Wakefield District Health & Care Partnership

Partnership Committee Agenda

Tuesday 19 July 2022 – 2pm until 5pm

Microsoft Teams

v = verbal, d = document, p = presentation

Administration

Time	Agenda no	Item	Purpose	Lead
2:00	**1**	**Welcome and introductions (v)**	Information	Chair
	2	**Apologies and Declarations of Interest (v)** Ruth Unwin, Director of Strategy	Information	Chair
2.05	**3**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.15	**4**	**Chair's opening remarks (v)**	Information	Chair
2.25	**5**	**People Story (p)**	Discussion	Chair
2.40	**6**	**Report of the Place Lead (d)**	Endorse	Jo Webster
2.55	**7**	**Urgent Decisions (d)**	Information	Jo Webster
3.00	**8**	**Report from the Chair of the Provider Collaborative (d)**	Information	Colin Speers

Time	Agenda no	Item	Purpose	Lead

3.15	**9**
	
	9ii
		Governance (d)
		• Terms of Reference –
		  • Wakefield District Health & Care Partnership committee,
		  • Provider Collaborative,
		  • Wakefield Integrated Assurance committee
		• Wakefield District Health & Care Partnership Agreement
		• West Yorkshire Constitution & Governance Handbook (including delegations to the WDHCP Committee)
		
		Conflicts of interest register
			Information	Mel Brown/
				Jane Hindle/

3.30		**Break**		
3.35	**10**	**WDHCP development (v)**	Discussion	Becky Barwick
3.55	**11**	**Core20Plus (d)**	Discussion	Becky Barwick
4.15	**12**	**Reports from Provider Alliances** • Summary update report on the Wakefield Mental Health Alliance (d) • Update on the work of the transformation of Community Mental Health Services in Wakefield (v)	Information	Sean Rayner

Final items

Time	Agenda no	Item	Purpose	Lead
4.35	**13**	**Issues to alert, advise or assure the ICB Board on (v)**	Discussion	Chair
4.40	**14**	**Items escalated from other Boards (v)**	Discussion	Chair

Time	Agenda no	Item	Purpose	Lead
4.45	**15**	**Items for escalation to other Boards (v)**	Discussion	Chair
4.50	**16**	**Receipt of minutes from the sub-committee (d)**	Information	
4.55	**17**	**Any other business (v)**	Discussion	
	18	**Date and time of next meeting:** Thursday 22 September 2022 at 14:00pm		

Purpose

For approval:	Positive resolution required to confirm the paper is sufficient to discharge the Committees responsibilities.
For discussion:	Seeking member views, potentially ahead of final course of action being approved.
For Information/Assurance	Update to ensure that members have sufficient knowledge on subject matter or to provide confidence of delivery.
For Endorsement	To confirm support of items approved by other boards/committees within West Yorkshire.

Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Tuesday 19 July 2022

Purpose
The purpose of this paper is to update the Wakefield District Health & Care Partnership (WDHCP) on the current on-going developments across West Yorkshire Integrated Health and Care Partnership (ICP) and the Wakefield Place.

West Yorkshire Integrated Health and Care Partnership

NHS West Yorkshire Integrated Care Board (ICB)

NHS West Yorkshire Integrated Care Board (ICB) became a new statutory organisation from Friday 1 July 2022. The new Integrated Care Board is part of new legislation set out in the Health and Care Act 2022, which focuses on improving outcomes for people by addressing health inequalities, and effective use of budgets across the area.

Established in 2016, our Partnership sees the Health and Care Act as the next step in organisations working much more closely together as they join up care around people's needs and focus on better access to care and much greater emphasis on preventing illness and public health. These new arrangements are designed to help the delivery of care where many people face multiple long term health conditions, are living in poorer communities, and waiting longer for health treatments alongside the impact of 'living with COVID'.

The integrated care board organisation will have a broad scope and pick up the functions of clinical commissioning groups (CCGs). It will lead on some functions that previously sat in NHS England, Health Education England and elsewhere. This brings greater coherence and resources to local partnerships and provides an opportunity to build on the successful work of West Yorkshire Health and Care Partnership.

We have strong local place partnerships in Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District. It has effective care provider collaboratives, such as The West Yorkshire Association of Acute Trusts, the Mental Health, Learning Disability and Autism Collaborative, Community Care Collaborative and hospices working together. The integrated care board will work alongside all of these and will employ former CCG staff who work for the NHS locally or on West Yorkshire Programmes such as cancer, mental health, urgent emergency care and health inequalities.

The organisation will be led by Chief Executive Rob Webster CBE and an independent Chair, Cathy Elliott.

The first meeting of the NHS West Yorkshire Integrated Care Board took place on Friday 1 July 2022. The focus of this first meeting was to agree our governance arrangements and demonstrate our readiness to operate as a new statutory Integrated Care Board from 1 July 2022.

ICB Constitution
The constitution and standing orders were presented to the Board for noting having received confirmation from the Regional Director for NHS England and NHS Improvement that the constitution had been approved on the 01 June 2022.

The ICB constitution sets out clear principles, values, processes, and standards which will govern how the ICB operates. It establishes a framework which will allow us to develop and adapt our detailed arrangements over time to deliver our mission and meet the needs of our communities.

Key Governance Documents
The ICB board approved a number of key governance documents and the link to all the papers can be found here NHS West Yorkshire Integrated Care Board meeting - 1 July 2022 :: West Yorkshire Health & Care Partnership (wypartnership.co.uk).

The Board authorised the Chief Executive (Rob Webster) to sign the following place partnership agreements on behalf of the ICB:
a. Bradford District and Craven Strategic Partnering Agreement
b. Calderdale Cares Partnership Agreement
c. Kirklees Health and Care Partnership Collaboration Agreement
d. Leeds Health and Care Partnership Memorandum of Understanding
e. Wakefield District Health and Care Partnership Agreement

The Board also authorised the Chief Executive (Rob Webster) to sign the following Section 75 agreements on behalf of the ICB:
a. Bradford District and Craven - Framework Partnership Agreement relating to the Commissioning of Health and Social Care services
b. Calderdale - Better Care Fund Plan
c. Kirklees - Integrated Healthy Child Programme, Kirklees Better Care Fund
d. Leeds - Continuing Healthcare for People who have a Learning Disability, Better Care Fund Partnership Agreement
e. Wakefield - Framework Partnership Agreement relating to the Commissioning of Health and Social Care services.

The primary medical services delegation agreement on behalf of the ICB was also approved by the board and signed by the Chief Executive (Rob Webster).

Recruitment to the West Yorkshire NHS Integrated Care Board: Non-Executive Members

We are delighted to confirm the appointment of the final two of our non-executive members to the NHS West Yorkshire Integrated Care Board (ICB). The appointments followed an open and

transparent recruitment process which involved stakeholder panels and interviews with representatives from our Partnership and experts in equality, diversity, and inclusion. We worked closely with the Partnership's Race Equality Network throughout and we would like to thank colleagues for their commitment and support.

- **Majid Hussain -** Majid was until recently the Chair of Oldham Clinical Commissioning Group. His current roles include working for The University of Manchester Business School where he provides leadership development in education as part of a Masters/leadership programme in Health Care Leadership. He is also a member of the Greater Manchester Police, Fire and Crime Panel, and has experience of the voluntary community social enterprise sector which includes being a founder member of a community development charity in West Yorkshire.
- **Professor Arunangsu Chatterjee -** Arunangsu is currently the Dean of Digital Transformation at The University of Leeds. He is also a Professor of Digital Health and Education, School of Medicine, The University of Leeds and a Board Member for Medilink South West Board. He is also the Trustee and Chairperson of the South Asian Society of Devon and Cornwall and was a member of the Royal Cornwall Hospital Trust's Digital Transformation Board.

Voluntary, Community and Social Enterprise Sector
West Yorkshire Health and Care Partnership and the area's voluntary, community and social enterprise sector (VCSE) signed a memorandum of understanding (MoU) on Monday 4 July, cementing the role of the sector as an equal partner at all levels.

The VCSE makes a substantial and valued contribution to the lives of 2.4 million people living across the area in shaping and delivering health and care services. It brings different people's voices into play, as well as innovative and agile ways of delivering care. The signing of the MoU is a significant step in seeing the sector as equal partners, alongside the NHS, councils, and others, in the work of West Yorkshire Health and Care Partnership.

Health Inequalities Academy – one year on: making health inequalities everyone's business
On the 21 and 22 June a two-day Health Inequalities Academy 'one year on' event was held. Bringing together partners to explore progress and share learning, the event highlighted the work taking place to improve the lives of the most disadvantaged people living in West Yorkshire.

Over 500 people joined to hear from a fantastic range of local, regional, and national speakers. The aim of the academy is to support everyone working across the partnership, whatever their role, to see what part we can all play in creating a more equitable system. By acting as a forum to raise awareness and bringing people together, the academy provides support and showcases interventions which are being implemented locally and can be adapted across the whole of West Yorkshire and beyond.

Wakefield Place

Wakefield District Health & Care Partnership
The Wakefield District Health & Care Partnership works to improve the health and wellbeing of local people, by reducing health inequalities, providing continuity of care and improving our

services. More than 350,000 people live in the city of Wakefield and the 'Five Towns' of Normanton, Pontefract, Featherstone, Castleford and Knottingley. The district has a rich industrial heritage, rooted in the former mining industry. Wakefield has a strong cultural history and has produced some of the country's most acclaimed artists including Barbara Hepworth and Henry Moore.

Our district has a progressive and forward-thinking approach to integrated working across health and care, led by the Wakefield Health and Wellbeing Board and delivered through the Wakefield Integrated Care Partnership, which links into the Wakefield District Health & Care Partnership. Our partnership includes NHS organisations, Wakefield Council, Healthwatch Wakefield and housing, voluntary and community sector organisations. We are proud to be part of West Yorkshire Health and Care Partnership.

Health & Wellbeing Board
Development Session
A Health and Wellbeing Board development session took place on Thursday 30 June at Hemsworth Community Centre. The board discussed the Health & Wellbeing Board Operating Protocols along with the current challenges for our district population.

07 July Meeting
The Health and Wellbeing board took place in public on Thursday 07 July. The board heard a presentation around obesity and discussed how our organisations could work together to tackle the issues. An update on the 'more money in your pocket' campaign which will see 15 roadshow events taking place across the summer months where, you can speak to independent advisors who can assist with making benefit claims, appeals, and help with all money issues. When the money advice roadshow first ran in November 2021, the advisors were able to help 187 households maximise their income/benefits, seeing an average increase of £2000 per year.

There was an update on the Better Care Fund and what has been delivered during 2021/22 through our Better Care Fund Plan across the Wakefield District which focuses on integrating care and supporting discharge and we also heard about some of the successful case studies that have taken place with the support of our Better Care Fund.

Adult Social Care

Adult Social Care Strategy

This month sees the publication of our new strategy for adult social care. This three-year strategy describes our ambitious plan for adult social care in Wakefield District, meeting the needs of our citizens and addressing the coming reforms. It highlights some of our key achievements over the last year, despite the ongoing pressure of the pandemic. It also sets out the key challenges for adult social care within our district and details what we aim to deliver in each of our four priority areas over the next couple of years to address them.
Our four priorities are:

- People and Communities
- Thriving Workforce
- Quality and Effectiveness
- Joined Up Support

The strategy will be published over the coming weeks and working closely with our partners, we will place our people and communities at the heart of our decision-making. We will raise aspirations and create career opportunities to ensure we have a thriving workforce, establish and deliver quality and effectiveness in the services we provide and continue to provide joined-up care and support that meet the needs of our citizens.

Lyn Romeo – Chief Social Worker for Adults Visit to Wakefield

Lyn Romeo, Chief Social Worker for Adults at the Department of Health attended as guest speakers at one of Adults Team Managers workshop. Lyn gave an overview of her role in providing an expert voice for social work in government, advising and influencing national policy and legislation. Lyn spoke about the challenges to practice to achieve decisive improvements in the quality of social work and outcomes for people, and also how we can improve the profile of social work with adults and understanding of the role and value of social work in improving peoples lives.

It was great to have Lyn with us in Wakefield, and a good opportunity for staff and managers to ask questions and have a conversation with a key influencer of Adult Social Care.

Discharge Peer Review

Wakefield have been working together as a system supporting improvements in our Hospital discharge processes and longer term outcomes for people after a stay in Hospital. The discharge programme has an ambitious programme of work. In order to give us the opportunity to get an independent view of our plans and help us understand what further improvements we could make we invited the Local Government Association to Wakefield on **Wednesday 13th July 2022** to undertake a peer review. The focus was on Wakefield teams, Wakefield Local Authority - Adult Social Care - Mid Yorkshire NHS Trust Acute, Community and place, however the programme is jointly with Kirklees Local Authority as we have been working closely with them throughout.

The Local Government Association peer review team have been involved in the national discharge task force reviews over the last few months, so will have enormous amounts of experience and knowledge that we can benefit from.

Community Services

Rehab and Reablement Review

The Integrated Care Team in Adult Community Services (ACS) and the Reablement Team from the local authority are currently working with Lightfoot solutions to look at ways the teams can 'work better together'. As part of this review Lightfoot have been shadowing teams to understand capacity and demand, referral processes, allocation of work and systems and processes that are in place for both teams. Lightfoot have engaged with staff and shadowed staff whilst carrying out clinical visits. A workshop will be taking place at the end of July where key stakeholders will be involved in further discussions to assist Lightfoot with recommendations for the services.

Connecting Care

Adult Community Services (ACS) and place partners are coming together in July to refresh the Connecting Care Hubs model and agree how we re-integrate our services to provide better aligned Neighbourhood teams. This is an exciting position to begin to improve our models of

integration, taking the best we learnt prior to the pandemic and building on our current and new models of care to improve how we work as a system

Anticipatory Care
Four Primary Care Networks are taking part in a 3 month proof of concept for anticipatory care. A multi-disciplinary team (MDT) reviewing people with severe frailty will include community nurses as well as other partners across Wakefield.

Meeting name:	Wakefield District Health and Partnership Committee
Agenda item no:	07
Meeting date:	19 July 2022
Report title:	Urgent Decisions
Report presented by:	Jo Webster
Report approved by:	N/A
Report prepared by:	Jane Hindle, Interim Governance Manager

Purpose and Action			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

None

Executive summary and points for discussion:

In line with the site closure approval process approved by NHS Wakefield CCG Governing Body as part of the COVID response arrangements in April 2022 the attached provides an update on the urgent decisions approved by the Accountable Officer or Director of System Reform and Integration.

These decisions relate to the temporary closure of GP practice sites due to operational pressures. When a practice makes an application for closure, primary care staff will establish if any alternatives could be considered in order to ensure that services are maintained.

In line with the terms of reference the exercise of such powers is being reported to this meeting for noting.

As at the 12th of July 2022 one practice, Southmoor Surgery has made an application for a one day closure for 11th July due to levels of sickness absence amongst staff.

The practice has taken steps to inform patients including additional information on the website and messages via social media advising how to access services.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)
The Committee is asked to: • Note the use of Urgent Powers in line with the previously approved process.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The Corporate Risk Register is currently in development
Appendices
None
Acronyms and Abbreviations explained

What are the implications for?

Residents and Communities	Delegation arrangements support our commitment to meet the health needs of our residents and communities
Quality and Safety	None directly arising from this report
Equality, Diversity and Inclusion	The Committee is required to consider the equality and diversity implications of all decisions
Finances and Use of Resources	None directly arising from this report.
Regulation and Legal Requirements	Good governance ensures accountability, value for taxpayers and arrangements are designed to comply with legal requirements.
Conflicts of Interest	There are no specific conflicts of interest arising from this report.
Data Protection	None arising directly from this report
Transformation and Innovation	None arising directly from this report
Environmental and Climate Change	None arising directly from this report
Future Decisions and Policy Making	The process will be review as part of the development of an operational scheme of reservation and delegation.
Citizen and Stakeholder Engagement	Patients have been informed of the proposed closure.

Wakefield District Health & Care Partnership
Wakefield Provider Collaborative Chair's Report
July 2022

Purpose

The purpose of this paper is to update the Wakefield District Health & Care Partnership (WDH&CP) on the current on-going developments within the Wakefield Provider Collaborative and an overview of the July meeting.

Chair's reflections

The Wakefield Provider Collaborative continues to develop its rhythm and to engage in the vast and broad ranging transformation programmes and initiatives taking place across the district for the benefit or our workforce and our population.

At the July meeting of the Provider Collaborative, we had a wide range of agenda items and were able to see clearly the interconnectedness of improvements we are striving for and the massive benefits of the role of the Collaborative in making connections, ensuring our vision and strategies are aligning.

We are continuing to refine the membership and have welcomed some new members this month with the confirmation of representation from our Primary Care Networks. We have also welcomed expertise from a Finance and Contracting perspective.

Development Session

A Provider Collaborative development session was held on 28 June 2022 to give the partnership time and space to get to know each other better, the challenges we are facing and our hopes for the Collaborative. Whilst our system continues to experience significant operational pressures and transformation challenges, all partners remain resolve in the strength and potential of the Partnership. The foundations we are laying in this new way of working will put us in a good position over the next few years.

July meeting

Updates

The group received updates on the **virtual wards programme, the community diagnostic centres programme** and an overview of **current system pressures**.

The plan for the Calderdale, Kirklees and Wakefield Virtual Wards model has been submitted to NHS England/Improvement and an assessment of the plan is expected imminently.

Work continues to move forward, at pace, on the model for the Community Diagnostic Centres. It is expected an overview of the plan will be presented to the Wakefield District Health and Care Partnership Committee in September 2022.

Urgent Community Response

A workshop was held in May to bring together key stakeholders to enhance the Urgent Community Response model. Time was dedicated to exploring and agreeing definitions for 'What is Urgent?' and to identify the key functions of an urgent community response model. Some of the key functions included;

- A single access point 24/7
- Provides a professional face to face assessment where required
- Virtual access to additional specialist support
- Timely access to diagnostics and provision of remote monitoring
- Access to Prescribing services
- Access to step up beds where environment is not safe to remain
- Provision of equipment to help individuals stay safe at home

The Urgent Community Response model was described as providing an appropriate and integrated response (health, social and voluntary service) that prevents further escalation of need.

Mid Yorkshire Cancer Strategy

Colleagues from the Trust presented a high level overview of the new Cancer Strategy which was been developed following extensive engagement with a wide range of partners. The vision is to provide the best outcomes for patients, be an excellent place to work for staff and have a reputation for providing world class cancer care.

The golden thread throughout each theme of the strategy is patient experience. Whether that be for the large percentage of patients who do not receive a cancer diagnosis; or those who do. Patient experience will run through the pathways of survivorship and palliative care. Links with the Community Diagnostic Centres were highlighted.

Mid Yorkshire Theatres Programme

Colleagues from the Trust presented a road map for transforming theatres to increase capacity. by March 2023 the aspiration is to increase capacity to 20 theatres with one Major Treatment Room (MTR). The challenges and limitations to achieving this are not around estates capacity or equipment, the main challenges are around workforce capacity, which is not unique to Mid Yorkshire, it is a National challenge.

The transformation programme has a number of innovative work streams including establishing a Theatre Academy, running an Apprentice Operating Department Practitioner programme and Anaesthetic Nurse programme. Staff engagement is a key element of the road map in determining and designing improvements.

Over the past three months referrals from General Practices have increased and therefore it is a crucial system need to transform our theatres and increase capacity for future years.

Bereavement Services Review

Findings and recommendations from the Bereavement Services review were presented by Age UK in partnership with the Mental Health Alliance representative. The review objectives were largely around understanding what services are being provided around bereavement; commissioned and non-commissioned, for all ages, and to determine where there were gaps.

The review identified 42 organisations known to be providing some level of bereavement support. For adults it was found there was adequate commissioned service provision, however a gap was identified in commissioned support for children and young people for Level 3 Counselling / Mental Health provision.

There is a commitment to reviewing the service needs for children, young people and families which will be led by the Children's Alliance and will work in partnership with the Mental Health Alliance and the End of Life Board.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	09
Meeting date:	19 July 2022
Report title:	Governance arrangements
Report presented by:	Jane Hindle, Interim Governance Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Ruth Unwin

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

The proposed governance arrangements were developed by representatives of the partner organisations have previously been considered by the Wakefield District Health and Care Partnership and by the constituent organisations' governing bodies.

Executive summary and points for discussion:

The purpose of this item is to enable the WDHCP Committee to formally note and/or approve a series of governance documents that describe the responsibilities that are delegated to the partnership and the arrangements for securing collaboration, probity and accountability in decision making and assurance processes. These key documents are summarised below:

The West Yorkshire Integrated Care Board Constitution and Governance Handbook.

The Constitution and Governance Handbook describes how the West Yorkshire ICB will be governed. This has been formally approved by NHS England. Local governance arrangements are described in the Governance Handbook. This also includes the Scheme of Reservation and Delegation and Standing Financial Instructions that describe the functions that will be delegated to each of the five places and the financial limits.

Draft Partnership Agreement (Appendix 1):

The Partnership Agreement sets out how organisations within the Wakefield District Health and Care Partnership will work together to deliver the shared ambitions of the partnership. This commitment to ways of working extends beyond the conduct of partners in formal meetings. The Partnership Agreement will replace the MOU that was developed for the Wakefield District Integrated Care Partnership. All organisations that are represented on the WDHCP Committee, PCN directors and chairs of the provider alliances will be asked to formally sign up to the Partnership Agreement in accordance with their organisational governance and delegation

arrangements. The ICB approved the Partnership Agreement at its first meeting and authorised the ICB Chief Executive to sign it.

Terms of reference for the Wakefield District Health and Care Partnership Committee (Appendix 2):

The draft Terms of Reference for the Wakefield District Health and Care Partnership Committee set out arrangements for the Committee meeting. It includes details of the membership and the process for selection of organisation/sector representatives. The Terms of Reference were approved by the West Yorkshire ICB at its first meeting on 1 July 2022.

Provider Collaborative Terms of Reference (Appendix 3):

The Terms of Reference for the Provider Collaborative have been developed by the membership of the are presented for approval.

Integrated Assurance Committee Terms of Reference (Appendix 4):

Terms of reference for the Integrated Assurance Committee have been developed through the governance working group. These have previously been discussed by the WDHCP while meeting in shadow form and are presented for approval.

The Integrated Assurance Sub-Committee will be supported by a place assurance framework, which will correspond to the ICB strategic risks & assurance framework.

People Panel Terms of Reference (Appendix 5)

The Communities Panel is established as a formal sub-committee of the WDHCP. The terms of reference have been reviewed by a working group of the Patient and Community Panel and are recommended for approval.

Which purpose(s) of an Integrated Care System does this report align with?

- ☒ Improve healthcare outcomes for residents in their system
- ☒ Tackle inequalities in access, experience and outcomes
- ☒ Enhance productivity and value for money
- ☒ Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership Committee is asked to:

1. Note the Constitution and Governance Handbook of the West Yorkshire Integrated Care Board
2. Note the Partnership Agreement, which has been approved by the ICB, and commit to all member organisations of the Partnership signing the agreement.
3. Note the Terms of Reference of the WDHCP Committee
4. Approve the Terms of Reference of the Provider Collaborative
5. Approve the Terms of Reference of the Integrated Assurance Committee
6. Approve the Terms of Reference of the People Panel

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The report provides details of the governance arrangements for decision making and assurance

Appendices
1. Appendix 1: Partnership Agreement
2. Appendix 2: Terms of Reference of the Wakefield District Health and Care Partnership Committee
3. Appendix 3: Terms reference of the Provider Collaborative
4. Appendix 4: Terms of Reference of the Integrated Assurance Committee
5. Appendix 5: Terms of Reference of the Community Panel

Acronyms and Abbreviations explained
1. WDHCP – Wakefield District Health and Care Partnership
2. ICB – Integrated Care Board
3. MOU – Memorandum of Understanding
4. PCN – Primary Care Network

What are the implications for?

Residents and Communities	Governance arrangements describe how the partnership will make decisions on behalf of local people and how it will be assured that there has been appropriate consideration of equality, inclusion and public feedback.
Quality and Safety	Governance arrangements describe how the partnership will set standards for quality and safety and how it will be assured
Equality, Diversity and Inclusion	Governance arrangements describe how the partnership will ensure equality, diversity and inclusion are reflected in decisions and how it will be assured
Finances and Use of Resources	Governance arrangements describe how the partnership will make decisions on finance and how it will be assured
Regulation and Legal Requirements	Governance arrangements ensure the partnership operates within the regulatory and legal framework.
Conflicts of Interest	Arrangements for managing conflicts of interests are referred to in the terms of reference.
Data Protection	Governance arrangements are designed to ensure compliance with data protection law.

Transformation and Innovation	Governance arrangements set the framework for the partnership to make decisions relating to transformation and innovation
Environmental and Climate Change	Governance arrangements describe how the partnership will set standards for environmental and climate change and how it will be assured
Future Decisions and Policy Making	Governance arrangements set the framework for the partnership to make decisions on policy within the authority delegated to place by the ICB
Citizen and Stakeholder Engagement	The Terms of Reference of the Community Panel provide the framework for ensuring a strategic approach to stakeholder engagement and seeking assurance.

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP AGREEMENT

Between

West Yorkshire Integrated Care Board (ICB)
Mid Yorkshire NHS Hospitals (MYHT)
Wakefield Council
South West Yorkshire Partnership Foundation Trust (SWYPFT)
Healthwatch Wakefield
Primary Care Networks of Wakefield District
Nova
Age UK Wakefield
Wakefield District Housing (WDH)

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SECTION A: BACKGROUND

1. Background

In Wakefield we have a long history of successful partnership and system working with people at the heart to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Wakefield. Building on this success, we want to proactively create the conditions that enable and support our health and care staff from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population.

The white paper published by the Department of Health and Social Care in February 2021 (the "White Paper") builds on the NHS Long Term Plan vision of integrated care and sets out the key components of a statutory integrated care system ("ICS"). One of these components is "strong and effective place-based partnerships" in local places between the NHS, local government and key local partners, interfacing with a statutory Integrated Care System for West Yorkshire and provider collaboratives established on a broader sector-based footprint.

This agreement sets out the vision, objectives and shared principles of the partners in establishing a place-based partnership for Wakefield and further developing place-based health and care provision for the people of Wakefield.

The parties agree, as set out in the West Yorkshire Integrated Care Board (ICB) constitution, to work together in partnership to realise shared ambitions to reduce health inequalities, improve the health of the people who live in the Wakefield district and improve the quality of their health and care services. Each party agrees to collaborate to deliver the vision, objectives and priorities as set out in the Wakefield District ICB plan and constitution, having regard to the Wakefield health and wellbeing strategy and the Partnership integrated care strategy.

The West Yorkshire Integrated Care Board is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do. The Wakefield District Health and Care Partnership will work within these guiding principles:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- 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.

The West Yorkshire Integrated Care System has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values. The Wakefield District Health and Care Partnership will work within these values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

2. Status and Purpose of This Agreement

This Agreement is not an NHS Contract pursuant to section 9 of the National Health Service Act 2006.

We recognise that the successful implementation of the Wakefield District Health and Care Partnership will require;

- Ambition and vision articulated through a co-produced, outcome-focused Health and Wellbeing Strategy, which informs all decisions and influences beyond the partnership.
- System and governance infrastructure which mirrors ICS arrangements & provides assurance on quality, safety, financial and service performance across the partnership.
- Culture, behaviours and leadership that create an environment where all partners commit to the effectiveness of the whole system and organisational objectives are achieved through the success of the whole system.
- This agreement needs to be read in conjunction with the terms of reference for the Committees and governance groups established to undertake and support the functions of the Wakefield District Health and Care Partnership.

The terms of this Agreement are set out in the following sections:

SECTION B: sets out the purpose of the Wakefield District Health and Care Partnership Committee and the responsibilities of its members.

SECTION C: sets out the governance arrangements for the Wakefield Health and Care Partnership and its relationship with the West Yorkshire Integrated Care Board.

3. Review

This agreement will be reviewed and updated annually by the Wakefield District Health and Care Partnership Committee on to ensure that all information detailed in this Agreement is both relevant and correct. The next review date is March 2023.

SECTION B: WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

4. Purpose of the Committee

The shared vision of the Wakefield District Health and Care Partnership Committee is to facilitate an 'integrated system that enables people to live longer in good health and to be able to get the care and treatment they need, in the right place, at the right time**.**

The Wakefield Health and Care Partnership Committee supports the delivery of health improvement priorities identified in the Wakefield Health and Wellbeing Plan.

The ICB has delegated to the Wakefield District Health and Care Partnership the matters set out in the ICB scheme of reservation and delegation. The Wakefield District Health and Care Partnership is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation. Members of the committee agree to act in accordance with the Committee's terms of reference, published on the ICB website. These set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in its terms of reference. The terms of this schedule also apply to any Sub Committee established by the Committee.

The parties acknowledge the arrangements for the Wakefield District Health and Care Partnership and that employees of theirs may be appointed as members of the Committee. They agree to support them in doing so in line with the aims and objectives of the Committee. The parties acknowledge that any individual who is nominated as a member of the of the Committee or Sub Committee understands and agrees to bring knowledge and

perspective from their sector but not be delegates or carry agreed mandates from that sector or from their organisation.

The Wakefield District Health and Care Partnership Committee will agree an Annual Work Plan to meet the health and healthcare needs of the population of Wakefield district, which reflects the Partnership integrated care strategy and the Wakefield district Health and Wellbeing Strategy

The Committee will allocate resources to deliver the plan, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital).

The Committee will approve the operating structure to deliver the Wakefield partnership priorities & plan.

The Wakefield Place structure can be found in appendix A.

Full details can be found in the terms of reference at appendix B.

5. Values

The Wakefield Health and Care Partnership is committed to abide by the following values:

- Honesty
- Integrity
- Ambition
- Mutual respect
- Be bold
- Develop unity
- Deliver what we say

6. How we will work together

- We will support each other and work collaboratively
- We assume good intentions
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery and ensure our organisations develop mutual respect for all our organisations to ensure that the Integrated Care Partnership delivers what we say we will do together
- We will ensure co-production of models of care across the system is at the heart of the way we operate together;
- We will ensure we have services that deliver against evidence based outcomes and which demonstrate effective prevention as well as personalisation of services;

- Wakefield will achieve a vibrant and diverse provider market including the voluntary sector and small businesses;
- We will make investment decisions transparently together that optimise outcomes for our community in Wakefield to ensure that the Wakefield District Health and Care Partnership can make Wakefield a better place to live and work. Citizens and partner organisations will be able to see how the Wakefield pound is being spent;
- We will create a pro-active and dynamic Health and Care Partnership; creating an environment and model of operation that underpins clarity of purpose, constructive challenge, embracing innovation, robust & secure decision making, collective ownership;
- Make 'every contact count' when our workforce is engaged with the public, sharing consistent messages.

7. Conflicts of interest and standards of business conduct

The Wakefield District Health and Care Partnership will follow the ICB arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by Committees or Sub Committees of the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

The Wakefield District Health and Care Partnership will work within ICB agreed policies and procedures for the identification and management of conflicts of interest.

Parties acknowledge that all Committee and sub-committee members will comply with the ICB policy on conflicts of interest in line with their terms of office. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

The Parties acknowledge that all Committee and sub-committee members will comply with the ICB Standards of Business Conduct policy.

8. Dispute resolution

The Wakefield District Health and Care Partnership Committee will operate within the dispute resolution procedure of the ICB.

At all times we will commit to working cooperatively to identify and resolve issues to our mutual satisfaction so as to avoid all forms of dispute or conflict in performing our obligations under our Health and Care Partnership arrangements.

We believe that by focusing on our agreed Objectives and Principles and being collectively responsible for all risks we will reinforce our commitment to avoiding disputes and conflicts arising out of or in connection with our Partnership.

SECTION C: WAKEFIELD PLACE GOVERNANCE ARRANGEMENTS

9. Accountability

The Wakefield District Health and Care Partnership Committee is accountable to the West Yorkshire Integrated Care Board for the delegated matters and the Wakefield Health and Wellbeing Board in realising the Health and Wellbeing plan.

10. Place based arrangements

The Partnership will be supported by four key committees / groups in discharging its functions, vision, values and principles;

i. Integrated Assurance Committee
ii. Wakefield Provider Collaborative
iii. System and Professional Leadership Group
iv. Patient and Citizen Panel

10.1 Integrated Assurance Committee

The purpose of the Integrated Assurance Committee is to maintain an oversight of quality, performance and resource management across the Wakefield health and care system, to provide challenge and to seek assurance on delivery of key service national and local priorities, outcomes and targets and to facilitate collaborative solutions.

Full details of the Integrated Assurance Committee can be found in the terms of reference at appendix C.

10.2 Wakefield Provider Collaborative

The purpose of the Provider Collaborative is to deliver plans to achieve inclusive service recovery, restoration and transformation across the Wakefield 'place' system, and to ensure our services are arranged in a way that is sustainable and in the best interests of the population.

The Collaborative will identify, establish and develop specialist/programme specific provider alliances and clinical networks, as necessary, aligned to the needs of the population that deliver our local transformation priorities. Existing provider alliances / groups will work within the overarching Wakefield Provider Collaborative.

Full details of the Provider Collaborative can be found in the terms of reference at appendix D.

10.3 System and Professional Leadership Group

The System and Professional Leadership Group is a networked group of clinical and professional leaders from across the Wakefield health and social care system. The purpose of this group is to define the clinical and professional leadership model for Wakefield.

It is a group for Wakefield place to influence innovation and future ways of working and support quality standards and service design.

Full details can be found in the terms of reference at appendix E.

10.4 Patient and Community Panel

The purpose of the Patient and Community Panel is to provide meaningful engagement with our patients and communities and to give citizens a voice in creating a safe, effective and sustainable health and care system.

Full details can be found in the terms of reference at appendix F.

The following are co-signatories to this document which supports the delivery of the Wakefield District Health and Care Partnership.

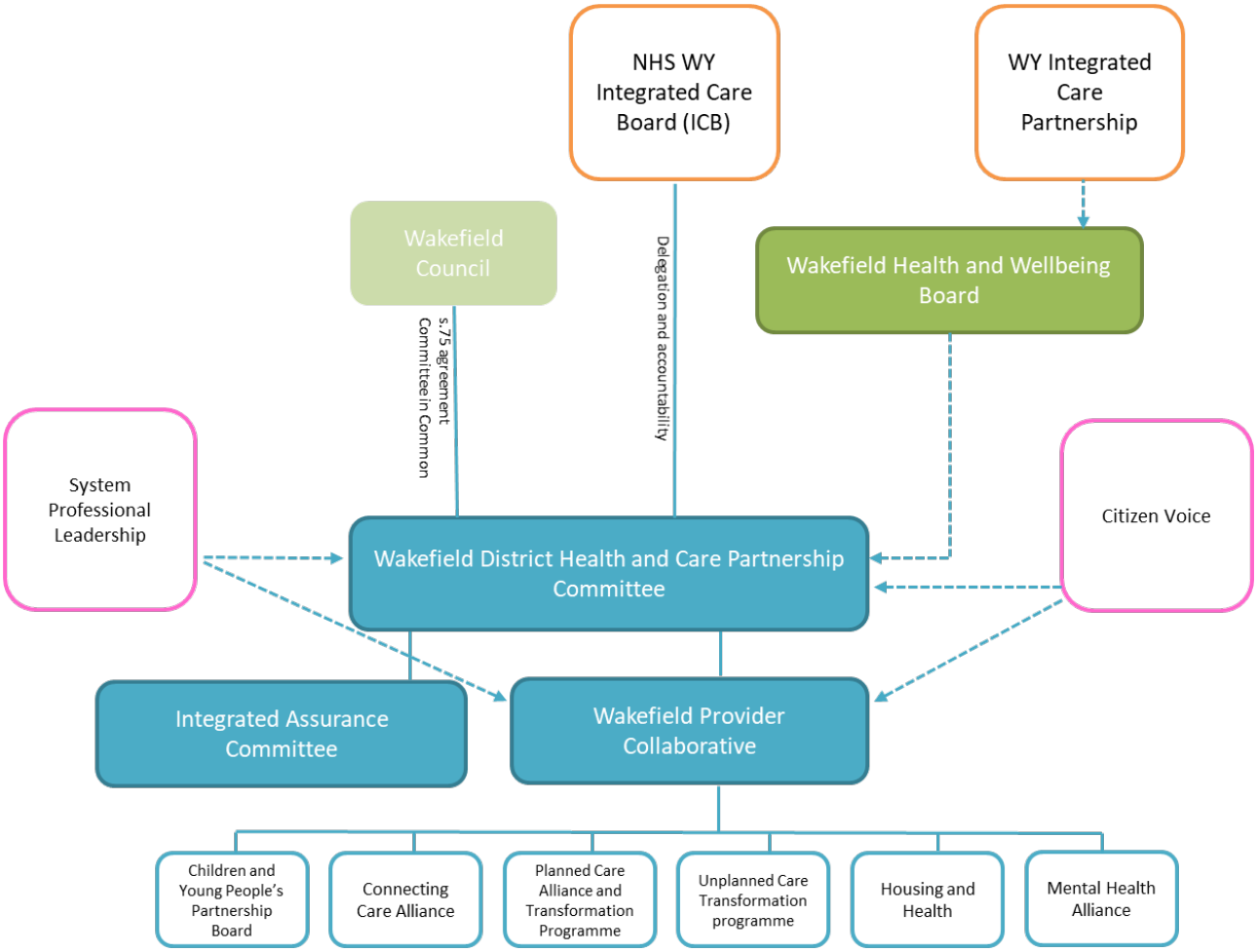
Organisation/role	Name	Signature
Independent Chair	Ann Carroll	
Independent member - assurance	Richard Hindle	
Independent member – citizen voice and inclusion	Stephen Hardy	
West Yorkshire Integrated Care Board (ICB) Place lead	Jo Webster	
Mid Yorkshire Hospitals Trust Chief Executive	Len Richards	
South West Yorkshire Partnership Foundation Trust Chief Executive	Mark Brooks	
Healthwatch Chief Executive	Gary Jevon	
Wakefield Council Director of Adult Social Care	Jo Webster	
Wakefield Council Director of Children's Services	Beate Wagner	
Director of Public Health	Anna Hartley	

Organisation/role	Name	Signature
Primary Care Network Director representative	Dr Tim Dean	
Primary Care Network Director representative	Dr Clive Harries	
Voluntary, Community and Social Enterprise sector (VSCE) representative Nova	Maddie Sutcliffe	
VSCE representative Age UK Wakefield	Paula Bee	
Wakefield District Housing and Chair of the Health and Housing Alliance	Sarah Roxby	
Chair of Provider Collaborative	Colin Speers	
Chair of System Professional Leadership Group	Adam Sheppard	
Chair of the Planned Care Alliance	Trudie Davies	
Chair of the Un-Planned Care Alliance	Trudie Davies	
Chair of the Mental Health Alliance	Sean Rayner	

Organisation/role	Name	Signature
Chair of the Children and Young People's Alliance	Cllr Margaret Isherwood	
Chair of the Connecting Care Alliance	Pravin Jayakumar	

APPENDIX A: WAKEFIELD PLACE GOVERNANCE DIAGRAM

The diagram below outlines the Wakefield place governance structure.



APPENDIX B: WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP TERMS OF REFERENCE

APPENDIX C: INTEGRATED ASSURANCE COMMITTEE TERMS OF REFERENCE

APPENDIX D: PROVIDER COLLABORATIVE TERMS OF REFERENCE

APPENDIX E: SYSTEM AND PROFESSIONAL LEADERSHIP GROUP TERMS OF REFERENCE

APPENDIX F: PATIENT AND CITIZEN PANEL TERMS OF REFERENCE

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Wakefield District Health & Care Partnership Title

Wakefield District Health and Care Partnership Committee Terms of Reference

Version control

Version:	1.0
Approved by:	ICB Board
Date Approved:	1st July 2022
Responsible Officer:	Ruth Unwin
Date Issued:	1st July 2022
Date to be reviewed:	After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	Laura Ellis	21.09.21
0.2	Review	Stephen Gregg	29.09.21
0.3	Review	Ruth Unwin	18.11.21
0.4	Review	Ruth Unwin	14.03.22
0.5	Review following WDHCP discussion	Ruth Unwin	29.04.22
0.6	Amendment to section 3.6 to mirror wording in ICB Standing Orders	Ruth Unwin	15.06.22
0.7	Alignment to ICB model	Ruth Unwin	23.06.22

1.0	Updated to final version following ICB approval	Becky Barwick	13.07.22

1. Introduction

1.1 The Wakefield District Health and Care Partnership Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- 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.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The shared vision of the Wakefield Health and Care Partnership is to facilitate an integrated system that enables people to live longer in good health and to be able to get the care and treatment they need, in the right place, at the right time.

1.6 The Wakefield District Health and Care Partnership will abide by the values set out in the ICS Leadership and Behaviours Framework.

2. Membership & attendees

2.1 Members & appointment process

Sector	Organisation/role	Appointment process	Member/in attendance	Deputy
Independent members	Independent Chair	Initial arrangement will be to roll forward current chair Open recruitment & interview process involving ICB chair for subsequent appointments.	Member (voting)	One of Independent Members to be nominated as deputy
	Independent member - assurance	Open recruitment led by Chair	Member (voting)	No
	Independent member – citizen voice and inclusion	Open recruitment led by Chair	Member (voting)	No
Statutory NHS organisations	ICB Place lead	Nomination by partnership. Appointment by ICB	Member (voting)	Nominated by place lead. Approved by WDHCP Committee
	Mid Yorkshire Hospitals Trust Chief Executive	Role specific	Member (voting)	Nominated by Chief Executive
	South West Yorkshire Partnership Foundation Trust Chief Executive	Role specific	Member (voting)	Nominated by Chef Executive

Sector	Organisation/role	Appointment process	Member/in attendance	Deputy
Healthwatch	Healthwatch	Nomination by Healthwatch	Member (voting)	Nominated by Healthwatch
Local authority	Wakefield Council Director of Adult Social Care	Role specific	Member (voting)	Nominated by Director of Adult Social Care
	Wakefield Council Director of Children's Services	Role specific	Member (voting)	Nominated by Director Children's services
	Director of Public Health (DPH)	Role specific	Member (voting)	Nominated by DPH
Primary Care Networks	Two representatives	Nomination process to be coordinated by Conexus. Confirmation by Chair	Member (one voting/shared vote)	Nomination process by Conexus. Confirmation by Chair.
VCSE	Two representatives	Initial membership – current representatives to roll forward Nomination process coordinated by NOVA. Chair and accountable officer for place to approve	Member – (one voting/shared vote)	Nominated by NOVA (x2)
Housing	One representative	Nominated by the Health and Housing Panel	Member (voting)	Nominated by Wakefield District Housing

Sector	Organisation/role	Appointment process	Member/in attendance	Deputy
Executive team	Enablers (Finance, quality, workforce, communications)	Senior Responsible Officer (SRO) for the function	Member (non-voting)	Nominated by SRO
	Director of System Reform and Integrated Care Partnerships	Role specific	Member (non-voting)	Nominated by Director
Provider collaborative	Chair of Provider Collaborative	Role specific	Member (non-voting)	Nominated by Provider Collaborative
Professional leadership	Chair of System Professional Leadership Group	Role specific	Member (non-voting)	Deputy Chair of System Professional Leadership Group
Health and Wellbeing Board	Chair of Health and Wellbeing Board	Role specific	In attendance	Deputy portfolio holder
Primary care	Conexus	Nominated by Conexus	In attendance	Nominated by Conexus
Primary care	Local Medical Committee (LMC) representative	Nomination by LMC (Chair)	In attendance	Nominated by LMC
Subject experts	Clinical and operational leads from provider organisations	Nomination by organisations	In attendance	Nominated by organisations

2.2 Sectors will be required to devise a transparent approach to nomination of representatives. The Chair will ultimately determine whether the nomination is appropriate.

2.3 ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.4 Any member of the ICB Board can be in attendance subject to agreement with the Chair.

3. Arrangements for the conduct of business

3.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, one of the independent members will chair the meeting.

3.2 Quoracy

No business shall be transacted unless at least 50% of the membership (which equates to eight individuals) and including the following are present:
This will include at least one independent non-executive member; one ICB representative, one local authority representative, one provider representative and one clinical member.

For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.
b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

With the permission of the person presiding over the meeting, representatives will be required to nominate a deputy to attend any meeting of the Committee that they are unable to attend. It is the responsibility of the nominating organisation to ensure the person is suitably experienced, meets the eligibility criteria and has the authority to act as a representative of the organisation or sector that they are representing. The deputy

may speak and vote on their behalf. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

3.3 Voting

In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

a. All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 2.1. Deputies attending on behalf of a committee member will be able to vote. Attendees and observers do not have voting rights.)
b. Absent members may not vote by proxy. Absence is defined as being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
c. A resolution will be passed if more votes are cast for the resolution than against it.
d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

In the event of a dispute or inability to reach consensus, the dispute resolution process outlined in the Partnership Agreement will be followed

3.4 Frequency of meetings

The Committee will normally meet in public at least six times per year. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

3.5 Urgent decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and the ICB Accountable Officer for place .
b) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken. Urgent decisions must also be reported to the ICB Audit Committee for oversight.

3.6 Admission of the press and public

Meetings of the Committee will be open to the public.

The Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings.

The chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

The public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least seven calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

3.7 Declarations of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The

chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

3.8 Support to the Committee

The Committee's lead manager is the Wakefield District Accountable Officer.

Administrative support will be provided to the Committee by the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the Lead Manager, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members 7 calendar days before the meeting.
- Drafting minutes for approval by the Chair and ICB Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

The Wakefield District Health and Care Partnership committee has a dual responsibility to support the delivery of health improvement priorities identified in the Wakefield District Health and Wellbeing Strategy and to manage those matters delegated to it by the West Yorkshire Integrated Care Board.

The Committee will agree and have oversight of a risk management framework and will drive forward local processes for identifying, escalating and reporting on strategic and operational risks at Wakefield Place level. This framework will set out arrangements for jointly managing and mitigating risks across partners where appropriate, in line with the risk appetite and risk policy of the ICB.

The objectives of the Wakefield District Health and Care Partnership Committee in support of delivery of the Wakefield District Health and Wellbeing Strategy are:

- To provide strategic direction and leadership to ensure that the vision and objectives of the Partnership are successfully delivered

- To extend the years that people live in good health and improve health outcomes for the Wakefield district population through preventative programmes and investment to address social determinants of health

- To target activities of the partnership to narrow the health inequalities gap between the poorest and wealthiest neighbourhoods and different populations in the district, ensuring additional needs of people from Black, Asian and Minority Ethnic (BAME) communities and others with protected characteristics are reflected in service design.

- To work together to develop comprehensive care in community and hospitals settings, to reduce avoidable hospital admissions and re-admissions and facilitate timely discharge

- Collaborate on initiatives that reduce people's likelihood of developing long term conditions, cancer and cardiovascular disease and ensure effective treatment and care for people with these conditions.

- Design and implement programmes to tackle anxiety and depression and reduce the number of suicides and incidence of mental ill health in the district.

- Deliver integrated care and support for older and vulnerable people and those at the end of life to enable them to live safe and fulfilled lives.

- Ensure effective support to informal and unpaid carers that recognises and maximises their contribution to the health and care system.

- Actively promote community engagement and ensure decisions of the partnership are shaped by the citizen voice.

- Adopt a collaborative approach to continuous quality improvement that delivers greater flexibility, financial sustainability and system resilience.

- Adopt a robust and balanced approach to risk and opportunity.

The Committee has specific delegated authority from the West Yorkshire Integrated Care Board to make decisions about the use of NHS resources for the Wakefield district, including the agreement of contracts for relevant services. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation, which are set out below:

- Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations

- Agree a plan to meet the health and healthcare needs of the population of Wakefield district, which reflects the Partnership integrated care strategy and the Wakefield district Health and Wellbeing Strategy
- Allocate resources to deliver the plan, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)
- Develop joint working arrangements with partners across Wakefield that embed collaboration as the basis for delivery within the ICB plan.
- Approve the operating structure to deliver the Wakefield partnership priorities & plan
- Arrange for the provision of health services in line with the allocated resources through a range of activities including putting contracts and agreements in place to secure delivery of its plan by providers
- Support providers to lead major service transformation programmes to achieve agreed outcomes
- Support the development of primary care networks (PCNs) - including investment in PCN management support, data and digital capabilities, workforce development and estates.
- Work with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including continuing healthcare and funded nursing care, personal health budgets and direct payments
- Agree implementation of workforce priorities for the Wakefield district.
- Agree action for data and digital to support delivery of the Wakefield partnership plan: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care

- Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money for the Wakefield district and support wider goals of development and sustainability
- Put in place local systems to implement ICB risk management arrangements
- Agree implementation of the arrangements within the Wakefield district for complying with the NHS Provider Selection Regime.

5. Authority

5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.

5.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

5.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

5.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

6. Reporting

6.1 The Committee shall submit its minutes to each formal ICB Board meeting.

6.2 The Wakefield District ICB Accountable Officer shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.

6.3 The Committee's minutes will be published on the ICB website once ratified.

6.4 The Committee shall submit an annual report to the ICB Audit Committee and the ICB Board.

6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.

7. Conduct of the committee

7.1 All members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.

7.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

7.4 The Committee shall agree an Annual Work Plan with the ICB Board.

7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

7.6 Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

Wakefield District Health & Care Partnership

Wakefield Provider Collaborative
Terms of reference

1. Functions

1.1 Reducing Health Inequalities (as providers)
1.2 Population Health Management,
1.3 Providing integrated, strong seamed care, ensuring no one falls through and that eliminates duplication,
1.4 Ensures a coordinated approach between providers to the achievement of Wakefield Health and Well-being Plan,
1.5 Ongoing development of a service model/s that will enable the above functions to be fulfilled
1.6 To provide mutual aid and support

2. Purpose

2.1 To work together to agree and deliver plans to achieve inclusive service recovery, restoration and transformation across the Wakefield 'place' system, and to ensure our services are arranged in a way that is sustainable and in the best interests of the population.

2.2 The Collaborative will work to continuously improve quality, efficiency and health and care outcomes for our population, ensuring shared ownership of objectives and plans across all parties.

2.3 The business plan and priorities of the Collaborative will be based upon a number of strategic drivers including the strategy of the Wakefield Health & Wellbeing Board, priorities of the Wakefield Integrated Care Partnership Joint Committee, priorities of the West Yorkshire & Harrogate Integrated Care System, advice from the Wakefield Clinical & Professional Group and priorities based upon our local knowledge and our service model evolution.

2.4 The Collaborative will identify, establish and develop specialist/programme specific provider alliances and clinical networks, as necessary, aligned to the needs of the population that deliver our local transformation priorities.

3. Guiding Principles

3.1 The foundations of the Wakefield Provider Collaborative is that it supports the work that takes place at Locality/Primary Care Network level, as it is here that the biggest impact on people's lives is made.

3.2 The Wakefield Provider Collaborative builds on and takes into account the relationships, networks and provider alliances that already exist.
3.3 The members embed a cultural approach within organisations making sure every contact counts in being on message with the Health and Wellbeing priorities / messages.
3.4 The members of the Wakefield Provider Collaborative recognise they share a responsibility to contribute to the delivery of its objectives/plans.
3.5 Each member has a voice. There is no hierarchy. Each member will be recognised for their own unique and valuable contribution.
3.6 Members work together to make the biggest improvements possible because we can achieve more together – the whole is greater than the sum of our parts.

4. Reporting

4.1 The Wakefield Provider Collaborative will report into the Wakefield District Health and Care Partnership Board. Appendix 1 outlines the governance structure for Wakefield place and the Integrated Care System.
4.2 The Wakefield Provider Collaborative has no authority to bind any partner against its will. Each of the partner representatives will have appropriate delegated authority from their relevant organisation in order to make decisions which bind that partner. It is recognised however that some decisions will need to go through each organisation for approval in line with its governance arrangements in order for decisions to be made. Where this is the case the arrangements and timetable for reaching a decision will be agreed by the partners as part of the programme management arrangements.

5. Membership

5.1 Membership of the Provider Collaborative is open to providers who provide health and social care services to the Wakefield population and have the potential to contribute to the improvement of patient experience and outcomes and reduce health inequalities.
5.2 To ensure effective coordination and management of meetings, criteria for representation at Provider Collaborative Board meetings has been developed. The criteria for representation is:

- All statutory providers of health and care services plus General Practices / primary care networks (PCNs)
- Nominated representatives from Provider Alliances
- Wakefield place senior responsible officers - where relevant to the priorities of the Collaborative

5.3 Representation on the Wakefield Provider Collaborative includes:

Criteria	Representation
All statutory providers of health and care services plus General Practices / PCNs	• South West Yorkshire Partnership Foundation Trust (SWYFT) • Mid Yorkshire Hospitals Trust (MYHT) • GP practice / PCN representation • Director of Community Services (MYHT) • Service Director of Adult Social Care • Service Director of Children's Social Care • Director Public Health • Healthwatch
Nominated representatives from Provider Alliances	• Third Sector Strategy Group representative • Mental Health Alliance representative • End of Life Board representative • Planned Care Alliance representative • Children's Alliance representative • Housing & Health Group representative *In development* • Social Care Providers Group representative • Urgent Care Alliance representative • Community Services Alliance / Group
Wakefield place senior responsible officers - where relevant to the priorities of the Collaborative	• Chair / Vice Chair • Wakefield Place Director • Senior Responsible Officer (SRO) Workforce

Other representatives may be invited to attend meetings as agreed by the Chair.

5.4 Provider Collaborative Board Representative responsibilities are to:

5.4.1 take an active role in the monthly Wakefield Provider Collaborative meetings as set out in the Terms of Reference.

5.4.2 Attend (where appropriate) Collaborative task and finish group(s), co-opting additional organisational representatives as appropriate.

5.4.3 Commit to the delivery of agreed actions through both the Collaborative partnership meeting and associated task and finish groups.

5.4.4 Take an active role in the Collaborative work programme prioritisation process.

5.4.5 Feed information into the Collaborative from both our respective organisations and wider stakeholders to ensure that it continues to operate in a manner that is informed by and representative of the wider Wakefield system.

5.4.6 Champion the work of the Collaborative both within our respective organisations and with wider stakeholders, cascading information as appropriate.

6 Frequency and notice of meetings

6.1 Meetings will usually be held monthly, with a minimum of nine times per year. In addition, development sessions will be held as required.

6.2 Meeting papers will be circulated one working week in advance.

7 Quorum

7.1 Meetings of the Wakefield Provider Collaborative shall be quorate when representatives from 60% of the members are present or a nominated deputy.

7.2 The Chair will seek to ensure that any lack of consensus is resolved amongst members.

8 Chair

8.1 The Chair is Dr Colin Speers, Executive System Healthcare Advisor, Wakefield District Health and Care Partnership.

8.2 The Deputy Chair is Trudie Davies, Chief Operating Office, Mid Yorkshire Hospitals Trust.

8.3 The roles of the Chair and Deputy Chair are appointed on a 2 years term and will be reviewed after 21 months.

9 Management and administration

9.1 The Wakefield Provider Collaborative will have dedicated senior executive and programme management resource, including administrative / programme support.

10 Conflicts of Interest & Conduct

10.1 Where any representative has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that representative may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed. Where a decision is taken by the Chair to exclude a representative as a result of a declaration of interest, the relevant organisation may send a Deputy to take the place of the conflicted representative in relation to that matter, should this be appropriate. It will be the decision of the Chair on how the conflict will be managed. The conflicts of interest register will be reviewed on an annual basis.

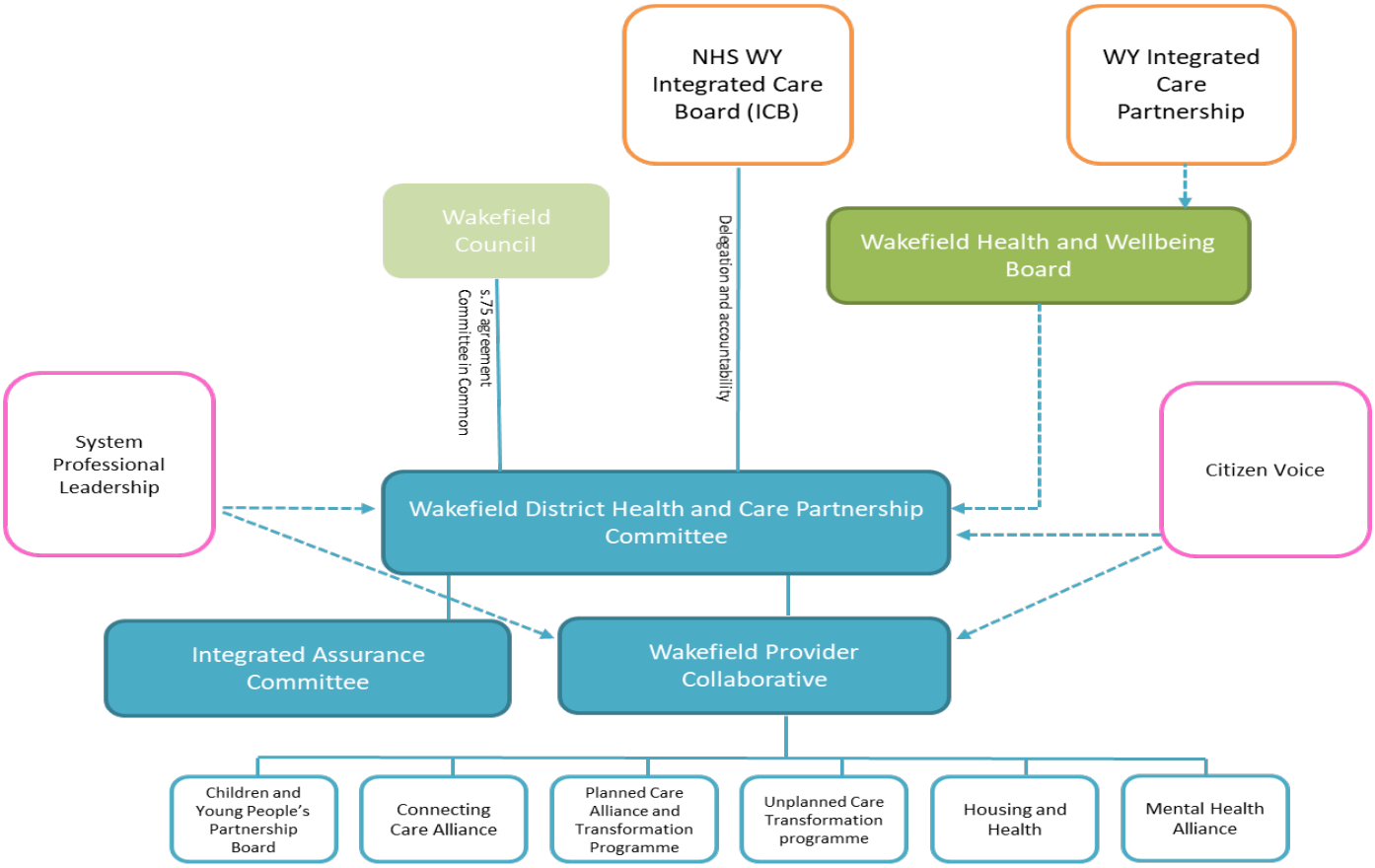
11 Approval and Review

11.1 These terms of reference are draft for approval by the Wakefield Provider Collaborative at the inaugural meeting.

11.2 These terms of reference will be reviewed every 12 months, or earlier if require due to legislative changes.

Appendix 1

GOVERNANCE STRUCTURE



Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Wakefield District Health & Care Partnership
Integrated Assurance Sub-Committee Terms of Reference

Accountability arrangements and authority	The Integrated Assurance sub-committee is established as a sub-committee of the Wakefield District Health and Care Partnership Committee. The role of the sub-committee is to advise and support the Wakefield District Health and Care Partnership to maintain an oversight of quality, performance and resource management across the Wakefield health and care system, to provide challenge and to seek assurance on delivery of key national and local priorities, outcomes and targets and to facilitate collaborative solutions. The powers and responsibilities of the sub-committee are set out in these terms of reference. The sub-committee has no executive powers, other than those specifically delegated in these terms of reference and will operate within the legal framework for the West Yorkshire Integrated Care Board and the Wakefield District Health and Care Partnership. Terms of reference and appointments to the sub-committee will be approved by the Wakefield District Health and Care Partnership Committee.
Relationship and reporting	The Integrated Assurance sub-committee will submit minutes of its meetings to the Wakefield District Health and Care Partnership Committee and will have oversight of - and approve - assurance reports to be submitted to the ICB. The Integrated Assurance sub-committee directly links with the West Yorkshire System Quality Group and the West Yorkshire Finance Forum.
Role and function	The purpose of the sub-committee is to: • Provide assurance that the place is effectively discharging the responsibilities delegated to it by the West Yorkshire ICB. • Scrutinise and provide assurance to the Wakefield District Health and Care Partnership on the systems that enable the

	Partnership to identify, manage and report on key quality and safety issues and the risks associated with them • Regularly review the Partnership's achievement of performance indicators set out in its strategic and operational plans, including delivery of financial sustainability, quality, safety and standards • Identify opportunities for collaborative solutions to address under-performance, quality and safety issues and secure financial sustainability of the whole system • Seek assurance that all parts of the system are working together to deliver sustainable approaches to prevention of ill health and high quality, safe and effective care. • To maintain oversight of quality & performance metrics for Wakefield District Health and Care Partnership to enable the Partnership to provide assurance into the ICB through our Place quarterly assurance meetings • To maintain oversight of financial performance for Wakefield District Health and Care Partnership to enable the Partnership to provide assurance into the ICB through our Place quarterly assurance meetings
Responsibilities	The sub-committee will support the Wakefield District Health and Care Partnership's work to achieve continuous improvement in the quality of services commissioned for the Wakefield place. The committee aims to ensure that quality sits at the heart of everything the Partnership does, and that evidence from quality assurance processes drives the quality improvement agenda across the Wakefield health and care system. The sub-committee will be responsible for assuring quality, performance and financial sustainability in relation to functions that have been delegated to the Wakefield Health and Care Partnership by the ICB. This will include assurance on the Partnership's work to: • secure continuous improvement in the quality of services (including primary medical services); • secure health services that comply with NHS constitutional standards; • reduce inequalities; • promote integration of health and social care; • promote innovation; and • promote research, and education and training. The sub-committee will be responsible for:

	Risk Management • Oversee local assurance and risk management systems and seek assurance that processes for identifying, escalating and reporting on strategic risks for Wakefield District Health and Care Partnership are defined and agreed • Oversee the development of an assurance framework and risk management framework for place that reflects the ICB risk framework and assurance framework • Maintain an overview of all significant risks to the achievement of the Partnership's objectives through regular review of the risks, controls and assurances identified in the Assurance Framework. • Ensure sound systems of control are in place to manage risks and provide assurance to the Wakefield District Health and Care Partnership committee **Quality and safety** • Oversee the system response to regulatory inspections and reports, ensuring partners share accountability and take collective responsibility for improvement plans • Review the effectiveness of quality governance arrangements for the partnership and its provider organisations to ensure that the health care commissioned by the ICB within the Wakefield place fully reflect all elements of quality (patient experience, effectiveness and patient safety) • Have oversight of the process and compliance issues concerning serious incidents (SIs); independent investigations and Never Events involving services commissioned for the Wakefield population • Seek assurance that providers are fully compliant with all accreditation or registration requirements as evidence of their capability to provide safe, effective and responsive services **Safeguarding** • Receive reports from the safeguarding children and safeguarding adults' boards which provide assurance that appropriate systems and procedures are in place for safeguarding adults and children across the partnership and within services commissioned by the ICB for the Wakefield population and that recommendations following to safeguarding inspections or reviews have been completed. **Information governance** • Seek assurance that effective arrangements are in place for information sharing in line with Information Governance best practice, ensuring that any risks are appropriately managed

	and reported • Seek assurance that the Wakefield place has resources and systems to support compliance with the Data Security and Protection Toolkit and consider exception reports on any significant risks or gaps in compliance **Financial stewardship** • Evaluate and make recommendations to the Wakefield District Health and Care Partnership Committee on short, medium and long term financial plans • Agree the principles and parameters underpinning the district financial plan • Provide objectivity and challenge in identifying financial improvement opportunities & seek assurance that there has been appropriate stakeholder engagement in development of schemes • To maintain oversight of financial performance for Wakefield District Health and Care Partnership, seek assurance of the delivery of financial plans and ensure momentum is maintained • Provide early warning to Wakefield District Health and Care Partnership where plans are not delivering • Exercise appropriate and proportionate scrutiny of new and discretionary expenditure to ensure plans support the overall financial strategy • Review performance against the system financial plans, ensuring management action is taken to mitigate risks to the achievement of objectives and that risks are appropriately reported within the risk management framework • Receive reports on contractual performance and assess any system financial risks associated with capacity and activity plans **Performance, and compliance with constitutional standards** • Seek assurance that providers of commissioned services have robust arrangements to monitor performance and are able to provide assurance to the partnership on achievement of national standards • Seek assurance that risk assessment and reporting processes are in place to identify pressures within the whole system and for partners to work together on mitigating actions • Provide challenge in setting ambitious targets for service improvement and embedding improvement opportunities and initiatives • Seek assurance that systems are in place to manage risk and variation in performance, ensuring system plans are put in place and monitored to address under-performance

	• Ensure that variance against target performance is reflected in the partnership's risk register • Evaluate options for responding to performance issues and make recommendations to the Wakefield District Health and Care Partnership Committee. **Workforce and Human Resources** • Have oversight of and seek assurance on actions to address workforce issues that affect the quality, performance or sustainability of services commissioned for the Wakefield population **Emergency Preparedness** • seek assurance on the effectiveness of place arrangements for business continuity and emergency planning. **Research** • Seek assurance that effective arrangements are in place to support the promotion and use of research within services commissioned for the Wakefield population **Climate change** • Have oversight of the partnership's environmental impact and contribution to sustainability **Other Duties** • the sub-committee will agree an annual work plan to ensure that it covers all the duties above. The sub-committee will participate in any self-assessment processes prescribed by the ICB • the committee will receive by exception any completed Internal Audit reports where there are significant recommendations and or actions relating to any of the sub-committee responsibilities listed above
Membership	The membership of the Integrated Assurance sub-committee will be appointed by the Wakefield District Health and Care Partnership Committee on an annual basis. The membership will consist of: Two non-executive members (one of whom will be Chair of the sub-committee) The Accountable Officer for Wakefield District The Senior Responsible Officer (SRO) for finance The SRO for quality for place One representative of the Mid Yorkshire Hospitals NHS Trust

	One representative of South West Yorkshire Partnerships NHS Foundation Trust One representative of primary care providers One local authority representative of adults' services One local authority representative of children's services One representative of the voluntary, community and social enterprise (VCSE) sector One representative of public health One representative of the System Professional Leadership Group The SRO for communications and public engagement Members may have multiple responsibilities (as representatives of sector and organisation) but their primary responsibility as members of the sub-committee committee will be to ensure the effectiveness of the whole system, promoting synergy between quality, performance and sustainability. Members of the committee have one vote. In the event of a tied vote the Chair will hold a second and casting vote. Nominated deputies may attend. Deputies will count towards the quorum and may vote.
In Attendance	• Head of Quality • Head of Business Intelligence (BI) • Place governance lead • Place communications/engagement lead Other officers may attend at the discretion of the Chair. Officers will be invited to attend to present on matters relevant to their area of responsibility.
Chair	The Chair of the sub-committee will be a nominated independent member In the event of the Chair's absence meetings will be chaired by the other independent member
Quoracy	The sub-committee will be quorate if four of its members are present, including at least: • The Chair or deputy chair • One professional representative (quality lead/deputy or System Professional Leadership representative) • SRO for finance or a deputy Where one or more members of the sub-committee are unable to take part in a particular agenda item due to a conflict of interest, the alternative quoracy arrangements will be made up of at least four remaining members of the sub-committee.
Frequency of meetings	There shall be appropriate flexibility as to the frequency of meetings but these shall normally be quarterly.

Frequency of attendance	Members are expected to attend all meetings; however, a nominated appropriate equivalent deputy may attend and will count towards the quorum and be able to vote.
Working Groups	The sub-committee may establish working groups to support it in its role. The scope and membership of those groups will be determined by the sub-committee.
Conduct	Members of the sub-committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information. All members will have due regard to, and operate within, the prime financial policies, standing orders, the constitution and other policies and procedures of the West Yorkshire ICB
Declaration of interests	All potential conflicts of interest are declared and managed in line with ICB Conflicts of Interest policy. It is acknowledged that conflicts cannot be eliminated but the objective will be to ensure transparency where conflicts arise. All declarations of interest will be updated at least annually and published. Any conflicts which present during the meeting in relation to the agenda that has not already been declared should be raised and declared as soon as it becomes apparent at the meeting. The Chair will determine whether any specific action is required to manage conflicts. In exceptional circumstances, this may include an individual being excluded from relevant parts of meetings, or being able to join in the discussion, but not participate in the decision making. All declarations of interest and any specific action taken in respect of a conflict will be recorded in the minutes.
Matters to be referred to the ICB, WDHCP Committee or other Boards/committees	Matters to be referred to the Wakefield District Health and Care Partnership to the ICB, WDHCP committee or other Boards/committees will be noted and recorded in the minutes.
Administration	Secretariat support for the committee will be provided by the administration function within Wakefield District Health and Care Partnership. Duties will include: • Develop a forward plan of matters to be considered by the sub-committee

	• Agreement of agenda with Chair and attendees and collation of papers; • Ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; • Timely distribution of papers, no later than five days before a meeting for agenda and papers and no later than five working days after a meeting for distribution of minutes; • Record of matters arising, issues to be carried forward.
Urgent matters arising between meetings	The Chair of the sub-committee & Accountable Officer in collaboration with one other sub-committee member may also act on urgent matters arising between meetings of the sub-committee.
Monitoring of compliance	The Wakefield District Health and Care Partnership Committee will monitor the effectiveness of the sub-committee through receipt of the minutes and reports.
Date agreed	To be approved by WDHCP 19th July 2022
Review date and monitoring	Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be approved by the Wakefield District Health and Care Partnership Committee.

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Terms of Reference for the People Panel

1. Accountability arrangements and authority

Wakefield District Health and Care Partnership Committee (WDHCP), which is the subcommittee of the West Yorkshire Health and Care Board (WYHCB), resolves to establish a committee of the WDHCP. This will be known as the People Panel.

The committee will operate within the legal framework for Wakefield District Helath and Care Partnership.

The Committee has no executive powers, other than those specifically delegated in these terms of reference. The Panel is established to provide assurance and has no authority to make decisions on behalf of the Partnership other than that already delegated to its members who are employees of the Partnership.

The WDHCP approved the Panel as the key mechanism through which it will receive advice and assurance on issues relating to public involvement, and equality, diversity and inclusion (EDI). It will provide assurance that the Partnership is appropriately and effectively fulfilling the statutory duty stated in Section 14Z45 of the Health and Care Act 2022. The People Panel will have the authority to request and challenge any information it requires to fulfil its core business.

The Panel will also advise the Partnership and provide assurance that it fulfils its duty in respect of Section 149 of the Equality Act 2010, which states that a public authority must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. It unifies and extends previous disparate equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

2. Relationship and reporting

The Panel will report and submit minutes to the Wakefield District Health and Care Partnership Committee. The Panel will receive minutes from any group or network established by Partnership to support their work.

The meetings will be supported and facilitated by the Partnership’s Senior Engagement Manager.

The following members of the Panel will be its representatives on the Wakefield District Health and Care Partnership Committee and provide a link for the Panel.

- Independent Member of the Partnership and the Chair of the Panel
- Chief Executive of Healthwatch Wakefield in their capacity of the senior responsible officer for communications, engagement, equality and inclusion workstream
- Director of Strategy as a technical expert

3. Role

The role of the Panel is to oversee the delivery and quality of activity to involve and engage the public and address health inequalities across all aspects of the Partnership's work.

The integration of both membership and work across health and social care will ensure that considerations and assurance given around engagement, EDI and experience of care reflect a comprehensive picture of the local need to support continuous improvement of local services and population health.

4. Functions

It is expected that the functions of this committee will evolve to meet the developing public involvement, EDI and experience of care agenda, however, the core functions will be to:

- provide assurance to the Partnership on public involvement carried out both in quality and meeting statutory requirements
- provide assurance to the Partnership on equality duties and reporting
- champion public involvement, EDI and experience of care throughout the CCG and within the Wakefield District Health and Care Partnership
- enable feedback to influence and challenge the Partnership's planning and commissioning decisions
- seek assurance that appropriate engagement has taken place in developing proposals and challenging where necessary
- identify trends and prioritise areas for improvement, instigating further investigation and action from appropriate leads
- receive collated patient feedback from a range of sources

- ensure action plans are developed as a result of public feedback and that progress is regularly monitored and impact measured
- ensure that plans reflect the Partnership's aim to address inequalities and relevant actions are in place underpinning this, including equality impact assessments
- approve public involvement, equality and experience of care procedures and policies and make recommendations on related strategies.

5. Responsibilities

The Panel will provide a single recognised structure to oversee the delivery of public involvement, EDI and experience of care activity, and ensure impact and change is demonstrable both internally and externally.

The Panel will provide assurance to the Partnership on involvement planned and carried out as part of the day to day planning, delivery and review of services. The work of the Panel will inform commissioning arrangements, business planning and identify possible improvements.

6. Membership

Members will be drawn from across Wakefield District to provide representation of public views and opinions.

- Chair, Non-executive Member of the Partnership with responsibility for public involvement and EDI
- Director of Strategy, WDHCP, with responsibility for overseeing involvement activity of the Partnership
- Healthwatch Wakefield
- Young Healthwatch
- Head of Quality, WDHCP
- Senior Engagement Manager, WDHCP
- Equality, diversity and inclusion
- Representatives from Voluntary, Communities and Social Enterprise (VCSE) Sector in Wakefield district

- Lay members with lived experience
- Representatives from groups and networks that directly or indirectly support the work of the Panel

Members will be responsible for steering the work of the group and sharing their insight and expertise on health and care related issues. Members will also be responsible for reporting, as appropriate, back to their organisations, communities and groups on the work of the Panel.

Training will be provided to new members joining the group.

7. Appointments

Appointments to the Panel will be considered and approved by existing members. New appointments will be made on the receipt of resignations from current members and in the event of the committee identifying gaps in representation.

8. Chair

The Chair of the People Panel will be a WDHCP non-executive member with responsibility for public involvement.

The meetings will be run by the Chair. In the event of the Chair's absence, meetings will be chaired by the Deputy Chair. Deputy Chair will be appointed by the Panel and recruited from within the lay representation.

9. Quoracy

Quorum for the Panel constitutes a minimum of eight members attending with no less than three members of the public and no less than two WDHCP representatives.

If minimum attendance is not met, the Panel cannot take formal decisions. If necessary, WDHCP representatives may nominate a replacement of equivalent seniority to attend in their absence.

10. Frequency of meetings

The Panel will meet a minimum of 6 times a year. The Panel will set up working groups as and when deemed necessary and beneficial to the working of the Panel. Such groups will be required to report back to the Panel on their activities.

11. Conduct

Members of the Panel and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.

All members will have due regard to and operate within the Standing Orders, Prime Financial Policies and other financial procedures.

12. Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as soon as they become aware of it. The Chair will determine whether the member can continue to participate in the discussions. The Chair will have the power to request that member to withdraw until the committee's consideration has been completed.

13. Administration

Administrative support for the Panel will be provided by the staff of the Wakefield District Health and Care Partnership.

They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and Panel members. Duties will include:

- agreement of agenda with Chair and attendees and collation of papers;
- ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward;
- timely distribution of papers, no later than five working days before a meeting for agenda and papers;

- record of matters arising, issues to be carried forward.

The Senior Engagement Manager will set the agenda, in conjunction with the Panel Chair and based on feedback from the group. The agenda and associated papers will be circulated a minimum of one week prior to the meeting.

14. Urgent matters arising between meetings

The Chair and Deputy Chair of the Committee, Director of Strategy, and Senior Engagement Manager, may also act on urgent matters arising between meetings of the Committee after consulting with one of the public representatives of the Panel.

These matters will be reported to the next meeting of the Committee.

15. Monitoring of compliance

The Wakefield District Health and Care Partnership Committee will monitor the effectiveness of the Panel through the annual workplan, receipt of the minutes, annual effectiveness survey and annual report.

16. Date agreed

To be approved by Wakefield and District Health and Care Partnership on 19 July 2022.

17. Review date and monitoring

Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be agreed by the Panel for recommendation to a subsequent meeting of the Wakefield District Health and Care Partnership Committee.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	09ii
Meeting date:	19 July 2022
Report title:	Declarations of Interest Register
Report presented by:	Ruth Unwin
Report approved by:	N/A
Report prepared by:	Jane Hindle, Interim Governance Manager

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

None.

Executive summary and points for discussion:

The report outlines Conflicts of Interest management principles within the ICB, along with the register of interests for members of the Wakefield District Health and Care Partnership Committee.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Committee is asked to:

a) Take assurance that there is a process in place to ensure transparency around decision making and potential conflicts

b) Note the initial Conflicts of Interest Register for the Partnership Committee

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The report provides assurance in relation to how conflicts of interest and compliance with ICB Policies will be managed.
Appendices
1. The Conflicts of Interest Register for Wakefield District Health and Care Partnership
Acronyms and Abbreviations explained
1. ICB – Integrated Care Board

What are the implications for?

Residents and Communities	
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	The paper describes the process for ensuring that members are aware of any conflicts that may be relevant to the business of the Committee
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

1. Background

1.1 All Integrated Care Boards and their Committees will need to manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair, transparent and offer value for money.

1.2 It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Conflicts of interest are inevitable within the NHS. As such, it may not be possible or desirable to completely eliminate the risk of conflicts. Instead, it may be preferable to recognise the associated risks and put measures in place to manage the conflicts appropriately when they do arise. In doing so, this will facilitate informed and effective decision making which observes high standards of probity.

2. National Guidance for the ICB and Partnership Committees

2.1 The national position on this matter is that no updated guidance will be released for ICBs and therefore all ICBs should continue to observe the principles set out within “Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017”.

2.2 Although it is recognised that the composition of the Partnership Committee and the operational ethos of the ICB is different to that of CCGs, conflicts will continue to be managed through existing mechanisms.

2.3 The key mechanism will be the maintenance of a Conflicts of Interest Register for the Partnership Committee which will be included within the agenda and papers for each meeting. The initial register is included at appendix 1.

3. Next Steps

3.1 Subject to formal endorsement from the Committee, the register will be included within the agenda and papers for each meeting. Members are required to notify the Business Support Team of any changes and to also declare an interest in any agenda item as appropriate.

4. Recommendations

The Committee is requested to:

c) Take assurance that there is a process in place to ensure transparency around decision making and potential conflicts
d) Note the initial Conflicts of Interest Register for the Partnership Committee

5. Appendices

Appendix 1 contains the initial register of interest for the Committee which will be developed over time.

Wakefield District Health & Care Partnership

Wakefield District Health and Care Partnership Committee Register of Interests

In line with the key principles in the NHS Constitution and guidance issued by NHS England and to ensure that decisions are taken transparently all members of the Wakefield District Health and Care Partnership are required to make a declaration of interest.

The guidance defines a 'conflict of interest' is defined as: "A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

The register provides detail of all declared interests whether financial, professional, personal or indirect and will be updated in the event that new interests are declared.

Name	Position	Description of Interest
INDEPENDENT MEMBERS		
Dr Anne Carroll	Chair Wakefield District Health and Care Partnership	• Nil
Richard Hindley	Independent Member – Integrated Assurance Committee Chair	• Wife employed by Sheffield Health & Social Care Trust • Public member of NIHR Public Health Programme Prioritisation Committee
Stephen Hardy	Independent Member – People and Community Involvement Panel Chair	• Member, Wakefield Health and Wellbeing Board • Member, Orchard Croft PRG • Member of Joint CCG PPI Lay member Assurance Group

		• Lay Member, West Yorkshire and Harrogate Joint Committee of CCGs
STATUTORY MEMBERS		
Mark Brooks	SWYPFT Chief Executive	• Trustee for Emmaus (Hull & East Riding) Homelessness Charity
Len Richards	MYHT Chief Executive	• Member of the West Yorkshire Association of Acute Trusts Committee in Common • Member of the Wakefield Integrated Partnership Board • Member of the WYH Partnership Board • Non-Executive Director Life Sciences Hub, Wales • Chair at NHS Quest
Jo Webster	ICB Place Lead	• Director of Adult Social Care Wakefield Local Authority • Director of Community Services Mid-Yorkshire Foundation Trust
LOCAL AUTHORITY		
Beate Wagner	Wakefield Council Director of Children's Services	TBC
Anna Hartley	Director of Public Health	• Nil
Jenny Lingrell	Service Director, Children's Health and Wellbeing	TBC
EXECUTIVE TEAM		
Mel Brown	Director of System Reform and Integrated Care Partnerships	• Nil
Maureen Cummings	Chair of Wakefield Health and Wellbeing Board	• Nil
Dr Linda Harris	Workforce	• Director of Spectrum a CIC company • Chair Health and Justice CRG NHSE • Trustee Spectrum People

		• Executive in residence for UCL Global Business School for Health
Phillip Marshall	Director of Workforce and Organisational Development Mid Yorks Foundation Trust	• Wife is employed by the Mid Yorkshire Hospitals NHS Trust
Karen Parkin	Associate Director of Finance	• Nil
Dr Colin Speers	Chair of Provider Collaborative	• Director of C Speers Ltd - holds a contract to provide a clinical director service to Reed Wellbeing for NHS contracts outside of district and ICS on low calorie (total meal replacement) diets in diabetes as an NHS pilot and a smoking cessation programme. • Partner of Health Care first Partnership - a GP practice in Wakefield district. • Health Care First Partnership - holds shares in Novus Health Ltd - • Health Care First Partnership - holds shares in Lagentium Ltd -- a pharmacy co-owner providing community pharmacy services in or around Wakefield district. • Shareholder and director of FMC Health Solutions Ltd - a holder of an APMS contract for Park View Surgery in Wakefield district.
Dr Adam Sheppard	Chair of System Professional Leadership Group	• Director of Revitalise Me. Do direct interest • Director of Angel Properties. No direct Interest • Family member works for CCG as ICS programme Manager. • Member of Health and Wellbeing Board • Member of BMA and MDU • Close family member works for Specsavers

		• Director at Niteowl productions ltd • Director at Niteowl Charters Ltd
Penny Woodhead	Chief Quality and Nursing Officer	• Employed in a shared post: Calderdale CCG: Chief Quality & Nursing Officer and Governing Body (GB) Member. Kirklees CCG: Chief Quality and Nursing Officer & GB Member.
OTHER PARTNER MEMBERS		
Paula Bee	Voluntary Community and Social Enterprise representative	TBC
Dr Tim Dean	Primary Care Network representative	TBC
Dr Clive Harries	Primary Care Network representative	• GP partner at Chapelthorpe Medical Centre • GP Practice is a member of Wakefield Health Alliance Central • Close relative is a senior lecturer in nursing at Leeds Metropolitan University and sits on RCN Education Forum • GP Practice holds <5% share in Novus Health Ltd
Anthony Nelson/	Managing Director Connexus	TBC
Steve Knight	Managing Director Connexus (In post from September)	• Director of Conexus Healthcare • Director of Primary Care Sheffield • Director of Serenta Homecare • Director of Intercare Services • Director of Home Alternative • Director of Primary Training Solutions • Director of Central Care Sheffield
Sarah Roxby	Housing Sector representative	TBC
Maddie Sutcliffe	Voluntary Community and Social Enterprise representative	• Member of Wakefield Districts Third Sector Framework Board • Partner – current employment – Next Generation CIC/Lightwaves Community Trust • Nova is a membership organisation

DEPUTIES		
Becky Barwick	Associate Director of Partnerships and System Development	• Nil
Dr Claire Barnsley	LMC representative	• Independent Medical Consultant Wakefield District Housing • Salaried GP Friarwood • Previously a partner at Middlestown with shares in Novus (shares now being passed over)
Nichola Esmond	Service Director Adults Social Care – Older People & Physical Disabilities	TBC
Dr Linda Harris	SRO (Co Lead0 Workforce	• Director of Spectrum a CIC company • Chair Health and Justice CRG NHSE • Executive in residence for UCL Global Business School for Health
Claire Offer	Public Health Consultant	• Nil
Karen Parkin	Associate Director of Finance Wakefield Place	• Nil
Phillip Marshall	Director of Workforce and Organisational Development Mid Yorkshire Foundation Trust	• Wife is employed by the Mid Yorkshire Hospitals NHS Trust
Lisa Wilcox	Service Director Adults Social Care – Mental Health & Learning Disabilities	TBC
Judith Wild	Deputy Chief Nurse & Head of Service for NHS Continuing Healthcare	• Nil

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	10
Meeting date:	19 July 2022
Report title:	Wakefield District Health and Care Partnership 1 year operating plan 2022-23
Report presented by:	Becky Barwick, Associate Director of Partnerships and System Development
Report approved by:	Melanie Brown, Director System Reform and Integration
Report prepared by:	Becky Barwick

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐
Previous considerations:			
N/A			
Executive summary and points for discussion:			

As agreed at previous meetings of the WDHCP Committee a 1 year business plan has been under development. Drafts were shared at the meetings in March, April and June 2022 and comments from the discussion have been incorporated.

The final version of the plan is shared here for discussion, following work to strengthen the programme deliverables for the year.

It has been agreed to work on a longer-term transformation plan over the coming year and therefore further detail will continue to be added to the plan.

Previous versions of the Wakefield Integrated Care Partnership (ICP) Strategy have been in existence since 2018 and it has been agreed to develop a 1 year plan for 2022-23 to mark the start of the new Wakefield District Health and Care Partnership.

A clear vision, a set of person-centred priorities with development and enabling workstreams were set out and committed to in 2021-22. There was a focus on supporting delivery of the Health and Wellbeing Strategy priorities, preparation for the forthcoming legislation as well as reset and recovery following the COVID-19 pandemic.

This is an important year for our partnership as we move into the new arrangements and establish our Wakefield District Health and Care Partnership (WDHCP) Committee, a formal committee of the West Yorkshire Integrated Care Board. Therefore, it is important that our plan supports us during this developmental year to move to becoming a 'thriving' place as well as outlining our key area of focus which will be our transformation priorities for the year.

It will be important to ensure that our plans for WDHCP strongly align to the Wakefield Health and Wellbeing Strategy and the Integrated Care Board priorities.

Our partners are committed to transforming health and care for people in our district and it has been agreed to spend time co-producing a longer-term vision and transformation plan over the course of 2022, this will be vital to making sure that we realise the potential of coming together in this way.

Our partnership plan focuses on the things that we share and that we can do together, recognising that we can go further and faster by collaborating.

Which purpose(s) of an Integrated Care System does this report align with?

- ☒ Improve healthcare outcomes for residents in their system
- ☒ Tackle inequalities in access, experience and outcomes
- ☒ Enhance productivity and value for money
- ☒ Support broader social and economic development

Recommendation(s)

The WDHCP Committee is asked to:

1. Approve the 1 year operating plan for 2022-23

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1. The WDHCP Plan for 2022-23 (Powerpoint format)

Acronyms and Abbreviations explained

1. WYICB – West Yorkshire Integrated Care Board
2. ICB – Integrated Care Board (refers to West Yorkshire in our case)
3. ICS – Integrated Care System (refers to West Yorkshire in our case)
4. WDHCP – Wakefield District Health and Care Partnership

5. CCG – Clinical Commissioning Group
6. GP – General Practitioner
7. VCSE – voluntary, community and social enterprise sector
8. PMO – Programme Management Office
9. JSNA – Joint strategic needs assessment
10. A&E- Accident and Emergency
11. NICE – National Institute for Clinical Excellence

What are the implications for?

Residents and Communities	Our plan sets out our transformation priorities and programmes for 2022-23 these aim to improve experiences of health and care for residents and communities
Quality and Safety	Quality and safety approaches are detailed within the plan
Equality, Diversity and Inclusion	Our plan sets out our approach to health inequalities
Finances and Use of Resources	Identified priorities may need investment considerations
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	Our plan sets out our transformation priorities and programmes for 2022-23
Environmental and Climate Change	Our partnership approach to climate change is detailed in the plan
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	Our plan sets out our approach to citizen and stakeholder engagement

Wakefield District Health & Care Partnership

OUR PLAN 2022/23

July 2022

Proud to be part of West Yorkshire Health and Care Partnership

Introduction from Ann Carroll

As the Chair of the Wakefield District Health and Care Partnership Committee I am delighted to share with you our plan for 2022-23. The plan describes the priorities our system will focus on this year.

Our plan comes as we begin our new arrangements following the new legislation for the NHS which was implemented in July 2022. To achieve our aims, we have outlined the programmes that our partnership will take forward during this year.

Jo Webster has been appointed as Wakefield's Place Leader, a role Jo will undertake alongside her duties as Corporate Director Adults and Health for Wakefield Council and Executive Director of Community Services for Mid Yorkshire Hospitals Trust.

Our partnership's focus of course will remain firmly on enhancing and improving the care our residents and patients experience through driving forward transformation improvement programmes in the following areas during 2022-23.

Wakefield District Health and Care Partnership's plan drives forward the four priorities of the Health and Wellbeing Strategy for Wakefield to promote health & wellbeing by **reducing inequalities and preventing ill health** for individuals and groups within our population.

This is happening within the context of wider change on a national scale, our plan responds to 10 ambitions overseen by the West Yorkshire Health and Care Partnership.

The purpose of this plan is to set out our **vision** for this year, and the **priority programmes** of work that we have chosen to address collectively. Looking further forward, we plan to spend time this year co-producing a more detailed longer-term transformation plan which will take us from 2023 to 2028.

Dr Ann Carroll, Chair of Wakefield District Health and Care Partnership

Wakefield District Health & Care Partnership

Jo Webster, Accountable Officer

The changes in our health and care landscape as a result of the Health and Care Act present us with a fantastic opportunity to build on the firm foundations already in place across our district partnership, paving the way to an even more integrated approach to providing the best possible health and care services in our local communities.

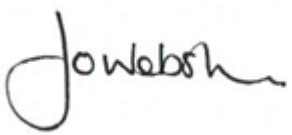
Our close relationships, single system ethos and willingness to challenge each other are part of the reasons why, in Wakefield and West Yorkshire, these changes feel like a natural progression. We share responsibilities, working together with people to identify local needs and collectively deciding how best to respond.

Our Partnership Plan is an important next step in our growth as Wakefield District Health and Care Partnership.

Wakefield District is expected to encounter a significant demographic change over the next five years, in particular a sustained growth in our older population as we live longer lives. We want to ensure local people don't just live longer, but that they live long, happy and healthy lives.

I've seen time and again the way working together in collaboration makes a real positive difference to people's health and wellbeing. Through shared leadership, an integrated approach and laser focus on our priorities, our plan sets out further opportunities to enhance the health and care services we provide for our residents.

I am proud to work in Wakefield and to be part of a partnership that puts our communities and our staff at the heart of everything it does.



Jo Webster, Accountable Officer, Wakefield District Health and Care Partnership

Wakefield District Health & Care Partnership

Vision, purpose statement and strapline

Vision (from Wakefield Health and Wellbeing Strategy):

Our aim is for the people of Wakefield district to live longer, healthier lives

Purpose statement:

Together, we will work with the people of Wakefield district to create a connected system that supports people in their homes and communities to live healthier, happier lives

Strapline:

Start well, live well, age well

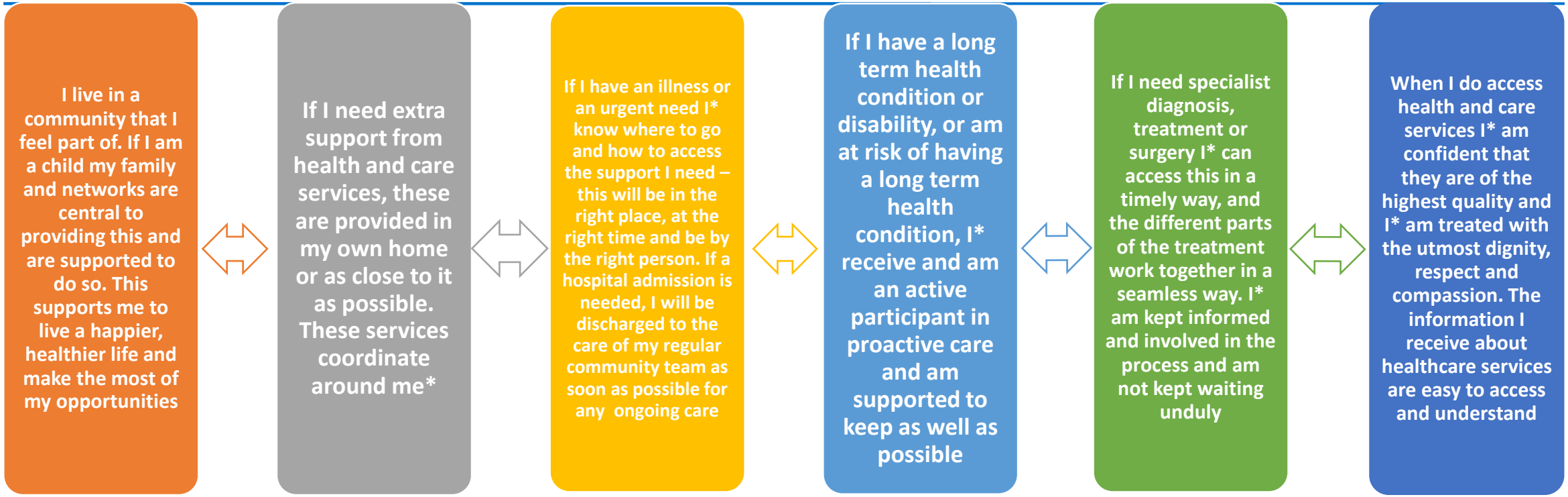
Wakefield District Health & Care Partnership

Together, we will work with the people of Wakefield district to create a connected system that supports people in their homes and communities to live healthier, happier lives

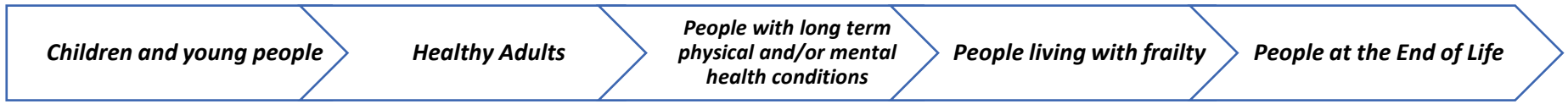
Wakefield District Health & Care Partnership

How will health and care look and feel for local people when we achieve our aims?

Wakefield District's model of care for all populations – our I statements



**and my carer if I have one, and/or my family if I am a child*



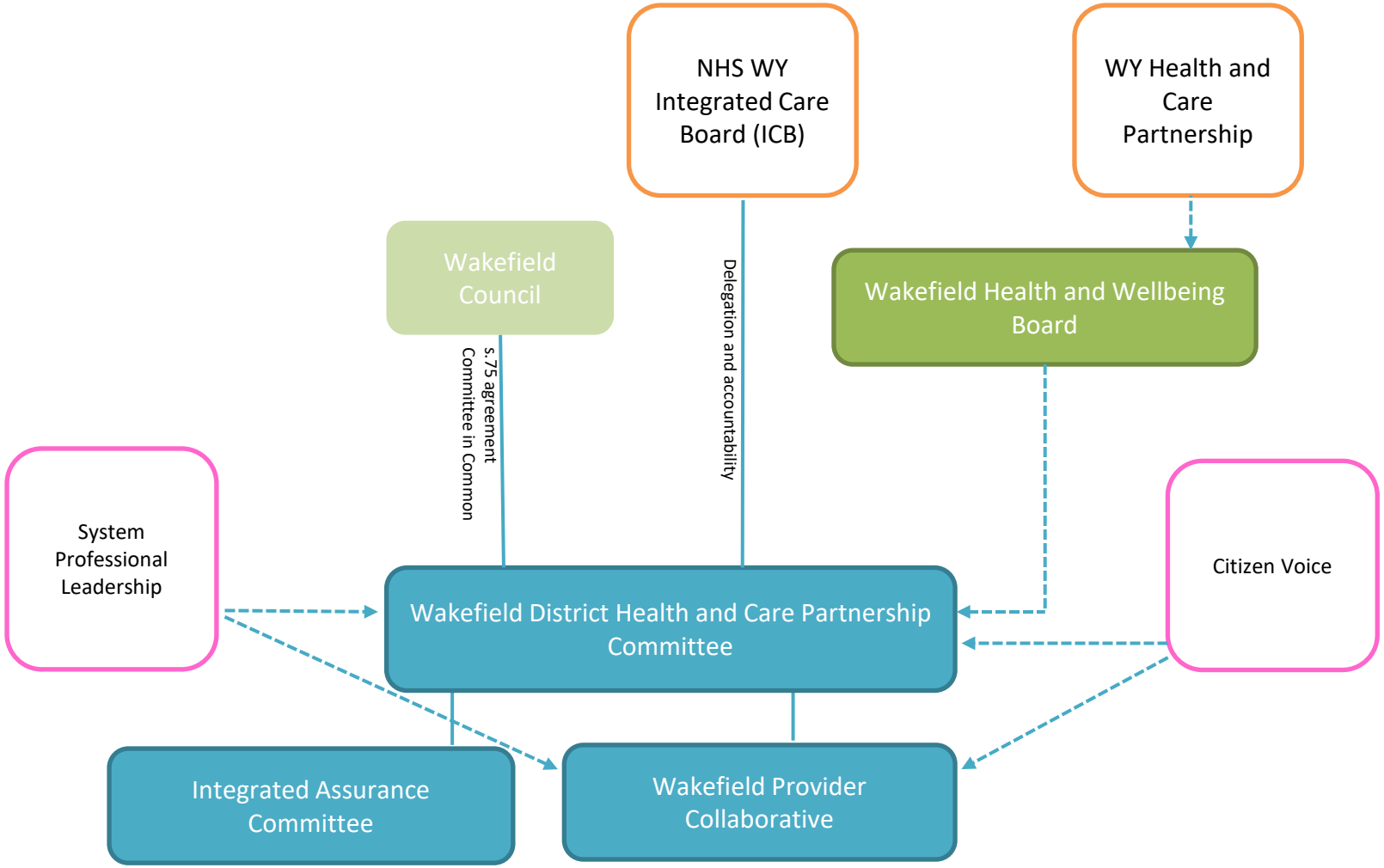
Wakefield District Health & Care Partnership

About Wakefield District Health and Care Partnership

- In Wakefield we have a long history of successful partnership and system working with people at the heart to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Wakefield. Building on this success, we want to proactively create the conditions that enable and support our health and care staff from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population.
- New legislation has been introduced in July 2022 which has changed part of the architecture of the NHS. Clinical Commissioning Groups (CCGs) have been replaced by statutory Integrated Care Boards (ICBs) covering larger geographic footprints. The white paper published by the Department of Health and Social Care in February 2021 which introduced this new legislation builds on the NHS Long Term Plan vision of integrated care and sets out the key components ICBs. One of these components is strong and effective place-based partnerships in local places between the NHS, local government and key local partners.
- In response to this new system architecture we have established the Wakefield District Health and Care Partnership (WDHCP). WDHCP will carry out delegated statutory functions on behalf of the West Yorkshire ICB, as well as delivering key partnership aims such as those outline in the Wakefield Health and Wellbeing Strategy. Our partnership consists of key local health and care providers and the local authority and includes mechanisms for ensuring that citizen voice and clinical and professional leadership have a strong role in our decision making.
- We welcome this new chapter for Wakefield District and believe that it will enable us to transform health and care, and deliver our vision with greater effectiveness and pace than ever.

Wakefield District Health & Care Partnership

Wakefield Place Governance Model



Wakefield District Health & Care Partnership

West Yorkshire Health and Care Partnership and West Yorkshire Integrated Care Board

- Wakefield District Health and Care Partnership is proud to be part of the West Yorkshire Health and Care Partnership. Many of our functions will be formally delegated to us by the West Yorkshire Integrated Care Board, which is the formal part of the partnership. In July 2022 West Yorkshire ICB became the statutory body (replacing CCGs). It will delegate the majority of it's statutory functions to the five place health and care partnerships.
- The West Yorkshire Health and Care System Partnership which is the collective of all commissioner, provider and partner organisations working together to improve outcomes for the population. The partnership covers a population of 2.4 million people living in Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District.
- **The West Yorkshire Health and Care Partnership founding principles**

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

Wakefield District Health & Care Partnership

West Yorkshire Health and Care Partnership– 10 Big Ambitions

- The West Yorkshire Health and Care Partnership has a Five Year Plan that includes **10 big ambitions**:

1. We will increase the years of life that people live in good health in West Yorkshire compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

2. 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 by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.

3. We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.

4. By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.

5. We will reduce suicide by 10% across West Yorkshire by 2020/21 and achieve a 75% reduction in targeted areas by 2022.

6. We will achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.

7. We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.

8. 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 (BAME) staff will become a thing of the past.

9. We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

10. 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.

Wakefield District Health & Care Partnership

Wakefield Health and Wellbeing Strategy

Our aim is for the people of Wakefield district to live longer, healthier lives.

- The work and priorities of the WDHCP is closely aligned to our local health and wellbeing strategy, which is led by the Wakefield Health and Wellbeing Board.

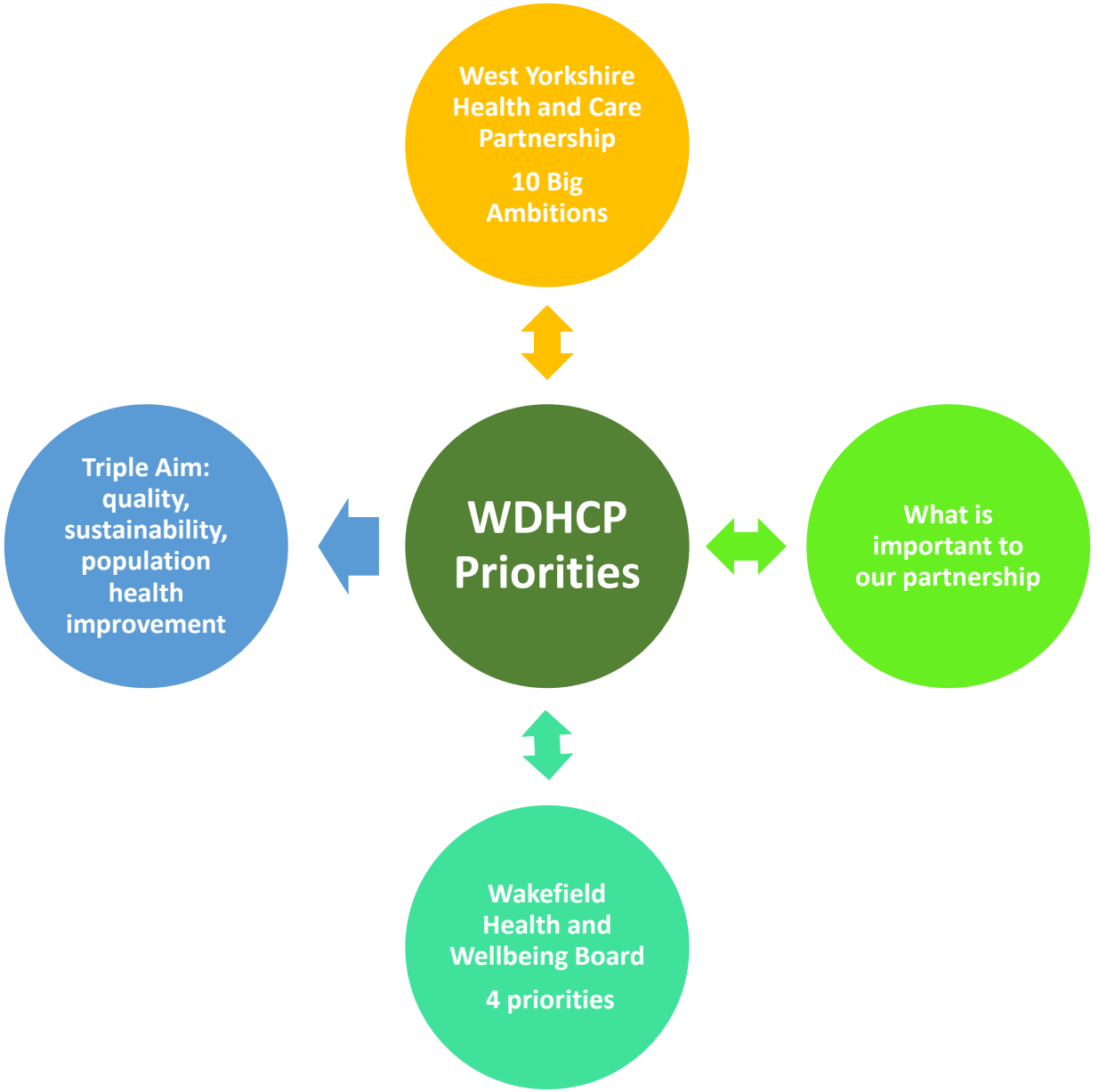
- The Wakefield Health and Wellbeing Board brings together key organisations to oversee the strategy for improving the health and wellbeing of the people in Wakefield, with a focus on **4 core priorities**:

    1. Giving Every Child the Best Start in Life;
    2. Strengthening the Role and Impact of Ill Health Prevention;
    3. Creating and Developing Sustainable Places and Communities; and
    4. Ensuring a Healthy Standard of Living for All

- The role of WDHCP is to act as a key partner to oversee and be accountable for the health and care response to delivery of the Health and Wellbeing Strategy.

Wakefield District Health & Care Partnership

Aligning our priorities



Wakefield District Health & Care Partnership

What is most important to our partnership

Themes:

Care should be…

- Personalised and focused on ‘what matters most to me’
- Seamless and connected with no wrong door
- Efficient and effective
- Focused on delivering prevention and targeted anticipatory care
- Less of a ‘medical model’ (bio/psycho/social)
- Co-produced
- Easy to understand and navigate for services users and colleagues
- Focused on community and where people live
- Delivered in a kind and compassionate way
- Strengths-based – ‘what’s strong, not what’s wrong’
- Enabled by joined up data

Our priority work programmes for 2022/23

Over the coming year we will work together to deliver our vision, purpose and transformation and themes through:

Key Alliances and Programmes:

Children and Young People's Partnership Board

Primary and Community (Connecting Care) Alliance

Mental Health Alliance

Housing and Health

Urgent and Emergency Care Programme

Planned Care Programme

Supported by enabling programmes including:

Wakefield People Plan

Digital Transformation

Quality improvement

Citizen voice

This work is described in more detail over the next slides

Wakefield District Health & Care Partnership

Children and Young People's Partnership Board

Overarching aims - For children and young people to tell us they are happy, healthy and safe and thriving in communities where families and services work together to help them achieve their potential and dreams.

KEY PRIORITIES:

- Development of Family/Youth Hubs
- Understand and respond to paediatric demand for unplanned care
- Provision of accessible, good mental health provision/support for children and the whole family
- Strengthen response to prevention of and recovery from domestic abuse
- Ensure right partnerships, commissioning and pathways in place to support Children and Young People (CYP) with Special Educational Needs and Disabilities (SEND)

PARTNERSHIP INPUTS:

- Partnership commitment to co-location
- Information sharing and commitment to developing a shared view of data of CYP and families
- Supporting Children's Alliance with joint commissioning arrangements
- Exploring opportunities to develop pooled budgets

OUTPUTS

- 9 Family Hub, 3 Youth Hubs and a connected network of VCSE and stat partners are delivering a co-ordinated & connected early intervention and prevention offer.
- Unplanned Care Model in place
- Clear pathway for emotional & mental wellbeing (inc. Mental Health Support Teams in Schools)
- System-wide Domestic Abuse pathways in place
- SEND Action Plan is implemented in readiness for inspection

OUTCOMES

All children, young people & families get the right help at the right place at the right time evidenced by:

- decrease in number of re-referrals to the Integrated Front Door
- demand for paediatric unplanned care benchmarks appropriately with statistical neighbours
- reduced demand for higher tier mental health services
- waiting lists for acute health services are reduced & well-managed
- repeat domestic abuse cases are reduced

Work is delivered under the ethos of Wakefield Families Together (WFT) which aligns seamlessly with all of the WDHCP transformation design principles. There is also very close alignment with the I statements as WFT is about:

1. **Children and families easily accessing help and support at the earliest point**
2. **A co-ordinated early support, intervention and prevention offer**
3. **Working together as one integrated team, no matter who pays the wages.**
4. **Engagement and co-production with children and young people & families is integral to WFT.**

Wakefield District Health & Care Partnership

Wakefield Primary Care & Community (Connecting Care) Alliance

Purpose

The Alliance will oversee primary care and community integration and transformation to create a connected system that supports people in their homes and communities to live healthier, happier lives.

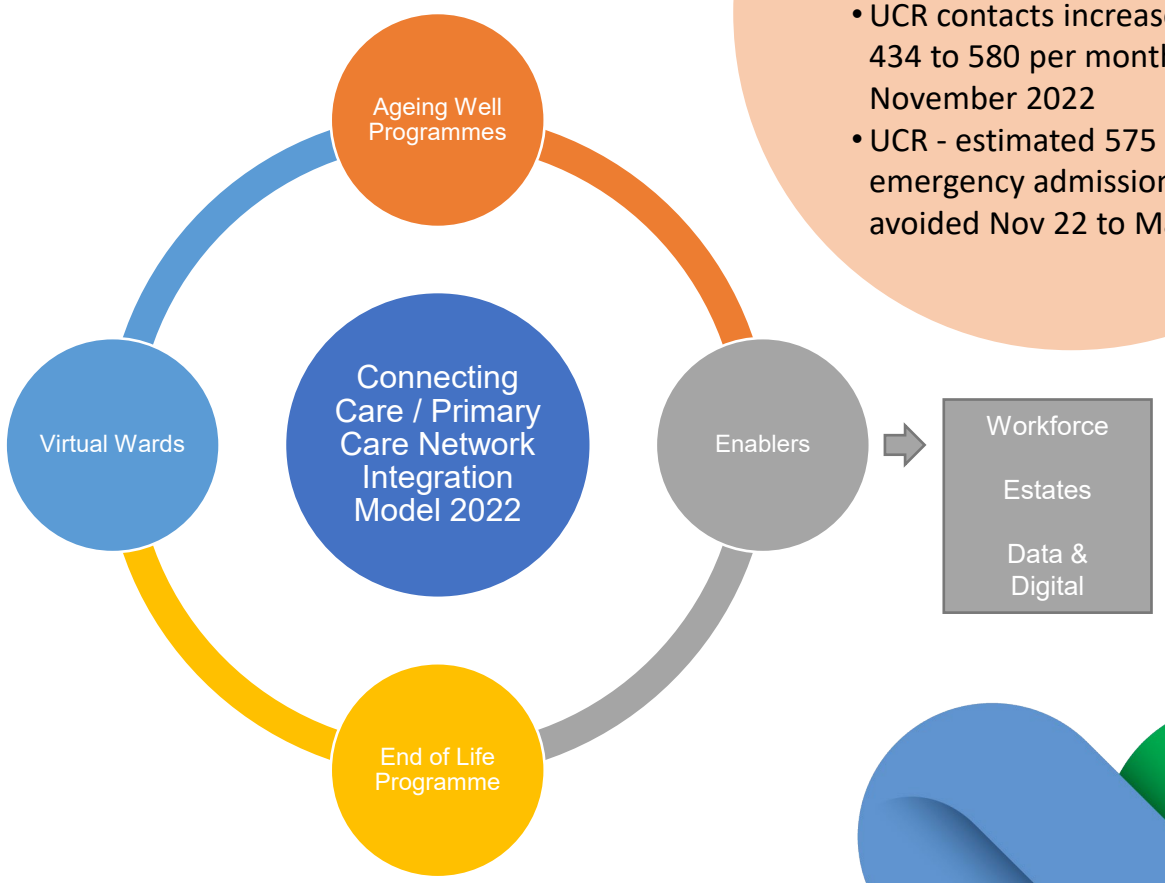
Responsibilities

- The Alliance will be a key force in bring local stakeholders together to shape and take forwards the next steps in our integration agenda across primary care and services in the community to maximise opportunities for joint working and shared objectives and service outcomes .
- The Alliance will define a programme of work, underpinned by a robust needs based population health assessment, that drives forward our local agenda and embeds national deliverables in a way that meets the needs of our local population.
- The Alliance will build upon and strengthen our Primary Care Network (PCN) approach and neighbourhoods models of care with alignment to the Connecting Care framework.
- The Alliance will maintain strategic links between other relevant Alliances within the Provider Collaborative structure and across the West Yorkshire Health and Care Partnership, in order to benefit from 'crosscutting' activities, avoid silo working and avoid duplication.

Development

- This is a new Alliance which is being developed and co-produced by Place partners.
- Terms of reference and priorities have been developed which will be formally approved when the Alliance is launched.
- The Primary Care & Community Alliance was formally launched in July 2022.

Initial Priorities



Key Deliverables 2022/23

- 50 active virtual ward beds by April 23
- Up to 239 patients per month in virtual wards by April 2023
- UCR contacts increase from 434 to 580 per month by November 2022
- UCR - estimated 575 emergency admissions avoided Nov 22 to Mar 23

Wakefield District Health & Care Partnership

Alliance Name – Mental Health Alliance (MHA)
Alliance Chair – Sean Rayner

Overarching aims – to meet the mental health, learning disability, autism, attention deficit hyperactivity disorder (ADHD) and Dementia needs of the Wakefield District population.

Whilst the team and leadership are responsible for all of the above services, the Mental Health Alliance is currently only responsible for mental health.

Key priorities:

- Delivery of NHS Long Term Plan programmes
- Mental Health Investment Standard (MHIS) collaborative prioritisation and assurance process.
- Meeting local need through integrated working
- Managing demand, capacity and Covid recovery
- Supporting ICB programmes and WY MHLDA West Yorkshire Mental Health Learning Disability Alliance (MHLDA) Provider Collaboratives
- To review how this oversight of Learning Disability, Autism, ADHD and Dementia is embedded in the Wakefield Provider Collaborative

Some highlighted programmes:

- Community Mental Health Transformation
- Children and Young People (CYP) Access to Mental Health Services
- Early intervention in Psychosis
- Health checks for people with Severe Mental Illness
- Crisis support
- Achievement of Mental Health Investment Standard
- Joined Up Thinking – a joint VCSE programme aimed at bridging the gap between NHS and the third sector to engage people in hard to reach areas or the most deprived areas in the District of Wakefield

Outcome measures:

- 23,075 people with Severe Mental Illness (SMI) accessing 2 or more contacts from community service by the end of 22/23
- 25,653 Children and Young People aged under 18 supported through NHS funded mental health services receiving at least one contact by the end of 22/23
- 60% of people with suspected first episode psychosis or at 'risk mental state' who start a NICE-recommended package care package in the reporting period within 2 weeks of referral
- 13,672 people with SMI receiving physical health check by the end of 22/23
- Core 24 (liaison mental health model) compliant
- 95% of people referred to the Psychiatric Liaison Team seen within 1 hour in A&E and 24 hours on a ward

Audited assurance of MHIS Target delivered

Improved general health/wellbeing, recovery from health/economic inequality/deprivation. Reduction of pressure on primary care Hospitals, GPs, wellbeing, and support services. Part of our growing community. Non-clinical, co-productive approach. Clients show self-sustainability/normal living. Increased emotional resilience. They will be back into employment, not living off the state. Positive impact in home/local community by mitigating anti-social behaviour. Quicker recovery from setback/loss. Have a support network which works for them.

Wakefield District Health & Care Partnership

Housing & Health

Alliance Chair / Lead - Sarah Roxby

Overarching aims of the Partnership

The Housing for Health Partnership supports delivery of the WDHCP vision as a strategic enabler, having a focus on housing as a wider determinant of health. The partnership works to ensure that people have warm and affordable housing that is safe and secure and promotes independence.

The partnership contributes to the transformation design principles by having a personalised and focussed approach on the importance of a healthy home. The partnership aims to prevent health inequalities through the promotion of good quality, sustainable homes with appropriate support. There is less emphasis on medical models with more focus on enabling self care in a persons own home. The partnership also focussed on the importance of a good community and the lasting impact this can have on a persons health.

Top priorities for 22/23

1. Tackling poor property conditions and affordable warmth
2. Reduction in hospital admissions and timely discharge through the use of technology enabled care in the home and Independent Living schemes
3. Delivery of the Wakefield Housing Plan
4. Tenancy sustainment and Supporting the needs of homeless and rough sleepers

2022/23 Deliverables

- Housing Plan launch and programme commenced
- Fuel Poverty Fund, Big Boiler and Energy Savers schemes delivery
- Money Smart and MBS support delivered
- Frontline health referral pathways established
- The number of rough sleepers expected to rough sleep on any give night will not increase and over the Rough Sleeping Initiative (RSI) 2022-2025 it is anticipated that this number will decrease•
- Integrated model of delivery for independent Living Schemes
- Greater volume of Extra Housing with integrated support offer
- Embedding the WYFI and Homeless Health Assessment Service

Outcomes

Measurables

- Number of new homes built
- Number of rough sleepers
- Number of statutory homeless presentations
- % of ambulance call outs following Care Link response intervention
- Improved housing conditions private rented sector
- Reduced fuel poverty /cold homes
- Delayed admission to residential and/nursing care for older people
- Reduction in number of older people being admitted to hospital
- Better discharge arrangements for older people leaving hospital
- Reduction in levels of homelessness and number of homeless people attending A&E

Wakefield District Health & Care Partnership

Unplanned Care Programme

Aim:

We want to make sure our population can easily access the care they require in the safest way possible when they need it

Programmes of work

Key deliverables in 22/23

Managing your need in your home	A robust understanding of the alternative care pathways aligned with new models of service delivery	**Key metrics :** • Reduction in patients conveyed to A&E who are discharged with no treatment or a less than 1 day length of stay (LOS)* • Consistent delivery of all three Ambulance handover targets by 14th September 22
Managing your need when you need to leave home	A new model for delivery of urgent care A primary care access line that supports simple and easy access to same day emergency care services A same day emergency care infrastructure that responds quickly	**Key metrics:** • By April 23 the Primary Care Access Line (PCAL) service will deliver a 40% reduction in the number of patients attending Emergency Department (ED) after consultation with their GP • By April 23 there will be a 20% increase in the number of patients streamed from ED to Same Day Emergency Care (SDEC).
Managing your ongoing needs in the place best for you	A robust discharge to assess (D2A) model of screening and assessment Embedded true system integrated transfer of care hub Aligned capacity and demand within Intermediate care team (ICT) and reablement Revised models of care to support dementia patients	**Key metrics:** • By April 23 a reduction of 20% in the total number of patients with no reason to reside occupying an acute bed

*baseline and target being finalised and will be confirmed by end of July 22

Planned Care Redesign Programme

Trudie Davies – Senior Responsible Officer for Planned Care Redesign
James Brownjohn – Programme Manager for Planned Care Redesign

Programme Deliverables:
Single system-wide strategy for **Planned Care delivery of strong seamed, integrated and personalised care**

System Project Deliverables 2021 to 2023

1. Planned Care Performance

- Improved system information for decision making in one place
- Access to Demand & Capacity modelling
- Delivering Theatre Efficiencies
- Activity monitoring
- Implementing 'Getting it Right First Time' and 'High Volume Low Complexity' best practice

2.Transformational Care

- Shared Referral Pathway
- Shared Decision Making including Patient Initiated Follow Up (PIFU) care
- Shared clinical pathways
- Using Telemedicine / digital healthcare

3. Partnership Delivery

- Working in partnership across all providers
- To have flexible & responsive shared contractual arrangements
- Removing the shared capacity gap

4. Designed Diagnostics

- Implementation of the Community Diagnostic Hub
- Rapid, one stop shop, patient centred
- Supportive reporting

5. Prepared and Informed

- Accessible records and information to enable people to take more responsibility for their own health and well-being
- Anticipatory care and waiting well to stay well in their own homes and communities

Key Themes: 1. Reducing Health Inequality 2. Digital Opportunities
Golden Threads: Co-design, Meeting Patient Expectations, Benefits Driven

Programme Benefits:

- Deliver significantly more elective care to tackle elective backlogs, reduce long waits and improve performance against waiting times standards
- Develop better information and effective use of digital technologies to transform the delivery of care and patient outcomes
- Support a personalised care approach and place the public need at the centre of transformation reducing any unnecessary variation
- System working to strengthen the seams of our services and improve integration to ensure a right place and right time approach for all patients

Key Deliverables 2022 to 2023

Performance Standard	National	MYHT
Eliminate waits of over 104 weeks	Cleared by July 2022	Maintain Zero
Eliminate waits of over 78 weeks	Cleared by April 2023	Achieve target & go further (see 52 weeks)
Eliminate waits of over 52 weeks	Cleared by March 2025	By March 2023 • Zero Non-Admitted 52 week waits • <300 Admitted 52 week waits
Activity	104% of 19/20 by end of 2022/23	Achieve 104%
Completions	110% of 19/20	Achieve 110%
Reduction of Follow Up	25%	Achieve 25% reduction
Diagnostic	120% of 19/20 DM01 Recovery to see patients within six weeks from request to image acquisition	By March 2023 • Request to Report (as opposed to Request to Image Acquisition so represents the whole pathway): ○ For Cancer maximum two-week pathway ○ For all routine maximum four-week pathway
Expanding the uptake of PIFU to all major outpatient specialties, moving or discharging 5% of outpatient attendances to PIFU pathways	Achieve by end of 2023	Achieve 5% target by March 2023
Referral optimisation, including through use of specialist advice services to enhance patient pathways – delivering 16 specialist advice requests, including advice and guidance (A&G), per 100 outpatient first attendances	Achieve by end of 2023	Achieve 16% target by March 23
For cancer, Return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020)		By March 2023 achieve all cancer targets including 62 days (only exception would be external treatments at other providers, but they must be referred by day 38).

Wakefield People Plan

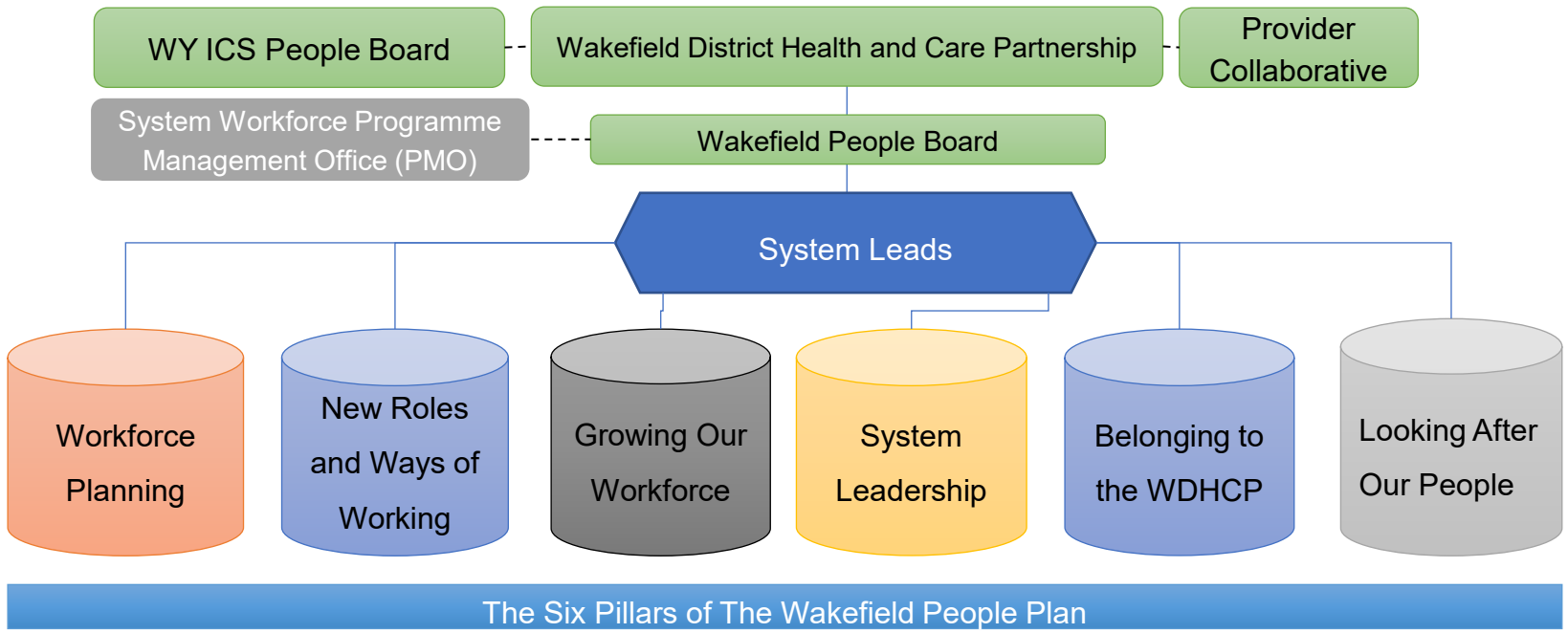
*The overarching aim of The **Wakefield People Plan** is to ensure Wakefield has a confident, motivated workforce and the skills, values & behaviours to undertake their roles. The Plan will support delivery of the WDHCP strategic objectives.*

2022/23 deliverables:
Set the strategic direction for workforce transformation

Identify current and anticipated workforce challenges and solutions

Support a learning needs approach to training, recruitment and role redesign

Promote collaborative, compassionate, distributive system leadership



Outcomes

The Wakefield Health and Care Partnership People Plan focuses on how we can bring workers together across professional and organisational boundaries to deliver a seamless health and social care service. It supports the integration agenda, through the development of new roles, system leadership training and the introduction of new ways of working.

A programme management office (PMO) approach will ensure each of the Pillars priorities are monitored.

Workforce data will be utilised and analysed to understand the impact of the outputs.

Wakefield District Health & Care Partnership

Health inequalities - CORE20PLUS5

- **Framework** expected to be taken into account for all commissioning and delivery where appropriate
- Additional investment for people at greatest risk of experiencing health inequalities:
  - People who live in geographical areas of highest deprivation (according to IMD)
  - People who belong to health inclusion groups or who have protected characteristics
- Expectation that approach includes wider determinants of 5 clinical areas
- Leadership group at ICB have agreed a loose set of criteria – majority of decision making is at place
- A local partnership leadership group will be established to oversee the work for Wakefield District

Framework for tackling health inequalities

www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5

Wakefield District Health & Care Partnership

Digital Transformation – key themes

- Data driven decision making
- Real time system demand management
- Population Health Management datasets enabling identification of at risk cohorts and interventions to prevent ill health
- Sharing of pseudonymised service utilisation information
- Self-management support
- Shared care record

Wakefield District Health & Care Partnership

Quality at Place - Principles

- Collective approach
- Based on transparency and trust
- Inclusive / participative, communicating with partners through established networks
- Mutual peer support, constructive challenge and solutions
- Respectful of an organisation's 'own business'
- Shifting focus from assurance to improvement, support and shared learning
- Low bureaucracy – keep it simple
- Acting with kindness and civility
- Quality at Place:
  - keeps residents at the centre of what we do
  - improves quality of care
  - links to reducing health inequalities
  - is multi-organisational / pathway driven
  - focuses on areas that make a real difference to residents
  - looks at issues where a collective approach adds real value

Wakefield District Health & Care Partnership

Embedding quality at place – each programme will consider…

- Points to consider ….. think Health and Care

1. What contribution is the programme making to reduce health inequalities?
2. Does the programme promote and improve quality and safety?
3. Does the programme have appropriate measures to determine the impact on quality and safety?
4. Has the programme undertaken quality and equality impact assessments on the proposed change, and mitigated any risks that are created?
5. Does the programme introduce best practice and how far is it evidence based?
6. How is the patient and community voice being embedded throughout the programme?
7. Does the programme have a focus on improving experience of care?
8. Does the programme consider implications for the workforce (including training and development)?
9. How will the programme know that it is a making a demonstrable difference to outcomes – clinical and non clinical?
10. Are there any concerns from a regulatory perspective and if so how are they being addressed?
11. How will the programme be evaluated and to what extent will this be independent of programme governance?
12. How will the programme impact on and support ‘recovery’ and ‘reset’ requirements

Quality enablers

- Use of quality improvement methodologies as the basis for transformation programmes
- Understand the Wakefield population need and inequalities – JSNA and Health and Wellbeing Strategy
- Live quality and equality impact assessment (QEIA) process
- Measures identified can be track improvement over time
- Formal evaluation of the change, including public voice, to ensure benefits realisation and no unintended consequences

Patient and Citizen Voice 1

- Our approach to involvement is aligned to the West Yorkshire involvement framework, which also includes the involvement principles which have been contributed to and adopted locally.

- Principles and ways of working for 2022/23 of the WDHCP will embed and reflect our citizen voice within our work. This will include, but not be limited to:

    - Evidence of appropriate patient and public involvement taking place in our WDHCP transformation work programmes.
    - Avoidance of duplication and mutual support for seeking patient and public feedback across Wakefield Place.
    - Consideration of possible impacts of proposals and plans.
    - The approach to public involvement will be transparent, accountable, and evoking trust from the public.
    - Reflection of findings from the ICB review of public involvement within the approach for WDHCP planning and reporting.

Wakefield District Health & Care Partnership

Patient and Citizen Voice 2

- It is proposed that citizen voice is represented at the WDHCP through the following ways:
    - Continuation of engagement as one of the key enablers for the WDHCP going forward and regular updates/reporting at WDHCP meetings to provide up to date information on planned and completed activity and feeding in the patient and public voice into the WDHCP.
    - Continuation of the Patient and Community Panel to advise on and quality assure engagement and equality activity. This would be supported by development of the Panel to include increased diversity, strengthened links to currently under-represented groups, mental health, Learning Disabilities, young people and other cohorts either through membership or working links. This arrangement would support the principle of no action or decision being made prior to evidence of appropriate patient and public involvement taking place.
    - Task and Finish Group of the Patient and Community Panel to be established specifically to consider the business of the WDHCP and relevant documentation prior to each WDHCP meeting. This Task and Finish Group will be led by Healthwatch Wakefield's Chief Executive Officer.
    - Current WDHCP Citizen Engagement enabler reporting to be utilised alongside these arrangements and Healthwatch Wakefield Chief Operating Officer, as Senior Responsible Officer for the Enabler, remain the point of contact for this including reporting to the Health and Wellbeing Board.
    - Overview of feedback received utilising patient experience monitoring mechanisms and linking to Quality at Place workstream. This aspect would link with the proposal on place-based approach to quality, as outlined in the work of the CCG's Quality Team and the Experience of Care Network.
    - Service user stories at WDHCP meetings, represented in various formats.
    - The voice of the citizen to be represented at WDHCP meetings as a standing agenda item, building on local engagement and patient experience work.
    - Current engagement mechanisms to continue to ensure that Wakefield has varied channels and approaches across the ladder of involvement, from sharing of information to co-production.
    - Make recommendations to the WDHCP Board on any anticipated issues via the Citizen Engagement enabler Senior Responsible Officer lead who is also the Healthwatch Wakefield Chief Operating Officer.

Climate Change

As a partnership we take our responsibility to addressing climate change seriously. Partners have already taken a range of actions to contribute positively to this agenda, such as modifying estates, incentivising reductions in car use and ensuring that procurements facilitate best practice. We recognise that we can go further, faster by working together going forward.

We will…

- Work closely with the West Yorkshire Integrated Care System Climate Change Strategy and play our part in making change in Wakefield district.
- Facilitate an increase in active sharing of ideas, best practice and actions across local organisations
- Establish a Climate Change partnership group meeting regularly to drive innovation in climate change
- Identify Climate Change Champions in and across organisations
- Create a workforce movement supporting individuals to make small incremental changes in personal and community lives

Financial Challenge and Opportunity

- The financial challenge across the Wakefield place is significant across all partner agencies. The lack of a long-term agreement for the funding of social care continues to present challenges to service sustainability. The financial agreements that have underpinned the NHS and local authority response to Covid-19 are now starting to diminish. As part of this, the national direction is to reduce the NHS funding that has been provided to the West Yorkshire ICB to fund the Covid-19 response; the extent to which matching costs can be reduced is far less certain. To support elective recovery, additional revenue and capital funding is being made available to systems.

- As the financial governance arrangements in Wakefield start to move more closely to a partnership model through the WDHCP, there will be a need for an increased focus on an open-book approach, a clear understanding of underlying costs, a clinically-led and data-driven approach to productivity and efficiency, and a framework for partnership decision-making that delivers on outcomes, improving population health and wellbeing, and reducing health inequalities

Our Development Journey – what is next for Wakefield District Health and Care Partnership

- We are continuing our journey as WDHCP and are beginning this part of our journey
- We have achieved so much by working together and we now have the opportunity to do more
- We want to look to the future and work towards where our citizens tell us we need to be by 2028
- We need to take time to develop those plans together and will do so over the coming year.
- We will publish our five year transformation strategy by April 2023.

Wakefield District Health & Care Partnership

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	19 July 2022
Report title:	CORE 20 PLUS 5 – NHS health inequalities framework Summary and outline proposal for Wakefield District
Report presented by:	Becky Barwick, Associate Director of Partnerships and System Development
Report approved by:	Anna Hartley, Director of Public Health Ruth Unwin, Director of Strategy
Report prepared by:	Becky Barwick

Purpose and Action			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

N/A

Executive summary and points for discussion:

CORE 20 PLUS 5 is the new NHS England / Improvement framework for tackling health inequalities.

The framework describes the expected approach to:

i) Addressing health inequalities in the most deprived neighbourhoods
ii) Addressing health inequalities in the most vulnerable and marginalised groups
iii) The five clinical areas of focus expected to be impacted on through focusing on their wider determinants:
   a. **Maternity:** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
   b. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
   c. **Chronic respiratory disease**: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
   d. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
   e. **Hypertension case-finding**: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

There is also an amount of funding to help supplement our local actions. This will be £1,040,000 per year, recurrent for Wakefield District. The funding is roughly 50% for deprived neighbourhoods and 50% for vulnerable groups.

The slides describe the framework, how this is being proposed to be implemented and overseen by the West Yorkshire ICB and what the initial proposal is for Wakefield District.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The WDHCP Committee is asked to:

1. Note the proposed approach to Core 20 PLUS 5 in Wakefield District
2. Approve the recommendation to establish a local oversight group and discuss the appropriate reporting lines
3. Note the outline proposal for investment and approve the recommendation that this is brought for final sign off in September 2022.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1. CORE 20 PLUS 5 – NHS health inequalities framework summary and outline proposal (Powerpoint format)

Acronyms and Abbreviations explained

1. WYICB – West Yorkshire Integrated Care Board
2. ICB – Integrated Care Board
3. WY-FI - West Yorkshire Finding Independence Service
4. WDHCP – Wakefield District Health and Care Partnership
5. IMD – Office of National Statistics Indices of Multiple Deprivation
6. VCSE – voluntary, community and social enterprise sector

What are the implications for?

Residents and Communities	The paper sets out our proposed approach to tackling health inequalities and includes direct work with the most deprived communities.
Quality and Safety	N/A
Equality, Diversity and Inclusion	The paper sets out our approach to health inequalities
Finances and Use of Resources	A final proposal for investment will be brought to the committee in September
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	The paper sets out our approach to citizen and stakeholder engagement

Wakefield District Health & Care Partnership

CORE20PLUS5
NHSE/I approach to reducing health inequalities

WDHCP Summary and Initial Proposal

July 2022

Proud to be part of West Yorkshire Health and Care Partnership

www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5

Wakefield District Health & Care Partnership

What is CORE20PLUS5?

- Just over £1m recurrent funding for WDHCP from current financial year
- Also is a **wider framework** expected to be taken into account for all commissioning and delivery where appropriate
- Additional funding to be used for people at greatest risk of experiencing health inequalities:
  - People who live in geographical areas of highest deprivation (according to IMD)
  - People who belong to health inclusion groups or who have protected characteristics
- Expectation that approach includes wider determinants of 5 clinical areas
- Leadership group at ICB have agreed a loose set of criteria – majority of decision making is at place

The ‘5’ element of CORE20PLUS5

The five areas of clinical focus specified as part of the CORE20PLUS5 Framework are strongly aligned with the NHSE/I clinical priorities and are described below. **We will include the wider determinants of these areas when planning how to invest to make the greatest impact around these five priorities.**

1. **Maternity:** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
2. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
3. **Chronic respiratory disease**: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
4. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
5. **Hypertension case-finding**: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

WY ICS principles for CORE20PLUS5 investment

- We will be guided by population need driven by subsidiarity of place.
- We will focus on the added value of integrated service models that bring together parts of the system to address inequalities at neighbourhood, place and system geographies.
- We will target approaches to reduce inequalities, this will be based on local intelligence.
- Resource will be allocated and principles will be collectively agreed by the West Yorkshire system but the focus for spend will be determined locally.
- There will be a focus on reducing inequalities in access, experience and outcomes linked to five clinical priority areas including the determinants of health that underpin these areas.
- We will focus on partnerships between VCSE organisations and health partners to maximise reach into communities with the highest level of need.
- We will strive for additionality and how the resource is adding value to reduce inequalities. For place based allocations this additionality will be determined locally and may come from the continuation of targeted approaches that are underway but may be financially at risk. Where this approach is taken, it will be made transparently with support though place decision-making and the system programme arrangements.

Additional WDHCP criteria

- Clear line of sight to Wakefield District Health and Wellbeing Strategy
- Ensure that the pot is not divided down so far as to loose any potential impact
- Opportunity for existing non recurrent schemes that have evaluated well and are ending
- Sensible decisions based on local intelligence and evidence-base

‘CORE20’ in Wakefield – proposed approach

- It is proposed that we invest in a local targeted approach to addressing health inequalities in ‘core’ communities to:
- Support people and families to achieve their vision of a good life, use their gifts and make their contribution.
- Help communities to be self-supporting and to flourish. Transforming systems, building bridges and strengthening relationships between citizens, communities and services
- Work closely with Primary Care Networks, local VSCE organisations and other community based networks, based on evidence from the Joint Strategic Needs Analysis and focusing on the most deprived parts of the district.
- Choose places with high risk factors and low assets.
- Invest in coordinating resources for the identified places.
- Invest in asset-based community development offer for those places.
- Business Case in development for sustainable funding of Local Area Coordination approach

‘PLUS’ at ICS

- A number of specific inclusion groups have been identified for action at scale across West Yorkshire. These will be coordinated through the ICB CORE20PLUS5 leadership group and will include:
  - Rough sleepers
  - Gypsy, Roma and Traveller populations and
  - Refugees and Asylum Seekers
- A proportion of the CORE20PLUS5 funding has been retained at West Yorkshire level for this purpose

‘PLUS’ in Wakefield– proposed approach

- Additional local priority inclusion groups include:
  - Vulnerable migrants
  - Unpaid carers
  - People living with severe mental illness and/or learning disabilities
  - People experiencing homelessness, contact with criminal justice system and/or drug and alcohol dependency
  - Sex workers
  - Trans people
- Proposal to partially fund the WY-FI scheme
- Proposal to fund a roving health inclusion team (based on the model of the roving vaccination team)

Process and oversight recommendations

- Funding available summer 2022 (full year for 2022-23)
- Final proposal to WDHCP in September for sign-off
- Review and evaluate initial investment areas after period of time
- Ensure a fair process of identifying opportunities for investment that meet criteria
- Trust that we know what works
- Map delivery of all elements of CORE20PLUS5 to identify gaps
- Establish a health inequalities leadership group to oversee delivery of the CORE20PLUS5 framework across our partnership
- Wide group of key stakeholders – needs engagement plan

Meeting name:	Wakefield District Health and Care Partnership – Partnership Committee
Agenda item no:	12
Meeting date:	19 July 2022
Report title:	Wakefield Mental Health Alliance – Summary Update
Report presented by:	Sean Rayner, Chair, Wakefield Mental Health Alliance
Report approved by:	Sean Rayner
Report prepared by:	Sean Rayner

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

Reports and presentations to the Wakefield Integrated Care Partnership meetings.

Executive summary and points for discussion:

The report provides a brief overview of the work of the Wakefield Mental Health Alliance for the calendar year 2022 to date, and key issues for the next few months. **N.B.** It is for information only.

Which purpose(s) of an Integrated Care System does this report align with?

- ☒ Improve healthcare outcomes for residents in their system
- ☒ Tackle inequalities in access, experience and outcomes
- ☒ Enhance productivity and value for money
- ☒ Support broader social and economic development

Recommendation(s)

The Partnership Committee is asked to:

1. Receive the summary update report on the Wakefield Mental Health Alliance work programme for the calendar year to date, and key issues for the next few months – for information.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1.	PowerPoint slide presentation
Acronyms and Abbreviations explained	
1.	SWYPFT – South West Yorkshire Partnership Foundation Trust
2.	IAPT – Improving Access to Psychological Therapies

What are the implications for?

Residents and Communities	N/A – update item only
Quality and Safety	N/A – update item only
Equality, Diversity and Inclusion	N/A – update item only
Finances and Use of Resources	N/A – update item only
Regulation and Legal Requirements	N/A – update item only
Conflicts of Interest	N/A – update item only
Data Protection	N/A – update item only
Transformation and Innovation	N/A – update item only
Environmental and Climate Change	N/A – update item only
Future Decisions and Policy Making	N/A – update item only
Citizen and Stakeholder Engagement	N/A – update item only

Wakefield District Health & Care Partnership

Wakefield Mental Health Alliance Summary Update – For Information

WDHCP Committee

Sean Rayner

19 July 2022

Overview of Mental Health Alliance Work Agenda - Calendar Year 2022 To Date & Key Issues for next few months

- Planning priorities for 2022/23 agreed, with Mental Health Investment Standard proposals prioritised and being implemented.
- Focus on long covid and transition pathways.
- Reports and assurance from Alliance sub-groups:
  - Emergency Department group
  - Psychology group
  - Emotional wellbeing peer review
  - Older peoples mental health and dementia group
  - Community mental health services transformation
- Co-production and agreement of Stakeholder Group Terms of Reference – Group has had a focus on: Suicide prevention; supporting people with social challenges, practical support around cost of living.
- Public Health survey and Public Health update.

Overview of Mental Health Alliance Work Agenda - Calendar Year 2022 To Date & Key Issues for next few months continued

- SWYPFT Internal Audit Report *System Working: Wakefield Mental Health Alliance*, December 2021 – implementation of recommendations. **N.B.** Audit opinion was ***Significant Assurance***. "*Our review of the MHA found that governance is designed to facilitate collaborative working and ensure the partnership operates effectively. Partnership meetings are well attended, and members receive sufficient information to enable the Alliance to fulfil its duties.*"
- Programme of 'deep dive' on partner service provision – to date: Alzheimer Society; IAPT service.
- A focus on the work of the Children's Alliance, including a specific focus on 'transitions from Children &Young People to adult services'.
- A focus on the Public Health team-led work on drugs and alcohol.
- Development of an Alliance performance dashboard.
- Review of arrangements for grant allocations (in line with Third Sector Framework) to support voluntary sector organisations to be more sustainable.
- Planning for 23/24 prioritisation process in context of new governance arrangements.
- Review of West Yorkshire Mental Health, Learning Disabilities and Autism Partnership governance arrangements and work programme.
- Support to other developing alliances within the Wakefield Provider Collaborative and in the West Yorkshire system.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	12
Meeting date:	19 July 2022
Report title:	Update on the transformation of Community Mental Health Services in Wakefield
Report presented by:	Sean Rayner, Chair, Wakefield Mental Health Alliance
Report approved by:	Sean Rayner
Report prepared by:	Charlotte Whale, Transformation Lead, Wakefield Mental Health Alliance

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

Reports and presentations to the Wakefield Integrated Care Partnership meetings.

Executive summary and points for discussion:

The Wakefield Mental Health Alliance is leading on the transformation of Community Mental Health services in Wakefield. This 3-year transformation programme forms part of the NHS Long Term plan and aims to deliver holistic, person centred mental health care at neighbourhood level.

Moving away from silos of care, our aim is to deliver a 'no wrong door' approach that focuses on integrated working by enhancing our existing connecting care teams.

The main scope of this programme is the care of adults and older adults with severe mental illness (SMI) and/or complex needs. We must also ensure we consider the needs of young people transitioning to adult services.

3 additional focus areas of this transformation are being progressed at West Yorkshire level:

- Eating Disorders
- Personality Disorder
- Complex Rehabilitation

This presentation details our new enhanced local connecting care team offer, our approach to working with system partners and what this means for the experience of our Wakefield service users.

We welcome the opportunity to share this work at the new Wakefield District Health and Care Partnership Committee.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes ☒ Enhance productivity and value for money ☐ Support broader social and economic development
Recommendation(s)
The Wakefield District Health and Care Partnership Committee is asked to: 1. Note the update on Community Mental Health Transformation 2. Confirm that assurance on the NHS Long Term Plan Ambition for Community Mental Health has been provided.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
N/A
Acronyms and Abbreviations explained
N/A

What are the implications for?

Residents and Communities	Improved access to and co-ordination of community mental health services for adults with serious mental illness.
Quality and Safety	Improved quality and safety.
Equality, Diversity and Inclusion	The offer aims to improve access for 'hard to reach' service users
Finances and Use of Resources	Funded through dedicated allocations from NHSE/I.
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	The service offer is predicated on transformation and innovation.
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	Stakeholder engagement is a key element in the programme.

Wakefield District Health & Care Partnership

Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Tuesday 07 June, 2.00pm – 5.00pm, MS Teams

Present – voting members

Name	Representing
Colin Speers	Chair
Lucy Beeley	Integrated Urgent Care Board
Karen Benstead	Representing Director of Community Services
Antony Nelson	Primary Care Networks/ GP Practices
Melanie Brown	Representing Wakefield Place Director
Michele Ezro	Mental Health Alliance
Maddy Sutcliffe	Third Sector Strategy Group
Amanda Miller	South West Yorkshire Partnership Trust
Kate Parker	Service Manager Adult's Social Care
Jenny Lingrell	Service Director Children's Social Care
Matt England	Planned Care Provider Alliance
Karen Parkin	Associate Director, Wakefield CCG
Trudie Davies	Mid Yorkshire Hospital Trust
Sarah Roxby	Housing and Health Group
Amanda Miller	South West Yorkshire Partnership Trust
Linda Harris	SRO Workforce
Hazel Pearse	End of Life Board
Matt England	Planned Care Provider Alliance
Maddie Sutcliffe	Third Sector Strategy Group

Present - In attendance

Name	Representing
Megan Barker	Minute Taker
Becky Barwick	Executive Lead to the Provider Collaborative
James Brownjohn	Mid Yorkshire Hospitals Trust
Tilly Poole	Community Transformation Programme
Catherine Riley	Mid Yorkshire Hospitals Trust

Apologies

Name	Organisation
Michala James	Provider Collaborative Manager
Linda Harris	SRO Workforce
Jo Webster	Wakefield Place Director

Administration

Agenda no	Minutes
1	**Welcome and apologies** Colin Speers welcomed everyone to the meeting. Apologies were noted.
2	**Declarations of Interest** Colin Speers asked if anyone had any Declarations of Interest. There were no Declarations of Interest given from any member on the call. **Action:** Colin to work with Becky to put combine declarations of interest together.
3	**Approval of minutes from the last meeting** The minutes from the previous meeting were agreed as an accurate record however noting the below amendments that need to be made - Page 1 – Amanda Miller informed she attended the last meeting but wasn't noted down on the attendees list, Liv to action. Lucy Beeley noted she thinks she is missing from the distribution list for this meeting. **Action**: To ensure Lucy Beeley is included in the distribution list going forwards.
4	**Action log from the last meeting** Colin Speers discussed the action log and it was updated accordingly.
5	**WDHCP Vision, Purpose and Priorities / Provider Collaborative Development Session** Becky Barwick shared her presentation and discussed the WDHCP transformation principles and informed that the vision and purpose statements have been confirmed along with the strapline, which is really positive. Following on from the development session that took place on 10th May, the contents of the conversations on the jamboards have been analysed and this is how the transformation design and enabling principles have been established. The proposed priorities are yet to be signed off and agreed, they need to map across transformation themes and gaps need to be identified to help formulate transformation plans for the future. Becky advised everyone what this would mean for the Provider Collaborative group and highlighted the relevant parts in terms what the role of this group is going forward. Provider Collaborative Development Sessions Becky asked if 28 June would be a good time for a development session, followed by another session in September. All members were in agreement with this. Tilly Poole provided feedback regarding slide 5 of the presentation – naming convention issues on the left hand column. In terms of provider collaborative, if alliances holding ring on individual programmes, what is the role of the provider collaborative?

Agenda no	Minutes
	Lucy Beeley stated that there is lots of discussions around doing work with the population however, how are we truly doing this with our population? **Action:** Becky Barwick to ensure co-production and people's voice is accounted in this group. Matt England asked do we need to work through what strategies would look like and the business plan? Will organisations have their own business plans? Becky Barwick confirmed if there is strong alignment through key themes that fit into the partnership, it would work for organisations to have their own plan but with consistency. **Action:** Becky Barwick to share first part of slides with the alliances.
6	**Virtual wards progress** Tilly Poole provided an update on the virtual wards programme and the national planning submission. Tilly shared her presentation on the planning submission with members and the next steps to take forward. Tilly informed the final national submission is on 09 June and this requires place CEO sign off, it will go to Rob Webster for final consideration at ICS level. It was noted that although this is challenging and comes with a lot of risks, it is very positive and a good opportunity. Karen Parkin noted that it also links into a lot of other programmes which are already running in the community however early identification of impact is essential rather than 2 years down the line. Colin Speers thanked everyone for their work to get this done by the submission deadline and thanked Tilly for the update.
7	**Community Diagnostic Hubs update** James Brownjohn/ Catherine Riley provided an update on the Community Diagnostic Hubs. The aim is to get the business case by July which will be a challenge, a meeting has been arranged for next week to go through the business case with both Trusts. James/ Catherine noted that new opportunities/challenges are occurring on a regular basis and the team are currently exploring how to break the business case into different components however this comes with its risks, work is ongoing, and the plan is still being finalised, looking to go to respective trust boards in early July.
8	**End of Life Care Review** Karen Parkin and Hazel Pearse jointly attended on behalf of the End-of-Life Care Board to present, the outcomes, final report and recommendations of the end-of-life care review. It is recommended that the Provider Collaborative: I. Approved the end-of-life final report and recommendations and,

Agenda no	Minutes
	II. Notes the further work to be undertaken around timescales, programme management and governance before implementing the recommendations. Discussions took place around having a programme manager for this piece of work and whether there could be a joint pool of resources for the provide collaborative group for instances like this. **Action:** Karen Parkin to look into a pooled resource with the joint finance lead for an EOL programme manager role. The group were in agreement with the report and recommendations however aware that further work is needed to be done around programme management.
9	**Children's ASD Business Case** Jenny Lingrell shared her presentation on the CYP ASD Diagnosis Business Case for 2022, in order to seek support from the collaborative for one of the options in relation to the business case so that this can be the preferred option to go forward. Jenny discussed the current position, the pathway design (paediatric assessment and MDT assessment), Jenny also explained that work has been done to reduce the referrals. Jenny went onto the discuss the options going forward and the effects it will have and the considerations. Karen noted it may be worth exploring a range of services for one end of the spectrum to the other. Mel Brown also questioned if any validation on the waiting list has taken place and if there is something that the service users could access now whilst waiting? Mel stated it is essential that the parents are involved and kept updated to ensure no written statement of action. Trudie Davies explained that she doesn't understand why the waiting lists are being treated differently and why this waiting list is not being prioritised **Action:** James and Trudie to speak with Nick and Kay regarding why the waiting list is not being captured. **Action:** Jenny Lingrell to discuss further with Karen Parkin in regard to different options. **Action:** Jenny Lingrell to progress conversations with LA around equal and opposite demand and to put an action plan together in order to be prepared for the SEND inspection.
10	**Developing the Wakefield People Plan** Dominic Blaydon attended to discuss and share the development on the Wakefield People Plan. It is in consultation currently however, will need to come back to Provider Collaborative for final sign off in July. The Wakefield People Plan identifies 6 key pillars where are joint approach can be taken on workforce development, Dominic discussed each of the 6 key pillars and themes with the group and informed that there will be system leads in place for each of the pillars.

Agenda no	Minutes
	It is recommended the Provider Collaborative supports the development of The Wakefield People Plan and agrees to support delivery of the Plan moving forward, all members were in agreement with this.
11	**Overview of system pressures** Trudie Davies provided an update in regards to system pressures and performance highlights: • A+E numbers continue to rise, running up to 108%. Still getting lots of people through with an expected conversion rate, which meant that over the weekend bed capacity had to be increased on top of the 56 additional capacity beds that are still being used. • ITHOC Hub is well established and the medically fit for discharge number has been decreasing. • Currently 5 patients with Covid in Pinderfields, no further issues to report on this. • Planned Care – no-one over 104 weeks, maintained this position well. • Issue with Diagnostic Capacity MRIs – unable to get the equipment at Pontefract and there is also a delay at Pinderfields, seeking alternatives for this. • Secured Jaggaer Accreditation across all 3 sites in the Trust which is positive news. Allows the Trust to get a licence to undertaken bowel screening which is great and also good for attracting workforce and gastroenterologists etc. • Ambulance Handovers – 23 days without a 60-minute delay which is really positive.
12	**Items for escalation to Wakefield District Health & Care Partnership Committee** No items for escalation
14	**Any other business** No members of the group had any other business to raise/discuss. Colin Speers closed the meeting and thanked everyone for joining.
Date and time of next meeting: Tuesday 12 July 2022, 2:00pm – 5:00pm	