Wakefield District Health & Care Partnership

Partnership Committee Agenda

Thursday 22 September 2022 – 2.00pm until 4.30pm

Microsoft Teams

v = verbal, d = document, p = presentation

Administration

Time	Agenda no	Item	Purpose	Lead
2:00	**1**	**Welcome and introductions (v)**	Information	Ann Carroll, Chair
	2	**Apologies and Declarations of Interest (v)**	Information	Chair
	3	**Minutes from the last meeting and action log (d)**	Endorse	Chair
2.05	**4**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.10	**5**	**Chair's opening remarks (v)**	Information	Chair
2:15	**6**	**Public Health Profiles (p)**	Discussion	Clare Offer, Public Health
2:30	**7**	**Report of the Place Lead (d)**	Endorse	Jo Webster, Place Leader
2.35	**8**	**Re-contracting of the existing Adult Hearing Loss Providers in Wakefield (d)**	Approve	Simon Rowe, Head of Contracting
2.50	**9**	**Enhanced Primary Care Access (d)**	Approve	Chris Skelton, Head of Primary Care and Debbie Aitchinson, Conexus

Time	Agenda no	Item	Purpose	Lead
3.05	**10**	**Addressing Health Inequalities in Wakefield District - Core20PLUS5 Investment Proposal (d)**	Approval	Becky Barwick, Associate Director of Partnerships and System Development
3:20		**Break**		
3:25	**11**	**Governance (d)** a) Wakefield District Health and Care Partnership Workplan b) Wakefield District Health and Care Partnership Risk Register	Endorse	Ruth Unwin, Director of Strategy
3.40	**12**	**Summary of 2022/23 Quarter 1 Quality, Safety and Experience report (d)**	Assurance	Penny Woodhead, Director of Nursing and Quality
4.00	**13**	**Wakefield People Plan (d)**	Approval	Linda Harris and Phillip Marshall, Joint SRO for Workforce

Final items

Time	Agenda no	Item	Purpose	Lead
4:15	**14**	**Issues to alert, advise or assure the ICB Board on (v)**	Discussion	Chair
	15	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** a) WY ICS Finance Strategy 2022-2025 (d)	Endorse	Chair
4.20	**16**	**Items escalated from other Boards (v)**	Discussion	Chair
	17	**Items for escalation to other Boards (v)**	Discussion	Chair
4.25	**18**	**Receipt of minutes from the sub-committee (d)** a) Patient Community Panel Committee	Information	
	19	**Any other business (v)**	Discussion	

Time	Agenda no	Item	Purpose	Lead
	20	**Date and time of next meeting:** Thursday 11 November 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.

Agenda item 3

Wakefield District Health & Care Partnership

Wakefield District Health & Care Partnership Committee

Tuesday 19 July 2022

14:00-17:00pm via Microsoft Teams

Present

Name	Representing
Dr Ann Carroll	Independent chair, Wakefield District Health & Care Partnership
Richard Hindley	Independent Member, Wakefield District Health & Care Partnership
Stephen Hardy	Independent Member, Citizen Voice & Inclusion, Wakefield District Health & Care Partnership
Jo Webster	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Mel Brown	Director for System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership
Len Richards	Chief Executive, Mid Yorkshire Hospitals NHS Trust
Sean Rayner	Executive Director - Southwest Yorkshire Partnership Trust, Chair of the Mental Health Alliance
Gary Jevon	Chief Executive, Healthwatch Wakefield
Jenny Lingrell	Service Director, Children's Health & Wellbeing, Wakefield Council
Clare Offer	Public Health Consultant, Healthcare, Intelligence and Research Service – Wakefield Council
Claire Barnsley	Chair of Wakefield LMC
Maddy Sutcliffe	Chief Executive, Nova – representing Third Sector Strategy Group
Sarah Roxby	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance
In attendance	
Olivia Morgan	Minute Taker
Karen Parkin	Operational Director of Finance, Wakefield District Health & Care Partnership
Penny Woodhead	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
Colin Speers	Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership
Cllr Simon Lightwood	Member of Parliament for Wakefield
James Drury	Director of Partnership Development, Bradford (observer)
Linda Harris	Responsible Officer for Workforce, Wakefield District Health & Care Partnership
Phillip Marshall	Director of Workforce & Organisational Development, Mid Yorkshire & Joint SRO for workforce for Wakefield District Health & Care Partnership
Claire Vodden	Communications Lead for Partnership (observer)
Gemma Gamble	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Rebecca Barwick	Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership
Jane Hindle	Interim Governance Manager, Wakefield District Health & Care Partnership

Apologies

Name	Organisation
Dr Adam Sheppard	Clinical Chair & GP Member, Wakefield District Health & Care Partnership
Dr Clive Harries	GP Member, Primary Care Network Director Representative
Dr Tim Dean	GP Member, Primary Care Network Director Representative

Name	Organisation
Dr Lyn Hall	GP Member, Primary Care Network Director Representative
Antony Nelson	Managing Director, Conexus Healthcare
Anna Hartley	Director of Public Health – Wakefield Council
Ruth Unwin	Director for Strategy, Wakefield District Health & Care Partnership
Beate Wagner	Corporate Director, Children & Young People – Wakefield Council
Vicky Schofield	Interim Corporate Director, Children & Young People – Wakefield Council
Paula Bee	Chief Executive, Age UK Wakefield District
Cllr Maureen Cummings	Member of Parliament for Wakefield & Adult Social Care Portfolio Holder
Mark Brooks	Chief Executive - Southwest Yorkshire Partnership Trust

No	Item	Action
01/22	**Welcome & Introductions** Dr Carroll welcomed everyone to the first formal Wakefield District Health and Care Partnership committee meeting and explained we are now a formal committee of the West Yorkshire Integrated Care Board. Introductions took place and Dr Carroll made everyone aware of the meeting etiquette. A short video was shared setting out the purpose and the priorities of the West Yorkshire Integrated Care Board.	
02/22	**Apologies & Declarations of Interest** Apologies were noted and accepted, and no declarations of interests were raised from any member present.	
03/22	**Questions from Members of the Public** No formal questions were received from the Public.	
04/22	**Chair's Opening Remarks** Dr Carroll noted that whilst the meeting was the first formal and public meeting of the committee, it represents a continuation of the work that has been ongoing in Wakefield for a number of years and provides an opportunity to accelerate closer working between health, social care, voluntary services and the third sector in order to provide high quality and reactive services to the residents of Wakefield. Wakefield is unique in recognising the importance of establishing shared posts across organisations, for example, Jo Webster, the Accountable Officer and representative for the West Yorkshire Integrated Care Board and also the Director for our Adult Social Care Services in Wakefield and Executive Director of Community Services for Mid Yorkshire Hospitals which means there is great opportunity to integrate services and break down organisational barriers. Members are working closely with colleagues across West Yorkshire to embed the new arrangements in order to ensure that the system delivers the priorities and vision for the future.	
05/22	**People Story** Rebecca Barwick shared a video of a patient story, put together by the staff and residents at Millfields Care Home sharing their experiences during the Covid pandemic and how staff continue to support residents. Mel Brown thanked all care home staff and managers across the Wakefield District for their continued hard work in supporting residents.	

06/22 **Report of the Place Leader**

Mel Brown presented the report on behalf of Jo Webster and highlighted the following key matters:

NHS West Yorkshire Integrated Care Board (ICB)

NHS West Yorkshire Integrated Care Board became a new statutory organisation from Friday 01 July 2022. The new Integrated Care Board is created under the 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. Mel Brown informed the committee of plans for Rob Webster (Chief Executive) and Cathy Elliott (Chair) to attend future meetings of the committee.

Wakefield Place

At the recent Wakefield Health and Wellbeing Board development, chaired by Cllr Maureen Cummings it was agreed that the Wakefield District Health and Care Partnership would oversee the priorities of the Health and Wellbeing Strategy.

Connecting Care Hubs

Adult Community Services and place partners are meeting today, 19 July, to look at the next steps of the development of the connecting care hubs with a view to refresh the model and agree how to re-integrate our services to provide better aligned Neighbourhood Teams. The aim is to build on current models and develop new models of integration to improve system working.

Adult Social Care Strategy

Mel Brown also informed the committee that colleagues from Adult Social Care have been developing a Wakefield Adult Social Care Strategy, which this has been published this week. It is a three-year strategy with four key priority areas. These include – People and Communities, Thriving Workforce, Quality and Effectiveness and Joined Up Support, these priority areas will align with the people plan for Wakefield District.

07/22 **Urgent Decisions**

Mel Brown reported that South Moor Surgery, made an application for a one-day closure on 11 July 2022 due to levels of sickness amongst staff. The practice had taken steps to inform patients including additional information on the website and messages via social media advising how to access services. Mel Brown stated that in future these matters would feed into the Integrated Assurance Committee however, this information was shared today for timeliness and transparency.

Richard Hindley queried if these pressures have been seen more widely across primary care, Mel Brown noted that general practice colleagues are under pressure due to Covid absences. This is managed via a daily sitrep which ensures that primary care services are supported. South West Yorkshire Partnership Foundation Trust and Mid Yorkshire Foundation Trust are also experiencing pressures on workforce and are in a challenging position currently due to Covid absences however everyone is working hard to manage pressures.

Len Richards thanked Mel for recognising other providers as and advised members that currently there are 147 patients in hospital with Covid and this is creating a burden on the organisation along with the staff absences as a result of Covid. The hospital is also seeing an increased number of admissions due to the heatwave.

The Wakefield District Health and Care Partnership Committee **RESOLVED** to:

• Note the use of Urgent Powers in line with the previously approved process.

08/22 **Report from the Chair of the Provider Collaborative**

Colin Speers presented and update from the Wakefield Provider Collaborative highlighting the on-

	going developments within the Wakefield Provider Collaborative and to provide an overview of the July meeting. The Collaborative helps to bring together providers of services across the district through a number of alliances. Each of the alliances are focused on an area of delivery of care/services and the groups are all trying to address how we provide seamless care, transformation, mutual accountability and support. Everyone is committed to this way of collaborative working. The meetings have been taking place since March and whilst the new ways of working are still being developed there is recognition of the need to focus on a consistent approach to equality and health population and digital enablers. Moving forward this may require additional working groups to be established. Richard Hindley welcomed the update noting the positive development amongst partners and queried how Wakefield Place connects to other places in the WY ICB. Colin noted that many individuals have dual roles and represent Wakefield Place on a number of WY ICB forums and meetings. All colleagues have been open to ideas of what others are doing and are very willing to share. Jo Webster noted that within Wakefield there is a willingness to learn from our partners both locally and internationally with the recent work around the Canterbury Model given as a key example along with most of the programmes happening across West Yorkshire which are built on the concept of a network approach. The Wakefield District Health and Care Partnership Committee **RESOLVED** to: • Note the Provider Collaborative Chair's report.	
09/22	**Governance Update** Jane Hindle presented the report which built on the regular updates around emerging governance arrangement that had been presented throughout the year. At its initial meeting of the ICB held on 1st July the Board had approved had the core governance documents including the Constitution, the Scheme of Reservation and Delegation and the terms of reference for the partnership committee (WDHCP) all of which had been subject to wide engagement and discussion and had been received by the Committee at previous meetings. Jane informed the committee that the Terms of Reference for this committee, (WDHCP) the Provider Collaborative and the Integrated Assurance Committee along with the partnership agreement were approved by the West Yorkshire Integrated Care Board on 01 July 2022. The People committee for WDHCP, formally the Patient Involvement and Community Panel met in late June 2021 to review their terms of reference. Members were keen to ensure that the voice of those with "lived experience" is heard and therefore further discussions would take place to finalise the membership and any amendments would be presented to a future meeting of the Committee. Jane Hindle stated that embedding the new governance arrangements would be an iterative process and would be kept under review through a number of established mechanisms including shared learning with colleagues across West Yorkshire. Stephen Hardy queried the use of 'seamed' care on point 1.3 of the Provider Collaborative Terms of Reference, Colin Speers informed members that this was intentional in order to recognise there are gaps and to ensure gaps are strongly reinforced in Care. A minor error was identified on page 11 of the partnership agreement, in relation to the spelling of Richard Hindley's name. **Action / To amend the partnership agreement prior to reflect the correct spelling / J Hindle / Sept 2022.** Mel Brown reminded members of the requirement to for partners to sign up to the final version of the partnership agreement in order to complete the document.	

	Action/G Gamble to circulate the final document for partners to sign/Sept 2022. The Wakefield District Health and Care Partnership Committee **RESOLVED** 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 for the Provider Collaborative 5. Approve the Terms of Reference of the Integrated Assurance Committee 6. Approve the Terms of Reference of the People Panel Jane Hindle presented the conflicts of interest register to the committee for information noting that whilst the new arrangements emphasise working in partnership this does not remove the requirement to manage conflicts whether potential or actual in conducting the business of the Committee. The initial register of interest included in the meeting papers also demonstrates a commitment to transparency in line with the principles of public office and emphasised the need for members to maintain an up-to-date declaration and also to declare any interests in relation to agenda items. Stephen Hardy commented on inaccuracies in relation to his declaration noting that some of the organisations he had previously been involved with no longer exist. Jo Webster thanked the team for their hard work, in producing the governance documents whilst recognising that there was further work required to finesse the register of interests. The importance of good governance in supporting decision making and enabling public accountability was emphasised and the ongoing review of the new governance arrangements would ensure that these principles were maintained. The Wakefield District Health and Care Partnership Committee **RESOLVED** 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	
10/22	**WDHCP Development** Rebecca Barwick presented the final version of the Wakefield District Health and Care Partnership 1-year operating plan for 2022-23, for decision, action and discussion. 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. Rebecca explained the next steps and the development journey, which includes a five-year transformation strategy which will be published by April 2023. Rebecca proposed to use the WDHCP development session which is taking place on 18 August, to work through this and what further work is required longer term. A set of aims for the session will be developed which includes describing how ambitious we want to be and will ensure that future plans have a clear line of sight through to the four priorities of the Health and Wellbeing Strategy and how this will be delivered. In summary, Rebecca stated what has been shared today, is the one-year business plan describing key areas of focus for the remainder of 2022. Jo Webster thanked Rebecca for the summary as it captured all the work that needs to be done going forward in order to develop the future plan.	

	Sean Rayner queried if the Provider Collaborative would monitor performance against metrics assigned to the Mental Health Alliance. It was agreed that it would be monitored via the Provider Collaborative on a quarterly basis with further oversight provided by the Committee through monitoring of the delivery of the operational plan. **ACTION/ To include a quarterly report to the Provider Collaborative in relation to the mental health priorities within the cycle of business. G Gamble / Sept 2022.** Len Richards noted that it would be helpful to focus on joining data and systems together in order to understand both the impact on individual organisations and at a system level and highlighted the real opportunity around the people plan to work together to attract people and move them through the system to build their careers. It was noted that this work was underway. Gary Jevon reiterated the need to ensure that the patient and citizen voice was pivotal in both the planning and monitoring of the plan. The Wakefield District Health and Care Partnership Committee **RESOLVED** to: • Approve the 1-year operating plan for 2022-23	
11/22	**Core20Plus Framework** Rebecca Barwick delivered a presentation in relation to the Core20Plus 5, the new NHS England / improvement framework for tackling health inequalities. The framework describes the expected approach of addressing health inequalities in the most deprived neighbourhoods, the most vulnerable and marginalised groups, and the five clinical areas of focus expected to be impacted on through focusing on their wider determinants of health. This includes maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension case-finding. £1,040,000 per year recurrent funding is available for Wakefield District. The investment is not expected to deliver the entire framework and although it is an NHS initiative, it is expected to be delivered in partnership across the system. The 3 different elements of Core20Plus 5 were discussed, the principles of investment, additional criteria and proposed approaches and it was suggested that it would be beneficial to establish an oversight group It was agreed that the final proposal will be brought to the September Committee meeting **Action/ R Barwick to provide the final proposal and oversight arrangements/Sept 2022**. A discussion took place regarding both the complexity of this piece of work and the opportunity to address outstanding issues for the population of Wakefield. Sean Rayner stated that the Health and Wellbeing Board had previously considered the local area coordination proposal was discussed in the context of the other community development activities in the district and therefore it would be helpful to ensure both proposals are linked and working together. Richard Hindley queried how the local priority inclusion groups had been selected. It was noted that the intelligence gathered by the roving vaccination team and lessons learned through the Covid response had informed the initial prioritisation however further detail would be provided in the final proposal. Len Richards confirmed his support of the approach noting was very supportive of the approach and noted as a service we struggle to get on top of these issues and feels it requires senior leadership and an oversight committee for it to work, we need to create groups to ensure services are tailored to the needs of these particular populations. Maddy Sutcliffe noted the inclusion of the voluntary sector in this piece of work demonstrates positive progress and requested that sector is also included in further planning and the oversight groups. In addition, there would be value in have including contributions from VSE colleagues within the roving team in order to provide a more holistic approach. **Action/R Barwick & M Sutcliffe to discuss how to ensure the VSE sector can become more involved in the development of the work/ Sept 2022**	

	Jo Webster informed the committee that this programme is very important and it is about building sustainable communities which is a priority of the Health and Wellbeing Board. Jo kindly put herself forward to champion this and be the Senior Responsible Officer. It was noted a lot of work needs to take place around what groups need to join together and suggested it would be beneficial having someone else involved from the Voluntary Sector to lead on this too. The Wakefield District Health and Care Partnership Committee **RESOLVED** to: • Note the proposed approach to Core 20 PLUS 5 in Wakefield District. • Approve the recommendation to establish a local oversight group and discuss the appropriate reporting lines. • Note the outline proposal for investment and approve the recommendation that this is brought for final sign off in September 2022.	
12/22	**Reports from Provider Alliances** Sean Rayner provided a summary update report on the Wakefield Mental Health Alliance for information. Sean introduced his colleagues to present further information on the Alliance, we welcomed Amanda Miller, Emma Hankinson, Emma Clough and Darren Dooler to the meeting. Emma Hankinson explained that The Wakefield Mental Health Alliance is leading on the transformation of the district's community mental health services. This 3-year transformation programme is delivering holistic, person-centred mental health care at neighbourhood level. The main scope is the care of adults and older adults with severe mental illness (SMI) and/or complex needs, along with the needs of young people transitioning to adult services. The aim is to deliver a 'no wrong door' approach that focuses on integrated working by enhancing the existing multi-agency Connecting Care team offer. This has included developing new roles, such as mental health community pharmacists, advanced clinical practitioners, and community builders (who are the interface between the VCSE and community offer) and increasing the number of Connecting Care practitioners (previously known as the Mental Health Navigators) from three to nine. However, Amanda noted it has been a struggle to recruit to the Connecting Care practitioners' roles. Emma informed members that all practitioners facilitate onward referrals and assessments, and the result is a smoother, more streamlined care pathway. The next steps include the development of a service offer for people who have experienced complex trauma and research into the needs of people with disordered eating and eating disorders to inform future pathways. Emma Clough shared a brief case study around the pathway and how it works in practice. This demonstrated positive improvements which the team would continue to build on. Amanda Miller provided an update on other developments this included Additional Role Reimbursement Scheme mental health practitioners in Primary Care, enhanced recovery college offer, introduction of a new Discovery College for under 18's developed in partnership with Wakefield Young People and Young Lives Consortium, eating disorder scoping underway, led by Insight Eating, voluntary and Community Sector mental health grant funds and the thinking differently development fund, all of the above are in progress. Penny Woodhead stated it would be a great idea to measure impacts and experiences of people using the services, Emma Hankinson advised that outcome and experience measures will be put in place over the next few months. Mel Brown asked if any support/help is required in order to overcome the challenges of recruiting to the connecting care practitioner positions, Amanda welcomed the support and would reflect on how this could be utilised. This could mean the development of new roles. **Wakefield S.M.a.S.H** Daren Dooler attended and provided perspective of a service user, who said that the work is "somewhat of a dream becoming reality", that is "creating a trusted process between people and services - which is what we all need".	

	Darren stated that a better future is possible, ‘a mental health condition is not the end, it is often the start of something’. Darren stated more often than not, people who struggle with their mental health are often passed from one service to another in which sadly leads to feeling unwanted, burdensome and feeling disbelieved with worries and concerns and the work which is ongoing is going to support a better process for all. The pathway will help to create trust in the process, and this is what is needed between service users and organisations to make it easier for everyone. Jo Webster thanked the team for attending and informing everyone of the fantastic work, which is taking place, Jo noted it is important that we expand this work into the Core20Plus 5 model and is a great example of how we connect initiatives together. The Wakefield District Health and Care Partnership Committee **RESOLVED** to: • 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. • Update on the work of the transformation of Community Mental Health Services in Wakefield: The Wakefield District Health and Care Partnership Committee **RESOLVED** to: • Note the update on Community Mental Health Transformation	
13/22	**Issues to alert, advise or assure the ICB Board on** Nothing to advise, alert or assure the ICB Board on.	
14/22	**Items escalated from other Boards** No items to escalated.	
15/22.	**Items for escalation to other Boards** No items for escalation.	
16/22	**Receipt of minutes from the sub-committee** None.	
17/22	**Any other business** No members of the group had any other business to raise/discuss. Dr Ann Carroll closed the meeting and thanked everyone for joining.	
18/22	**Date and time of next meeting:** Thursday 22 September 2022 at 14:00pm. Dr Carroll noted that hopefully this meeting will be able to take place face to face going forwards after the meeting in September.	

WAKEFIELD HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – July 2022

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress
09/22	Governance Update	To amend the partnership agreement to reflect the correct name	G Gamble	Sept 2022	Complete
09/22	Governance Update	To circulate the final document for partners to sign/Sept 2022.	G Gamble	Sept 2022	
10/22	WDHCP Operational Plan Development	To include a quarterly report to the Provider Collaborative in relation to the mental health priorities within the cycle of business.	R Barwick	Sept 2022	Complete
11/22	Core20plus Framework	To provide the final proposal and oversight arrangements/Sept 2022.	J Webster/ R Barwick	Sept 2022	Complete and on the agenda.
11/22	Core20plus Framework	R Barwick & M Sutcliffe to discuss how to ensure the VSE sector can become more involved in the development of the work/ Sept 2022	R Barwick	Sept 2022	Complete and meeting took place.

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	06
Meeting date:	22/09/2022
Report title:	Public Health Profiles
Report presented by:	Clare Offer
Report approved by:	Anna Hartley
Report prepared by:	Paul Jaques

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 Office for Health Improvement and Disparities recently released the Regional Health Profiles. These are a comprehensive review of the health within each region and contains a wealth of data across a variety of topics, showing the health of the region and then allowing comparison between the different Local Authorities within the region.

This paper will outline the content of the Public Health Regional Health profiles – explaining the key areas in the profiles where Wakefield is an outlier, which may prompt a discussion as to how these issues can be addressed.

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 are recommended:

- Discuss and consider the issues raised in the presentation.

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
None
Acronyms and Abbreviations explained
1.

What are the implications for?

Residents and Communities	**Not directly**
Quality and Safety	
Equality, Diversity and Inclusion	**Not directly**
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	**Areas highlighted in the report may be considered future priorities for policy decisions.**
Citizen and Stakeholder Engagement	

1. Main Report Detail

1.1 The Office for Health Improvement and Disparities recently published the regional health profiles. This presentation looks specifically at the Yorkshire and Humber profile, and where Wakefield Local Authority stands out.

1.2 Live Expectancy. Wakefield has poorer live expectancy than the average for both males and females. In recent years this has started to decline for both genders. Wakefield also has poorer health life expectancy, with females in particular reducing over recent years, so that female healthy life expectancy (56.7 years) is now lower than males (58 years).

1.3 Low Birthweight. Wakefield has one of the highest proportion of low birthweight in babies at term in Yorkshire and Humber – this percentage has been increasing in recent years.

1.4 Childhood Obesity. The pandemic had a significant impact on childhood obesity, with both reception age and Year 6 age increasing significantly in 2020/21. In reception figures are provisionally expected to drop back in line with the previous trend (albeit an increasing trend), whereas Year 6 remains significantly high at 26.3%. This is contrary to the national trend of reducing a little in 2021/22.

1.5 Smoking in Pregnancy. Whilst the proportion of women smoking during pregnancy has reduced significantly in recent years, Wakefield remains significantly above the regional and national levels.

1.6 Adult Self-harm and Suicide. Wakefield is significantly above the regional levels for self-harm. Related to this is the fact that Wakefield has the highest rate of suicide in Yorkshire and Humber, with the rate increasing significantly in recent years – particularly for females.

1.7 Adult Obesity. Wakefield has the highest level of overweight and obese adults in Yorkshire and Humber (71.6%)

2. Recommendations

The Wakefield District Health and Care Partnership are recommended:

1. Discuss and consider the issues raised in the presentation.

Wakefield MDC Public Health Intelligence

Office for Health Improvement & Disparities

Health Profile for Yorkshire and the Humber 2021

22/09/2022

Public Health Intelligence Team

Introduction

- The Health Profile for Yorkshire and Humber 2021 are a comprehensive report of health within the region, and starts to demonstrate some of the direct and indirect impacts of the pandemic.

- The profiles include information on the following:
  - Population
  - Covid-19
  - Life expectancy and mortality
  - Child Health
  - Health in adults
  - Risk factors associated with ill health
  - Wider determinants of health
  - Health protection

- This presentation only picks out the key points for Wakefield from the profiles

- Supplemented with information from the Public Health Outcomes Framework.

Access the data

Health Profile for Yorkshire and Humber 2021: Health Profile for Yorkshire and the Humber 2021 (phe.org.uk)

Public Health Outcomes Framework: Public Health Outcomes Framework - Data - OHID (phe.org.uk)

Wakefield JSNA Annual Reports: JSNA Annual Report (wakefieldjsna.co.uk)

Life expectancy at birth

- Wakefield has lower than average levels of life expectancy at birth for both males and females
- Increases in life expectancy have slowed in recent years and even started decreasing – this is a national trend

Males, 2020

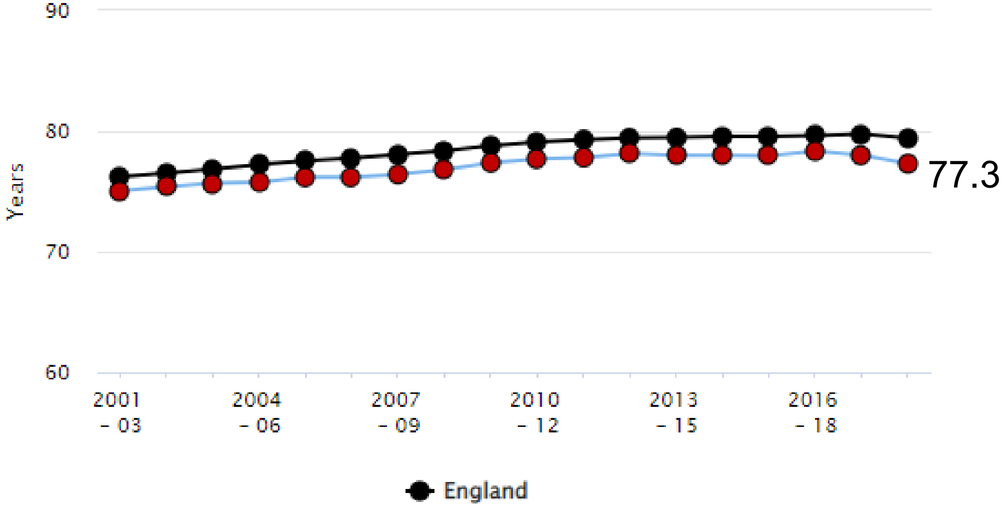
Area	Value
England	78.7
Yorkshire and the Humber region	77.6
North Yorkshire	80.1
York	79.4
East Riding of Yorkshire	79.2
North Lincolnshire	78.6
Calderdale	77.9
North East Lincolnshire	77.7
Sheffield	77.6
Kirklees	77.5
Leeds	77.3
Rotherham	76.7
Doncaster	76.5
Wakefield	76.4
Barnsley	76.3
Bradford	76.2
Kingston upon Hull	74.4

Females, 2020

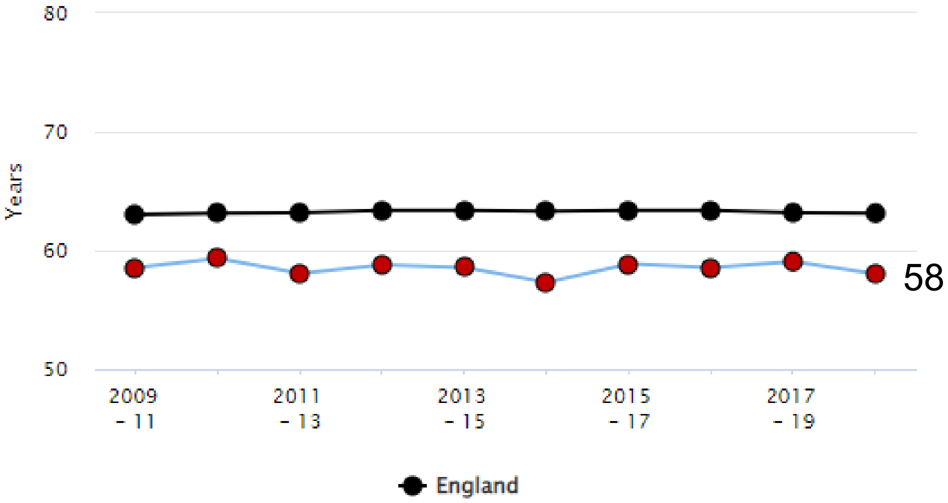
Area	Value
England	82.6
Yorkshire and the Humber region	81.7
North Yorkshire	84.1
York	83.4
East Riding of Yorkshire	83.1
North Lincolnshire	82.7
Calderdale	82.3
Sheffield	81.9
North East Lincolnshire	81.9
Kirklees	81.7
Leeds	81.4
Bradford	80.6
Wakefield	80.5
Barnsley	80.2
Doncaster	80.2
Rotherham	79.8
Kingston upon Hull	79.5

Life expectancy trends

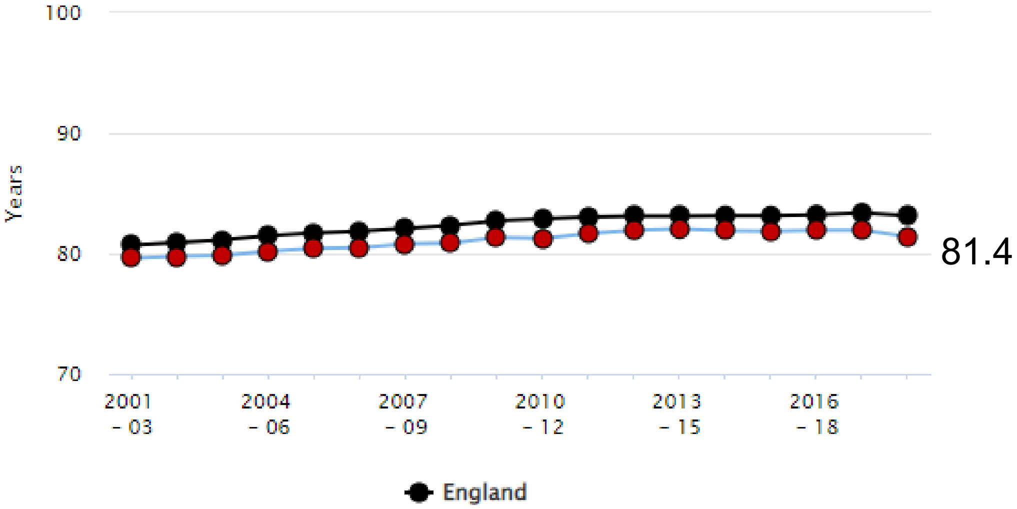
Life expectancy at birth, Males, 3 year range



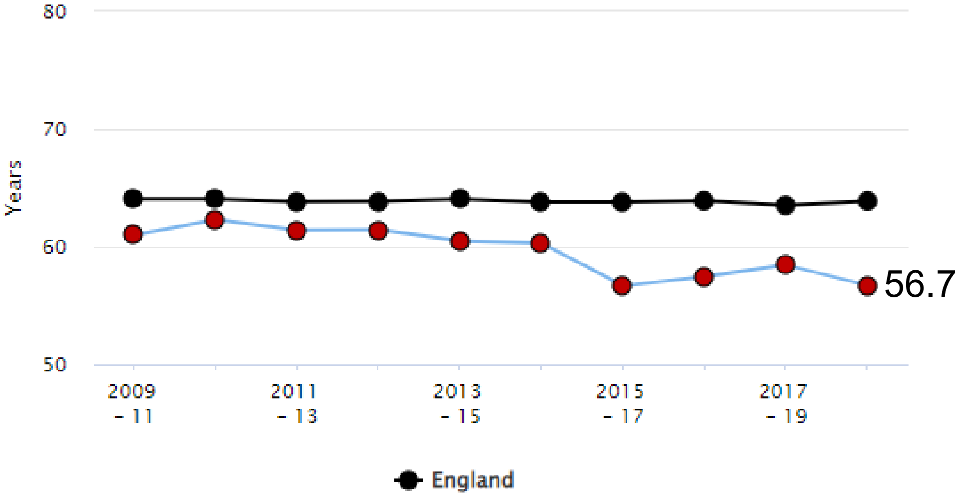
Healthy life expectancy at birth, Males, 3 year range



Life expectancy at birth, Females, 3 year range

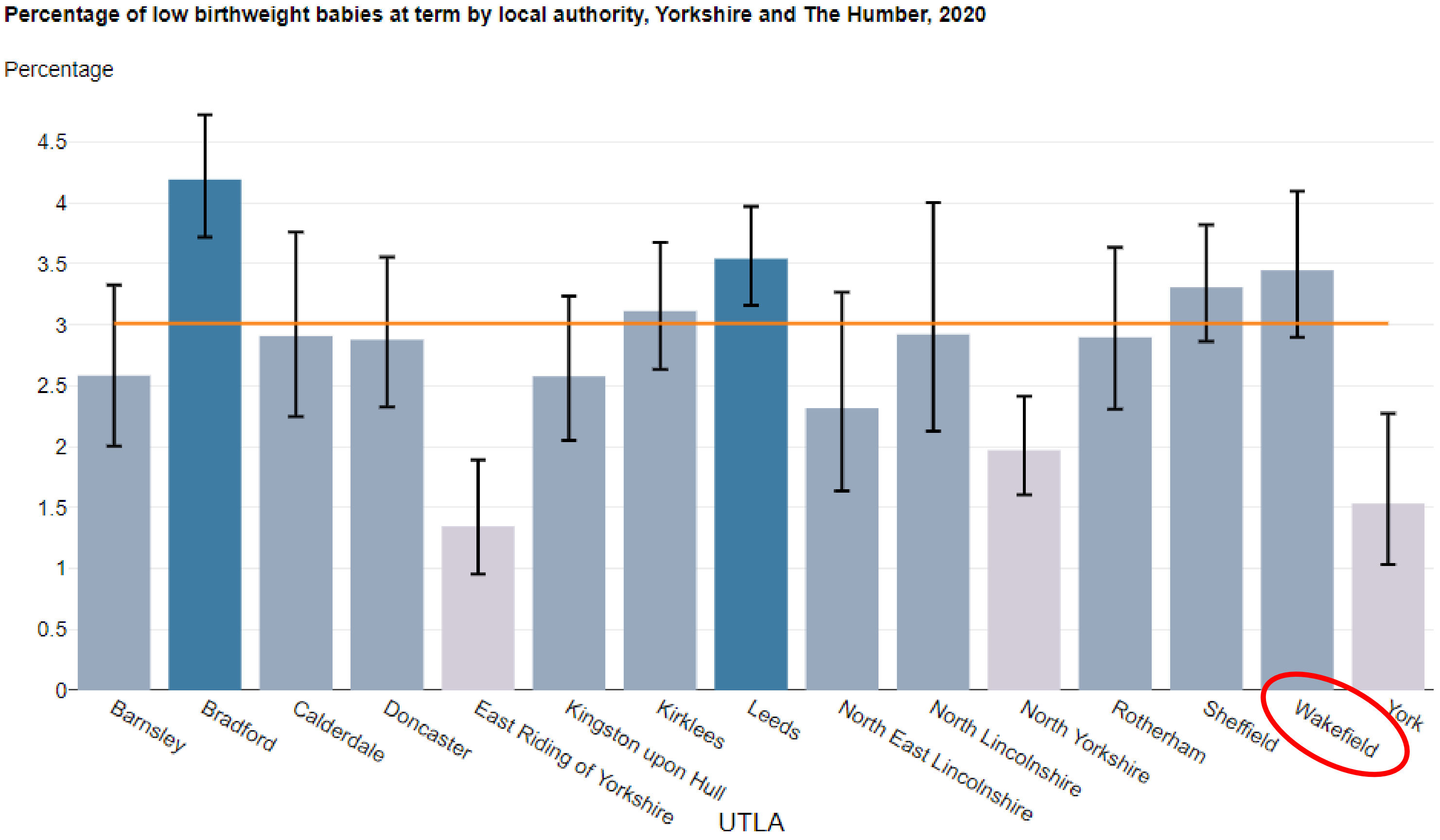


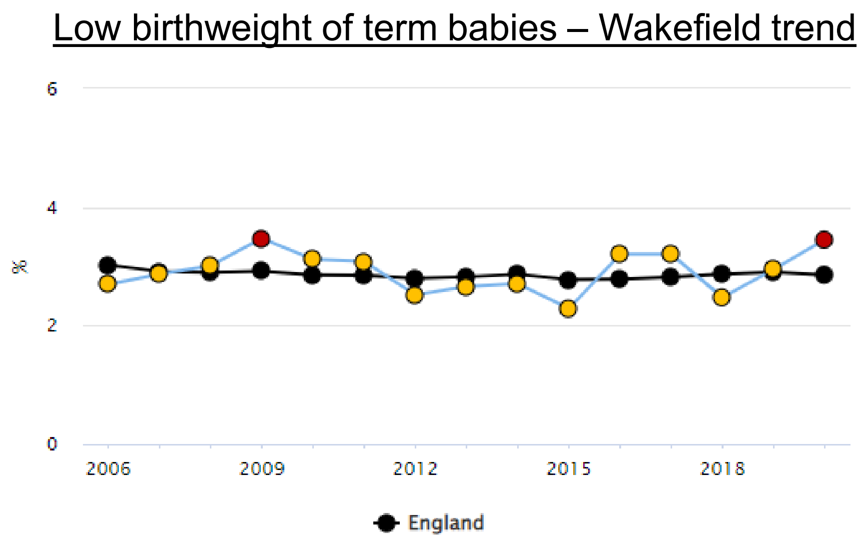
Healthy life expectancy at birth, females, 3 year range



Child health – low birthweight

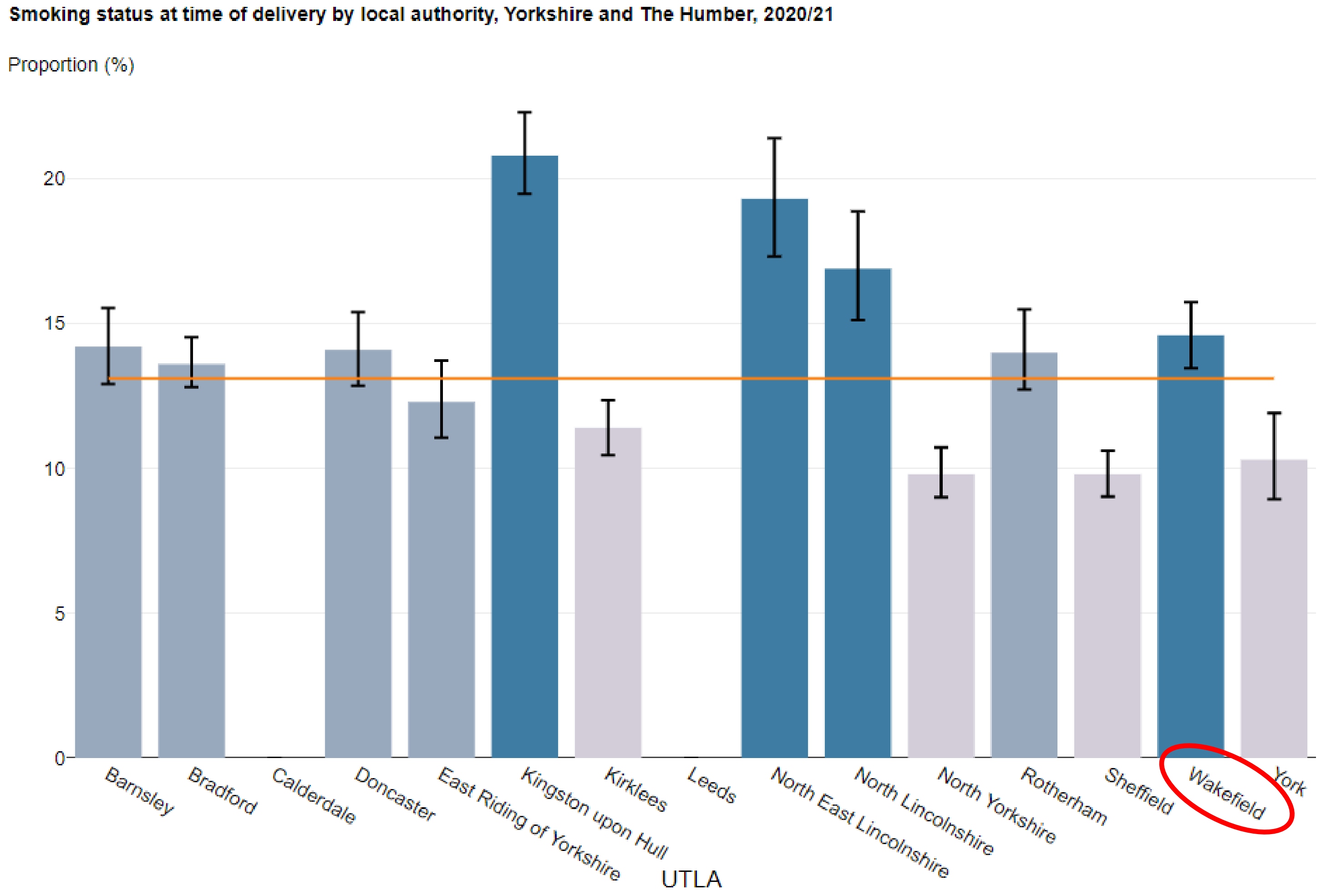
- Wakefield has one of the highest percentage of low birthweight babies in Yorkshire and Humber, which has increased in recent years

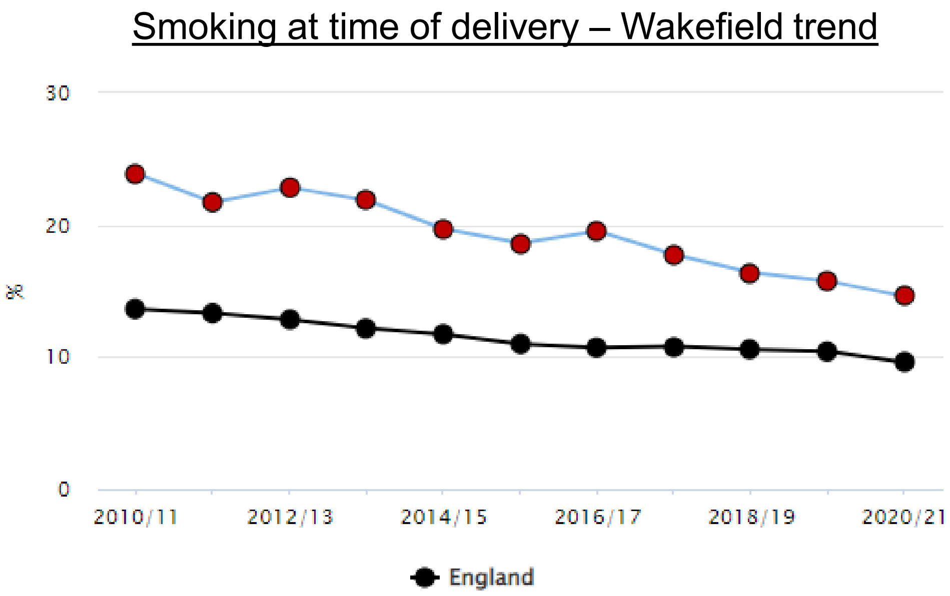




Child health – smoking in pregnancy

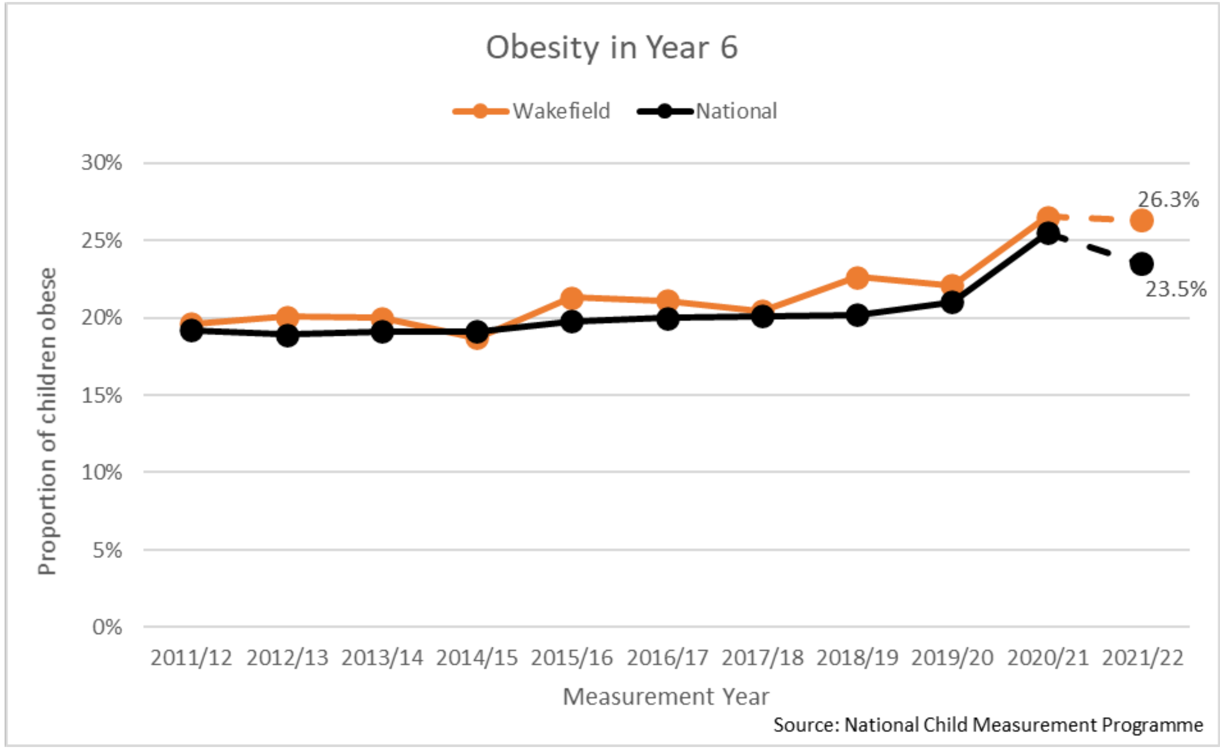
- Whilst the proportion of women smoking in pregnancy has fallen consistently for a number of years, Wakefield remains above the regional and national averages





Child health – childhood obesity

- The impact of the pandemic resulted in a significant increase in obesity in 2020/21 – this followed the national trend
- 2021/22 provisional figures show a return to the previous trend for reception children (although still higher)
- However, Year 6 obesity in Wakefield has remained high.



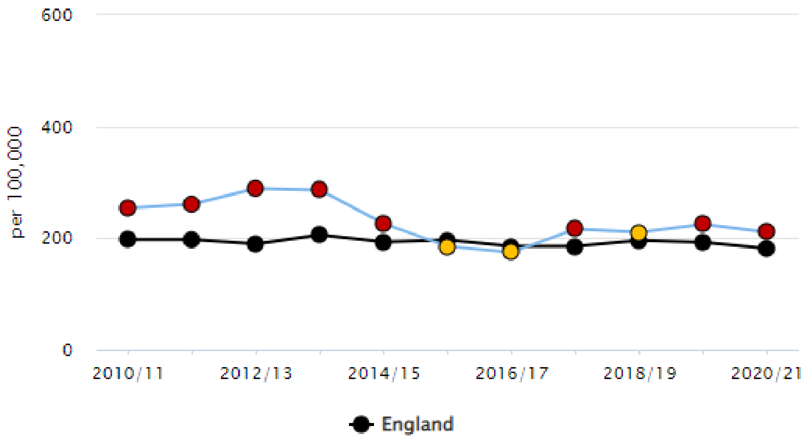
*2021/22 is provisional data and has not yet been finalised, so may change

Adult health – self harm and suicide

- Emergency admissions for intentional self harm are higher than average in Wakefield

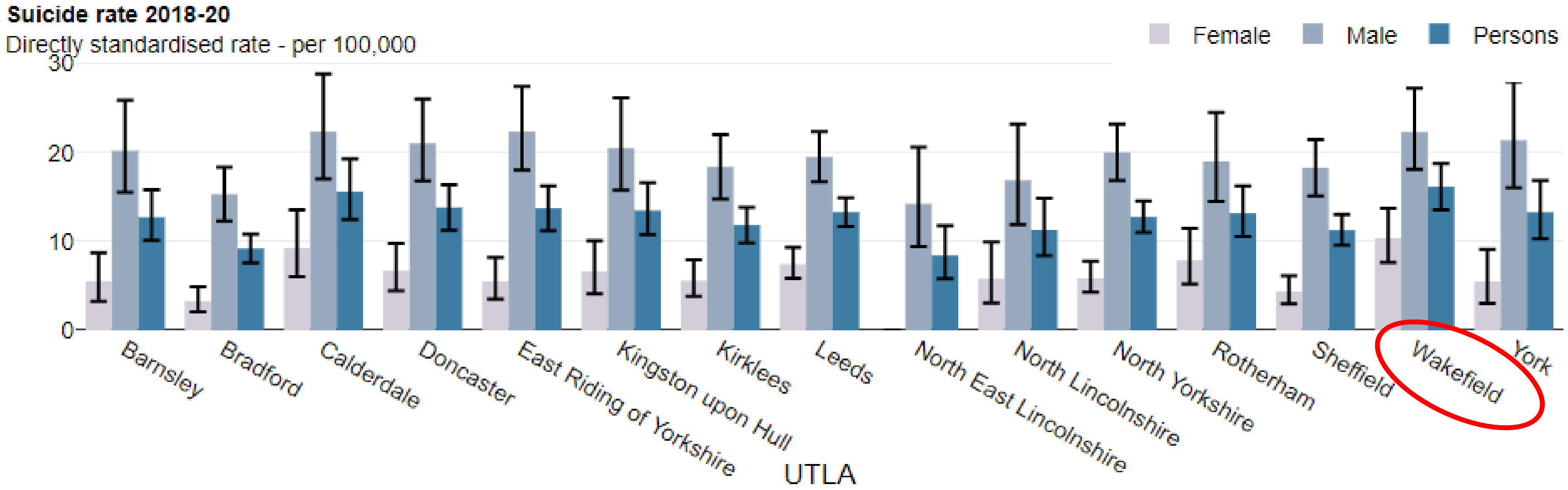
Area	Recent Trend	Count	Value
England	→	102,472	181.2
Yorkshire and the Humber region	→	9,530	172.7
Barnsley	→	635	269.5
Kingston upon Hull	↓	570	218.2
Doncaster	→	645	213.0
Wakefield	→	705	210.7
North East Lincolnshire	→	280	191.5
Calderdale	→	370	179.9
Rotherham	→	450	178.0
North Yorkshire	→	955	173.6
York	↓	400	172.4
Bradford	→	935	169.6
North Lincolnshire	→	270	168.5
Leeds	↓	1,385	164.8
Kirklees	→	695	156.9
East Riding of Yorkshire	→	445	145.8
Sheffield	→	785	127.4

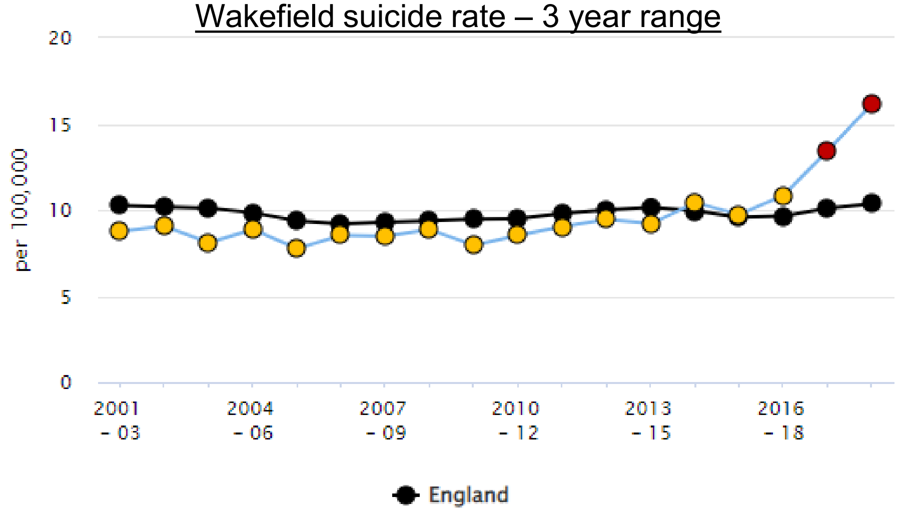
Self harm admission rate – Wakefield trend



Adult health – self harm and suicide

- Wakefield has the highest suicide rate in Yorkshire and Humber, with a significant increase in recent years



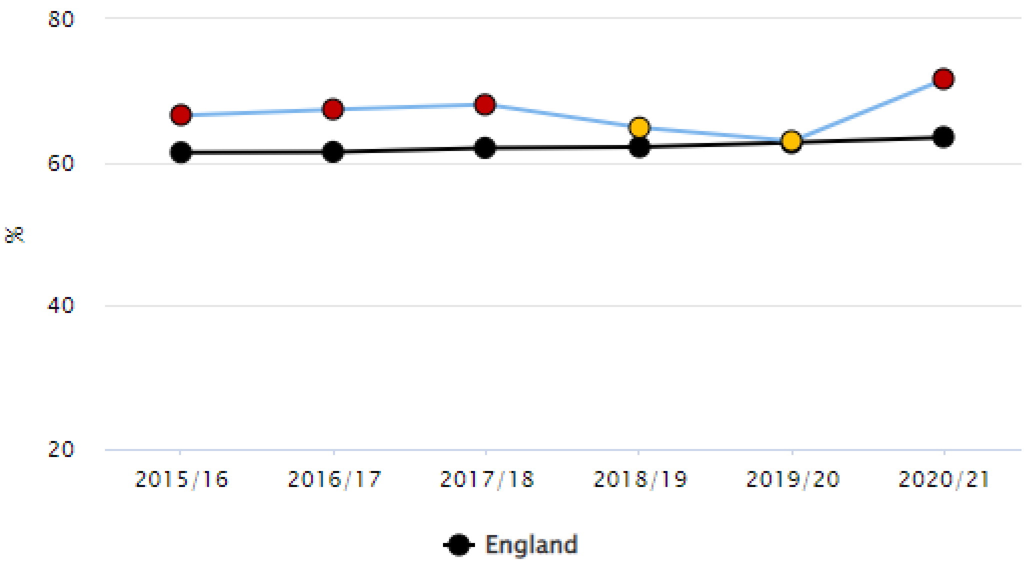


Adult health - obesity

- Wakefield has the highest proportion of adults classified as overweight or obese in Yorkshire and Humber.
- More than **7 in every 10 adults** is now overweight.

Area	Value
England	63.5
Yorkshire and the Humber region	66.5
Wakefield	71.6
Doncaster	71.0
Kingston upon Hull	70.7
Barnsley	70.6
Kirklees	69.7
Rotherham	68.3
North East Lincolnshire	67.6
East Riding of Yorkshire	67.6
North Lincolnshire	67.6
Sheffield	63.9
Calderdale	63.7
York	63.6
Leeds	63.6
Bradford	63.2
North Yorkshire	61.4

Adult obesity – Wakefield trend

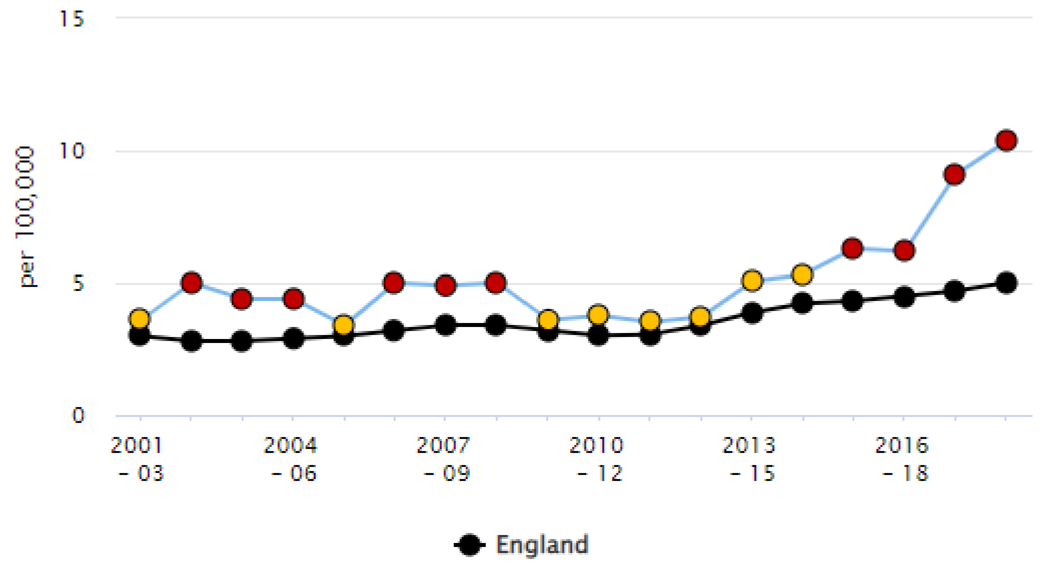


Adult health – drug misuse

- Wakefield has significantly higher rates of deaths related to drug misuse, compared to the national position and the rest of Yorkshire and Humber.
- The trend has also increased rapidly over recent years

Area	Count	Value
England	8,185	5.0
Yorkshire and the Humber region	1,030	6.7
Wakefield	104	10.4
York	47	8.3
Doncaster	73	8.1
Leeds	175	8.1
Barnsley	55	7.9
Sheffield	123	7.8
Calderdale	46	7.6
Kirklees	80	6.5
Rotherham	46	6.4
Bradford	95	6.2
North Yorkshire	89	5.3
Kingston upon Hull	37	5.1
North East Lincolnshire	20	5.0
North Lincolnshire	20	4.3
East Riding of Yorkshire	20	2.0

<u>Deaths from drug misuse – Wakefield trend</u>



Any Questions?

Agenda item 7

Report of the Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Thursday 22 September 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 (WYIHCP) and the Wakefield Place.

West Yorkshire Integrated Health and Care Partnership

NHS West Yorkshire Health and Care Partnership Board
The West Yorkshire Health and Care Partnership Board met on Tuesday, 6 September. The meeting was held in public. There were reports on tackling health inequalities for minority ethnic communities and colleagues, refreshing the Partnership's Five-Year Strategy (including Healthwatch insight) and the Leeds Health and Social Care Hub. There was also a discussion on the role of the Partnership in helping to alleviate the impact of poverty on communities and colleagues. A copy of the live stream and papers can be found here - https://www.wypartnership.co.uk/meetings/partnershipboard/papers/west-yorkshire-health-and-care-partnership-board-meeting-6-september-2022

Refreshing the Partnership's Five-Year Strategy
In December 2019, the Partnership Board approved the Five-Year Strategy for the Partnership, Better health and wellbeing for everyone. This document was the culmination of a long period of public and partnership engagement and set out the vision, ambitions, and ways of working for the partnership. We are now working towards a strategy refresh, which will be finalised in March 2023. In March 2022, the Partnership Board agreed an approach to refreshing the Partnership's Five-Year Strategy over the coming 12 months and developing an improvement and delivery framework to effect its implementation.

Guidance on the preparation of Integrated Care Strategies was published in July 2022, setting out the purpose of the strategy, Health, and Wellbeing Boards (HWBBs) and subsidiarity, proposals for who to engage with in the production of the strategy and proposed content. The guidance broadly fits with our existing strategy and early feedback from engagement as part of our refresh process and aligns with the engagement that has been undertaken to date. In line with our ethos of subsidiarity, our strategy will continue to be built from our neighbourhoods and places to ensure that our work is locally led.

Recruitment
Appointments to the Integrated Care Board since the last meeting include Professor Arunangsu Chatterjee (known as AC) and Majid Hussain appointed as Non-Executive Members, joining

Jane Madeley and Becky Malby. Kim Shutler was appointed as the voluntary, community, social enterprise (VCSE) representative of the Board and recruitment to the primary care representative is underway, this process will conclude by early October.

Regional Changes

Richard Barker, Regional Director (North East & Yorkshire) advised us of some changes that will be taking place from the 01 September. Alex Morton will refocus her portfolio to become Regional Director of Primary Care and Community Services. The portfolio will be led on a matrix basis for North East Yorkshire, ensuring a single place to bring together all aspects of resilient out of hospital care such as Primary Care transformation, including Primary Care Networks and neighbourhood teams, virtual wards, community services including community beds, discharge, out of hospital urgent care, including 111. A copy of the letter can be found in appendix A.

Wakefield Place

Wakefield District Health & Care Partnership

- **Development Session**

  Our partnership met for a joint development session with the Wakefield Provider Collaborative on Thursday 18 August 2022. The aim of the session was to explore how the work of the Wakefield District Health and Care Partnership specifically contributes to the delivery of the Wakefield Health and Wellbeing Strategy and it's four priorities and the West Yorkshire Integrated Care Board strategy, the ten big ambitions and the forthcoming 5-year delivery plan. We also discussed gaps in our current priorities, resource allocation and governance and committed to actions that will help us to develop our long-term plan over the next six months.

BCF approach to developing 22-23 plan

On 19 July 2022 the Department of Health and Social Care published the 2022 to 2023 Better Care Fund Policy Framework. The policy describes the requirements for local areas but also states that limited changes will be required to provide continuity for systems. This is helpful for the Wakefield system as our Better Care Fund plan for 2021 to 2022 was only developed in November 2021 and formally approved in January 2022.

Better Care Fund plans must be submitted by 26 September 2022 and draft plans were submitted to Better Care Managers on the 31 August 2022 and feedback will be received shortly.   The Health and Wellbeing board on the 01 September 2022 approved to delegate the sign off of the final 2022 to 2023 Better Care Fund Plan to the Chair of the Health and Wellbeing Board prior to the 26 September submission.

Health & Wellbeing Board - 01 September meeting

The Health and Wellbeing Board met on the 01 September 2022 in public at the Agbrigg Community Centre. The Board had an insightful discussion around the current situation across our district in supporting our homeless population and how fuel poverty will affect our residents over the next coming months. We heard progress from the Born in Wakefield programme and received reports on a number of business items. The Board approved an Operating Protocol, including appointment of additional members to complement the statutory appointments made by Wakefield Council. This broader membership will support the Board to proactively address social determinants of health.

Adult Social Care / Adult Community Services

Rehabilitation and Reablement - Service review work Lightfoot Services

The Integrated Care Team from Mid-Yorkshire Hospital Trust, Adult Community Services (ACS) and the Reablement Team from the Local Authority continue to work with Lightfoot to improve a connected system in Wakefield that supports people in their homes and communities to live healthier and happier lives. Teams came together in July to review findings and agree as a team way to achieve this ambition. The work priorities include the redesign of a single referral process and eligibility criteria to prevent duplication and streamline access points and pathways. Work to create a single coordination process which accepts people without re-assessing and maximises the available joint capacity. Look at our people and what they need to be competent and confident to provide consistent and high-quality care.

Occupational Therapy in General Practice

Adult Community Services MY Therapy and West Wakefield Primary Care Networks have commenced working together with the addition of an Occupational Therapist specialising in vocational rehabilitation to support GP's. The initiative aims to provide patients coming to general practice for on-going fit-notes by exploring and address barriers to work with specific advice on returning to work, reasonable adjustments and duties that can be undertaken. The Therapist will be able to access other support services such as social prescribing, employment support services and debt management organisations to improve outcomes for patients including improved mental health and wellbeing.

Discharge Peer Review Feedback

A virtual one day 'Peer Review' took place on 13 July 2022 with some follow up 1:1 interviews on 14 and 15 July. The review included a series of interviews with staff and partners from across the health and care system, including both providers and commissioners. Teams spoken to included:

- Front line staff from discharge teams, social workers, therapists
- Executive leads, Commissioners and operational managers from Wakefield Council and Wakefield Place
- Executive leads and operational managers from Mid Yorkshire NHS Hospitals Trust

The observations and the feedback from the Local Government Association were really positive and demonstrated our passion, our commitment and the great work that is taking place across all partners. It has ensured us that we have a strong and effective programme and project management of the discharge programme run by the operational leadership group and strong obligations by members of the group, working together to problem solve.

The next steps will be to continue working with partners addressing the pressures and challenges of the joint discharge system as we head into winter pressure period.

Local Supported Employment (LSE)

Wakefield Council has been successful in a bid for Government grant funding to help adults with learning disabilities, autism, or both to find and maintain successful employment opportunities. Wakefield Council are one of 24 local authorities across England and Wales who were successful in their application and will benefit from the grant that represents an investment of £7.6 million over the next three years.

The Local Supported Employment (LSE) Initiative is aimed at helping adults with learning disabilities, autism or both to move into competitive employment providing the support they need to maintain that employment. An initial 60 participants across the district are set to benefit from the grant funding and support, which will include assigning job coaches, who can carry out vocation profiling, engage employers and provide in-work support to help develop more careers.

Adult Social Care will lead on the identification of LSE participants, as these services already have strong links established with individuals and organisations. The project is in its initial stages of development and more information will be provided regarding how to refer into the project in due course.

Classification: Official

NHS England

To:

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Quarry Hill
Leeds
LS2 7UE
richardbarker.neyrd@nhs.net

Regional Management Executive, NEY
NEY ICB CEOs
Amanda Doyle, National Director of Primary Care and Community Services
Steve Russell, National Director for Vaccinations and Screening

23 August 2022

Dear colleague

I am writing to advise on some changes we are making to our regional ways of working to support out of hospital care and to advise that, from 1 September 2022, Alex Morton will refocus her portfolio to become Regional Director of Primary Care and Community Services.

The focus on NHS recovery, system response and resilience, alongside the Fuller report and the future direction for ICBs has highlighted the need to address and focus on out of hospital care, if we are to deliver the services both urgent and routine, that our populations will need in the coming months and years. Across and with systems we need to work towards a much slicker and more coordinated out of hospital approach, with real focus on capacity, flow and outcomes.

This has been recognised nationally, with the appointment of a National Director of Primary Care and Community Services, Dr Amanda Doyle, providing more focus and signalling the national intent to re-energise and focus.

In recognising the current position and the opportunities we will mirror this in the North East and Yorkshire with Alex as named “Regional Director of Primary Care and Community Services” leading the portfolio as part of the Regional Executive. The portfolio will be led on a matrix basis for NEY, ensuring a single place to bring together all aspects of resilient out of hospital care such as Primary Care transformation, including PCNs and neighbourhood teams, virtual wards, community services including community beds, discharge, out of hospital urgent care, including 111. This approach will not replace the current responsibilities of individuals but the matrix approach and a coordinated regional response will provide the opportunity to link strategies and improve impact. Alex will also work alongside Gavin Boyle, Chief Executive, South Yorkshire ICB and ICB CEO sponsor for Primary and Community Care as part of the Region and ICB’s 4 +1 way of working.

The screening and immunisation portfolio, including covid vaccination will be led by Robert Cornall going forward, supported by Dr Kev Smith who will act as Regional Director Public Health Commissioning.

This out of hospital coordinated focus and work programme will be key in our Regional work with ICBs and wider system partners as we tackle the challenges and opportunities ahead.

Your sincerely

Richard Barker
Regional Director (North East & Yorkshire)

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	08
Meeting date:	22 September 2022
Report title:	Re-contracting of the existing Adult Hearing Loss Providers in Wakefield
Report presented by:	Simon Rowe, Head of Contracting and Procurement
Report approved by:	Karen Parkin, Operational Director of Finance
Report prepared by:	Simon Rowe, Head of Contracting and Procurement

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

Previous considerations:

This has not been previously considered by the Committee. There have been numerous historical commissioning decisions for the Adult Hearing Loss service in Wakefield, which are provided in Appendix B.

Executive summary and points for discussion:

In Wakefield there are four providers of the ‘Adult Hearing Loss Service’, who are currently contracted until the end of September 2022 to provide this.

This paper outlines why each of these providers can be recommissioned to provide the Service, without them being subject to a process of procurement, in accordance with NHS Regulations.

The 2013 NHS Regulations on ‘Patient Choice, Competition and Procurement’ have historically been used to commission the Adult Hearing Loss Service. These Regulations may also be used to commission the Adult Hearing Loss Service from October 2022, because there are no quality concerns with any of the four providers, and because it is felt that no significant changes to the service specification are required.

It is proposed that each provider is directly awarded a contract for 6 years to continue to provide the Service. This would be on an initial 3-year term, with an option to extend by 2 years, and a further option to extend by 1 year.

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 is asked to: 1. Approve the reaccreditation for the four providers of the Service, without procurement, as permissible under the NHS 2013 Regulations on patient choice; and, 2. Approve a total six-year contract term, as each of the four providers is currently commissioned to deliver three-year pathways of care to patients.
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:
Not applicable.
Appendices
1. Appendix A to this paper details the timeline for the previous accreditation and re-accreditations for the Service. 2. Appendix B provides the current pricing schedule.
Acronyms and Abbreviations explained
1. Not applicable.

What are the implications for?

Residents and Communities	**The Service is used by over 15,000 individuals every year in Wakefield and District.**
Quality and Safety	**The current Service has no quality or safety issues.**
Equality, Diversity and Inclusion	**This is part of the current contractual requirements for the four providers, and with the standard NHS contract, this would continue to be the case.**
Finances and Use of Resources	**The proposed contract award for a total of 6 years would commit expenditure on the continued assessment and fitting of hearing aids, which for the four providers equals a total yearly expenditure of around £1.5 million.**
Regulation and Legal Requirements	**There is a requirement to award contracts for healthcare services in accordance with NHS Regulations, which this paper sets out how this can be achieved.**
Conflicts of Interest	**The report author has previously declared an indirect interest, as the Chief Executive of Novus Health has been an associate of his through a local cycling network.**

Data Protection	**This is part of the current contractual requirements for the four providers, and with the standard NHS contract, this would continue to be the case.**
Transformation and Innovation	**There are examples, across the four providers, where the introduction of Bluetooth technology has enabled the recalibration of patients' hearing aids to be completed without them having to travel to a service location.**
Environmental and Climate Change	**This is linked to the above, as it minimises the need for patients to travel to service locations.**
Future Decisions and Policy Making	**The decision to re-award contracts to the existing 4 providers would support their own decision-making, in terms of how they can transform and innovate their respective service and support the development of partnership working with others.**
Citizen and Stakeholder Engagement	**This has occurred throughout the contract management process.**

1 Introduction

In Wakefield there are four providers of the 'Adult Hearing Loss Service' ('the Service'), who are currently contracted until the 30/09/2022 to provide this.

This paper outlines why each of these providers can be recommissioned to provide the Service, without them being subject to a process of procurement, in accordance with NHS Regulations.

It is proposed that each provider is directly awarded a contract for 6 years to continue to provide the Service. This would be on an initial 3-year term, with an option to extend by 2 years, and a further option to extend by 1 year.

2 NHS Regulations

2.1 Patient Choice

The NHS 2013 Regulations on Patient Choice ('the Regulations') have not been repealed with the new Health and Social Care Act. They are also not affected by the change in the NHS from the Public Contract Regulations (2015) to the awaited 'Provider Selection Regime'.

2.2 Accreditation

The Regulations state that there should be accredited lists of providers for consultant-led outpatient service. Historically the premise of these Regulations has been used to commission non-consultant led services, where it was identified that several accredited providers may be better able to meet the need of patients.

The use of the Regulations explains why there are currently four different providers of the Service, with each of them having been subject to a process of procurement to become accredited to provide it.

2.3 Reaccreditation

The Regulations have been previously used to reaccredit the providers of the Service, without them being subject to a further process of procurement.

This is because the Guidance on the Regulations states that a provider of a service, which has previously been accredited, does not need to reapply (i.e., go through a further process of procurement), if:

- There is no significant change to the service specification that was used for the original accreditation; and,
- That there are no current quality concerns.

Appendix A to this paper details the timeline for the previous accreditation and re-accreditations for the Service.

3 The current picture

3.1 Service specification

The service specification was last reviewed and updated in 2019 by quality and clinical representatives.

The service specification includes the provision that the provider must follow the most up-to-date clinical guidance, as a safeguard to ensure a change to the specification is not required for each time that new clinical guidance (national/regional/local) is issued.

The service specification concerns the assessment and fitting of hearing aids, with patients then being put on a 3-year pathway to monitor and review their care. Each 3-year pathway is funded by a single, 'up-front' payment to the provider. Each provider is also on a zero-value contract, meaning that they only get paid for the activity they deliver.

The current pricing schedule is provided in Appendix B to this paper.

Since 2019 there had been discussions about the role and purpose of the Service. The consensus from these discussions was that:

- There was a clear role for the Service – in terms of the assessment and fitting of hearing aids – with there being over 15,000 patients per year being in receipt of this care from one of the four providers;
- That there was further work that could be undertaken by the providers of the Service to develop the approaches with primary and secondary care, but that these did not constitute a change to the service specification. They instead could be picked up through the providers' plan to develop the Service, within the existing remit of the service specification.

3.2 Service providers

There are four current providers of the Service, which are listed below, along with the locations of service delivery.

Novus Health Ltd:
Normanton Hub, Queen Street, Normanton
Wakefield Hub, Providence Street, Wakefield
College Lane Surgery, Ackworth, Pontefract
Castleford Health Centre, Castleford
Sandal Castle Medical Centre, Sandal, Wakefield
Park Green Surgery (Church View Health Centre), South Kirkby
Orchard Croft Medical Centre, Horbury, Wakefield
Friarwood Surgery, Pontefract
Ash Grove Medical Centre, Knottingley

Specsavers Hearcare:
Castleford Specsavers, 54 Carlton Street, Castleford, WF10 1AH
Pontefract Specsavers, 14 Woolmarket, Pontefract, WF8 1AZ
South Elmsall Specsavers, 10 Barnsley Road, South Elmsall, WF9 2SE
Wakefield Specsavers, 32 Little Westgate, Wakefield, WF1 1LY
Wakefield Sainsburys, Wakefield Marsh Way, Lower Trinity Walk, Wakefield, WF1 1QQ

Scrivens Ltd:
Station Lane Surgery, Featherstone
College Lane Surgery, Ackworth
Northgate Surgery, Pontefract
Fryston Road Surgery, Castleford

Phoenix Health Solutions Ltd:
White Rose Surgery, Exchange Street, South Elmsall, WF9 2RD

3.3 Service quality

Since the start of the Covid-19 pandemic in March 2020 there has not been a single patient complaint to the Clinical Commissioning Group/Integrated Care Board about the Service delivered by any of the four providers. Aside from the first lockdown period (April – June 2020) the four providers have continued to receive GP referrals through the pandemic, albeit at lower volumes than pre-pandemic levels. They have also continued – again aside from the first lockdown period – to monitor and review patients' care throughout the pandemic.

Pre-pandemic there were very few reported complaints to the Clinical Commissioning Group about the Service, and any that were reported were dealt this and managed through contract discussions with the concerned provider.

There are no current reported quality concerns about the Service, and there are no concerns that are outstanding.

Each of the four providers reports – through its contract review processes – their overall satisfaction in delivering the Service, and the three-year pathway of care approach.

3.4 Areas of consideration

Whilst there are no live quality concerns about the Service there have been numerous areas for consideration over the years that it has been commissioned.

These have concerned:

The space used by providers for hearing assessments;

The presence of ear wax, and ear wax removal; and,
Whether patient self-referral may be warranted.

3.4.1 Space for assessments

Historically there were concerns raised about the space used by one of the four providers, and whether this was sufficiently sound-proofed. This has been addressed by site visits and through the contract management process.

3.4.2 Ear wax and ear wax removal

The reported occurrence – from providers of the Service - of wax preventing the assessment for/fitting of a hearing device has minimised. This has been seen to be a result of better working with primary care, and for one provider – the use of qualified staff to be able to remove wax.

3.4.3 Self-referral

Calls for self-referral to be introduced are not unique to Wakefield but occur across West Yorkshire and nationally.

From the perspectives of providers of an adult hearing loss service, the introduction of patient self-referral can alleviate pressures on GP time, with it not leading to an increase in the referrals that they receive.

This was previously discussed in Wakefield in December 2020 and was not uniformly supported.

3.5 Financial spend

The contracts with the four providers are of a zero-value nature, meaning that they do not represent a financial commitment. The financial spend occurs when activity is delivered by one of the providers, in accordance with the detail provided in appendix B.

The yearly spend on the Service is roughly £1.5 million, meaning that a maximum 6-year contract would equal to £9 million of activity in total.

4 Bringing everything together

There is the basis to reaccredit the four providers of the Service, without procurement, should this be supported by the Wakefield District Health and Care Partnership.

To support this, there are no live quality concerns with any provider, against an overall backdrop of few historical concerns.

The considerations raised in this paper do not require the service specification to be changed, and they do not currently constitute a quality concern. They instead can be monitored with the providers through the contract review process.

The providers are currently commissioned to 3-year pathways of care, and there is no obvious reason to change this. Because of this the new award of contract should reflect this, with it being for at least a three-year period. The subsequent thinking is that there should be the option to extend, if the conditions for reaccreditation (section 2.3) are being met, but that should also be some flexibility to cover any circumstance where a significant change to the service specification is needed. To be able to cover both points an initial 2-year extension is suggested, with a further 1-year extension.

The total contract duration would then be six years – an initial 3 years, with a maximum 3-year extension period.

5 Next steps

If the recommendations of this paper are supported, then new contracts would be written and issued to the four providers.

6 Recommendations

Members of the Wakefield District Health and Care Partnership are asked to:

- Approve the reaccreditation for the four providers of the Service, without procurement, as permissible under the NHS 2013 Regulations on patient choice; and,

- Approve a total six-year contract term, as each of the four providers is currently commissioned to deliver three-year pathways of care to patients.

6 Appendices

Appendix A to this paper details the timeline for the previous accreditation and re-accreditations for the Service.

Appendix B provides the current pricing schedule.

Appendix A

Timeline for the previous accreditation and re-accreditations for the Service

Initial Procurement: 01/04/2013 to 31/03/2014 with an option to extend by 12 months to 31/03/2015

Wakefield were associates to the Adult Hearing Loss procured contracts led by Kirklees Primary Care Trust (PCT) before Clinical Commissioning Groups (CCGs) came into being. The successful Providers for the Wakefield area were Novus Health Ltd and Specsavers Hearcare.

Subsequent Procurement: 01/04/2015 to 31/03/2018 with option to extend by 12 months to 31/03/2019

Wakefield CCG re-procured the Adult Hearing Loss service, the successful Providers were Novus Health Limited, Specsavers Hearcare, MYHT, Phoenix Health Solutions, Boots Hearcare, InHealth Group and Scrivens Ltd. Boots Hearcare failed to mobilise the service. InHealth Group ceased delivering the service from 31/12/2018 due to lack of activity.

Re-accreditation and Tender Waiver: 01/01/2019 to 30/06/2019

Waiver 2018 – W26 was approved for Providers Novus Health Limited, Specsavers Hearcare, MYHT, Phoenix Health Solutions and Scrivens Ltd.

Re-accreditation and Tender Waiver: 01/07/2019 to 30/09/2019

Waiver 2019 – W06 was approved for Providers Novus Health Limited, Specsavers Hearcare, Phoenix Health Solutions and Scrivens Ltd. MYHT no longer delivered the community service.

Subsequent Procurement: 01/10/2019 to 30/09/2021 with option to extend by 12 months to 30/09/2022

Wakefield CCG re-procured the Adult Hearing Loss Service, the successful Providers were Novus Health Limited, Specsavers Hearcare, Phoenix Health Solutions and Scrivens Ltd.

Appendix B

The Current Pricing Schedule

National Tariff	
Tariff 1 - Assessment Only	£112.00
Local Tariffs	
Tariff 2 - (Unilateral) Assessment, fitting of 1 aid, cost of 1 aid, follow-up, 3 years aftercare and 3rd year review (includes replacement of one aid due to damage or loss)	£294.36
Tariff 3 - (Bilateral) Assessment, fitting of 2 aids, cost of 2 aids, follow-up, 3 years aftercare and 3rd year review (includes replacement of one aid due to damage or loss)	£406.39
Tariff 4 - Annual aftercare and review (after 3rd year review, where hearing needs have not changed and re-assessment into the pathway is not required)	£ 27.45
Tariff 5- Bilateral Upgrade (where a change from a unilateral to bilateral fitting has been necessary and documented)	£ 73.28
Tariff 6 - Replacement hearing aid: due to mechanical failure outside of warranty: damage/loss, following one replacement by provider within the first 3 years: damage/loss, during a period of annual aftercare year 4 onwards: Note: use of this tariff to be monitored by commissioner and kept under review	£ 73.28
Tariff 7 - Transfer from another provider: first year (admin and aftercare)	£ 75.99
Tariff 8 - Transfer: subsequent years until clinically necessary to issue new device/s	£ 27.45
Tariff 9 - Home Visits	£ 31.88
1a 20% Tariff recovery for incomplete pathway during 1st year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 1 aid, cost of 1 aid, 1st follow-up, 3 years aftercare and review	-£ 58.87
1b 15% Tariff recovery for incomplete pathway during 1st year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 2 aids, cost of 2 aids, 1st follow-up, 3 years aftercare and review	-£ 60.96
2a 13% Tariff recovery for incomplete pathway during 2nd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 1 aid, cost of 1 aid, 1st follow-up, 3 years aftercare and review	-£ 38.27
2b 13% Tariff recovery for incomplete pathway during 2nd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 2 aids, cost of 2 aids, 1st follow-up, 3 years aftercare and review	-£ 52.83
3a 6.5% Tariff recovery for incomplete pathway during 3rd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 1 aid, cost of 1 aid, 1st follow-up, 3 years aftercare and review	-£ 19.13
3a 6.5% Tariff recovery for incomplete pathway during 3rd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 1 aid, cost of 1 aid, 1st follow-up, 3 years aftercare and review	-£ 26.42

3b 5% Tariff recovery for incomplete pathway during 3rd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 2 aids, cost of 2 aids, 1st follow-up, 3 years aftercare and review	-£ 14.72
3b 5% Tariff recovery for incomplete pathway during 3rd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 2 aids, cost of 2 aids, 1st follow-up, 3 years aftercare and review	-£ 20.32
3b 10% Tariff recovery for incomplete pathway during 3rd year of care following the fitting and follow-up (3.2.7) Assessment, fitting of 2 aids, cost of 2 aids, 1st follow-up, 3 years aftercare and review	-£ 40.64

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Wakefield and District Health and Care Partnership Committee
Agenda item no:	09
Meeting date:	22 September 2022
Report title:	Enhanced Primary Care Access 2022/23
Report presented by:	Chris Skelton – Head of Primary Care – WDHCP Debbie Aitchinson – Chief Operating Officer – Conexus Healthcare
Report approved by:	Melanie Brown – Director of System Reform and Integration
Report prepared by:	Chris Skelton – Head of Primary Care – WDHCP

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

Previous considerations:

Not previously considered by the Wakefield and District Health and Care Partnership Committee.

Executive summary and points for discussion:

This report sets out the national direction of travel for the changes to enhanced access which are part of the national GP Contract. The paper explains that requirements upon Primary Care Networks to deliver against a set of standards determined nationally. This paper then discusses how, working collaboratively our Primary Care Networks (PCN), Conexus and commissioners have worked to achieve the proposals being presented. The report provides assurances that the requirements upon the commissioners in signing off these proposals have been met and describes the further commissioning of additional capacity to maintain service levels outside of the national minimum standards. Finally, the report describes how across the West Yorkshire Integrated Care Board (ICB) there has been collaboration between places and consistency of approach.

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 and District Health and Care Partnership is asked to:

1. Agree the sign-off of the Enhanced Access plans

2. Agree the sign off of an enhanced local specification for services considered out of scope from the PCN Directed Enhanced Service (DES) to be commissioned from the 1 October 2022. 3. Be assured that appropriate public involvement has taken place to support the development of the plans and service.
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:
No
Appendices
None
Acronyms and Abbreviations explained
PCN – Primary Care Network DES – Directed Enhanced Service GP – General Practitioner/Practice ANP – Advanced Nurse Practitioner ACP – Advanced Clinical Practitioner LCD – Local Care Direct ARRS – Additional Roles Reimbursement Scheme MDT – Multi-disciplinary Team LMC – Local Medical Committee SHAPE ATLAS - Strategic Health Asset Planning and Evaluation tool OOH – Out of Hours UTC – Urgent Treatment Centre A&E – Accident and Emergency Department

What are the implications for?

Residents and Communities	Residents will be able to access a broader range of general practice services including routine GP appointments in evenings and weekends.
Quality and Safety	There are no known quality or safety implications which have been identified.
Equality, Diversity and Inclusion	Not directly impacted
Finances and Use of Resources	Enhanced Access is part of the PCN Directed Enhanced Service for which PCNs receive a specific allocation of funding on compliance with the specification. In this case, The Enhanced Access

	payment for the period 01 October 2022 to 31 March 2023 is calculated as £3.764 multiplied by the PCN's Adjusted Population (equating to £0.627 per PCN Adjusted Population per month). For Wakefield Place this is £1,509,631.24. Full Year Effective of £ 3,019,262.49. In addition, the additional capacity commissioned to support continuity is £325,000 for the remainder of the financial year. Both of these are within budgets/allocations for Primary Medical Care at place.
Regulation and Legal Requirements	Not directly impacted
Conflicts of Interest	Not Applicable
Data Protection	Arrangements are already in place for sharing of data to support delivery of the service.
Transformation and Innovation	Service proposals in line with national direction and future strategy.
Environmental and Climate Change	Not directly
Future Decisions and Policy Making	There may be future developments or changes to the service which may need to be considered by the committee.
Citizen and Stakeholder Engagement	Patient engagement forms part of this report, the proposals have considered the views of over 8000 patient responses to our engagement specifically on this proposal.

Wakefield District Health & Care Partnership – Enhanced Access 2022/23

1. Purpose

The purpose of this report is to set out the current and future arrangements for enhanced access to general practice. It provides the context for the services currently commissioned and national expectations for delivery in October 2022 and the plans of Wakefield PCNs. This report sets out the implications for the district on the arrangements and describes how these implications and risks will be mitigated and managed.

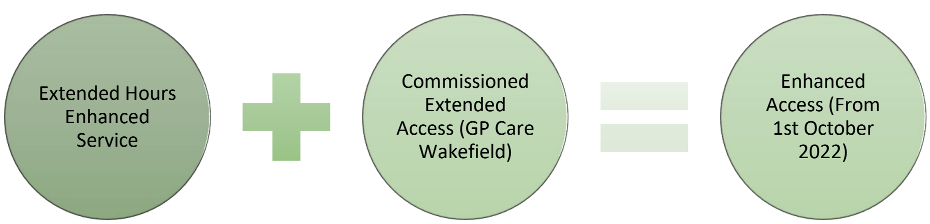
2. Background

The General Practice Forward View published in April 2016 set out plans to CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The NHS Operational Planning and Contracting Guidance 2017 – 2019 set out the funding trajectory for this work as well as a number of core requirements which commissioners were required to achieve.

Working in collaboration, Wakefield CCG commissioned Conexus Healthcare (Local GP Confederation) to provide this service in September 2017 as part of an early adopter site building on previous vanguard work.

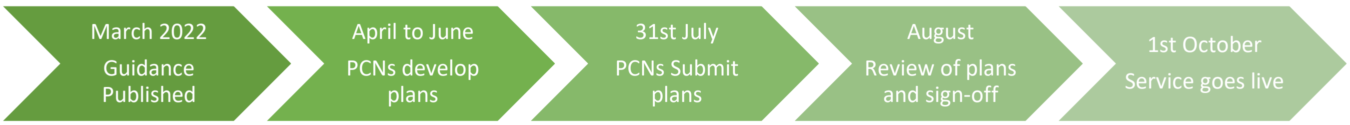
Enhanced Access - PCN DES

The *Investment and Evolution and GP Contract Update (Feb 2020)* committed to delivering a single, combined access offer through primary care networks (PCNs), which brings together the current Network Contract DES extended hours and CCG commissioned extended access service offers to support delivery of new opportunities/arrangements for enhanced access.



This was due to be implemented from April 2021, but due to the pandemic the need to support core general practice capacity and to avoid any disruption during winter months, it has been delayed twice. The responsibility to deliver the new specification becomes a PCN responsibility from October 2022. The changes will allow PCNs greater ability to utilise Enhanced Access capacity, in a way which best meets their local patient needs. The specification is clear however that this needs to deliver a more standardised approach for patients, help improve patient understanding of the service, and address inequalities.

In preparation for introducing the new enhanced access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population needs.



3. Current Service Delivery

Extended Hours

Historically, extended hours were commissioned via a National Enhanced Service from each GP practice. Latterly, it has been incorporated into the PCN DES but delivered by individual GP practices. All Wakefield GP Practices participate in this service. It provides various additional appointments by different members of the general practice team outside of core hours. There are no set standards on the days or times and these have been historically determined by practices alongside their patients expressed preferences.

Enhanced Access Service

GP Care Wakefield is commissioned to provide services between 4pm and 10pm Monday to Friday, 9am to 3pm Saturday and 9am to 3pm Sundays and bank holidays. Predominantly providing same day telephone and video consultations but also offers face to face care for patients where this is deemed as being required. In addition, the service provides routine nursing care including smear tests, spirometry.

The service is provided by a multidisciplinary team of GPs, ANPs/ACPs, Clinical Advisors, Care Navigators, Nurses and Health Care Assistants. All staff are engaged through a flexible work pool, signing up for shifts during the operating period. Over time, this pool, predominantly from Wakefield GP Practices has grown significantly and provides significant flexibility to meet the needs of the service.

The service operates from Trinity Medical Centre, Pontefract Urgent Treatment Centre and Elizabeth Court Surgery, Castleford.

The current contract is commissioned with flexibility to increase and decrease clinical capacity over the year to accommodate for increased seasonal demands and system pressures. This has been of particular benefit during the Covid-19 pandemic and ongoing system pressures to increase general practice capacity. Throughout the pandemic period the service has also increased its operating hours on weekends with the support of covid funding and latterly, the winder access fund. Furthermore, the service provides system resilience to all GP Practices in the Wakefield district and is particularly valued for this element by practices and commissioners.

Out of Hours Service

It is worth noting that these are not the only appointments available to patients when their GP practice is closed. All patients in West Yorkshire are able to access an Out of Hours service (a formal opt out of the core GP contracts) and this is provided by Local Care Direct (LCD). These contractual arrangements are unaffected by the planned transition.

4. Future Delivery

Enhanced Access – from 1st October 2022

The Enhanced Access Service specification sets out the requirements on PCNs in delivering the service from the 1st October 2022. The specification requires PCNs to provide a minimum of 60 minutes per 1000 patients of bookable appointments outside core hours, from 6.30pm – 8pm Monday to Friday and 9am – 5pm Saturday.

In summary, PCNs must provide bookable appointments, which are:

- Available to the PCN's registered patients
- Be delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and ARRS workforce
- Be formed of a mixture of in-person face to face and remote (telephone, video, online) appointments:
  - A reasonable number of in-person face to face appointments must be provided
  - The mixture of appointments must aim to minimise inequalities in access
- In locations that are convenient for patients to access in-person face to face services
- Delivered from premises which are as a minimum, equivalent to the number of sites within the PCN's geographical area from which the CCG Extended Access Service was delivered.
- Available to be booked in advance, or same day and available for patients to book online, where appropriate.
- Ensure GP cover during Network Standard Hours, providing in-person face to face consultations, remote consultations, leadership and clinical oversight and supervision of the MDT.
- Make the appointments available for booking a minimum of 2 weeks in advance.
- Make available to NHS 111 any unused on the day slots.

5. Place Based Approach

In Wakefield district, the transition of EA arrangements has been supported by a number of functions, forums and discussions. Ongoing discussions have taken place between the ICB, Conexus, PCNs, Practices and local LMC on how the current arrangements would align with the new service specification. The service specification enables PCNs to sub-contract these requirements; through the ongoing discussions all PCNs within Wakefield have agreed to subcontract the service. This still provides PCNs with the flexibility to shape the services for their own population and based on population need. The type/blends of appointment capacity will be different within each area however the operational infrastructure behind the service will be shared, managing both risk and continuity of service across the Wakefield district.

The PCN DES formally sets out the requirements for mobilising changes in preparation for 1st October 2022. PCNs must work with their commissioner to produce and agree an Enhanced Access Plan which sets out the following:

- How the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of capacity and demand.
- The mix of services that will be provided during the Enhanced Access period.
- The appointment types and channels that will be available to patients, including how the PCN will meet the requirement to ensure that a reasonable number of in-person face to face consultations are available.
- The proposed staffing or skill mix
- The proposed site location(s) for patients to access face-to-face appointments
- Proposals for how the PCN will deliver the necessary system interoperability to support delivery of the Enhanced Access Service.
- Any planned sub-contracting arrangements.

Locally we have worked collaboratively on the design and development of the current service into the future model, this has been achieved through;

a) Joint Programme Plan - To support mobilisation a project group has been established including PCNs, Conexus and CCG commissioners (including comms and engagement & Urgent Care) to develop a plan for Enhanced Access in line with the DES requirements. Within this group delivery and engagement plans have been covered alongside risk and action logs. Patient and public engagement formed a key part of the project group's delivery with approach to and plans for engagement activity being considered at each meeting
b) Regular updates at the Project Group which includes PCN representation. PCNs have shared within their governance structures. Updates have also been provided at the appropriate Patient Reference Groups and the public assurance group of the CCG (and more recently, the Health and Care Partnership).
c) The plan must be submitted to the commissioner by 31st July 2022.
d) The project plans were discussed at Core Leadership Team on Thursday 11th August 2022 and Primary Care Operational Group Thursday 18th August 2022 both of which supported the proposals.

6. Service Plan Proposals

Wakefield Place received one plan on behalf of all PCNs in the Wakefield District. The table below shows the relevant PCNs and aligned Practices along with the proposed locations and enhanced access operating hours.

PCN	Member Practices	Enhanced Access Location	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Brigantes	Alverthorpe Surgery Eastmoor Health Centre Outwood Park Homestead Clinic New Southgate Surgery Stanley Health Centre	**Trinity Medical Centre, Wakefield** Thornhill Street, Wakefield WF1 1PG	16:00 – 21:30	16:00 – 21:30	16:00 – 21:30	16:00 – 21:30	16:00 – 21:30	09:00 – 17:00	09:00 – 15:00
Five Towns	Castleford Medical Practice Health Care First Partnership Kings Medical Practice Patience Lane Surgery	**Elizabeth Court Surgery, Castleford** Elizabeth Drive, Castleford WF10 3TG	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	09:00 – 17:00	Closed
Trinity Health Group	Crofton & Sharlston Medical Practice Maybush Medical Centre Trinity Medical Centre Warrengate Medical Centre	**Trinity Medical Centre, Wakefield** Thornhill Street, Wakefield WF1 1PG	16:00 – 21:30	16:00 – 21:30	16:00 – 21:30	16:00 – 21:30	16:00 – 21:30	09:00 – 17:00	09:00 – 15:00
West Wakefield	Chapelthorpe Medical Centre Middlestown Medical Practice Lupset Medical Centre Orchard Croft Medical Centre Ossett Surgery	**Ossett Surgery, Ossett** Ossett Health Village Ossett WF5 8DF	17:00 – 20:30	17:00 – 20:30	17:00 – 20:30	17:00 – 20:30	17:00 – 20:30	09:00 – 17:00	Closed
Wakefield North PCN	Henry Moore Clinic Newland Lane Surgery Riverside Medical Centre St Thomas Road Station Lane Medical Centre Tieve Tara Medical Centre	**Elizabeth Court Surgery, Castleford** Elizabeth Drive, Castleford WF10 3TG	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	09:00 – 17:00	Closed
Pontefract and Knottingley PCN	Ashgrove Medical Centre Friarwood Medical Centre Northgate Medical Practice Stuart Road Surgery	**Northgate, Pontefract** Northgate Pontefract WF8 1NF	17:00 – 21.30	17:00 – 21.30	17:00 – 21.30	17:00 – 21.30	17:00 – 21.30	09:00 – 17:00	09:00 – 15:00
WHA South PCN	College Lane Surgery Langthwaite Surgery Park Green Surgery The Grange Medical Centre White Rose Surgery	**Church View Health Centre, South Kirkby** Langthwaite Road, South Kirkby, WF9 3AP	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	17:00 – 20:00	09:00 – 17:00	Closed

From 8- 9.30pm and Sundays only 2 sites will be open – TMC in the West and Northgate in the East.

Engagement

To support the development of a local Enhanced Access Service and to better understand patient preferences and local need, the project group worked with Engagement colleagues to jointly develop a plan for engaging with the Wakefield population, stakeholders and colleagues. The public engagement was extremely successful with over 8000 responses across all PCNs and practices. The information has been externally analysed and findings used to shape the local model of service delivery. Summary of findings is below:

Routine appointments outside of core GP practice hours;

- The vast majority would consider a routine appointment with a GP, Nurse or other member of the practice team outside core hours
- A third of those who said they would not consider a routine appointment outside of core hours suggested this was because they can already attend during core hours
- Half of respondents would prefer an appointment in the evening between 6.30pm and 8.00pm
- Respondents are more likely to access GP services outside of core hours for blood tests, ECG's or other regular checks; non-urgent clinical advice or consultation from a GP or ANP and medication reviews with a Doctor or Pharmacist

- Face to face consultation was the type of appointment that respondents would be most likely to use, followed by a telephone consultation
- A third said they would probably not or definitely not use video consultation
- The type of appointment that respondents would be likely to use for a routine appointment is often driven by their problem and how urgent it is
- Respondents would mostly prefer to be seen at a local GP practice, but a third also said they don't mind as it's more important to be seen
- Half of respondents would want to book a routine appointment up to two weeks in advance, while a quarter would prefer the ability to book same day
- Small proportions said they would either be unable or unhappy to travel for a face to face appointment
- Almost half would be willing to travel 15+ minutes for a face to face appointment, including those who said they don't.

Urgent appointments outside of core GP practice hours:

- Nearly all respondents would consider an appointment outside the core hours for urgent clinical advice or treatment from a GP service
- Half of respondents would prefer an appointment in the evening between 6:30pm and 8:00pm, and around a fifth would prefer one on Saturday's
- Face to face consultation was the type of appointment that respondents would be most likely to use, followed by a telephone consultation
- Over a third would probably not or definitely not use an online consultation
- The majority would prefer to be seen for an urgent face to face appointment at a local GP service, and over a third said they don't mind as it's more important to be seen
- Small proportions said they would either be unable or unhappy to travel for a face to face appointment
- Half of respondents would be willing to travel 15+ minutes for a face to face appointment, including those who said they don't mind as it's more important to have an appointment at a time convenient to them.

Service Mix, Appointment Types and Consultation Method

The service will provide a mixture of same day and routine services to patients, same day capacity will be focussed on urgent care needs in the same way that the service operates now. In addition, routine care will be further enhanced from the current Nursing and Health Care Assistant offer to include routine GP appointments as supported by patient engagement. There is a further enhancement to the service in the provision of additional capacity for long term condition review appointments.

Appointments will be provided for both face to face and via telephone. All appointments for routine care will be face-to-face. Appointments for same day will be by telephone, as is current practice, however face to face appointments will be available based on clinical need or expressed patient choice. In totality, the expected proportion of face to face v non-face-to-face is 52%. Given that the number of locations has increased and patients will be within 15 minutes of a site, it is anticipated that the number of patients being see face to face will increase beyond this.

The proposed staffing or skill mix

The service will be provided by a mix of General Practitioners, Advanced Nurse/Clinical Practitioners, Practice Nurses, Health Care Assistants and Phlebotomists. The service is also provided by Clinical Advisors and Care Navigators.

Site Locations

There will be services provided from 5 locations across Wakefield currently extended access services are provided from 3. The increase in number of sites will improve accessibility for patients and make the service more local to our communities.

The sites have been determined through the patient engagement which informed the sites selected. For routine appointments, patients told us that half would be willing to travel 15+ minutes for a face to face appointment, including those who said they don't mind as it's more important to have an appointment at a time convenient to them. For same day care, half of respondents would be willing to travel 15+ minutes for a face to face appointment, including those who said they don't mind as it's more important to have an appointment at a time convenient to them

Respondents would mostly prefer to be seen at a local GP practice for routine appointments, but a third also said they don't mind as it's more important to be seen. Furthermore, the majority would prefer to be seen for an urgent face to face appointment at a local GP service, and over a third said they don't mind as it's more important to be seen.

Factors considered by project group and PCNs

- Car travel time (15/20 minutes)
- Public transport routes
- Areas of deprivation and population density
- Practical space to accommodate GP Care/ facilities at on site
- Practices that are willing to host
- Patient preference re type of site

Confirmed 3 new sites, 5 in total. All are located in GP practices which supports both urgent and routine care offer.

1. Church View Medical Centre in South Kirby
2. Ossett Surgery
3. Northgate Surgery in Pontefract
4. Trinity Medical Centre
5. Elizabeth Court Surgery in Castleford

All PCNs in Wakefield have significant deprivation, lower than average life expectancy and other health inequalities. PCN representatives on the project group have been able to highlight population health management priorities throughout the modelling. This has been further supported through ATLAS mapping tools used to model locations, Capacity and demand data used to inform modelling throughout. The site are all located in densely populated areas, with high levels of deprivation. Telephone consultations will also be available for same day consultations for those who cannot travel and we will continue to work with OOH team to directly book patients who need a home visit with them.

Currently, a small proportion of the existing face to face element of GP Care Wakefield is provided at Pontefract Urgent Treatment Centre. As part of these proposals, this element will be delivered from Northgate Surgery. This has allowed for both the routine and urgent elements of the service to be provided from the same location, provide consistency to patients and the ability to communicate clearly where the service is offered. It is further supported by the patient engagement which has been undertaken. There is a need to work through the impact of separating these two services as it is essential that provision of the out of hours GP service continues from Pontefract General Infirmary. A gap analysis of the impact of separating these services has been requested from LCD and will be managed through the out of hours contract.

System interoperability

All practices have access to remote book into the GP Care SystmOne Clinical System unit for appointment booking. Wakefield has one EMIS Clinical System practice and arrangements are in place for booking by email.

Clinicians in service view full patient record with consent of patient and data sharing agreements are already in place to support this.

There are well tested protocols in place for tasking practices to make referrals and request tests where these cannot be completed by the service themselves.

The service does not currently have the ability for patients to book themselves online for available appointments. This is due to system functionality which is not yet developed and is a national issue.

Any planned sub-contracting arrangement

In order to build on the current model and to ensure efficient use of resources all PCNs will subcontract to Conexus – Wakefield’s GP Confederation. There will be in place an agreement between PCNs and Conexus to formal subcontract the service. This subcontract will be further reviewed and approved by the commissioner in line with the current GP contractual regulations.

Communications Plan

GP Care Wakefield already has it’s own branding and promotional materials. This is also a communications toolkit available for all practices and wider partners which includes posters, leaflets, social media messages, telephone messages. Most patient facing comms is done through practices. We have also worked jointly with Leeds to promote the services over bank holidays over Radio. An updated communications plan is being developed based on the patient engagement and local intelligence. This will also include a refresh of GP Care materials and communications toolkit being made available to member practices to advertise the service from Sept 2022. Communications will continue to be through practices to patients, emphasising that the service is an extension of their in hours.

7. Implications for the current service delivery

Extended Hours at Practice Level

Under the previous arrangements, extended hours requirements allowed general practices to provide additional hours outside of core hours. The times, skill mix and type of appointments provided were determined by practices in conjunction with their patients' preferences. A number of practices in Wakefield currently provide some clinical capacity before 8:00am on weekdays – however this is not included as part of the national PCN requirements of Enhanced Access. Our patient engagement told us that a number of patients valued appointments before 08:00am but less preferred that the current proposed model of evenings and weekends. There is further work being undertaken with practices to understand the levels of service provided under the current extended hours arrangements and if any mitigations need to be provided.

GP Care Wakefield – Service Model

When the GP Care Wakefield Service was developed, it aimed to increase access predominantly for urgent care needs as well as providing some routine care. The during the current operating hours, general practices direct their phone lines to the GP Care Wakefield Service outside of these times, calls are diverted to NHS 111 with out of hours GP cover provided by Local Care Direct. This service operates from 4pm until 10pm Monday to Friday, Saturdays, Sunday's, and Bank Holiday's 9am to 3pm. The service was also further developed to work effectively with urgent care system partners including NHS111, Local Care Direct, UTC and A&E. this enabled the safe transfer of care of patients into the best service to meet their needs and manage capacity and demand across the system.

These elements of the service are currently provided but outside of the PCN DES specification. The result in a risk locally of creating gaps; impacting on patient experiences and unintended consequences on the wider system if these risks are not mitigated.

Furthermore, national guidance to CCGs states that;

> *In relation to enhanced access, the Specification sets out the minimum universal requirements for PCNs to deliver. It is expected that, where areas already have additional patient services in place locally, commissioners will make arrangements for these to continue (and any changes would be subject to local engagement). Where current levels of capacity or funding as provided under the CCG Extended Access Service at 30 September 2022 exceed the minimum requirements for Enhanced Access set out in the Network Contract DES Specification, commissioners will be expected to ensure that these capacity and funding levels under the CCG Extended Access Service are maintained going forward.*

It is therefore proposed that, to ensure continuity of service and mitigate the risks as outlined above, the additional capacity is commissioned for the service outside of the PCN DES but building on that service as is currently the case.

A service specification has been developed to support this, which would specifically.

- Telephone access services and delivery of same day capacity on weekday evenings, weekends and bank holidays.
- Direct access for system partners including NHS111, Local Care Direct, UTC and A&E.
- Provide the additional clinical capacity during these periods to support this

The proposed specification has been reviewed against current rates of utilisation and the level of service commissioned pre-pandemic and in light of patient engagement. The current utilisation of the service after 21:30pm during weekdays is low with increased activity being received earlier in the evening as such, the models operating hours will be adjusted to reflect this, albeit the level of provided capacity will still meet patient demand.

The service will continue on the same number of sites as the current arrangements albeit, at Northgate Surgery rather than Pontefract General Infirmary and Trinity Medical Centre.

It is proposed that this service is put in place for a further 6 months to align with the urgent care review and to determine the future of that service. It has been determined that to remove this capacity during the approach to winter could further exacerbate access challenges and would have implications on urgent care system providers. The service will maintain its ability to flex and respond to system challenges through its operating model.

The approach was discussed and supported by the Urgent and Emergency Care Transformation Board in July 2022. The additional costs of £325k for this service are being met within the Enhanced Access allocations received by place and therefore the additional financial costs have been mitigated for the financial year 2022/23.

IT Support

The DES suggests an expectation for extended IT support to cover network core hours. The current support agreement with THIS for Calderdale, Kirklees and Wakefield provides service for standard practice operational hours, it does not cover extended hours, to do so would exceed the available NHSE funding in GPIT baseline.

To extend the THIS service at an “on call telephone only” support model will be cost around £75,000 to £100,000 pa for the three places. The final quotation will be dependent on exact hours when support required. It should be noted that if Sunday working is required this would exceed these estimates. There is further work being undertaken with Digital colleagues to ensure adequate support within the funding available.

8. Approach and Next Steps

ICB Collaborative Approach and Common Principles

As a newly formed ICB, representative from each of the five West Yorkshire places have been meeting fortnightly to agree a consistent approach to the Enhanced Acess transition, sharing examples of good practice and challenges. This has proved helpful in determining the approach for

- Engagement
- Interoperability and functionality of clinical systems

- Sunday/Bank Holiday/Early provision of appointments
- Telephone access
- Governance and sign off

As part of working consistently in West Yorkshire, each place has been asked to check that some of the core components and risks have been considered. The plans have been shared across West Yorkshire as part of a peer review/check and challenge approach.

PCN Plans and Sign Off

NHS England have set out the requirements of the Enhanced Access service and have issued several documents to help commissioners refine and assure plans. NHS Futures has a dedicated space where templates and FAQs have been shared. The most recent FAQs have provided helpful clarity on some of the areas where PCNs have been looking for definitive clarity.

Commissioners are required to:

a) Provide support to PCNs/practices to enable them to complete plans e.g. share intelligence/knowledge/data of existing CCG services/models of delivery, support patient engagement
b) Assure and sign off PCN plans
c) Ensure PCN plans form part of a cohesive ICS approach, BI Support the PCN's practices in engaging with and informing their patients about changes to EA services
d) Support practices in transition from current EA services
e) Commission services from practices not part of EA DES
f) Provide support to PCNs for necessary IT to deliver specification

Responsibility for signing off enhanced access plans is a matter for places in West Yorkshire and therefore the Wakefield and District Health and Care Partnership.

9. Recommendations

It is recommended that the Wakefield and District Health and Care Partnership;

- Agree the sign-off of the Enhanced Access plans
- Agree the sign off of an enhanced local specification for services considered out of scope from the PCN DES to be commissioned from the 1st October 2022.
- Be assured that appropriate public involvement has taken place to support the development of the plans and service.

Chris Skelton
Head of Primary Care
West Yorkshire ICB - Wakefield Health and Care Partnership

1st September 2022

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	10
Meeting date:	22 September 2022
Report title:	Addressing Health Inequalities in Wakefield District - Core20PLUS5 Investment Proposal
Report presented by:	Becky Barwick, Associate Director of Partnerships and System Development
Report approved by:	Ruth Unwin, Director of Strategy Anna Hartley, Director of Public Health
Report prepared by:	Becky Barwick

Purpose and Action

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

Previous considerations:

- An introductory summary paper was considered by the committee at the meeting in July 2022.
- The contents of this paper have also been discussed and developed by the newly established Core20PLUS5 committee.

Executive summary and points for discussion:

This paper sets out the background to the NHS's framework for addressing health inequalities. The framework is called Core20PLUS5 and has been released this year.

The framework comes with £1.04m recurrent funding for Wakefield District Health and Care Partnership. A set of criteria has been agreed to be used to agree the allocation of the investment.

The Core20PLUS5 framework will be implemented locally adopting a partnership approach.

This paper describes that a leadership group for WDHCP has been established and the approach it is taking to implement the framework.

It also sets out a proposal for allocation of the additional investment.

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 work of the Core20PLUS5 leadership group and the approach being taken locally. 2. Approve the investment proposal.
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. Criteria for bidding process
Acronyms and Abbreviations explained
1. NHSE – NHS England 2. WDHCP – Wakefield District Health and Care Partnership 3. West Yorkshire ICB – West Yorkshire Integrated Care Board 4. VCSE – Voluntary, Community and Social Enterprise Sector 5. MYHT – Mid Yorkshire Hospitals NHS Trust 6. SWYPFT – South West Yorkshire Partnerships NHS Foundation Trust

What are the implications for?

Residents and Communities	The Core20PLUS5 framework includes a targeted approach to work with the most deprived communities where residents are at greater risk of experiencing health inequalities approach. It advocates a community development approach to addressing this.
Quality and Safety	Implementation of the Core20PLUS5 framework will support the quality agenda as it includes a targeted approach to consider those with protected characteristics.
Equality, Diversity and Inclusion	Implementation of the Core20PLUS5 framework will support the EDI agenda as it includes a targeted approach to consider those with protected characteristics and those who are most marginalised.
Finances and Use of Resources	Finance and contracting colleagues are represented within the leadership group and will oversee the allocation of resources.
Regulation and Legal Requirements	N/A

Conflicts of Interest	Any conflicts of interest will be managed according to our policies.
Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	Core20PLUS presents us with an opportunity to test new approaches to addressing health inequalities, something we are committed to.
Citizen and Stakeholder Engagement	Citizen and Stakeholder engagement and involvement will be carried out at all necessary levels of this framework. It is something all working on Core20PLUS5 are committed to.

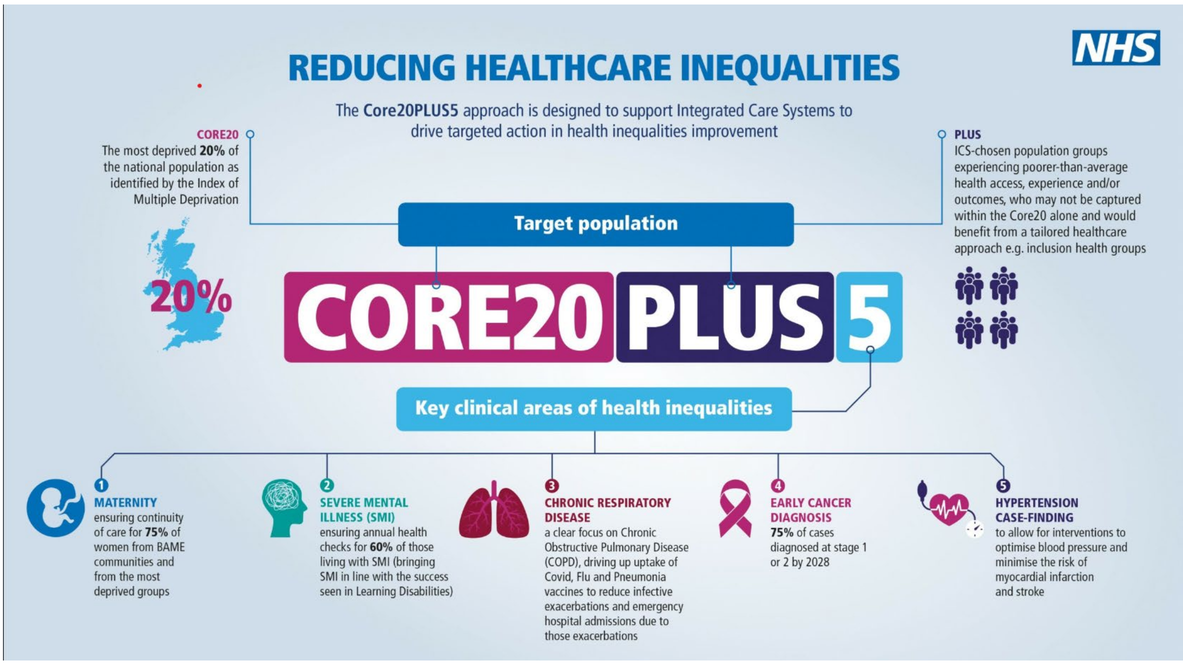
1. Main report detail

1.1 Purpose of this report

The purpose of this paper is to bring a proposal to the Wakefield District Health and Care Partnership Place Committee for use of the Core20PLUS5 investment, which has been allocated to WDHCP from the West Yorkshire Integrated Care Board.

1.2 Background

1.2.1 Core20PLUS5[1] is the NHS England (NHSE) approach to addressing health inequalities. It is a board framework expected to be considered for all commissioning, transformation and delivery where possible. The framework comes with some funding expected to be used to supplement local implementation. There is **£1.04m** recurrent funding for WDHCP from current financial year



1.2.2 The Core20PLUS5 framework is designed to address health inequalities for people at greatest risk of experiencing health inequalities:

- People who live in geographical areas of highest deprivation according to the Office of National Statistics Indices of Multiple Deprivation (IMD)
- People who belong to health inclusion groups or who have protected characteristics

[1] http://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5

1.2.3 There is an expectation that approach includes wider determinants of five NHSE clinical priority areas:

- continuity of care in maternity
- respiratory illness
- hypertension case finding
- severe mental illness
- early cancer diagnosis

1.2.4 There are also five NHSE health inequalities planning priorities that we will be expected to deliver:

- Restore NHS services inclusively
- Address digital exclusion
- Ensure datasets are accurate
- Accelerate preventative programmes targeted at those most at risk
- Strengthen leadership and accountability

1.2.5 This framework offers a significant opportunity to progress key strategic aims which are reflected both in the Wakefield District Health and Care Partnership and in the newly co-produced vision and purpose of the WDHCP.

1.2.6 A West Yorkshire ICB leadership group has been established and has been meeting for several months. The have agreed a loose set of criteria – majority of decision making is at place:

- 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 will be based on local intelligence.
- Resource will be allocated 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

1.2.7 In addition a set of local criteria have been agreed for Wakefield district.

- Decisions will be made with a clear line of sight to Wakefield District Health and Wellbeing Strategy
- We will ensure that the pot is not divided down so far as to lose any potential impact
- We will review whether there is an opportunity to fund existing non recurrent schemes that have evaluated well and are ending
- Sensible decisions based on local intelligence and evidence-base
- No duplication with existing services

1.2.8 A Core20PLUS5 leadership group has been established to oversee implementation in Wakefield District. The group has met once so far. It is Chaired jointly by Becky Barwick and Clare Offer. The members of the group include the ICB (place), Public Health, Communities, VCSE sector, MYHT, SYWPFT, the mental health alliance, primary care, maternity, finance and contracting.

1.3 Investment Proposal

1.3.1 Given the criteria agreed for Core20PLUS5 funding it is proposed that the investment is committed in the following way:

CORE20

a) **Building healthy and sustainable communities – the Wakefield way £500K.** This is our local approach to community development, seen as key to addressing health inequalities for those living in our most deprived communities. A model will be developed that is targeted and tailored to the specific needs of communities. It will be co-produced alongside partners and existing community assets. The key aim of the project is that communities become more self-supporting places and better resourced, preventing crises through early intervention, increased support to volunteer, train and work and families able to contribute as assets.

PLUS

b) **West Yorkshire Finding Independence (WY-FI) £160K**
This will be a contribution to the WY-FI (West Yorkshire Finding Independence) scheme which works with the most with vulnerable

groups, those with the most chaotic lifestyles to deliver personalised intensive support to work towards a stable and structured (and more healthy) life.

c) **Roving health inclusion team £140K**
Building on the learning from the roving vaccination team, a health and wellbeing team will be established that will carry out focused and targeted work with specific groups at more risk of experiencing health inequalities. This service will work in tandem with relevant VCSE service including Live Well Wakefield and Citizen's Advice Bureau and be established on a pilot basis initially.

FIVE (and PLUS)

d) **£240,000** recurrent funding and **£480k** non-recurrent funding (from slippage in 2022/3 allocation)
Expressions of interest will be invited for the remainder of the Core20PLUS5 allocation to deliver interventions that meet the criteria agreed by the leadership group (see APPENDIX 1)

	Amount	**Element**
Building Healthy and Sustainable Communities	£500K recurrent	Core20
WY-FI	£160K recurrent	PLUS
Roving Health Inclusion	£140K recurrent	PLUS
Bids invited	£240K recurrent £480 non-recurrent (2022-23 only from underspend)	Five and PLUS

1.3.2 It is proposed that any recurrent investments are made initially for a year and will be subject to agreed monitoring and evaluation.

2. Next Steps

2.1 The WDHCP Core20PLUS5 leadership group will coordinate the approved investment with the support of finance and contracting colleagues.

2.2 As part of this the WDHCP will manage the bid process for the remainder of the investment. An expression of interest form has been developed and circulated **in draft** to relevant stakeholders and partners for information to allow as much time as possible to develop. It has been made clear that the process has not yet been approved and that further information will be shared following consideration by the WDHCP committee.

2.3 The WDHCP Core20PLUS5 leadership group will appropriate develop monitoring and evaluation processes that will assure WDHCP of the effective implementation and delivery of the investment. The group will ensure that outcomes align with the health and wellbeing strategy and outcomes framework. The group will also ensure that any necessary system and national reporting takes place. Members of the group will represent WDHCP at the West Yorkshire ICB Core20PLUS5 leadership group

2.4 The Core20PLUS5 leadership groups will also work with members of our health and care system to make sure that the framework is considered where possible throughout our strategic, commissioning and transformation work as well as delivery.

2.5 Reporting on progress at an appropriate frequency will be provided as necessary.

3. Recommendations

3.1 The WDHCP Committee is asked to:

3.1.1 Note the work of the Core20PLUS5 leadership group and the approach being taken locally.

3.1.2 Approve the investment proposal.

4. Appendices

APPENDIX 1 – Criteria for bids for Core20PLUS5 funding

a) Relate to one or more of the five clinical focus areas or PLUS group*

b) Has a clear rationale for reducing inequalities in access to healthcare, outcomes of healthcare, or population health in either a CORE20 or PLUS group of the population, or both

c) If relevant, are supported by the priorities of a Clinical Network or Alliance (eg Respiratory or Mental Health Alliance)

d) May come from any NHS, VCSE, local authority or public sector organisation provided they can demonstrate substantial impact on the two above criteria. Partnership or collaborative bids are welcome but please identify which organisation will be responsible for the funding.

e) May be for recurrent or non-recurrent funding. Bids for recurrent funding with additional non-recurrent start-up costs are welcome. Please indicate whether you would like to be considered for non-recurrent funding if your project is not prioritised for recurrent funding.

f) May include match or part funding from the applicant organisations. Match funding is not compulsory but we want this funding to have as much impact as possible. Proposals for part funding from larger organisations who are able to do so are therefore welcomed.

g) Are prepared to report regularly on activity and outcomes to the CORE20PLUS5 steering group

h) For preference, are able to spend non-recurrent money by the end of March 2023

Meeting name:	Wakefield District Health and Care Partnership
Agenda item no:	11a
Meeting date:	22 September 2022
Report title:	Wakefield District Health and Care Partnership Forward Plan
Report presented by:	Ruth Unwin, Director of Strategy
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Ruth Unwin, Director of Strategy

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 Wakefield District Health and Care Partnership Committee requires a forward plan of agenda items to enable the Committee to manage critical business and decisions over the course of the year. The Partnership is required to submit the forward plan to the Integrated Care Board (ICB).

The forward plan for the Committee includes matters requiring approval by the Committee in line with the scheme of delegation and items presented to the committee for assurance. The plan has been collated with support from Provider Alliances to identify key service, transformation and financial decisions that are likely to require determination by the Committee during 2022/23 and reference to the Scheme of Reservation and Delegation. Items will be added to the forward plan over the course of the year.

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 Health and Care Partnership are asked to:

1. Note the Forward Plan which was submitted to the ICB

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:
Items on the forward plan include controls and assurance that support risk management across the system
Appendices
1. Draft forward plan
Acronyms and Abbreviations explained
1. ICB: Integrated Care Board 2. WDHCP: Wakefield District Health and Care Partnership

What are the implications for?

Residents and Communities	The forward plan references decisions that will affect citizens and communities
Quality and Safety	The forward plan includes arrangements for reporting on quality and safety
Equality, Diversity and Inclusion	The forward plan includes proposals for management of equality, diversity and inclusion and arrangements for assurance. Individual proposals brought to the committee for approval will include detailed equality impact assessment
Finances and Use of Resources	The forward plan includes details of financial planning and assurance arrangements
Regulation and Legal Requirements	No specific implications
Conflicts of Interest	No specific conflicts of interest are identified in this paper
Data Protection	No specific implications
Transformation and Innovation	The forward plan includes proposals relating to transformation and innovation
Environmental and Climate Change	No specific implications
Future Decisions and Policy Making	The forward plan sets out decisions and policy developments to be considered by the committee during 2022/23
Citizen and Stakeholder Engagement	The forward plan will support the People Panel to influence key decisions

1. Main Report Detail

The draft forward plan is attached at Appendix 1.

2. Next Steps

The Forward Plan was submitted to the ICB and will continue to be developed over the course of the year.

3. Recommendations

The Wakefield District Health and Care Partnership are asked to note the forward plan

4. Appendices

Appendix 1: Draft Wakefield District Health and Care Partnership Forward Plan

Wakefield District Health & Care Partnership

Wakefield District Health & Care Partnership Committee Workplan 2022/23

					Quarter 1	Quarter 2		Quarter 3	Quarter 4	
Title of Item	**Action**	**Purpose**	**Frequency**	**Lead Author**	**May**	**July**	**September**	**November**	**January**	**March**
INITIAL ITEMS										
Accountable Officer/Chair's Report	Information	To update the Committee in relation to matters at national, regional, and local level.	Every meeting	R Unwin	X	X	X	X	X	X
Public health profiles	Information	To gain insight into specific public health challenges for the district	Every meeting	Anna Hartley	X	X	X	X	X	X
STRATEGY AND PLANNING										
Financial Plan	APPROVE	To approve the financial plan for the Wakefield System	Annually							x
Operational Plan	APPROVE	To approve the operational Plan for the Wakefield System	Annually							x
Commercial Strategy	APPROVE		TBC							
Digital Strategy for Place	APPROVE		Every 3 years	Colin Speers/Richard Main					x	
Estates plan for Wakefield Place	APPROVE	To approve proposed development of estate for Wakefield system	TBC							
Sustainability Plan	APPROVE	To approve the plan	Annually							x
People Strategy	APPROVE	To approve the Strategy for WDHCP	Every 3 years	Linda Harris/Phillip Marshall			x			
Primary Care Update	APPROVE	From the SORD - Approve decisions on the review, planning and procurement of primary medical care services (to reflect the terms of the delegation agreement with NHS England)	As required	Mel Brown						
Core 20PLUS+5	APPROVE	To approve the Investment Proposal		Becky Barwick			X			
QUALITY, PATIENT EXPERIENCE AND PERFORMANCE										
Integrated quality and performance report (including experience of care)	ASSURANCE	Provide assurance on achievement of quality and performance objectives and identify any mitigating actions	Quarterly	Natalie Tolson Laura Elliot	X		X		X	
Health and Wellbeing Strategy Update	ASSURANCE		Bi-annually	Ruth Unwin	X			X		

SERVICE, REDESIGN/ TRANSFORMATION										
Adult ADHD - Mental Health Alliance	APPROVAL	To approve funding		Michele Ezro				X		
Urgent primary care services	APPROVAL	To approve the business case		Trudie Davies						X
Dementia - Mental Health Alliance	APPROVAL	To approve funding		Michele Ezro				X		
SUB COMMITTEE'S										
Chair's Report and mins from the Provider Collaborative	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Every meeting	Colin Speers/ Governance Manager	X	X	X	X	X	X
Chair's Report and mins from the Integrated Assurance Committee	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Every meeting	Richard Hindley/Governance Manager	X	X	X	X	X	X
Chair's Report and mins from the People Panel	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Every meeting	Stephen Hardy/Governance Manager	X	X	X	X	X	X
Chair's Report and mins from the Professional Leadership Forum	ASSURANCE	To provide a summary of the key areas of assurance secured from the meeting and any items for escalation	Every meeting	Adam Sheppard/Governance Manager	X	X	X	X	X	X
GOVERNANCE AND REGULATORY										
Annual Report for Place	APPROVE	Approve the place contribution to the ICB annual report and accounts	Annually	Ruth Unwin	X					
Place Risk Management Framework	APPROVE	Approve place arrangements for managing risk	Annuallyy	Ruth Unwin				x		
Assurance Framework and Risk Register (Place)	ASSURANCE Quarterly	Identifies risks to delivery of objectives & mitigations. Assess whether key risks to delivery of system objectives are reflected and the actions to address these are appropriate Assurance that controls are in place, mitigating actions are in train and are being reported appropriately	Quarterly	Governance Manager (TBC)	X			x		
Committee Work Plan	APPROVE	To ensure the committee is allowing sufficient time to focus on its responsibilities	Annually	Governance Manager (TBC)	X					
Committee Effectiveness Review	ASSURANCE	Assurance to the ICB that the Committee has fulfilled its functions	Annually	Governance Manager (TBC)	X					
Performance and quality of leadership Annual self-assessment report to ICB	APPROVE	Approve the submission to the ICB	Annually	Becky Barwick	X					
Regulatory inspection report and actions	ASSURANCE	Assurance on delivery of actions	As required	Becky Barwick						

Sub-Committee Terms of Reference	APPROVE	To approve the terms of reference of the sub-committees	Annually (and following any amends)	Ruth Unwin	**X**					
Sub-Committee Work Plans	APPROVE	To approve the work plans of the sub-committees		Ruth Unwin						
PROVIDER ALLIANCE UPDATE										
Children's & Young people	Information			Jenny Lingrell	**X**					
Mental Health Alliance	Information			Sean Rayner		**X**				
Planned Care Alliance	Information			Trudie Davies				**X**		
Un-planned Care Alliance	Information			Trudie Davies				**X**		
Health & Housing	Information			Sarah Roxby					**X**	
Connecting Care Alliance	Information			Pravin Jayakumar						**X**

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Wakefield District Health & Care Partnership Committee
Agenda item no:	11b
Meeting date:	22 September 2022
Report title:	Risk Register and Board Assurance Framework (Wakefield Place)
Report presented by:	Ruth Unwin, Director of Strategy
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Ruth Unwin, Director of Strategy

Purpose and Action

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

Previous considerations:

Work has taken place through the West Yorkshire and Wakefield partnership governance leads prior to the establishment of the Integrated Care Board (ICB) to develop an approach to management of system risks. The ICB is developing a risk management framework which will support the five places to manage risks and provide assurance to the ICB.

Executive summary and points for discussion:

Management of risk across the health and care system will be key to the effective working of the Wakefield District Health and Care Partnership (WDHCP).

The Partnership will work within an overall risk management framework developed across the ICB, which will enable the ICB, as the statutory organisation, to understand the key risks and gain assurance that work to manage them is effective. The ICB risk management framework is still in development.

The ICB will have an overarching Board Assurance Framework (BAF), which describes the WYICB strategic objectives, the controls in place to mitigate risks to delivery of the objectives, assurances that will be reported through governance structures and any gaps in control or assurance. The West Yorkshire BAF will be developed following discussion at the ICB meeting on 20 September. Each place will be required to populate the BAF reflecting local controls and assurance.

It is anticipated that the ICB Risk Register will have three levels of risk:

- corporate risks to the ICB
- common risks that affect the five places
- Risks that affect one place and are managed locally

It is proposed that the ICB will have a bi-monthly cycle of risk review and reporting, which will involve review by the risk owner, risk manager and director.

WDHCP will need to maintain its own local register of risks that are pertinent to the Wakefield partnership and are being managed within the place. Strong interface with the ICB risk register will be required to address ICB risks that require local actions to mitigate them and to ensure appropriate escalation of place risks should they have the potential to impact other areas. It is impossible to eliminate all risks in the planning and delivery of healthcare. Both ICB and place will need to assess the level of risk that can be tolerated to determine priority areas of focus. Prior to the establishment of the WDHCP, individual organisations monitored and managed their own strategic and operational risks, within established risk management frameworks. The Clinical Commissioning Group (CCG) risk register reflected risks to the CCG fulfilling its statutory functions and delivering strategic priorities. Most strategic and operational risks will continue to be adequately mitigated and managed through operational arrangements within individual organisations. However, the WDHCP needs to develop a partnership-wide risk register which operates as a live document to inform discussions about key risks that have the potential to impact on the delivery of strategic and operational priorities for the whole system. The risk register also provides a tool by which WDHCP can be assured that the measures put in place to mitigate and manage risks are effective. The WDHCP will establish mechanisms for recording and reporting risks to ensure the partner organisations are aware of risks in other parts of the system that have the potential to impact on their organisation or sector. Monitoring risks across the system will support the organisations to deliver collaborative solutions. WDHCP will also need to be able to provide assurance to the ICB that there are robust arrangements in place to manage local risks and to identify and manage risks that potentially impact across the five places. The risk register for the WDHCP should therefore include risks that have a high likelihood of occurrence and potential to have a significant impact on the ability of the Partnership or the ICB to achieve its objectives and fulfil its delegated functions. All five West Yorkshire CCGs were required to provide high level information on key risks to the ICB as part of the transfer of functions. A summary of current risks that have been shared with the ICB is attached. Further work will be required to develop a more consistent approach to the recording, scoring and escalation of risks across the whole ICB. The Integrated Assurance Committee will play a key role in identifying issues that need to be included on the place risk register. for example, where new or escalating risks are flagged through quality, performance, finance or other routine reports.
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 is asked to:

1.	Note the work underway to develop risk management arrangements for the ICB and WDHCP
2.	Note the current recorded risks

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 describes proposed arrangements for risk management and assurance.

Appendices	
1.	Summary of risks reported to the ICB on transition

Acronyms and Abbreviations explained	
1.	ICB: Integrated Care Board
2.	WDHCP: Wakefield District Health and Care Partnership

What are the implications for?

Residents and Communities	**The risk register highlights potential risks to health and care for residents and communities**
Quality and Safety	**The risk register highlights risks to quality and safety**
Equality, Diversity and Inclusion	**The risk register highlights equality, diversity and inclusion risks**
Finances and Use of Resources	**The risk register highlights risks associated with finance and resources**
Regulation and Legal Requirements	**The risk register highlights risks to compliance with regulatory and legal duties**
Conflicts of Interest	**No specific conflicts of interest are identified in this paper**
Data Protection	**The risk register highlights risks relating to data protection**
Transformation and Innovation	**The risk register helps the partnership to prioritise transformation and innovation**
Environmental and Climate Change	**The risk register identifies environmental risks**
Future Decisions and Policy Making	**The risk framework informs decision making and policy development**
Citizen and Stakeholder Engagement	**The risk register identifies risks associated with citizen and stakeholder engagement**

1. Main Report Detail

Risks which were transferred to the ICB on 1 July 2022 are recorded in Appendix 1.

Further work is underway to develop a partnership risk register which will align to the to the ICB risk management framework, once that is finalised.

2. Next Steps

Further work will be done to develop a partnership-wide risk register which will be presented and managed by the Integrated Assurance Committee.

The ICB risk management framework will provide direction on the frequency of reporting and arrangements for escalating risks to the ICB

3. Recommendations

Note the work underway to develop risk management arrangements for the ICB and WDHCP

4. Appendices

Appendix 1: Summary of risks scoring 8 or above (moderate, high & critical risks) which transferred to the ICB

Current Wakefield place risks scoring 8 or above

Score (Impact x Likelihood)	Target score	Principle risk
4x5=20	1x2=2	There is a risk of 0-19 year-olds waiting up to 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals, resulting in poor patient experience and delays to accessing treatment
4x5=20	3x3=9	There is a risk of people waiting more than 52 weeks for treatment due to demand and prioritisation of COVID during the pandemic, resulting in poor patient experience/outcomes and non-compliance with the constitutional RTT standard
4x5=20	3x3=9	There is a risk that MYHT will fail to meet the required standard for referral to treatment within 18 weeks which will result in not achieving the constitutional target and poor patient experience
4x4=16	1x1=1	There is a risk that the CCG would make inaccurate decisions due to the limited functionality and forecasting of the CHC case management system resulting in inaccurate forecasting and accruals.
4x4=16	4x2=8	There is a risk of not being able to deliver the national COVID vaccination programme due to workforce availability and vaccine supply resulting in increased infection rates, morbidity and mortality in the population
4x4=16	4x2=8	There is a risk of not being able to maintain safe distancing in ED due to high volumes of attendances, resulting in increased infection risk
4x4=16	3x2=6	There is a risk that YAS will not meet the Ambulance Response Programme (ARP) national standards. This is due to increased demand ambulance, staff absence and lost capacity due to handover delays with potential impact on patient experience and safety
4x3=12	4x1=4	There is a risk of increased demand for mental health services due to significant external factors resulting in increased pressure on services, increased waiting times and a failure to achieve mandated standards.
3x4=12	3x2=6	There is a risk of Mid-Yorkshire Hospitals NHS Trust not meeting the national commitment of Maternity Continuity of Carer (MCoC) being the default model of care by March 2023, due to staffing and capacity pressures, resulting in poor patient experience and reputational harm. These pressures are currently exacerbated by Covid-19 which has caused staff absence to increase.
3x4=12	3x3=9	There is a risk that the partnership will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2023/24 due to a significant number of the cases having no previous health or social care interventions resulting in failure to meet the requirements of the single oversight framework
4x3=12	4x2=8	There is a risk of declining quality of care and poor resident experience due to care homes being rated by the CQC as inadequate and placed in special measures resulting in a potential decrease in the quality and range of services on offer to residents through the closure of the service.
3x4-12	3x3=9	There is a risk that Diagnostics 6 week wait performance will fail the required 99% standard due to waits at Mid Yorkshire Hospitals NHS Trust (MYHT) resulting in the failure to deliver the NHS Constitution standard and poorer patient experience and lower quality outcomes. This has been caused predominantly by COVID-19 and the reduction/slowing down of routine activity along with an in balance between demand and capacity.

Score (Impact x Likelihood)	Target score	Principle risk
4x3=12	4x1=4	There is a risk that GP Practices and electronic systems and information are vulnerable to a cyber-attack due to inadequate security measures resulting in a cyber-attack which damages electronic systems/information and will compromise the ability to deliver statutory duties for our patients.
3x4=12	3x2=6	There is a risk that YAS will not meet the Ambulance Response Programme (ARP) national standards due to increased demand ambulance, staff absence and lost capacity due to handover delays with potential impact on patient experience and safety.
3x4=12	3x2=6	There is a risk that the system will fail to meet the required cancer standard for 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww to Mid Yorkshire Hospitals NHS Trust (MYHT) and other cancer providers, resulting in an adverse impact on clinical outcomes and patient experience, and a failure to meet key national targets
3x4=12	3x2=6	There is a risk of insufficient capacity in the Local Care Direct (LCD) - Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract due to increased referral activity and potential changes to referral pathways, resulting in poor outcomes and experience for patients and reduced quality of care.
3x3=9	2x2=4	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.
3x3=9	3x1=3	There is a risk of delays for children and young people requiring access to CAMHS, including admission for Tier 4 beds due to increased referrals and CYP presenting in crisis, resulting in more children and young people being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.
2x4=8	3x2=6	There is a risk of women attending BPAS for surgical termination of pregnancy receiving unsafe care with poor experience due to BPAS Doncaster being rated Inadequate by the CQC and the Leeds BPAS surgical service being suspended and patients being transferred to other sites (including Doncaster). The increase in patient numbers could affect patient safety and experience of care
4x2=8	2x2=4	There is a risk to the health and safety of staff due to (i) working at home and (ii) attending work on CCG premises or in other health and care settings during the COVID pandemic, resulting in potential harm and employer liability claims.
4x2=8	3x1=3	There is a risk of delayed discharge from hospital for children requiring Continuing Healthcare packages and also timely response to changing healthcare needs due to MYHT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract resulting in extra costs due to having to commission care separately through external providers
4x2=8	2x1=2	There is a risk of successful cyber attacks, hacks and data breaches, due to the escalating threat of cyber crime and terrorism across all sectors, and at a global scale, resulting in financial loss, disruption or damage to of the CCG from some form of failure in technical, procedural or organisational information security controls.
4x2=8	4x1=4	There is a risk to patient safety and experience due to Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement', with 'good' for Caring and Effective

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Wakefield District Health and Care Partnership Board
Agenda item no:	12
Meeting date:	22 September 2022
Report title:	Summary of 2022/23 Quarter 1 Quality, Safety and Experience report
Report presented by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report prepared by:	ICB (Wakefield place) Quality team

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

Previous considerations:

In May 2022 the Wakefield District Health and Care Partnership Board was presented with the proposed quarterly place quality reporting for the Integrated Assurance Committee which was developed as part of our approach to streamline quality at place. The WDHCP Board endorsed the proposal and agreed that it should receive a brief summary of the report focussed on items discussed or escalated by the Integrated Assurance Committee.

It was noted at this meeting that the new place quality report will evolve over the next 6-12 months to meet place aspirations and governance arrangements, and to ensure compliance with the Integrated Care Board's emerging reporting requirements for quality.

Executive summary and points for discussion:

The Quality at Place task group was keen to ensure there is balanced reporting across partners, adapting reporting to be less 'ill health' focussed and more holistic about the health and wellbeing of the population of Wakefield district. This is in line with the vision of the Health and Wellbeing Strategy and purpose of the Partnership. The report, therefore, is structured to reflect the Wakefield District Health and Care Partnership's 'I' statements presented in the 2022/23 Business Plan. Using the 'I' statements enables reporting about quality, safety and experience of care against the Partnership's person-centred aspirations.

The full report includes the latest Care Quality Commission (CQC) ratings for our health and care providers and other CQC activity; information on enhanced quality surveillance activity; summaries of visits to various services; updates on the two learning networks (Experience of Care and Patient Safety) established as part of the Quality at Place workstream; and feedback on what our residents are telling us about health and care services.

At the joint development session between the Committee and Provider Collaborative in August 2022 there was a presentation on 'Our approach to quality at place'. The presentation highlighted the national guidance on duties and responsibilities for quality governance at place along with the local approach and our achievements to date. For completeness the slides from this presentation are included in the paper for information.
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)
It is recommended that the Wakefield District Health and Care Partnership Committee: a. note the current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel; b. receive a verbal update from the discussion at and escalation from the Integrated Assurance Committee; and c. note the presentation on 'Our approach to quality at place' which was presented to the joint development session between the Committee and Provider Collaborative in August the local approach and our achievements to date.
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:
Mitigating actions are included in the full report and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Appendix One – Summary of 2022/23 Quarter 1 Quality, Safety and Experience report Appendix Two – Slides from WDHCP and Provider Collaborative Development session
Acronyms and Abbreviations explained
Not applicable

What are the implications for?

Residents and Communities	The report is informed by information from partner organisations, and feedback from residents of Wakefield on their experience of care.
Quality and Safety	The purpose of the Quality, Safety and Experience report is to highlight quality and safety implications to the Integrated Assurance and Partnership Committees.
Equality, Diversity and Inclusion	Not applicable

Finances and Use of Resources	Not applicable
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Information about specific services may present a conflict of interest to individual Partnership Committee members.
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	The report is informed by feedback from residents of Wakefield on their experience of care. Key points from the report are regularly presented to the People Panel.

Wakefield District Health & Care Partnership

Appendix 1

Quality, Safety and Experience Report – Summary for Partnership Committee

2022/23 Quarter 1

Introduction

This summary is based on the second place-based quality report which will be presented to the Integrated Assurance Committee on 15 September 2022. It is structured to reflect the Partnership's model of care for all populations 'I' statements presented in the 2022/23 Business Plan. Using these 'I' statements enables reporting about quality, safety and experience of care against the Partnership's person-centred aspirations.

The summary report presents the Assurance Wheel designed as a one page summary of the risks and assurances identified in Quarter 1.

The full report includes the latest CQC ratings for our health and care providers and other CQC activity; information on enhanced quality surveillance activity; summaries of visits to various services; updates on the two learning networks (Experience of Care and Patient Safety) established as part of the Quality at Place workstream; and feedback on what our residents are telling us about health and care services.

It is important to note that the quality report will evolve over the next 6-12 months to meet place aspirations and governance arrangements, and to ensure compliance with the ICB's emerging reporting requirements for quality. This will include wider content to truly reflect the Partnership.

Due to the timing of reports a verbal update from the discussion at the Integrated Assurance Committee will be given at the meeting.

Assurance Wheel

- 325 items shared at Quality Intelligence Group during Q1 – there is an increase in negative feedback about a lack of compassion and dismissive attitude from staff across various services
  - Prompt notification of incidents and subsequent investigation reports from independent providers gives assurance on the effectiveness of their incident reporting processes.
    - Development of the Partnership's Patient Safety Network and first topic discussed at our Experience of Care Network

- Wakefield Inspiring Recovery Integrated Substance Misuse service achieved a Good rating following their first inspection by the CQC

- MYHT gained JAG Accreditation for endoscopy services across all three hospital sites
- CQC revisit to BPAS Doncaster – overall rating improved to Requires Improvement
- Novus Health achieved a Good CQC rating at their first rated inspection
- Visit to Living Care noted no safety concerns, excellent staff engagement, and calm and welcoming environment
- Visit to Spire Methley observed staff interacting well with patients, a clean and well maintained environment, and daily safety huddles were in place
- Positive visits to two surgical wards at Pinderfields – staff were caring and Compassionate and there was strong ward leadership
- Ockenden Assurance visit to MYHT maternity services confirmed good progress against all immediate and essential actions

- One GP practice (Ash Grove) rated Requires Improvement following CQC inspection
- Improved CQC ratings for seven adult social care services. 3 care homes and one domiciliary care service have been taken out of Special Measures
- 2 care homes and 1 domiciliary care services are currently rated as Inadequate (compared to 6 providers in Q4).
- Increase in out of area placements for acute mental health beds

    - LeDeR reviews continue to be completed within six months of notification – with nine open reviews in progress
  - Continued decrease in the number of prone restraint incidents at SWYPFT
- Percentage of service users on CPA offered a copy of their care plan has reduced

- CQC's system-wide review of UEC in West Yorkshire identifies strong system leadership and collaborative working, with challenges to ensure safe transfer of care
- Patients praised staff on the Regional Burns Unit and staff felt supported and motivated to deliver high quality care to patients
- MYHT and YAS urgent and emergency services remains under considerable pressure impacting on extended waits in ED, bed availability, number of patients with No Reason to Reside and staff wellbeing and morale
- Marked improvement in ambulance handover times at Pinderfields following the Rapid Process Improvement Working (RPIW) in May 2022

Wakefield District Health & Care Partnership

Appendix 2

Our approach to Quality at place

WDHCP and Provider Collaborative Development Session

Penny Woodhead, Director of Nursing and Quality

18 August 2022

Duties

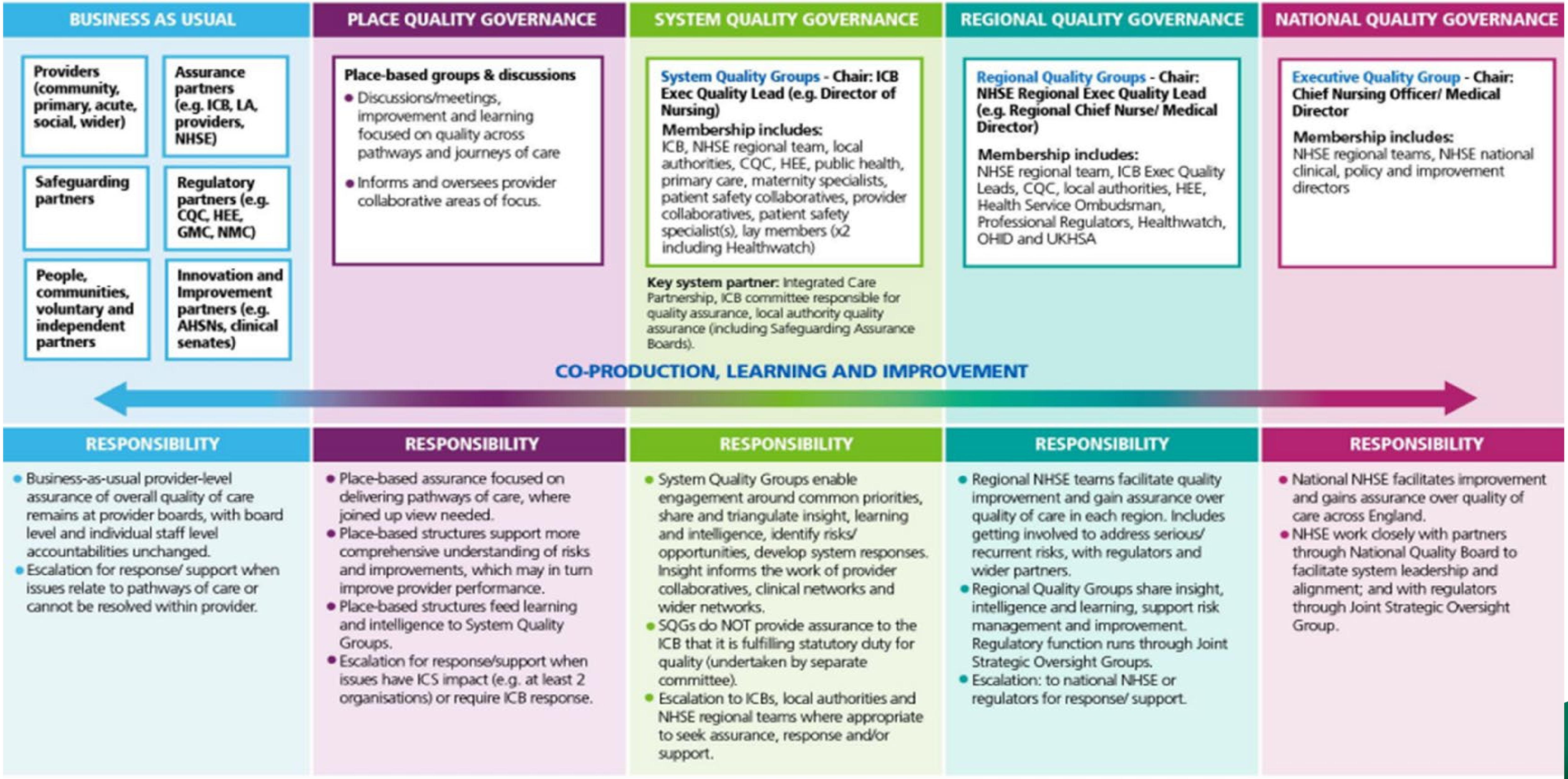
1. To ensure fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation
2. To continually improve the quality of services, in a way that makes a real difference to the people using them

Wakefield District Health & Care Partnership

Overview of NHSE’s Quality Functions and Responsibilities

- **Strategic quality requirements** – National Quality Board Position Statement and National Guidance on System Quality Groups
- **Operational quality systems and assurance** - Independent Investigations (including Mental health Homicides); Regulation 28 reports; Professional Standards; Controlled Drugs Accountable Officer Function; Whistleblowing and Freedom to Speak Up; Quality Accounts; Medicines optimisation; Infection Prevention & Control and Antimicrobial Resistance
- **Patient safety** – Insight, involvement and improvement (including medical examiners, patient safety improvement priorities, Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE))
- **Experience** – improving patient, service user, unpaid carer and staff experience of care; insight and feedback
- **Effectiveness** – National Clinical Audits; NICE guidance and technology appraisals; Getting it right first time (GIRFT)
- **Safeguarding** – Safeguarding Assurance& Accountability Framework (SAAF), including Child Protection Information Systems (CPIS) which includes all children with a child protection plan (CPP) and looked after children (LAC); child death overview process (CDOP); Child Safeguarding Practice reviews (CPSRs); Domestic Homicide Reviews (DHRs); Female Genital Mutilation (FGM); Prevent & Counter Terrorism and Modern Slavery & Human Trafficking

Figure 3: Overview of NHS quality governance



Streamlining quality at place – Our ambition (Jan 2021)

- Streamlining commissioning to enhance care for the population
- Single place-level approach to quality
- Place-wide governance framework which concentrates on quality improvement
- Single shared view of experience of care across pathways
- Default of self-regulation
- Common approach to QI across all partners

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

Moving to thriving – our actions

- Develop integrated assurance processes as part of single governance framework
- Embed quality within transformation priorities
- Extend concept of self-regulation across all place providers in line with established quality surveillance and risk processes
- Establish two learning networks / communities of interest
  - Experience of Care
  - Reducing harm (Safety)
- Develop place-based quality reporting for place and system governance

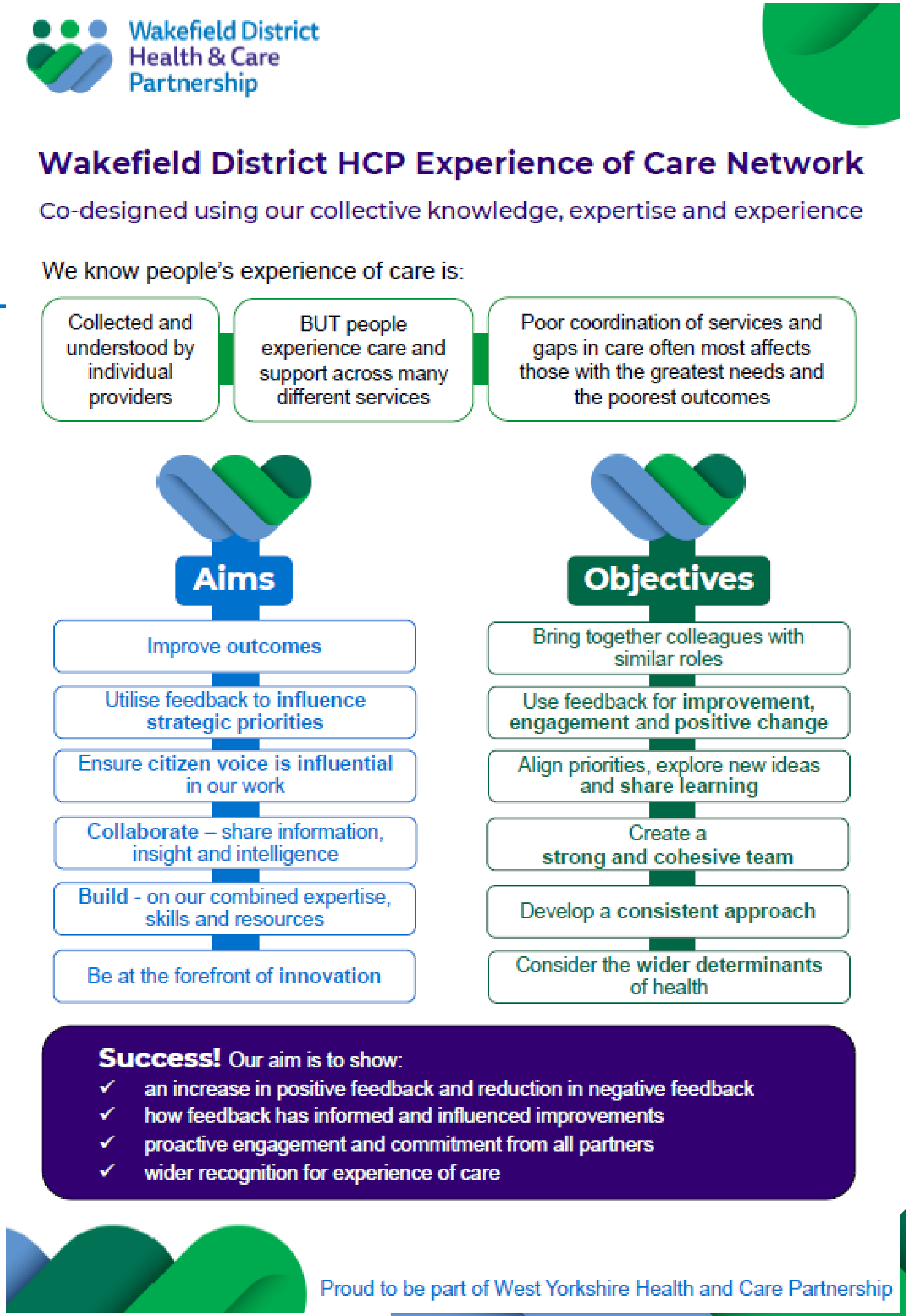
Place Quality report

- Proposed format presented to partnership Committee in May 2022
- Assurances from various sources reflecting services commissioned by the Partnership
- Include actions being taken to improve quality
- Report less ‘ill health’ and more health and wellbeing focussed
- Structured to reflect Partnership’s ‘I’ statements
- Developed an assurance wheel
- Feedback on experience of care for our residents frames each section
- Evolve the report to truly reflect the Partnership
- Content reflects the quality assurances and safety risks identified by each provider.

Wakefield District Health & Care Partnership

Our Experience of Care Network

- Has met 4 times
- Joint with Involvement workstream and Healthwatch
- Aims and objectives co-produced
- Tested our first topic – **access to GP practices**
- Peer support and networking key
- Regularly update WDHCP People Panel
- Interest from other places in West Yorkshire



Wakefield District Health & Care Partnership

Patient Safety Network

- Aimed at our smaller independent healthcare providers (initially)
- Aims and objectives drafted
- Peer support from our NHS Trusts
- Focus on implementation of elements of the NHS Patient Safety Strategy

Wakefield District Health & Care Partnership

Embedding quality in transformation programmes

- Prompts to consider – think health, care and wellbeing

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

Quality enablers

- Use Quality Improvement (QI) methodology as the basis for transformational improvement
- Understand the Wakefield district population need and its inequalities
- Have live quality and equality impact assessment processes
- Identify measures to track improvement over time (ie SPC charts)
- Formally evaluate the change, with public voice central, to ensure benefits realisation and no unintended consequences

Next Steps …

- Clarity on accountability and responsibility for the Partnership Committee and Provider Collaborative
- Consider collective capacity and capability across place for quality improvement in transformation programmes
- Revisit and refine reporting and escalation for new WY ICB Quality Committee (to ensure meet national requirements)

Wakefield District
Health & Care
Partnership

Meeting name:	Wakefield District Health & Care Partnership Committee
Agenda item no:	13
Meeting date:	Thursday 22 September 2022
Report title:	Wakefield People Plan
Report presented by:	Linda Harris – Senior Responsible Officer for System Workforce, Spectrum Phil Marshall – Senior Responsible Officer for System Workforce, Mid Yorkshire Hospital Trust
Report approved by:	Members of the HR Directors Network
Report prepared by:	Dominic Blaydon – Associate Director for Integration

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

Previous considerations:

Reports on the future commissioning arrangements for The Wakefield People Plan has been submitted to the following meetings

31.03.22	Workforce Narrative submitted by all HRD Network partners
04.04.22	Presentation to HRD Network on potential areas of collaboration
April 22	Interviews with HRD Network members
09.05.22	Draft People Plan completed and distributed to HRD Network leads
16.05.22	Presentation to the WDHCP Senior Clinical Leadership Team
07.06.22	Presentation at the Provider Collaborative
20.06.22	HRD Network Workshop
01.08.22	Wakefield People Plan PMO proposals signed off by HRD Network
11.08.22	Presentation at the Provider Collaborative

Executive summary and points for discussion:

The purpose of this paper is to seek approval from the Wakefield District Health & Care Partnership (WDHCP) Committee to sign off the Wakefield People Plan and to initiate the delivery phase of the plan for the system.

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.

The national NHS People Plan sets out an expectation that each Place will develop a local People Plan. Local plans are reviewed by regional and system level People Boards. They should be consistent with the strategic direction of the national NHS People Plan. Our plan has been aligned to the priorities of the West Yorkshire Integrated Care Partnership People Plan.

The Wakefield People Plan identifies 6 key pillars where are joint approach can be taken on workforce development.

In developing the plan, we have taken reference from national and local strategies aligned to the health and wellbeing strategy and the needs assessment of our population. We have reviewed the workforce strategies of WDHCP partners and held conversations with organisational HRD lead officers, strategic groups and senior leaders as part of the consultation to inform and identify priorities that we can support and deliver at system level.

This Wakefield People Plan has been co-authored by members of the WDHCP HRD Network. The plan priorities are consistent with those of the West Yorkshire Integrated Health and Care Partnership (ICB) People Plan.

The Six Pillars of The Wakefield People Plan

Pillar 1: Looking After Our People

One of the key challenges affecting our workforce are the residual effect of the pandemic, in particular staff stress and ‘burn out’. We have seen changes to patterns of work, the digitisation of our work environment and a move towards home working. There are a range of issues affecting the wellbeing of our workforce, including the cost-of living crisis, which will have an impact on productivity and efficiency.

Pillar 2: System Leadership

With the development of the Wakefield Health and Care Partnership comes a need to align health and social care providers within the Wakefield Place. We need to address the current gaps in succession planning and the development of system leaders. There is an over-reliance on fixed term contracts which can de-stabilise organisations and impact on retention rates.

Pillar 3: Belonging to the WDHCP

There is a significant challenge around developing inclusive workforce practices so people from all walks of life, experiences, ability and ethnicity have an equal chance to join and flourish in our workforce.

There are opportunities to reflect the diverse and representation of our communities and to develop programmes offering placements, volunteering and paid employment for people with lived experience such as people in recovery and people with disabilities.

Pillar 4: New Roles, New Ways of Working

Changes to how care is provided is a challenge for the Wakefield system. We need to shift the balance of the workforce towards primary and community care. This includes health promotion and behaviours/competencies which focus on prevention. There is a resistance to change in professional boundaries, which will allow people to work more flexibly. There is also a need to change the mindset in the health and social care workforce from ‘doing to, to doing with citizens’

Pillar 5: Growing and Developing Our Workforce

Challenges in relation to developing our workforce include resourcing training and education to make it more productive. A key challenge in relation to growth of the health and social care workforce is competition from local retail, manufacturing and service sectors within the labour market. We need to increase the profile of health and social care and incentivise people to work within the sector.

Also, like many health and social care systems, Wakefield has an ageing workforce, with many staff considering retirement post-pandemic. A key challenge for the system is to persuade staff approaching retirement to remain in the workforce through more flexible working.

Pillar 6: Workforce Planning

A key challenge for the Wakefield system are the gaps in accessing workforce data and analysing population health data to understand demand and capacity. Individual organisations have mapped their workforce and matched to local need, but we have not carried out this exercise on a system-wide footprint. We need to understand workforce gaps and pressure points where there is a system impact. We need to recognise changes to the Wakefield demographic with increases in the older citizen cohort coupled with a parallel increase in the numbers of people with complex long-term conditions.

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 & Care Partnership is asked to:

- Approve 'The Wakefield People Plan'
- Delegate responsibility for delivery of the plan to the Wakefield People Alliance and approve the governance arrangements set out in the plan

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:

Not Applicable

Appendices

1. The Wakefield People Plan

Appendix 1 -
Wakefield People Plar

Acronyms and Abbreviations explained

1. HRD Network – Human Resources Directors
2. PMO – Project Management Office

What are the implications for?

Residents and Communities	Produces a competent workforce working at optimal capacity with strong links between professional groups
Quality and Safety	Better quality health and social care support for local communities. Less duplication. More holistic service offered to those that have a range of health and social care needs

Equality, Diversity and Inclusion	Reductions in health inequalities and addresses Core 20 Plus 5 priorities
Finances and Use of Resources	Increased efficiency through adoption of a system-wide approach top workforce issues.
Regulation and Legal Requirements	All national targets for health and social care are linked to workforce issues. A joint approach to common issues within the system will support organisations to meet regulatory and legal requirements of their service
Conflicts of Interest	No conflicts of interest
Data Protection	Some date protections issues relating to sharing workforce data across organisational boundaries it mitigated by data sharing agreements and only sharing pseudonymised data
Transformation and Innovation	Taking a system approach opens the way for transformation and innovation when addressing workforce issues.
Environmental and Climate Change	Not directly applicable
Future Decisions and Policy Making	Not applicable at this stage
Citizen and Stakeholder Engagement	Not applicable at this stage

Wakefield District Health & Care Partnership

Wakefield District Health & Care Partnership

People Plan 2022 – 2027

Proud to be part of

West Yorkshire Health and Care Partnership

Contents

1. Introduction

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

The national NHS People Plan sets out an expectation that each Place will develop a local People Plan. Local plans are reviewed by regional and system level People Boards. They should be consistent with the strategic direction of the national NHS People Plan. Our plan has been aligned to the priorities of the West Yorkshire Integrated Care Partnership People Plan.

In developing the plan, we have taken reference from national and local strategies aligned to the health and wellbeing strategy and the needs assessment of our population. We have reviewed the workforce strategies of WDHCP partners and held conversations with organisational HRD lead officers, strategic groups and senior leaders as part of the consultation to inform and identify priorities that we can support and deliver at system level.

This Wakefield People Plan has been co-authored by members of the Wakefield Distrcit Health and Care Partnership (WDHCP) HRD Network. The plan priorities are consistent with those of the West Yorkshire Integrated Health and Care Partnership (ICS) People Plan.

2. Aims of the 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.

The Wakefield People Plan aims to provide a road map for workforce transformation. It incorporates a commitment to taking the Wakefield citizens with us, challenging perceptions and expectations of how health and social care services should be delivered.

The plan will:

- Set the strategic direction for workforce transformation
- Identify current and anticipated workforce challenges and solutions
- Describe the progress made to date and set out future planned activity
- Support a learning needs approach to training, recruitment and role redesign

- Promote collaborative, compassionate, distributive system leadership
- Support opportunities for rotational working between health and social care
- Support development of a framework for business cases relating to workforce transformation
- Describe the framework to support the governance ad delivery of the plan.

This People Plan does not seek to impose commitments on partner organisations that impinge upon the individual employment responsibilities.

4. National and Local Strategic Framework

4.1 The NHS People Plan

The NHS People Plan sets out the national approach to delivery of the NHS Long Term Plan. Published in July 2020 it is organised around four pillars.

• *Looking after our people*	Quality health and wellbeing support for everyone
• *Belonging in the NHS*	Tackling the discrimination that some staff face
• *New ways of working*	Making use of the full range of our people's skills
• *Growing for the future*	How we recruit, keep and welcome back our people

People Plan Operational Guidance 2021/22 builds on the NHS People Plan 2020/21. The guidance focuses on health and wellbeing of staff, tackling inequalities and locking in new ways of working that emerged during the pandemic.

4.2 The Messenger Review on Collaborative Leadership

In June 2022 Sir Gordon Messenger published a review on the best ways to strengthen leadership and management across health and adult social care in England. The review made the following recommendations:

1. Targeted interventions on collaborative leadership and organisational values
2. Positive equality, diversity and inclusion (EDI) action
3. Consistent management standards delivered through accredited training
4. A simplified, standard appraisal system for the NHS
5. A new career and talent management function for managers

6. Effective recruitment and development of non-executive directors (NEDs)

7. Encouraging top talent into challenged parts of the system

All 7 recommendations have been accepted by the government and publication of the report will be followed by a plan committing to implementing the recommendations.

4.3 'Stepping forward to 2020/21: A mental health workforce plan for England'.

This document analyses workforce data, building a clear picture of the state of the mental health workforce in England. The report also identifies clear areas of action to tackle the workforce challenges within mental health services

4.4 Adult Social Care Strategy

The Wakefield People Plan will support the delivery of the Adulta Care Social Care Strategy. One of the priorities identified in the strategy is the development of a thriving workforce. A key aim is to have a confident, skilled and productive workforce who actively promote independence and wellbeing

In June 2020 ADASS, Skills for Care and the LGA agreed to work collaboratively on five strategic workforce priorities areas. These are:

1. Strategic workforce planning
2. Growing and developing the workforce to meet future demand
3. Enhancing the use of technology
4. Supporting wellbeing and positive mental health
5. Building and enhancing social justice, equality, diversity and inclusion in the workforce.

These priorities align with those set out in the NHS People Plan and form a key part of this plan.

4.5 The West Yorkshire ICS People Plan

It outlines how the ICS will support the workforce as we progress with the post pandemic recovery, embedding all the transformational work that has been put in place through this period. The plan sets out the longer-term ambitions for our people and how we deliver care in the future.

The top priority is to ensure we look after, value and develop the workforce, supporting growth and making the workforce more inclusive. This means ensuring the system has enough staff, good wellbeing support, quality training and supervision. It also means ensuring we have a diverse workforce reflective of the communities we serve.

The ICS recognises that it faces challenges in recruiting and retaining a skilled workforce across all sectors, notably in social care as well as the NHS. They are already working differently to respond to new technology, increased demand, and higher expectations.

West Yorkshire includes many communities that suffer from issues of long-term unemployment or transient work. The Plan seeks to ensure career opportunities in the health and care sector are used to support local social and economic development. The People Plan will also be a vehicle tackling of health inequalities and supporting the West Yorkshire recovery plan.

4.6 Wakefield Health and Wellbeing Strategy

The Wakefield District Health and Wellbeing Strategy 2022-2025 sets out how we plan to help everyone in the Wakefield district enjoy the best possible mental and physical health regardless of where they are born, live, grow, work and age.

The plan describes how organisations, including Wakefield Council, will work together with local communities to improve the health of the population, as well as closing the health inequalities gap.

The strategy identifies four priority areas:

- A healthy standard of living for all
- A healthy start in life for every child
- Preventing ill-health
- Sustainable communities

The priorities build on the work that's already taken place to improve health and wellbeing across the district and are based on detailed information about the population in the district's Joint Needs Health Assessment, as well as the voice of local people and business leaders.

4.7 Enabling the Workforce for System Recovery

The Wakefield People Plan addresses the issues raised by NHSE/I in their plans to support elective recovery and future work programmes by aligning to the high impact enablers.

5. Mapping the Wakefield health and social care workforce

The figures below show the composition of the Wakefield health and social care workforce. It provides a snapshot of staffing levels across our largest health and social care providers on 31 March 2022. All staffing figures represent whole time equivalent permanent posts where staff are in place. The diagramme does not show the current establshment or vacancy rates. It does not include all health and social care service providers. It does however show that the health and social care system employs a huge number of people in Wakefield so this People Plan is significant.

5.1 Breakdown of local health and social care workforce (31.3.22)

- Health and social care workforce (17,377)
- The Mid Yorkshire Hospitals NHS Trust (3 sites coverage) (8188)
    - Medical / dental 940
    - Consultants 354
    - Nurses / Midwives / Health Visitors 2011
    - Registered therapeutic and technical 1005
    - Clinical support staff 2934
    - Non-clinical staff 1232
- Primary care (997)
    - GPs 182
    - Direct patient roles 96
    - Additional Role Reimbursement (PCNs) 108
    - Non-clinical staff 472
- Adult Social Care (7,600)
    - Direct Care 6000
    - Managerial 650

- Regulated professionals 375

The Wakefield Health and Social Care sector employs a large workforce that makes a significant contribution to the local economy. Maintaining and supporting this workforce is critical and requires a holistic approach based on collaboration and cooperation between partner organisations.

By 2030, it is anticipated that nationally adult social care will need to increase its workforce by 31%. This is in response to the ageing population and increased complexity of care needs. There are significant recruitment and retention challenges and barriers within the sector. In response the government is investing approximately £500m over the next three years to transform the social care workforce.

6. Our Workforce Vision, Mission and Priorities

6.1 Our Workforce Vision

Our workforce vision is for a Wakefield workforce where people feel supported, confident, and valued to be able to do their role and support the people of Wakefield district to live longer, healthier lives.

6.2 Our Workforce Mission

Our mission is for workforce to be a positive enabler and to create a connected system that supports people in their homes and communities to live healthier, happier lives.

6.3 How Will We Deliver Our Vision

The Wakefield People Plan will adopt the “3-6-9” approach to workforce transformation set out below.

Our “Three-Six-Nine” Approach

The Three Rs - Recruit, Retrain and Retain

The Six Pillars:

1. Workforce Planning
2. Enhancing and Growing Systems Leadership
3. Growing and Developing the Workforce

4. New roles and New Ways of Working
5. Belonging to the WDHCP
6. Looking After Our People

The Nine Principles

1. Redesign roles and services that focus on better outcomes
2. A workforce working to a whole system approach
3. Expand the role of Wakefield citizens to participate in and take responsibility for their care
4. Expand the role of Voluntary, Community and Social Enterprise
5. Increase the effectiveness and accessibility of education and training and on-going supervision
6. Actively foster system leadership development
7. Acknowledge and overcome resistance to change and transition through a shared culture of partnership where service boundaries are blurred and roles, professional identities interrelate
8. Shared values and learning across disciplines with the creation of transportable accreditation options
9. Shared project management methodology, monitoring and evaluation

7. The Six Pillars of Our People Plan

The Wakefield People Plan incorporates six Pillars around which we will develop clear programmes of work over the next five years. These programmes are consistent with the priorities identified in the West Yorkshire People Plan.

7.1 Pillar 1: Looking After Our People

Ambition

We will ensure that health and wellbeing support is available for everyone. Our people will have the practical and emotional support to do their jobs and be responsive and adaptable to be able to flourish in their role.

We will encourage and support a culture of civility and respect where discrimination, violence, bullying, and harassment are not tolerated, and people never feel fearful or apprehensive about coming to work.

Objectives

We will Invest in the psychological, emotional, and physical wellbeing of our people in the context of the changes and challenges brought about by COVID. We will ensure that wellbeing resources are available to support the psychological, emotional, and physical wellbeing of all staff. We will improve the work life balance of our workforce and reduce absence. We will strengthen the adoption of Digital methodologies for engagement and connectivity ensuring time and space is built into digital working practices.

What are the challenges?

One of the key challenges affecting our workforce are the residual effect of the pandemic, in particular staff stress and ‘burn out’. We have seen changes to patterns of work, the digitisation of our work environment and a move towards home working. There are a range of issues affecting the wellbeing of our workforce which will have an impact on productivity and efficiency.

We need to recognise the turnover issue as subscribing to One Wakefield workforce and regulator challenges as independent employers across a place and a system. This links the supply issue within the local health and social care economy. We need to articulate ‘why Wakefield’ as an attractive place to work and create a sense of belonging for those living outside Wakefield despite cities such as Leeds having more national coverage.

Workforce shortages in mental health, learning disability and primary care services are affecting clinicians’ workload, wellbeing and morale. (BMA Workforce Report, Feb22). We need to ensure that staff can access occupational health services so that they are better able to manage workloads and avoid burnout. Staff also need better access to training and time for reflective practice. The BMA reports that 50% of staff in mental health services say that access to training is getting worse. 57% of staff reported that access to time for reflective practice has reduced.

Another key challenge for the health and social care system is the impact of the cost-of-living crisis on our workforce. Staff are facing additional fuels costs associated with travelling to work and when they have to travel as part of their job. They area also having to deal with increased inflation in their personal finances. We will need to address the impact of increased inflation and fuel costs on our workforce as part of this pillar.   .

What have we achieved so far?

We have developed a Wakefield Health and Care Hub Website. This can be accessed by partners across Wakefield District. It is a repository for system wide Health and Wellbeing resources. It publicises and sign-post partners to services, events and information

We run a series of West Yorkshire Health and Care Partnership Looking After our People Alliance funded programmes, including;

– Staff Health and Wellbeing checks

– Preventing and managing staff ‘burn out’ and stress related absence webinars

– Integrated Place based Schwartz rounds

MYHT Occupational Health and Psychology team have played a key leadership role in establishing the West Yorkshire Mental Health Hub. Partner organisations have successfully developed Mental Health First Aiders, Psychological First Aiders and Wellbeing Champions. There had also been growth in the number of Working Carers passports and support groups.

The Wakefield system has addressed the risk of COVID to vulnerable groups by carrying out risk assessments with staff from the BAME community and staff who Clinically Extremely vulnerable. There have been a wide range of wellbeing support initiatives including; wellbeing coaching, self-referral to Occupational Health, digital guides, masterclasses on resilience, support for the menopause, self-care management, pastoral care and spiritual care services

A number of partners have introduced Workplace Behaviour Ambassadors and staff wellbeing and support groups. We have introduced proactive policies to reduce sickness absence and continued to hold staff recognition events

What are we going to do?

Cost of Living Crisis

We will explore ways in which we can support our workforce through the cost-of-living crisis. We will support partners to encourage staff to speak confidentially about problems. We will ensure that everyone working in the Wakefield Health and Social Care System has access to impartial support on financial management and welfare rights.

We will support the use of flexible home-working so that staff can make savings in travel costs. Others may prefer to work from the office, saving money on home heating and utilities. As all employees' finances will be impacted differently, partners will be encouraged to offer flexibility and consider employee requests on a case-by-case basis.

We will look at the current staff benefit arrangements and explore ways in whhich we can enhance the benefits currently being offered to staff. This could include: help with transport costs, salary sacrifice, discount vouchers and financial education.

The Wakefield People Board will support the development of hybrid working so that staff can benefit from flexible working arrangements, reducing isolation and delivering professional supervision

Staff Surveys

We will collate available system data such as staff surveys to better understand how to support staff. Building on the output of the West Yorkshire Health and Wellbeing Summit in May 2021 we will explore and implement initiatives that enable the creation of a positive culture of health and wellbeing. We will support the development of leadership support circles, wellbeing conversations, masterclasses, and communications campaigns. We will support system-wide group-based interventions such as Schwartz rounds.

We will utilise the annual staff survey and follow-up spot surveys to identify staff cohorts that are struggling with the cost of living.

Carers Passports

We will support a place-based approach to working carers passports. The aim here is to achieve wider take-up of passports and recognise the contribution that informal carers make to the health and social care economy.

Mapping support available to staff

We will map the utilisation of health and well-being support being offered across Wakefield and identify potential barriers to access. This will give us a full picture of impact, and how data can be used to drive continual improvement.

Other issues

The local programme on this pillar will coordinate a system-wide approach on the following key areas:

- Development of a dedicated Musculoskeletal (MSK) Service for frontline health and social care staff

- Coordinated approach to the recruitment, training, and networking of Mental Health First Aiders
- Recruitment and development of value-based Ambassadors, including a Wakefield network that provides peer support
- Supporting staff impacted by COVID-19 with ongoing symptomology
- Embed our commitment staff wellbieng and a cllective approach to supporting our staff

7.2 Pillar 2: Enhancing and Growing System Leadership

Ambition

We have an ambition to ensure that we increase the diversity of our leadership, so that it represents the population we are here to serve. We will support and develop leaders who identify with the Wakefield Health and Social Care system. This new generation of system leaders will have the right skill set to support system working.

Objectives

Leaders in Wakefield will consistently demonstrate agreed values and behaviours. They will not retreat to organisational silos but embedding the same values and behaviours within their own organisations.

We will develop an Organisational Development culture of shared learning and best practice to support shared decision making, alongside a framework to develop system leaders who will support our system ambitions

What are the key challenges?

With the development of the Wakefield Health and Care Partnership comes a need to align health and social care providers within the Wakefield Place. We need to address the current gaps in succession planning and the development of system leaders . There is an over-reliance on fixed term contracts which can de-stabilise organisations and impact on retention rates.

We need to address the implications of the Messenger Report. We're committed to the development of values-led leadership programmes. We recognise that having one at ICS, place and organisation might create duplication or complexity. Leadership and cultural reforms will be complimentary across organisations and leadership capabilities will reflect our collective values, enable a fair and just culture and support excellent performance and evaluation.

What are we going to do?

System leadership and development is key in enabling us to work more effectively together. We will implement the Wakefield System Development Programme. We will continue with our distributed leadership model to promote a sense of belonging to the Wakefield Place.

The Wakefield System Development Programme identifies some key areas where partners will have to collaborate if we are to support system working. These include:

- Communicating the vision for integration to all staff
- Creating opportunities for partners to learn together
- Develop behaviours and cultures that support collaborative working
- Demonstrating the benefits of collaborative working to incentivise staff
- Focus on team development where services have been integrated
- Development of effective feedback loops
- Develop a Wakefield talent approach and associated Leadership programmes
- Support development of the Wakefield Leadership Development Programme
- Development of a Wakefield Reciprocal Mentoring and Coaching Programme, which includes a central repository that can be accessed by all partners

We will develop a WDHCP Staff Engagement Strategy aimed at gauging whether our people understand what the functions of the WDHCP are.

We will develop a forward plan for the next 2 years, setting out how we develop system leaders. We will explore ways in which we can diversify our pool of leaders so that they represent the community they service. We will strengthen our leadership development programmes.

7.3 Pillar 3: Belonging to the Wakefield District Health & Care Partnership

Ambition

We will foster a culture of openness, compassion and inclusion where people are listened to and feel confident and able to speak up. We will create a culture where everyone feels they belong and where diversity is celebrated.

Objectives

Our objective is to build an inclusive climate for staff from all communities. This means an understanding and appreciation of all protected characteristics. We will raise awareness of issues affecting people from these communities and ensure that there are advocates at a senior leadership level to act as champions. This will be supported by the ICS System of Sanctuary Plan, the Wakefield EDI Pledge and Health Inequalities Core20Plus5.

What are the challenges?

There is a significant challenge around developing inclusive workforce practices so people from all walks of life, experiences, ability and ethnicity have an equal chance to join and flourish in our workforce.

There are opportunities to reflect the diverse and representation of our communities and to develop programmes offering placements, volunteering and paid employment for people with lived experience such as people in recovery and people with disabilities.

What have we achieved so far?

Partners have signed the Wakefield District Health and Care Partnership Equality, Diversity and Inclusion Pledge. We have held a second district-wide Workplace Wellbeing Summit focusing on equality and diversity in the workplace. The West Yorkshire Health and Care Partnership Ethnic Minority Working Group has been looking at a holistic recruitment package for recruiting BAME employees across the system

Several equality networks for BAME staff, staff with disabilities, LBGTQ+ and carers have been set up. BAME workforce champions have been intoriduced to ensure compliance with Equality and Human Rights Legislation. The Wakefield Diversity Working Group has been focusing on improvement and diversity in recruitment practices. Many organisations have undertaken training to make services more accessible. We have developed a Community of Interest Plan for Wakefield based on protected characteristics. MYHT is an Armed Forces

Gold Award holder. It has Veterans Aware hospitals status and is a member of Wakefield Armed Forces Covenant steering group. Wakefield has also paticipated in the International Stay and Thrive community of action. We have stablished a trained a cohort of cultural ambassadors who act as subject experts to support the workforce. Local

Local GP Practices have signed up for the Veterans Aware scheme. Practices have been committed to the ongoing Carers registrations programme. All of the Wakefield Practices are Young People Friendly accredited.

Wakefield has put in place a “Reciprocal Mentoring Programme” that brings together workers from BAME groups with senior leaders in the organisation.

What are we going to do?

Fellowship Programme

We will use the West Yorkshire ICS Fellowship Programme to support our system ambition to increase the percentage of leaders from ethnic minority backgrounds. We will also work with the National Improvement next Programme to address the issue of Board level diversity. We will use the mentoring programme to encourage people with protected charatceristics into system leadership positions.

Board Level Diversity

We will explore how the neXt Programme will address the issue of Board level diversity and we will influence Trust Boards to recruit in a way which is culturally appropriate.

Health Inequalities

We will implement the recommendations from the West Yorkshire HCP independent review into health inequalities to ensure these are effective. We will also support the roll out of the best practice toolkit, developed by the West Yorkshire Health and Care Partnership in October 2021. This toolkit reduces the disparity experienced by ethnic minority colleagues during the recruitment process. We will also support the Core20PLUS5 NHS England and NHS Improvement approach to supporting the reduction of health inequalities. The approach defines a target population cohort based on the Index of Multiple Deprivation, which will receive targeted support. Core20PLUS5 also identifies '5' focus clinical areas requiring accelerated improvement.

Race and Disability Workforce Standards

Our actions and performance on this pillar will be aligned with Workforce Race Equality Standard (WRES), Medical Workforce Race Equality Standard (MWRES) and the Workforce Disability Equality Standard (WDES).

Breaking Barriers

We will work with *Breaking Barriers Innovation* on workforce entry barriers for different sectors of the community and how the NHS and anchor institutions can support with that.

The purpose will be to identify learning that could be applied across West Yorkshire on co-production of solutions to support people into employment. This work will link into the economic regeneration agenda

The local programme on this pillar will also coordinate a system-wide approach in the following key areas:

- Wakefield EDI Pledge signed by partners and progress tracked through EDI sub group
- Introduction of Executive leads for individual protected characteristics
- Offer placement opportunities to WY&H fellowship programme and encourage staff across the system to become fellows
- Address issues of equality, diversity and inclusion in the VCSE sector
- Develop monitoring systems to track BAME recruitment and retention
- Ensure that the Apprenticeship Programme adopts a more inclusive approach
- Develop supervisory skills around supporting staff from BAME communities

7.4 Pillar 4: New roles and new ways of working

Ambition

We will develop a workforce which is person-centred. Staff will identify with the Wakefield system and will be able to flexibly move within that system to where their skills are needed.

Objectives

Our objective is to develop ways of working and across professional and organisational boundaries and develop roles aligned to collaborative integrated service delivery with check and challenge processes in place. We will embed new ways of working and new roles into the infrastructure of our delivery models, by ensuring workforce is at the core of all service redesign. We will innovate and adapt our health and social care workforce in Wakefield making the most of the skills in our teams. We will continue to influence workforce integration by contributing evidence to the local, regional and national governance and regulatory structures around new role developments and their impact on the provision of integrated health and social care.

It is important as we emerge from the pandemic that we do not lose those new ways of working and innovations that support our workforce to deliver care more effectively. The expansion of new roles will require our workforce to work in a different way.

What are the challenges?

Changes to how care is provided is a challenge for the Wakefield system. We need to shift the balance of the workforce towards primary and community care whilst engaging the public to invest in their own and their families wellbeing. This includes health promotion and behaviours/competencies which focus on prevention. There is a resistance to change in professional boundaries, which will allow people to work more flexibly and build resilience to care through voluntary and community solutions. There is also a need to change the mindset in the health and social care workforce from ‘doing to, to doing with citizens’

There are many new roles evolving within health and social care which require an open and transparent approach to public engagement. This will help us to identify and manage any public resistance to workforce transformation.

There is also a challenge in relation to differences in the governance structures, terms and conditions and rates of pay between partner organisations. These have an impact on our ability to develop staff, staff passporting, staff development and quality placements for trainees

What have we achieved so far?

The Wakefield MoU for staff redeployment developed in the first wave of the pandemic has been reviewed. Partners are committed to working together to secure mutual aid by agreeing to support critical business continuity. We are also committed to the development of new hybrid working models of workingto create more flexible working environement for staff.Staff surveys have been comple ted to gather information on how staff would like to work moving forward, and HRDs are committed to sharing their plans. Staff are being supported to work flexibly/hybrid to meet business and personal needs.

In order to highlight the overlap between physical and mental health we support activities to tackle the stigma towards mental health amongst health and social care staff. We will encourage collaboration and transfer of staff between physical and mental health services and create new roles that work across mental and physical health service boundaries.

In Wakefield we have seen the expansion of General Practice workforce through maximisation of the Additional Roles Reimbursement Scheme. This includes the introduction of new roles such as Social Prescribing Link Workers, Pharmacists and Pharmacy Technicians, First Contact Practitioners, Care Coordinators, Health and Wellbeing Coordinators, Paramedics, Advanced Clinical Practitioners, Physicians Associates and Nurse Associates.

We have established a new group, led by the Director of Nursing, which includes key stakeholders from L&D, workforce planning, operational senior leaders and staff side representation. This group assesses and identifies emerging roles and available funding support.

Career pathways are being developed specifically for the nursing, psychology and Allied Health Professions. We have introduced Housing Co-ordinators based into the hospital to address housing barriers to discharge. This post provides additional wrap around wellbeing services to address mental health, health inequalities and financial inclusion

We will support the Mental Health Alliance in the delivery of their Band 2 apprenticeship model which is supported by their care certificate delivery. Take up of their trainee nurse associate (TNA) rollout has been high. They currently have 92 staff in the programme and are now expanding into support roles for other professional groups such as AHPs, psychology and pharmacy.

The Mid Yorkshire Hospital Trust has recruited 24wte healthcare support workers to work across health and social care, providing support to discharge and post discharge settlement. We have developed of new service model for the Integrated Discharge Team. This includes co-location and integration of health and social care teams to improve joint working. We have Identified new roles within the team, including recent proposals on a mental health support worker.

Wakefield has also been developing an MDT approach to the development of Virtual Wards and the integration of community rehabilitation and rebalement.

What are we going to do?

This is a significant programme witin the Wakefiedl People Plan and contains a range of projects.

PCN Workforce Strategies

We will suppport the development of PCN Workforce Strategies, including evolution of MDTs that support the work of general practice. We will support Primary Care Networks to develop new roles as part of the Additional Role Reimbursemenet Scheme. These roles will work across organisational and professional boundaries. We wil also support the alignment of PCN MDTs with community health services and social care

Integrating Community Health Services and Adult Social Care Teams

We will support the integration of community rehabilitation and reablement services, a key part of the local community transformation programme. We will also embed and evaluate the Integrated Discharge Team to assess the benefits of MDT working when supporting people who ae leaving hospital.

Rotational Paramedics

We will explore the potential for further development of Rotational Paramedics. The Yorkshire Ambulance Service (YAS) commenced the first phase of a rotational paramedic programme in September 2021 with six specialist paramedics rotating between YAS and six primary care networks (PCNs). The programme is set to evolve with further phases set for 2022.

CLEAR Programme

CLEAR (Clinically-Led workforcE and Activity Redesign) funding has been awarded to West Yorkshire for mental health and urgent and emergency care. This is being led by South West Yorkshire Partnership NHS Foundation Trust (mental health) and Mid Yorkshire Hospitals NHS Trust (urgent and emergency care). We will ensure the learning from these initiatives are shared to maximise the potential benefit across a wider footprint.

Digital staff passports

We will review the opportunities for digital staff passports to enable deployment of staff across the system to enable flexibility, demand and development.

Collaborative Staff Bank

We will explore the potential for a collaborative staff bank to optimise the utilisation of temporary staff, reducing agency costs and improving service user experience.

Flexible Working Models

We will continue to share examples of innovative working models to support staff to benefit from flexible working opportunities and to support an agile workforce. We will build on the redeployment process and MoU for shared staff redeployment across organisations, developed during the pandemic and be inclusive of all staff including commissioned services and the staff delivering and supporting our community members.

7.5 Pillar 5: Growing Our Workforce and Developing Our People

Ambition

We will attract people from within our local community to work in the Wakefield system. Wakefield will be recognised as a good place to work. We will value our people, look after staff-wellbeing, and provide excellent career development opportunities

People will be attracted to work in Wakefield and want to stay working in the place confident that their careers will flourish through choices to progress and develop right across a variety of system roles and pathways

Objectives

We will increase opportunities to promote H&SC careers and attract more people with the right values to join the workforce through joint supported employment programmes, apprenticeships, work-experience and voluntary roles or student placements. We will create clear career pathways that are understood by our people. We will develop a sustainable social care workforce.

We will develop strategies aimed at improved retention including new ways of attracting retirees back into the health and social care workforce.

What are the challenges

Challenges in relation to developing our workforce include resourcing training and education to make it more productive.

A key challenge in relation to growth of the health and social care workforce is competition from local retail, manufacturing and service sectors within the labour market. We need to increase the profile of health and social care and incentivise people to work within the sector.

Also, like many health and social care systems, Wakefield has an ageing workforce, with many staff considering retirement post-pandemic. A key challenge for the system is to persuade staff approaching retirement to remain in the workforce through more flexible working.

A recent BMA report on the Mental Health Workforce (8/2/22) highlights the lack of growth over the past 10 years. This is despite the fact that demand for mental health services is rising. Since 2016 there has been a 21% increase in the number of people who are in contact with mental health services. Recruitment into psychiatric specialties remains a key challenge with many psychiatric specialties facing under-recruitment. Workforce shortages in mental health are affecting staff workload, wellbeing, morale and the ability for staff to provide good quality of care.

We will support SWYPFT who are collaborating with 5 Yorkshire and Humber Trusts to deliver 137 mental health nurses sourced ethically in line with the World Health Organisation ethical recruitment standards. The Trust have secured year 2 funding from NHSEI to continue the International Nurse Recruitment (INR) programme. They are committed to recruiting a further 50 nurses who will be made up of mental health, learning disability, CAMHS and RGN nurses.

What have we achieved so far?

The Wakefield HRD Network has established a Recruitment and Retention Group. This group supports integrated system wide virtual careers fairs, which can showcase Wakefield careers to various audiences. The System Workforce PMO is working in partnership with Wakefield's Economic Growth Step Up Programme to recruit a full time Step Up Project Manager.

Wakefield has developed an Adults Health and Social Care apprenticeship programme. Our Health and Care Hub Website is available and accessed by partners across the district. It acts as a repository for system wide workforce development resources. It is also a mechanism to publicise and sign post services, events and information to staff. We also have a established WDH&CP Developing our Workforce Group.

146 international registered nurses commenced employment between August 2020 and February 2022. 5 individuals were recruited through NHSI Refugee Nurse Pilot programme. The Mid Yorkshire Hospital Trust has established a programme of voluntary NHS Cadets for 14-19 year-olds from under-represented communities in partnership with St John's Ambulance. First cohort commenced in September 2021. The Trust has a Virtual Work

experience offer delivered throughout the pandemic and online careers sessions aligned to specific career pathways, such as Therapies. These have been set up in partnership with local education providers.

The Trust is also providing training to organisations that recruit volunteers so that they can improve the quality of their volunteering programmes. They have a Volunteer-Wakefield website, promoting and advertising this across the district.

Wakefield has introduced “Career Conversations” for registered nurses and healthcare assistants.Alongside this the “Suits You” nurse recruitment campaign has been offering flexible working arrangements. We have also established a sessional workforce staff bank for GP Care, vaccine activity and General Practice resilience.

What are we going to do?

The Wakefield Health and Social Care Academy

We will develop a Wakefield Integrated Health and Social Care Academy. Initially we will explore the potential for a virtual Wakefield Health and Social Care Academy, including induction, a joint learning platform, training and development products scaled up and rolled out across Wakefield.

As part of this we will strengthen links with local communities, Universities, Education and learning providers. We will use this joint this joint approach to develop new roles.

The Academy is a key partner in responding to the city’s workforce challenges and our programmes have been developed under five key priorities:

The Academy will create a talent pipeline, suppporting staff across the system from entry into the sector through through a vriety of training and education pathways. It will support system leadership, developing the skills and behaviours required to commission and deliver integrated care. It will improve the quality of care by facilitaing the sharing of good practice across organisational and professional boundaries. It will also deliver essential training programmmes to health and social care staff across the system.

The Academy will support the development of new roles and new ways of working by developing and delivering training programmes for care navigation, trusted assessors, reablement, telemedicine, mental health navigators and social prescribing.

International recruitment

We will explore the potential for a system-wide approach to international recruitment. There is a strong argument for the conducting internationl recruitment campaign as a place, with properly coordinated support packages, a variety of jobs on offer and a coordianted approach to recruitment.

Addressing workforce supply issues

Wakefield faces workforce shortages across the whole health and care sector. The social care sector in particular is facing significant recruitment and retention challenges. One consequence of the pandemic has been a significant increase in applicants for healthcare courses across our higher education institutes (HEIs). However, the number of learners that the system can support is constrained by the availability of appropriate placements Addressing known workforce supply issues is a key priority.

As part of this priority we will work with partners on the development of a collaborative bank across NHS Providers in Wakefield. We will build on the redeployment process and MoU for shared staff redeployment developed during the pandemic. We will also explore ways in which we can enable staff who are approaching retirement to stay in the local H&SC workforce

Adult Social Care Recruitment and Retention

The Wakefield People Board has identified significant issues with recruitment and retention in the domiciliary care and care home workforce. These issues are having an impact on the whole health and social care economy. There is a particualr impact on our ability to discharge patients from hospital who require support at home. This issue requires a system-led approach so we will explore ways in which we can support the suusatinability of domiciliary care and care homes.

As part of this project we will develop the role of the “Trainee Healthcare Assistant” as an entry route into H&SC.

Advanced Clinical Practitioners (ACPs):

There are currently around 480 trainee ACPs in West Yorkshire working. We will explore the potential for a system-led approach to recruitment and management of Advanced Care Practitioners. Rather than separate organisations competing for resources and poaching staff from each other we will look at the whether a more collaborative system approach can be taken to recruitment, training and resource allocation. We will explore the potential for a similar approach to Trainee Nurse Associates (TNAs).

Placement Capacity and Learning Environments

Our Health Education England supported Learning Environment and Placement (LEAP) is bringing together partners to explore the opportunities for health and care placement expansion. We will support the expansion of placement capacity including blended placements within the HEE and HRD teams.

We will develop and implement a Wakefield District Learning Needs Analysis Framework. We will also ensure plans and processes in place to support our education and training pipeline.

Apprenticeships

We explore the potential for pooling the Apprenticeship Levy so that we can optimise the use of this resource across the system. This approach could lso ensure that we target the levy at communities who are under represented in the workforce.

7.6 Pillar 6: Strategic Workforce Planning

Ambition:

We will adopt a flexible approach to workforce planning which can respond to population health needs.

Objectives

We will deliver a WDHCP People Plan, and delivery plan aligned to the WYHCP and National People Plan and support the delivery of WDH&CP Business Plan and vision.

Good quality workforce data will be available with information flowing both from within the system and from external sources. Workforce interventions are identified, planned, and implemented to support the delivery of the WDH&CP key priority areas work programmes

What are the challenges?

A key challenge for the Wakefield system are the gaps in accessing workforce data and analysing population health data to understand demand and capacity. Individual organisations have mapped their workforce and matched to local need but we have not carried out this exercise on a system-wide footprintor or across multi years. We need support from organisations working together and sharing data to benchmark and to understand workforce gaps and pressure points in specific areas where there is a system impact. We need to recognise changes to the Wakefield demographic with increases in the older citizen cohort coupled with a parallel increase in the numbers of people with complex long-term conditions.

We also need to agree a system-wide approach to workforce planning methodologies. Which methodologies will we use, where will the planning function be based and how will it influence local workforce strategies.

We recognise the choices some organisations who sit across a number of geographical boundaries will need to consider and engage in once at organisation, place and ICS. We also note the action to develop a workforce modelling tool for Wakefield that we need to ensure we do not create duplication with what is already in place and also required for NHSE/I and HEE submissions.

What are we going to do?

We will develop good quality workforce data with information flowing both from within the system and from external sources. Workforce planning interventions and methodologies will be identified, planned and implemented to support the delivery of the WDHCP priorities. We will grow and develop data analysts with workforce planning and population helath expertise.

All partners will review and if required a refresh document to sharing workforce data, with acknowledgement that moving towards shared collation methodology would aid population health planning and multi year planning and modelling purposes. This modelling will be the responsibility of the Wakefield People Board.

We will adopt a whole population approach to workforce data modelling and commission the Wakefield People Board to develop a workforce modelling tool and to develop a workforce outcome framework to measure the impact of this plan.

8. PMO and Governance

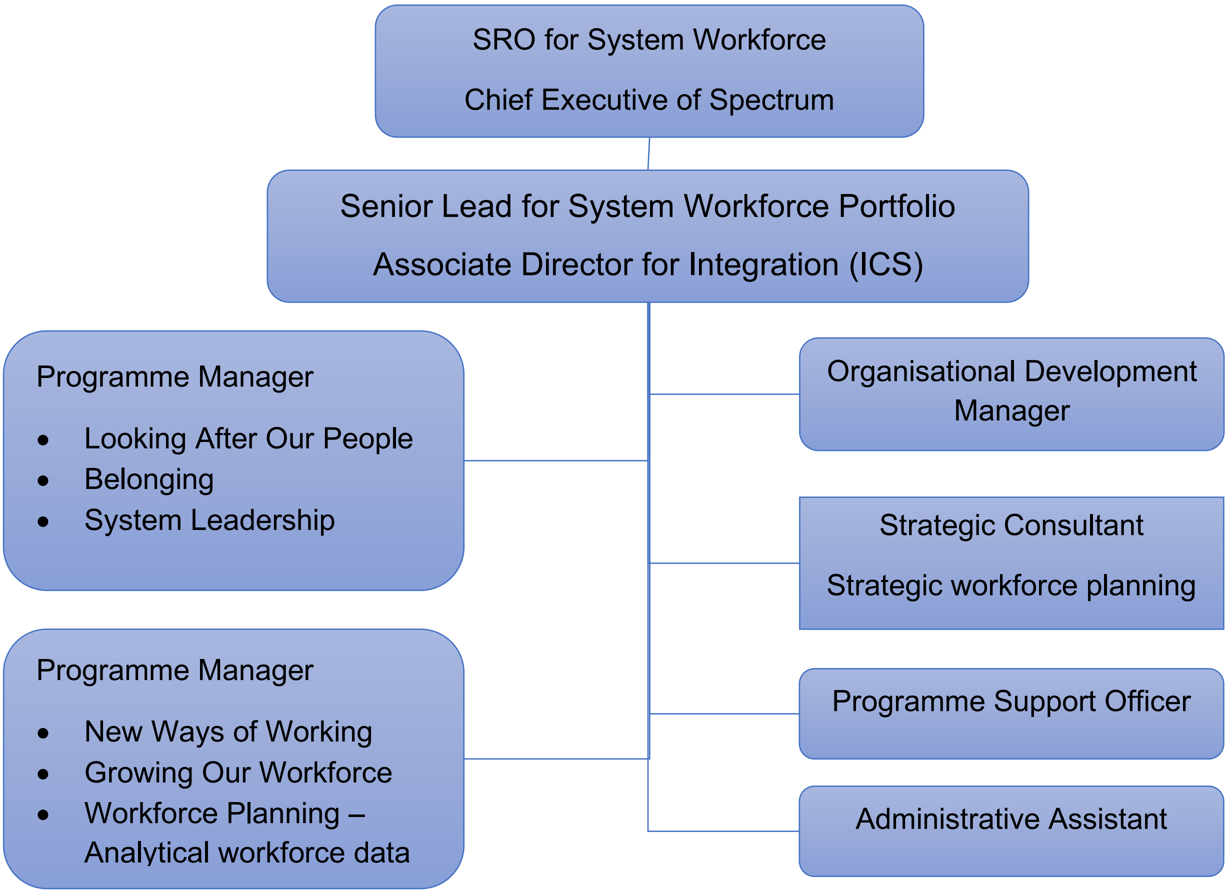
8.1 Project Management Office

Figure 2 provides a diagrammatic representation of the PMO structure that supports development and delivery of the WDHCP People Plan. The PMO will be located at Spectrum Community Health CIC.

The Workforce Programme Management Office supports the HRD Network in the delivery of the Wakefiedl People Plan. It coordinates the Wakefield Workforce Website, repository for all workforce information and communication.

The PMO coordinates agendas for all standing groups and committees, oversees the assurance proces for The Wakefield People Plan. It provides leadership and capacity to ensure programme objectives are delivered.

Figure 2: WDHCP People Plan PMO



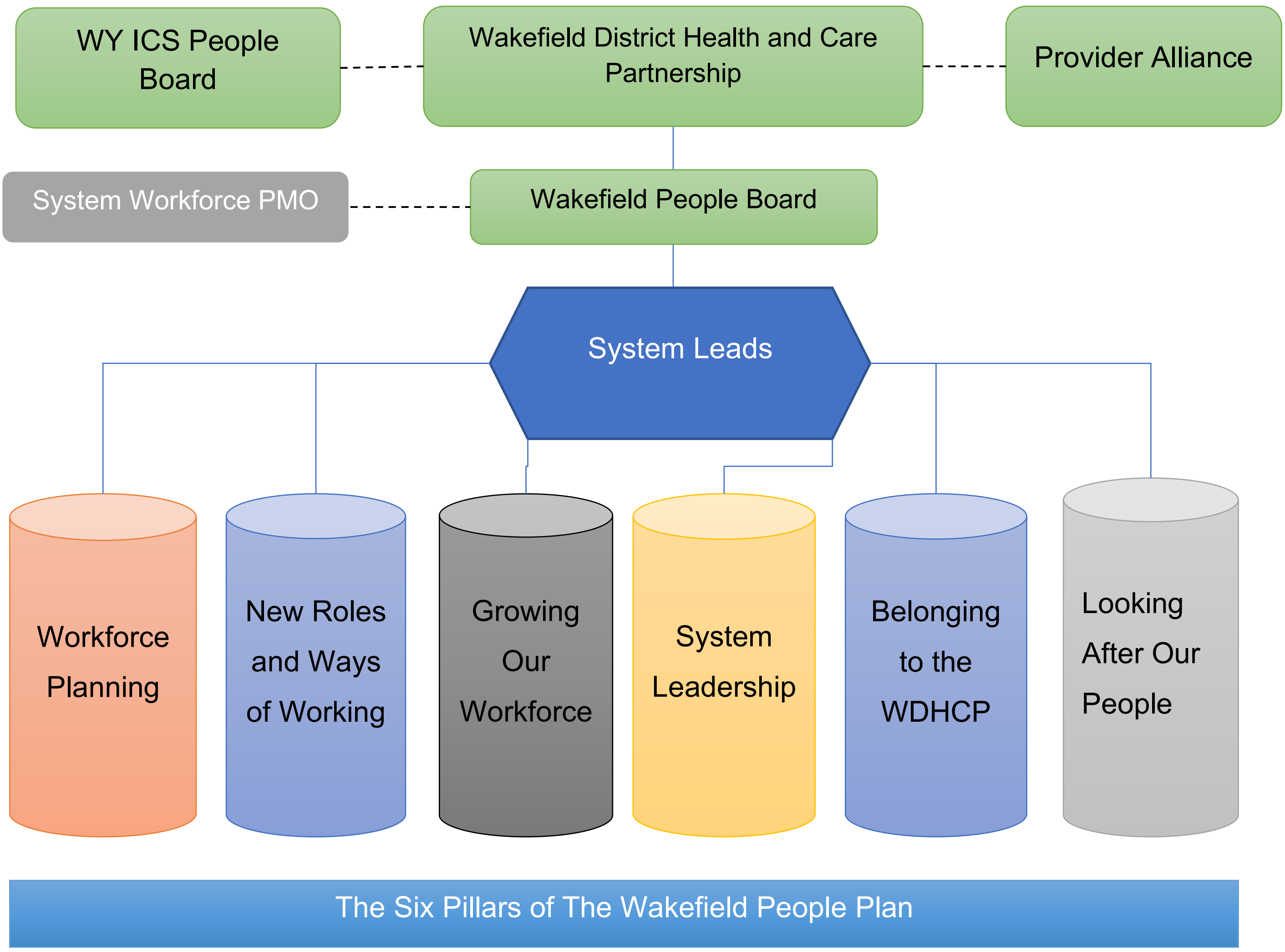
Strategic drive and momentum is maintained though a weekly workforce PMO cell. This brings in key stakeholders to scope and plan workforce programmes and socialises plans before they go through formal approval processes.

The PMO will provide detailed action plans, identify distributed leadership system leads for key pieces of work and ensure that the plan aligns with the national and regional strategic frameworks

8.3 Governance

Figure 3 describes the governance framework for development and delivery of the WDCHP People Plan.

Figure 3: Governance Arrangements for the WDHCP People Plan



9.4 Role of the Wakefield People Board

Under the new governance arrangements the HRD network will evolve into the Wakefield People Board. The Board will act as a strong and mature network which comprises HR Directors and OD leaders across the WDHCP. It will be inclusive of anyone with a significant stake in recruitment, retention, development and wellbeing of staff. It recognises that organisations of different shape and size may not have dedicated people functions.

The Board will have responsibility for developmenrt and implementation the Wakefield People Plan. It selects system leads for each of the Pillars of the Wakefield People Plan. These Lead Officers will be responsible for delivering the programme that relates to their pillar. They will be supported by the Workforce PMO. The System Leadsership Team will be selected from organisations that participate in the Workforce People Board. The Board will provide assurance to the WDHCP on delivery and impact of the plan.

The Wakefield District Health and Care Partnership approves the mandating and resourcing of the Wakefield People Board and PMO.

The Board will be serviced by the System Workforce PMO and is underpinned by a virtual Workforce Hub which is a repository for information, advice, links, network meetings, and subgroups.

The Workfore People Board will adopt a Distributed Leadership approach to development of The People Plan. Leadership will be dissociated from designated organisational roles and focus on what is right for the system as a whole. Our leaders will recognise and try to balance the priorities and pressures faced by individual partner organisations when making decisions on a system level.

9. Summary: Plan on a Page

Figure 3 provides a summary of the 6 Pillars contained within the Wakefield People Plan.

Figure 3: People Plan on a Page

Looking After Our OUr People	System Leadership	Belonging to the Partnership	New Roles and Ways of Working	Growing and Developing Our Workforce	Workforce Planning
Supporting staff through the impact of the pandemic	Implement system development work programme	Wakefield EDI Pledge	PCN workforce strategies	International Recruitment	Develop good quality workforce data
System-wide group-based interventions	Develop a Wakefield talent approach	Executive leads for protected characteristics	Integration of community health and adult social care	Addressing workforce supply issues	Adopt standardised workforce Data Sharing Agreement
Working Carers Passports	Mentoring Programme	Monitoring BAME recruitment	Rotational paramedics	Adult social care recruitment and retention	Whole population approach to workforce modelling
Map utilisation of wellbeing support services	Distributed leadership model	Fellowship Programme to support Hard to Reach Groups	CLEAR Programme	Advanced Clinical Practitioners	Develop a workforce modelling tool.
Develop a dedicated MSK Service for frontline staff	Leadership Development Programme	Inclusive apprenticeship programmes	Collaborative staff bank	Placement capacity and learning environments	Workforce Outcome Framework
Coordinate training for mental health first aiders	Coaching Programme	Develop supervisory skills	Flexible working models	Apprenticeships	

**West Yorkshire Integrated Care System Finance Strategy (DRAFT v.0.2)
2022-2025**

Purpose of strategy

Decisions about where and how we use the financial resources we are allocated as a Health and Care Partnership, serving the population of West Yorkshire, plays a critical part in the delivery the strategic objectives of the Partnership.

Our strategic objectives are to:

- improve outcomes in population health and healthcare – and so reduce health inequalities;
- tackle inequalities in outcomes, experience and access – and so manage unwarranted variations in care;
- enhance productivity and value for money – and so use our collective resources wisely; and
- help the NHS support broader social and economic development – and so secure the economic and social benefits of investing in health and care.

The strategy sets out a high level framework that links our strategic objectives to how we manage our financial resources in the partnership. It is intended to provide an overarching sense of direction and principles that will guide the development of a series of finance strategies across places, provider collaboratives and individual organisations.

The intended scope of this document is to cover all resources under the control or influence of the Health and Care Partnership.

Values and behaviours

Since the Partnership was formed in 2016, the West Yorkshire Integrated Care System Finance Forum (which comprises NHS Chief Finance Officers/Directors of Finance, Local Authority Directors of Finance, and colleagues from NHS England/Improvement) has acted as a collective finance leadership voice for the Partnership. The following values and behaviours continue to be an essential part of how we work together in West Yorkshire.

Our agreed values are:

- we are ambitious for the people we serve and staff we employ;
- this is a true partnership;
- we always agree the evidence and data, before acting;
- we value good governance to make good decisions and choices; and
- subsidiarity applies in all we do.

Our agreed behaviours are:

- decisions motivated by shared purpose;
- empathy with staff and people;
- collaboration in all we do;
- suspend egos in service of each other;
- we see diversity as strength;
- conceptual and critical thinking;
- agility;
- willingness to share risk;
- sharing power; and
- retaining accountability giving others authority.

National context

The national finance policy framework set by NHS England/Improvement has over recent years established Integrated Care Systems (and now Integrated Care Boards) as the vehicle through which allocations are distributed and financial performance is managed. In West Yorkshire, we have worked to a set of guiding values and behaviours which have ensured that decisions around allocations and in-year financial risk management have been made collectively.

The fiscal outlook is very challenging for the NHS, local authorities and voluntary, community and social enterprise organisations.

The NHS is emerging from the Covid-19 pandemic with an imbalance between service demands (whether relating to elective recovery, urgent care, mental health/learning disability and autism services) and availability of financial resources. At a national, regional and local level, the underlying financial position is one of financial deficits.

Local authorities are also experiencing significant financial pressure, having to find ways of balancing the books within a context of shrinking revenues, lower grants from central government, inflationary cost pressures and growing demands for services, not least social care services for adults and children.

The impact on the third sector has also been noticeable and has threatened the viability and sustainability of some organisations, whether through reductions in grant funding or donations from the public.

All of these pressures run alongside the cost of living issues that people are facing across West Yorkshire, and the unequal impact on those individuals and parts of the population who are already disadvantaged.

This context means that decisions about resource allocations and utilisation will be more important than ever.

Local context

There have been a number of demonstrable successes in how Partnership resources have been managed over the last six years. These have only been possible because of the partnership and collaborative ethos that has driven decision-making over this time. Achievements include:

- successful bidding for NHS England capital to support system-wide capital investments (an additional £300m into West Yorkshire);

- development and agreement of the first West Yorkshire Integrated Care System Financial Strategy in 2017;

- transition for all acute NHS providers from Payment by Results to Aligned Incentive Contracts (which supported new ways of collaborative working between NHS Clinical Commissioning Groups and NHS providers which focused on outcomes and costs rather than contractual and payment issues);

- operation of a Single Control Total for NHS organisations in 2019/20 which resulted in system balance for the first time in many years (also resulted in securing £22m of additional incentive funding from NHS England/Improvement);

- successful management of system operational capital over the last three years to ensure that we prioritise our plans within available resources and ensure that the system allocation is fully utilised by agreeing movement of resources between providers;

- delivery of system financial balance in 2020/21 and 2021/22;

- collective action to deploy resources into social care providers in 2021/22 to allow the early introduction of the national living wage for low-paid employees; and

- development of a balanced system financial plan, albeit with risk, for 2022/23.

All of these issues have led to improvements in how money has been allocated and utilised to better meet the needs of the people we serve.

West Yorkshire Integrated Care System Financial Framework

Much of the work done in how financial resources were managed differently in West Yorkshire was achieved through developing trusting relationships, understanding risks and opportunities and ensuring that actions were taken at organisational, place and system level as appropriate.

There were a number of governance documents which were developed and then approved by all individual organisations in 2020/21 to set out how we would manage resources together. These covered the distribution of the system allocation, how allocation transfers would operate and how we would manage financial risk. To support this a number of agreed financial planning principles were agreed, which have provided a useful foundation to guide decision-making.

These were then codified into a single West Yorkshire Integrated Care System Financial Framework in 2021/22, which has then with amendments been approved for 2022/23. This sets out how we will work together on:

- financial revenue planning;
- service development funding;
- financial capital planning;
- in-year performance monitoring;
- improvement support/peer review;
- risk management;
- payment and incentive regime;
- joint budgets with councils; and
- NHS England/Improvement delegated commissioning responsibility.

This strategy should be read in the context of the Financial Framework document which is more operational in nature.

Supporting Partnership objectives

Further to a number of conversations led by the West Yorkshire Integrated Care System Finance Forum and with system leaders in 2021, a series of key financial objectives were described. These were focussed on reducing health inequalities, improving the health of the population, securing financial sustainability, developing system working, and making West Yorkshire a great place to work for all finance colleagues. These objectives have been used in the following sections to describe how we can use financial resources in way that support the four strategic objectives of the Partnership.

In each case, further actions will be required at system, place, provider collaborative and organisational level. These will require change and adaptation over the next 5 years.

Reducing health inequalities

We will:

- ensure that the distribution of resources to places and neighbourhoods considers population need and health inequalities (e.g. using target allocations for place populations to distribute system resources);

- commit to deploying targeted health inequalities funding on its intended purpose;

- ensure that we consciously consider how the utilisation of core funding on all of our services can be deployed in a way that reduces health inequalities;

- commit to achieving the national Mental Health Investment Standard in all of our five places (which will see increased differential growth into this sector);

- ensure that the health inequalities in children and families in poverty are recognised and addressed within resource plans; and

- ensure that Equality Impact Statements are completed and reviewed as part of decision-making processes, particularly in the context of challenging financial positions.

Managing unwarranted variations in care

We will:

- use data and benchmarking information to identify variation and work with clinicians and other partners to affect change (e.g. through the Model Health System/Model Hospital dataset);

- develop a financial stewardship/population health management approach to efficiency and productivity;

- utilise population health management data and information to inform how resources are distributed within each of our five places;

- utilise peer review/mutual accountability; and

- support the further development of place provider collaboratives to allow collective decision-making about resources across the full patient pathway.

Using our collective resources wisely

We will:

- develop and foster opportunities for place-based financial integration between NHS and local authorities with a clear focus on quality and efficacy of services;

- support the implementation of the West Yorkshire People Plan, including in relation to the development of workforce models which are sustainable and economically advantageous;

- further develop the use of Aligned Incentive Payment mechanism, with a focus on incentives and levers for quality and service improvement;

- develop a 5 year capital plan (which including NHS providers and primary care);

- ensure we have clear, shared and consistent understanding of system, place and organisational financial plans, performance and underlying positions;

- develop financial recovery plans to ensure that all organisations are financially sustainable and recurrently balanced;

- commit to achieving the national Primary Care & Community Investment Standard in all of our five places (which will see increased differential growth into this sector);

- move resources from treatment to prevention;

- undertake risk modelling/scenario planning over medium term;

- work with NHS England on the delegation of direct commissioning responsibilities for non-medical primary care services and specialised commissioning services to ensure that we have a clear understanding of resource utilisation and impact on populations; and

- aim to secure as much funding as possible into West Yorkshire to support development of services.

Securing the economic and social benefits of investing in health and care

We will:

- use combined spend power across NHS and local authorities' budgets to make a difference in community development and regeneration;

- develop procurement and contracting framework to promote local and sustainable businesses;

- ensure that organisations use their role as employers and system partners to develop actions to reduce poverty and the impact on health inequalities in the communities we operate in;

- ensure that decisions around resources are built into organisational, place and system green plans;

- maximise the role of the NHS as an anchor institution in local economies; and

- commit to increase the proportion of resources utilised to commission services and support from the voluntary., community and social enterprise sector (with a supporting framework around outcome and benefit realisation).

Approval route

This document has been considered and supported at :

- West Yorkshire Integrated Care System Finance Forum (system, places, collaboratives, organisations) on 29 July 2022.

It will be further considered at:

- All places (e.g. place committees, place resources committees) during August 2022;

- West Yorkshire Integrated Care System Tactical System Leadership Group (system, places, collaboratives) on 10 August 2022

- West Yorkshire Integrated Care Board Finance, Investment and Performance Committee (system, places and other partners) on 23 August 2022; and

- West Yorkshire Integrated Care Board Board (all partners) on 20 September 2022.

Patient & Community Panel

Notes of the Meeting held virtually via Microsoft Teams on 5 May 2022

Present:	Sandra Cheseldine	Citizens Advice Bureau
	Paulette Huntington	Patient Representative
	Glenys Harrap	Patient Representative
	Hilary Rowbottom	Patient Representative
	Peter Wilson	Patient Representative
	Andrew Gough	Patient Representative
	Robert Ince	Patient Representative
	Val Pratt	Deaf Society
	Janet Witty	Patient Representative
	Mavis Harrison	Patient Representative
	Christine Allmark	Patient Representative
	NHS Wakefield CCG Staff	
	Dáša Farmer	Senior Engagement Manager
	Laura Elliott	Head of Quality
	Stephen Hardy	Lay Member, Wakefield CCG
	Ryan Hardwood	Wakefield CCG Quality Team
In Attendance:		
	Chris Skelton	Wakefield CCG, Head of Primary Care
	Natalie Knowles	Primary Care Development Manager
	James Brownjohn	Programme Manager, Planned Care

	Welcome and apologies Stephen Hardy welcomed members to the meeting. Apologies were received from Simon Green and Ruth Unwin.
2	**Declarations of Interest** Mavis Harrison declared an interest as a member of Wakefield Overview and Scrutiny Committee.

3	**Minutes of the meeting held on 10 March** The minutes were agreed as an accurate record. Janet Witty did not receive the invitation and therefore had not been able to attend the meeting.
4	**Action Log and matters arising** Action 1 - regarding the Mid Yorkshire Foundation Trust Framework and Improvement Plans had been circulated to members Action 3 - Primary Care Strategy – further update would be provided as part of the agenda. Action 4 – Peer leadership development programme ongoing, those who have expressed an interest have been added to the session plan Action 5 – A link to the Health and Wellbeing Strategy has been shared.
5	**Primary Care - Extended hours Direct Enhanced Services** Chris Skelton and Natalie Knowles presented an update regarding changes in relation to enhanced access to Primary Care Services. Currently within Wakefield, Primary Care Networks provide extended access and GP Care Wakefield provide additional access. Due to the level of inconsistency from region-to-region national standards have been introduced. From 1st Oct 2022 Primary Care Networks will be required to provide pre-bookable appointments outside of core opening hours however it is not intended that all practices will offer extended hours all of the time. The intention is that systems will work together to combine their additional resource. The expectation is that a range of practice services will be available from a multi-disciplinary team and a proportion of these appointments can be provided locally if agreed by the commissioner. The primary care team are supporting Primary Care Networks to engage with the patient population and therefore the team are looking for input from the Panel as each Primary Care Network's plan is due to be submitted to the CCG by 31st July, with a final submission by 31st August. The requirements within the guidance would be circulated to members and it should be noted that these need to be developed within the local context. GP Care Wakefield are collating patient feedback to support local plans but there is a requirement for the CCG to undertake further engagement.

	Natalie Knowles advised members that there are challenges around numbers of staff on the ground, their skill mix and availability and the primary care team are keen to work with staff and services to understand how the service can be covered to meet the needs but considering wider roles within GP services. Val Pratt queried if deaf access needs had been considered. Natalie Knowles advised members that Primary Care Networks are looking at different access requirements and how patients can book appointments that offer reasonable adjustments to meet individual needs. Dáša Farmer, suggested that it would be good the team linked up with Val Pratt's group to support the engagement work. This would also be taken through NOVA as part of the outreach work. David Mitchell stated that securing out of hours appointments was a current challenge for practices and queried how this would work if these appointments would become pre-bookable. Chris Skelton stated that the same day service is designed to accommodate the needs of patients outside of those requiring access to A&E. NHS England have stipulated the availability of enhanced services however local consideration was needed. The Primary Care Team were aiming to gain patient feedback and an understanding of what patients want from services. David Mitchell highlighted issues at Ossett Surgery where patients have to call at 8am for a morning appointment and at 12pm for an afternoon appointment and expressed concern that the enhanced services were only providing an additional 2.5 hours per day. Chris Skelton advised that currently the service answers phone calls up to 10pm at night and General Practice have the ability to book onto appointments in the Out of Hours Service. There is some work happening across all practices, to make sure that changes are made following patient feedback. During the Covid-19 response the majority of patients were seen the same day. In March 2022 68% of appointments in Wakefield were face to face which is above the national average with 60% of appointments booked on the same day in advance. Stephen Hardy noted that the contract states that services must offer "a reasonable number of appointments" and queried how this would be quantified and enforced. Chris Skelton stated that initially there was need to look at proportionally of face to face appointments versus alternative methods. Some patients such as working parents with children may not be concerned with face to face appointments however it was likely that the offer will be a blend of approaches. Primary Care Networks will test their plans with patients and the public prior to submitting their plans. Janet Witty commented that currently the system was struggling with older GPs leaving, but with no replacements and her practice has lost 3 senior doctors in the last year, with those left feeling the strain. It looks like the system is approaching a crisis, more changes for practices that are already struggling. Chris Skelton recognised the challenge but stated that not all practices were in this situation. Primary Care team are working with individual

	isolated practices to support them with succession planning but it can take 12-18 months to work through new models. There are some national programmes that also provide help with this. The enhanced service retains GPs as some will choose to work in the extended access service. It supplements their working life and they pick up extra shifts and enjoy it as they maintain patient contact. Janet Witty expressed concern that patients wouldn't receive continuity with this approach and GPs would have no prior knowledge of patient history. Chris Skelton acknowledged this and gave an example of one of the patient groups that needs to be considered e.g. lorry drivers and those with work out of area where they have an on-going need such as blood pressure monitoring but not attending routine appointments due to working pattern. Mavis Harrison queried how contract performance would be measured dynamically. Chris Skelton stated that the control of the service will be via the GP practice. Currently the Clinician making an assessment, communicates back to the practice if a patient requires treatment. The patient's practice is responsible for follow up and each reception team look at these each morning. In terms of contractual management, the Primary Care Team will pick this up from patient experience via service reviews and looking at specific examples. Stephen Hardy thanked Chris and Natalie for the presentation and further engagement. Dáša Farmer noted that the potential for a bi-election could impact on engagement and would make the deadlines that need to be met challenging. On this basis it was proposed that regardless of whether a bi-election is called, the engagement regarding enhanced services should commence otherwise the people of Wakefield would be disadvantaged. The guidance contains provision for consultation and engagement to go ahead in such circumstances when there is operational need. The Committee **RESOLVED** to: • Note the update regarding Enhanced Services • Proceed with an engagement process
6	**Experience of Care Report** Laura Elliot shared the presentation with members which provided the Quarter 4 position and described the activity of the Quality team during this period. The team collects and coordinates feedback from various sources, including feedback from Healthwatch, complaints and patient engagement. The Quality Intelligence Group confirms what actions have been taken. Positive feedback has been received in relation to some GP practices, however themes relating to secondary care included complaints regarding cancelled appointment and delayed surgery. Complaints have also been received regarding dental services with key themes around not being able to register or waiting for treatment for 18mths to 2 years.

The National Maternity Services Survey has recently been published and the findings were summarised into key themes such as mental health support, feeding baby, continuity of carer etc. Mid Yorkshire Foundation Trust performed about the same as other trusts for 3 themes and worse than other trusts in 5. The results are difficult to analyse in comparison with the 2020 results as this survey was completed during lockdown when visits from partners were restricted and therefore direct comparisons are not being made.

The Maternity Voices Partnership are developing local improvement plans for each area and there is quite a large spotlight on maternity services due to the Okenden Report.

Following the removal of Covid-19 restrictions, the Quality team have started to resume visits to care homes and have re-started routine visits to domiciliary care providers.

Pontefract Hospital – new care unit and chemotherapy day unit. Also GP out of hours, supportive visits using the 15 steps approach, talk to staff and patients regarding their experience.

In relation to readiness for the Wakefield District Health and Care Partnership (WDHCP) work is underway to establish an Experience of Care Network across partners with people who have a passion for improving services. The Network will focus on looking at care across pathways. A further point to note was the redesign of the quality reports which will be aligned with the" I statements" but feature experience of care across pathways.

Bob Ince queried if the team had visited the Pain Unit whilst at Pontefract Hospital. Laura Elliott replied that they hadn't, but this could be planned into the visit programme if it was thought to be helpful. Bob Ince commented that as a user of the service it appears to be overwhelmed with heavy demand. Laura Elliott agreed to follow this up.

ACTION I To organise a visit to the pain service at Pontefract Hospital I Sept 2022

James Brownjohn commented that he was aware of discussions in relation to the service which were in the early stages however it was recognised that opportunities to make improvement exist. Bob Ince complimented the wonderful staff and commented that Covid-19 had a detrimental impact on the service as staff have been redeployed to other areas.

Stephen Hardy commented that it was positive to see that the Quality team have reinstated their visits. In relation to Maternity Services members confirmed that they would like to receive an update.

Paulette Huntington queried whether hospitals consider the distance patients have to travel for appointments when planning outpatient appointments. James Brownjohn commented that unfortunately this doesn't happen on every

	occasion however where specific care is needed, and services are aware of individual circumstances they are expected to factor these into appointments. It is hoped that more personalised care will be offered in the future but the current messaging is, due to volume and the size of waiting lists please accept the appointment offered. The Committee **RESOLVED** to: • Note the report
	Current Engagement and Equality Activity
7	Dáša Farmer provided an update regarding recent engagement and equality activity. **Maternity** The engagement team are currently working with the Maternity Voices Partnership to understand the experience of people using Maternity Services. There are a number of events taking place across the district in May onwards. **Learning Disability** The review of the Learning Disability Strategy is complete, and the resultant report is in draft. A local support group is looking to present the outcome to the partnership in mid-May. **Primary Care** The Panel are invited to provide their thoughts and questions on the future plans including travel, locations etc. **Wakefield Communications, Engagement and Inclusion Officers Network** Discussions are ongoing to establish how the patient's voice will be captured in the new governance arrangements. **Terms of Reference of the Patient and Community Panel** The terms of reference for the Panel are due to be reviewed to ensure that they reflect the future arrangements in relation to the Wakefield Health and Care Partnership. The terms of reference would need to be approved by The Panel, before 1st July 2022. **Action:** subgroup to consider the terms of reference with an outcome being shared at next Panel meeting for approval. **Health and Social Care Act** The Act has received Royal assent and therefore arrangements for the Integrated Care Board will come into effect from 1st July 2022. Wakefield District Health and Care Partnership has identified an Independent Chair and two independent Non-Executive Directors have been appointed. Due to the elections and restrictions of purdah the appointments have not been formally announced however members were advised that Stephen Hardy and Richard Hindley were the successful appointments and will take up their roles from 1st July 2022.

	A new Assurance Committee has been established for Wakefield Place which will look at quality, performance and finance for Wakefield across the system and The Patient and Community Panel will also operate as formal committee at Wakefield Place. Dáša Farmer thanked members for their feedback on the Constitution for the ICB which had been amended to reflect the comments and had been submitted to NHSE for approval. A discussion took place regarding future meetings and whether they would return to face to face. It was agreed that this would be kept under review.
8	**Planned Care Programme Update** James BrownJohn, Programme Manager for Planned Care Re-design and Christine Hughes joined the meeting. The work was largely around work for Kirklees and Wakefield CCGs and focussed on working alongside primary and secondary care. There was a large focus on communications and engagement with patients and how this can be improved. Planned Care – is defined as care or treatment that is planned in advance. One workstream, driven by Health Care Professionals, considered communication, to share information with patients to enable them to better manage their health and be prepared and informed. As part of the workstream the team are working on accessibility standards. Paulette Huntington commented that she has used the Patient Knows Best app but has found it frustrating. James Brown-John commented that it is now part of the programme and its development was being led by patients. In relation to the patient pathway, currently patients receive contact three times during the pathway, which is therefore limited and there is room for improvement. The programme has opened this up to a pre- consultation contact and this has had a huge impact and a drop in referrals. This is due to significant numbers of patients who once contacted can be managed at home. This referral pathway has been recognised nationally. In this pathway the patient initiates follow up and decides if they need to be seen again rather than being advised that they need to come back in 3 months. This creates capacity, the example of rheumatology was given as this works particularly well and allows a patient to make appointments when they experience flare ups. Mavis Harrison queried if every organisation would follow the process and "sing from the same hymn sheet" as she was aware of issues at Leeds in relation to booking appointments following receipt of a choose and book letter. James BrownJohn clarified that the programme was focussed on the Wakefield system and therefore didn't extend to Leeds services, however there may be an opportunity to share good practice. There is certainly an opportunity to consider placing an administrative function linked to care co-ordinators between organisations.

	Throughout the pathway there is an opportunity for improvement. An example was given regarding waiting lists where patients had received letters whilst waiting for surgery. The letter included guidance and helped advise patients to be ready for their operation. This included advice regarding rehabilitation to ensure that patients are fit and ready for significant surgery such as hip replacements. This has been tested through a pilot exercise to establish if patients remain safe whilst waiting. The national app – My Planned Care NHS, shares waiting times and provides other information regarding self-care such as information regarding walking groups designed to support one's health whilst waiting for surgery. This approach is linked to social prescribing which promotes a holistic approach to care supporting weight loss, smoking cessation and offering support groups and providing link workers. It is recognised that often these services exist but are not tied together. In relation to Digital Care, the Patient Knows Best portal requires further development as it provides limited information in relation to outpatient appointments. Planned developments include adding test results and outpatient clinic letters from consultants which will be available from June 2022. It will also be possible for patients to add their own data including blood pressure results. Access to the app will enable access from anywhere in the world. This will become available through the NHS App. Whilst not all patients will have access to the app, if it is used by those who can, it will help to free up resources. In summary there are multiple ways that the Planned Care pathway can be improved and involving patients in the plans will ensure that future communications and information regarding health care with the needs of patients. Bob Ince commented on success of the Live Well initiative at Castleford that had provided information from multiple disciplines such as dieticians, but the service had been slashed. Initiatives have been discussed over the years and patients had been involved in a review of appointment letters for South West Yorkshire Foundation Trust (SWYFT) but this was done in isolation. James BrownJohn commented that this programme is designed to produce a joined up approach rather than leave it to individual partners to try and develop solutions. Wakefield Provider Collaborative recognise that the Live Well Service requires investment and the collaborative includes representatives from SWYFT and Mid Yorkshire Foundation Trust (MYFT) to ensure they are part of shaping a shared vision. Mavis Harrison queried the position regarding face to face appointments and whether letters issued to patients were clear regarding options. James BrownJohn stated that each individual service has been tasked with determining which conditions could be followed up via non face to face appointments.

	Stephen Hardy commented that the Clinical Strategy Group acknowledge the limitations of the My Care app as the accuracy of information regarding waiting lists was based on the median waiting time and therefore information for each speciality was not reflective of the real picture however this was controlled by NHS England. Sandra Cheseldine added that it was probably better to have no information than to have misleading information or for patients to receive general letters with no timescales. Paulette Huntington agreed stating that it would be better to have accurate information and for it to be consistent across all applications. Highlighting the 4th Workstream of the programme Diagnostic Services James Brownjohn advised members that consideration was being given to developing a number of Diagnostic Centres. A business case was being developed and the supporting data based on health inequalities was being analysed. More information will be shared when possible. Paulette suggested that there are opportunities to secure patient views via the Panel and also through Patient Practice Groups, Volunteers Groups and Healthwatch. Stephen Hardy suggested that it was important not to give the illusion of engagement but rather for it to be proportionate and timely. The Committee **RESOLVED** to: • Noted the report
9	**AOB**
	The date of the next meeting will be Thursday 7 July 2022, via MS Teams.