.

A big part of this is not presuming we know what people think, but asking and listening instead. There is a wealth of expertise across WY&H and communities are better placed than us to know what they need and to make positive change happen.

If we are to genuinely work alongside communities as equal partners, then we need to change our relationships and build trust. We have good leadership from the voluntary sector, and we are attracting support from Healthwatch, NHS England, Nurture Development and National Voices to help us to think about our next steps.

This important work will be as fundamental to the future as getting future staffing in place.

Our focus on 'person-led' approaches in the work of the WY&H priorities, such as stroke, cancer, maternity services and mental health is critical and we are developing ways to make sure this happens, one example being patient and public involvement on programme boards. We are committed to principles of genuine engagement with people who have lived experience of what can make services better. For example in our Stroke engagement work in 2017, 75% of our 900 respondents had either experienced a stroke, or cared for someone who had had one.

To make sure our work adds the greatest value possible and supports existing projects and groups across the area we started with a number of design workshops in the summer. The aim of these were to agree a shared set of principles and a common understanding of what we mean by 'communities doing more for themselves', 'co-production', 'asset based community development', 'co-design', and what the shared ambition for working with communities should be.

This includes:

- Co-produce and co-design an approach with communities
- Work with programmes to ensure good voluntary and community sector representation on all of our work streams
- Inspire NHS senior leadership to be ambassadors for the work
- Consider how the services we commission and procure might improve the economic, social and environmental well-being of the area in commissioning and contracting across West Yorkshire and Harrogate
- Raise the profile of and share the excellent work taking place across the area - celebrate the difference this is making in our communities on a regional and national level. Changing the conversation around NHS and social care services from one of financial cuts and deficits, to an asset based approach where people are encouraged to take more responsibility for their own health.
- Working with health and wellbeing board chairs, members and the WY Combined Authority to ensure alignment



Harnessing the Power of Communities Programme

Our vision is to establish a new relationship with our communities built around good work on the co-production of services and care. Our intention is to support people to self-care, prevent ill-health, the implementation of the [FYFV](#) and to join-up community services, which see people as assets and not issues.

We rely on the involvement of the wider VCS in strategy development, leadership, engagement and service delivery. We will form new relationships, support innovative ways of working, and the development of community capacity building.

Progress to date

Engaging communities and using their assets and strengths are a theme running through the WYHHCP plans. The Harnessing Power of Communities (HPoC) workstream aims to support this theme and the voluntary sector has engaged with the ICS through existing network structures.

The HPoC leadership group (see Terms of Reference for more detail) is working to promote the sector as a system leader that can bring significant value in planning and implementation. This includes working to identify and deliver effective third sector interventions on a greater scale.

Areas of focus

This VSC2020 strategy focuses on 4C's:

- **Community engagement** – developing a 'voice' for the communities of WY&H; in partnership with our Healthwatch colleagues
- **Commissioning** – enabling VCS organisations to participate in the influencing and delivery of local healthcare services
- **Capacity building** – enhancing the skills and competences of VCS organisations to work together collaboratively
- **Communication** – ensuring we communicate transparently and that all messages are consistent across WY&H

Each the 4Cs can be expanded to include the following topics. Over time we will start to develop projects for each of these.

1. **Community Engagement**

- Identify and inform communities
- Establish the 'voice' of the communities in the six places
- Actively promote co-production
- Plan and deliver services together

Associated projects: [Building Health Partnership Projects](#)

2. **Commissioning**

- Development and plan co-working groups
- Involve and support participation across all 6 places
- Review of service delivery



- Capacity building for commissioning

Associated projects: [Mental Health Peer Support, Loneliness and Isolation](#)

3. **Capacity building**

- Identify current workforce
- Skills analysis
- Service review
- Networking

Associated projects: workforce development

4. **Communications**

- Providing regular and relevant information to VSC personnel and organisation(s)
- Updating all stakeholders on progress made and benefits realisation

Associated projects: [communication strategy](#)

As an enabler within the wider ICS system, the HPoC programme is committed to ensuring three key themes are delivered across other programmes:

1. Social Value is a fundamental principle that is underpins all our work
2. Sustainable commissioning models including the redistribution of resources towards preventative approaches
3. Influencing policy change to see the prevention agenda is truly delivered with and by communities.

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