Wakefield District Health & Care Partnership

Partnership Committee Agenda

Tuesday 22 November 2022 – 2pm 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	Chair
	2	**Apologies and Declarations of Interest (v)**	Information	Chair
2.05	**3**	**Minutes from the meeting held 22 September 2022 including Matters Arising and Action Log** • **Conflicts of Interest Register** • **Wakefield District Health and Care Partnership Agreement (signed) (d)**	Endorse	Chair
2.15	**4**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.20	**5**	**Chair's opening remarks (v)**	Information	Chair
2.25	**6**	**Report of the Place Lead (d)**	Endorse	Jo Webster
2.40	**7**	**Report from the Chair of the Provider Collaborative (d)**	Assurance	Colin Speers
2.50	**8**	**Public Health Profiles – School Survey Results**	Discussion	Pete Shepherd / Clare Offer

Time	Agenda no	Item	Purpose	Lead
3.00	**9**	**Addressing Health Inequalities in Wakefield District – Outcomes Core20plus5 Investment Summary and Next Steps (d)**	Discussion	Rebecca Barwick / Clare Offer
3.10	**10**	**Breaking Barriers Innovation West Yorkshire Playbook (d)**	Information	Ruth Unwin
3.20		**Break**		
3.25	**11**	**Responding to Winter Readiness for Mid-Yorkshire NHS System (d)**	Assurance	Mel Brown / Trudie Davies
3.40	**12**	**Health and Wellbeing Strategy mid-year Update (d)**	Information	Ruth Unwin
3.50	**13**	**Finance Update (d)**	Assurance	Amy Whitaker
4.10	**14**	**Quality, Safety and Experience Update including Response to Edenfield (d)**	Information	Penny Woodhead

Final items

Time	Agenda no	Item	Purpose	Lead
4.15	**15**	**Issues to alert, advise or assure the ICB Board on (v)**	Discussion	Chair
	16	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board (v)**	Endorse	Chair
	17	**Items escalated from other Boards (v)**	Discussion	Chair
	18	**Items for escalation to other Boards (v)**	Discussion	Chair
4.20	**19**	**Receipt of minutes from the sub-committee (d)** • **Minutes of the Provider Collaborative from 11 August 2022 and 4 October 2022 (d)** • **Minutes of the People Panel from 29 September 2022 (d)**	Information	
4.25	**20**	**Any other business (v)**	Discussion	

Time	Agenda no	Item	Purpose	Lead
4.30	**21**	**Date and time of next meeting:** 24 January 2023 – 1400-1700		

Purpose

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

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Thursday, 22 September 2022, 14.00 – 16.30, via Microsoft Teams

Present

Name	Title, Organisation
Dr Ann Carroll	Independent chair, Wakefield District Health & Care Partnership
Richard Hindley	Non-Executive Member, Wakefield District Health & Care Partnership
Stephen Hardy	Non-Executive Member, 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, Wakefield District Health & Care Partnership
Len Richards	Chief Executive, Mid Yorkshire Hospitals NHS Trust
Sean Rayner	Director of Provider Development - Southwest Yorkshire Partnership NHS Foundation Trust, Chair of the Mental Health Alliance
Jenny Lingrell	Service Director, Children's Health & Wellbeing, Wakefield Council
Claire Barnsley	Deputy 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
Dr Clive Harries	GP Member, Primary Care Network Director Representative
Anna Hartley	Director of Public Health – Wakefield Council
Ruth Unwin	Director for Strategy, Wakefield District Health & Care Partnership
Paula Bee	Chief Executive, Age UK Wakefield District

Name	Title, Organisation
Amy Whitaker	Chief Finance Officer, Mid Yorkshire Hospital Trust and Wakefield Place Finance Lead

In Attendance

Name	Title, Organisation
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
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
Gill Slack (Minutes)	WDSAB Administrator, Wakefield Council
Jane Madeley	Non-Executive Director, West Yorkshire ICB
Joanne Lancaster	Governance Manager (Observing)
Steven Knight	Managing Director, Conexus
Rob Webster	Chief Executive, West Yorkshire ICB
Simon Rowe	Head of Contracting and Procurement, Wakefield District Health & Care Partnership (for Item 8)
Chris Skelton	Head of Primary Care, Wakefield District Health & Care Partnership (for Item 9)
Dr Omar Alisha	GP, Trinity Medical Centre (for Item 9)
Debbie Aitchison	Chief Operating Officer, Conexus (for Item 9)
Lynsey Warwick-Giles	Public Observer
Clare Offer	Public Health Consultant, Healthcare, Intelligence and Research Service – Wakefield Council (Item 6 & 10)

Apologies

Name	Title, Organisation
Gary Jevon	Chief Executive, Healthwatch Wakefield

Name	Title, Organisation
Cllr Maureen Cummings	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Lyn Hall	Chair of the Wakefield LMC
Tim Dean	GP Member, Primary Care Network Director Representative

Meeting Papers


Combined WDHCP Committee papers f

Administration Items

no	Minutes
19/22	**Welcome & Introductions** The Chair welcomed everyone to the meeting and the following new members: - Steve Knight, Conexus - Jane Madeley, West Yorkshire ICB - Rob Webster, West Yorkshire ICB - Amy Whittaker, Mid Yorkshire Hospital Trust A member of the public, Lynsey Warrick was also welcomed to the meeting.
20/22	**Apologies & Declarations of Interest** Apologies were noted. Steve Knight declared a conflict of interest relating to the extended hours paper.
21/22	**Approval of minutes from the last meeting, action log and matters arising** The minutes of the meeting of the 19 July 2022 were agreed as a true and fair representation of the meeting. It was noted that the conflict-of-interest register was being updated and the final version would be brought to the November Board meeting. One action was outstanding: signatures to the partnership agreement and this was awaiting a signature from the Local Authority which was being finalised through the Council's governance process. The final version would be brought to the November WDHCP Committee Meeting.

no	Minutes
22/22	**Questions from members of the public** There were no questions submitted by members of the public.

Main Items

no	Minutes
23/22	**Chairs Opening Remarks** The chair welcomed everyone to the second formal meeting and noted that the agenda reflected the significant amount of transformational work that was happening across Wakefield. The Chair reminded members to contribute to the meeting to enrich the papers and add value to the discussions.
24/22	**Public Health Profiles** Presented by Clare Offer (CO) (Please refer to the presentation in the meeting papers on page 13) CO reported that The Office for Health Improvement and Disparities had recently released the Regional Health Profiles. These were a comprehensive review of the health within each region, containing a wealth of data across a variety of topics. The paper and presentation outlined the content of the Public Health Regional Health profiles and explained the key areas in the profiles where Wakefield was an outlier. Areas highlighted included: • Life expectancy at birth (including healthy life expectancy); • Low birthweight of term babies; • Smoking in pregnancy (rates had fallen consistently for several years due to a lot of work in this area, however there was still more work required); • Child obesity (increased over the period of lockdown, for reception age children this had reduced back to pre-covid levels however, for children in year 6 this had not been the same suggesting that older children had carried on this legacy; • Adult Self harm and suicide – It was noted that whilst one death was one too many that the rates were not rising exponentially as the graph would suggest; • Adult obesity – excess weight was a factor for lots of connected health issues; • Adults – drug misuse – this was high on the agenda in Wakefield. Rob Webster (RW) stated that it was reassuring to see the amount of work being undertaken regarding health disparities and that it would be beneficial to share good practice across the West Yorkshire region. He questioned why data had not been shared on other groups such as mental health, learning disabilities and different ethnic groups where it was known that greater health inequalities existed.

no	Minutes
	CO responded that the presentation provided highlighted only a small outtake from a huge amount of information. She provided assurance that the team were sighted on other groups and routes to health inequalities. Adding that through the Core20PLUS5 funding, work was taking place on health checks for those with severe mental health and breast cancer screening for those with learning disabilities, in addition to other initiatives. It was noted that Wakefield had received additional funding from the government to build a family hub network. Work through these aligned to those health inequalities mentioned and more widely including building family resilience within communities. Discussion took place in relation to the opportunities that the new partnership structures for Wakefield Place and West Yorkshire provided to work together more effectively to address the key issues. It was noted that some health inequalities were regional and others related to a particular area or community. Jo Webster (JW) advised that there were some great examples of shared best practice across West Yorkshire which have had a positive impact although there was always more that could be done. The work with Lightfoot was referenced and the Lightfoot Signals from Noise platform which would enable data to be looked at differently and enable more targeted interventions at a ward/GP area level. Discussion took place in relation to support required to keep the momentum needed to continue work in reducing health disparities both in terms of the strategic recognition and possibly practical support for initiatives. It was noted that focus would need to be kept up to continue the momentum around smoking in pregnancy, the healthy weight strategy and a recognition of the huge importance of adult mental health and suicide prevention. The Chair enquired whether the information regarding childhood obesity had been fed back to schools to show the importance of playtimes and sports and CO agreed to follow this work up. **Action – CO to provide an update.** **It was RESOLVED that:** • The Committee considered and noted the issues.
25/22	**Report of the Place Lead** Presented by Jo Webster (JW) *(Please refer to the meeting papers on page 29)*

no	Minutes
	JW presented the paper which updated the Wakefield District Health & Care Partnership (WDHCP) on the current on-going developments across West Yorkshire Health and Care Partnership (WYHCP) and the Wakefield Place. The paper was taken as read with the following points highlighted: Work continued across the system with colleagues from Lightfoot Solutions. The programme has brought teams together across organisational boundaries, using data to build trust and develop more integrated pathways of care. Positive feedback had been received from the Local Government Association Peer Review into discharge. Learning and opportunities to improve would be built into the system discharge transformation programme and winter planning. Wakefield was one of 26 councils successful in a Department of Work and Pensions bid for a new local supported employment scheme for adults with learning disabilities and/or autism. The grant provided a real opportunity to make a difference to people's lives and longer-term health and care outcomes, as well as bolstering the local health and social care workforce. Winter planning was underway across the health and care system. Clive Harries (CH) referred to the update in the report regarding occupational therapy in general practice. This aims to provide those patients going to general practice for on-going fit notes support by exploring and addressing barriers to work with specific advice on returning to work, reasonable adjustments and the duties that could be undertaken. These initiatives have supported people back into work in a safe way. **It was RESOLVED that:** • The Committee noted the report.
26/22	**Re-contracting of the existing Adult Hearing Loss Providers in Wakefield** Presented by Simon Rowe (SR) *(Please refer to the meeting papers on page 35)* SR presented a paper which outlined that there were four providers of the 'Adult Hearing Loss Service' in Wakefield with contracts that current end on the 30 September 2022. An explanation was presented why each of these providers could be recommissioned to provide the Service, without them being subject to a process of procurement, in accordance with NHS Regulations.

no	Minutes
	SR explained that the 2013 NHS Regulations on 'Patient Choice, Competition and Procurement' had historically been used to commission the Adult Hearing Loss Service. These Regulations could also be used to commission the Adult Hearing Loss Service from October 2022, because there were no quality concerns with any of the four providers, and because it was felt that no significant changes to the service specification were required. It was 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. It was noted that the contract allowed stability and continuation for providers enabling them to offer more holistic and inclusive care with better quality products. Discussion took place in relation to the collaboration with partners to reach this point and how this had been a great example of a different approach to ensuring better care for customers. It was noted that an equality impact assessment had been undertaken on the contract looking at both service and devices. Work had been undertaken with providers and engagement with customers to enable clear service developments and transformation. **It was RESOLVED that:** • The Committee approved the reaccreditation for the four providers of the Service, without procurement, as permissible under the NHS 2013 Regulations on patient choice: and • The Committee approved a total of six- year contact term, as each of the four providers was currently commissioned to delivery three-year pathways of care to patients.
27/22	**Enhanced Primary Care Access** Presented by Chris Skelton (CS), Debbie Aitchison (DA) and Dr Omar Alisha (OA) *(Please refer to meeting papers on page 46)* The report outlined the collaboration between the seven Primary Care Networks (PCN), Conexus and commissioners to develop a local Enhanced Access Service, which aimed to improve access and provide consistency for patients as part of the national GP Contract from 1 October 2022. Significant public engagement enabled better understanding of local need and preferences and had helped shape the offer. The service was subcontracted to GP Care Wakefield (Conexus), which provided PCNs with the flexibility to develop the services in line with local population need.

no	Minutes
	It was noted that more than 1600 additional appointments per week would be made available, including bookable routine services and same-day day appointments for more urgent needs. This exceeded the NHSE specification. The service built on the existing model and would be provided from five locations across the district. Both face-to-face and telephone appointments would be available by a mix of general practitioners, advanced nurse/clinical practitioners, practice nurses, health care assistants, phlebotomists, clinical advisors and care navigators. Urgent care system partners including NHS 111, Emergency Departments and Yorkshire Ambulance Service would be able to book appointments for patients. The Chair thanked CK, DA and OA and agreed that this was a real success to be achieved across all the seven PCNs. Discussion took place in relation to the system collaboration and engagement with residents which had been undertaken. The fact that the proposals went above what was nationally mandated was a real positive for the residents across the Wakefield district. It was noted that unused slots would be routed back to 111 and YAS. There were also appointments embargoed for A&E use. Stephen Hardy (SH) asked whether there was assurance that the proposals presented the best possible value for money. CS responded that there was full transparency in the approach to the proposals and that commissioners and PCNs felt assured that capacity had been maximised with on-going transparency that the proposals would deliver value for money and deliver for patients demonstrated by presenting the proposal with more than the nationally mandated requirements. RW referred to getting the communications right around this to residents regarding nationally mandated and the enhanced provision in Wakefield, particularly considering the new Secretary of State's priorities announced recently. He believed this would be an excellent example of collaboration, partnership working and engagement that could be shared across the West Yorkshire system. **It was RESOLVED that:** • The Committee approved the sign-off of the Enhanced Access plans. • The Committee approved the sign off 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. • The Committee were assured that appropriate public involvement had taken place to support the development of the plans and service.

no	Minutes
28/22	**Addressing Health Inequalities in Wakefield District – Core 20PLUS5 Investment Proposal** Presented by Becky Barwick (BB) *(Please refer to the meeting papers on page 60)* BB presented the paper which set out the background to the NHS's framework for addressing health inequalities. The framework, Core20PLUS5, was released this year. The framework came with £1.04m recurrent funding for Wakefield District Health and Care Partnership. A set of criteria had been agreed to be used to agree the allocation of the investment with the framework being implemented locally by adopting a partnership approach. The Core20PLUS5 framework was 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 BB explained that the investment proposal had a clear line of sight to the Health and Wellbeing Strategy and the ICS ten big ambitions. Investment would be broken down into the following areas, using a set of agreed ICB and Place criteria: • Building healthy and sustainable communities (£500k recurrent) • West Yorkshire Finding Independence Service (£160k recurrent) • Roving Health Inclusion Team (£140k recurrent) and • with the remaining £240k recurrent funding open to bids and £480k non-recurrent funding (2022-23 only from underspend). A Core20PLUS5 leadership group had been established to coordinate the approved investment, develop monitoring and evaluation processes, and oversee implementation. JW described the ownership of the framework at a leadership level and the context within the local authority; adding that it was an opportunity to add value using local area co-ordination as a model to guide the approach within communities, working with the voluntary and community sector. Discussion took place around the many initiatives taking place at community level across the district and that the community bid element may well serve some of those services in sustaining their provision, providing they met the set criteria.

no	Minutes
	Engagement would be crucial within the community sector, so they understood what was available and how to access it. It was noted that it would be prudent for proportionate monitoring and evaluation to be put in place to ensure that successful bids were providing that value for money. An overview of bids and making connections to combine schemes, where appropriate, would also be beneficial. The Chair thanked BB for the report. **It was RESOLVED that:** • The committee note the work of the Core20PLUS5 leadership group and the approach being taken locally. • The committee approved the investment proposal.
29/22 **29a/22**	**Governance** Presented by Ruth Unwin (RU) **Wakefield District Health and Care Partnership Forward Plan** *(Please refer to the meeting papers on page 69)* RU presented the paper which explained that the Wakefield District Health and Care Partnership Committee required a forward plan of agenda items to enable the Committee to manage critical business and decisions over the course of the year. The Partnership was required to submit the forward plan to the Integrated Care Board (ICB). It was noted that the forward plan for the Committee included matters requiring approval by the Committee in line with the scheme of delegation and items presented to the committee for assurance. The plan had been collated with support from Provider Alliances to identify key service, transformation and financial decisions that were likely to require determination by the Committee during 2022/23 and reference to the ICB Scheme of Reservation and Delegation. Items would be added to the forward plan over the course of the year. **It was RESOLVED that:** • The committee noted the Forward Plan which was submitted to the ICB.
29b/22	**Risk Register and Board Assurance Framework** *(Please refer to the meeting papers on page 75)* RU explained that the ICB risk management framework was in development.

no	Minutes
	The ICB would have an overarching Board Assurance Framework (BAF) and each place would be required to populate the BAF reflecting local controls and assurance. It was anticipated that the ICB Risk Register would have three levels of risk: • corporate risks to the ICB; • common risks that affect all five places; • risks that affect one place and are managed locally. Work would take place to understand the WDHCP's collective "risk appetite", which would inform the development of the local register of risks. Discussion took place in relation to strategic, population, service and funding risks and how these would be worked through with partners. It was noted that the ICB was sighted on major and significant risks. **It was RESOLVED that:** • The committee noted the work underway to develop risk management arrangements for the ICB and WDHCP and • The committee noted the current recorded risks.

30/22	**Summary of 2022/23 Quarter 1 Quality, Safety and Experience report**
	Presented by Penny Woodhead (PW)
	(Please refer to the meeting papers on page 81)
	
	PW explained that the report was structured to reflect the Wakefield District Health and Care Partnership's 'I' statements presented in the 2022/23 Business Plan. Using the 'I' statements enabled reporting about quality, safety and experience of care against the Partnership's person-centred aspirations. The full report included the latest Care Quality Commission (CQC) ratings for 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 residents' feedback on health and care services.
	
	PW highlighted the following:
	• Improved Care Quality Commission (CQC) ratings for seven adult social care services with three care homes and one domiciliary service having been taken out of special measures.
	• Received individual service reports from the CQC for the West Yorkshire Urgent Care Review including:
	  ○ King Street Walk-in Centre
	  ○ SWYPFTs Crisis Team
	  ○ GP Out of Hours provided by Local Care Direct

no	Minutes
	○ YAS – 111 & 999 (this report reflected the current system and operational pressures and staffing challenges of these services) ○ Mid Yorkshire Hospitals NHS Trust (MYHT) were also subject to a full CQC review and at the time of the meeting the Trust had received the draft report and were responding back with factual accuracies prior to publication; • Following the Ockenden recommendations an assurance and support visit had been undertaken in June by NHS England (NHSE), the local maternity system and the CCG (at the time) and this had noted challenges in midwifery and medical workforce in maternity services. PW advised there had been no formal escalations from the Integrated Assurance Committee. JW noted the improvement in the CQC ratings for adult care homes and the significant amount of work undertaken with partners and using the 'perfect ward' visits to aid with the positive transformation. **It was RESOLVED that:** • The committee noted the current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel. • The committee received a verbal update from the discussion and noted there was no formal escalation from the Integrated Assurance Committee; and • The committee noted 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 achievements to date.
31/22	**Wakefield People Plan** Presented by Linda Harris (LH) and Phil Marshall (PM) *(Please refer to the meeting papers on page 100)* LH and PM presented the paper outlining the Wakefield People Plan, which focused on bringing workers together across professional and organisational boundaries to deliver a seamless health and social care service. Co-authored by the WDHCP Human Resources Directors Network, the Plan was aligned to the priorities of the ICB People Plan and the strategic direction of the NHS People Plan. The plan identified six key pillars where a joint approach could be taken on workforce development: • Pillar 1: Looking after our people; • Pillar 2: Enhancing and growing system leadership;

no	Minutes
	• Pillar 3: Belonging to the Wakefield District Health and Care Partnership; • Pillar 4: New roles and new ways of working; • Pillar 5: Growing our workforce and developing our people; • Pillar 6: Strategic workforce planning. Each Pillar would have a workstream leader, supported by a programme management office (PMO) structure, hosted by Mid Yorkshire Hospitals NHS Trust and supported by Spectrum CIC. The Wakefield People Alliance would bring partners together to support delivery of the Plan. Discussion took place in relation to the challenges of workforce, getting the right engagement and working across the partnership to do things differently and creatively. It was noted that Pillar 3 could be a key driver for inclusive employment and through that tackling inequality by creating opportunities for local people. Len Richards (LR) asked whether forecasts and projections had been done in terms of future demand and capacity, the types of services required and demographics looking three to five years ahead. LH responded that this was one of the challenges with data being collated across the partnership and pillar 6 looking at strategic workforce planning. The challenges in relation to general practice recruitment were noted as well as challenges in social and health care recruitment more widely. It was noted that employment was key to tackling inequality and there was an opportunity for partners - as large employers - to be exemplars in providing inclusive employment and opportunities for local communities. The Committee noted the complexity of the plan, and the collaborative process behind its development. The chair thanked LH and PM for the report and noted the complexity of the plan significant amount of work which had gone its development. **It was RESOLVED that:** • The committee approved 'The Wakefield People Plan'; • The committee delegated responsibility for delivery of the plan to the Wakefield People Alliance and approved the governance arrangements set out in the plan.
32/22	**Issues to alert, advise or assure the ICB Board on** No issues were raised.

no	Minutes
33/22	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** **a) WY ICS Finance Strategy 2022- 2025 (d)** Amy Whitaker (AW) advised that the strategy had been through a number of forums within the system. It was noted this was a draft strategy with some refinement still to do. Melanie Brown (MB) advised that WYICB had been supportive of the document at their meeting earlier that week. The Wakefield District Health & Care Partnership noted the Draft WYICS Finance Strategy 2022-2025.
34/22	**Items escalated from other Boards** No items had been received.
35/22	**Items for escalation to other Boards** There were no items to escalate to other Boards.
36/22	**Receipt of minutes from the Sub Committee** The minutes of the Patient and Community Panel held on 5 May 2022 were noted.
37/22	**Any Other Business** There were no items for discussion. **The meeting ended at 16.39 hours.**

Date and time of next meeting: 14.00 – 17.00, 22 November 2022

WAKEFIELD HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – October 2022

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress
09/22	Governance Update	To circulate the final document for partners to sign/Sept 2022.	G Gamble	Sept 2022	Complete – Included with papers
24/22	Public Health Profiles	Information regarding childhood obesity to be fed back to schools to show the importance of playtimes and sports	C Offer	Nov 2022	

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP AGREEMENT

Between

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

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SECTION A: BACKGROUND

1. Background

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

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

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

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

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

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

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

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

2. Status and Purpose of This Agreement

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

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

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

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

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

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

3. Review

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

SECTION B: WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

4. Purpose of the Committee

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

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

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

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

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

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

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

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

The Wakefield Place structure can be found in appendix A.

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

5. Values

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

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

6. How we will work together

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

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

7. Conflicts of interest and standards of business conduct

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

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

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

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

8. Dispute resolution

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

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

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

SECTION C: WAKEFIELD PLACE GOVERNANCE ARRANGEMENTS

9. Accountability

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

10. Place based arrangements

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

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

10.1 Integrated Assurance Committee

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

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

10.2 Wakefield Provider Collaborative

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

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

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

10.3 System and Professional Leadership Group

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

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

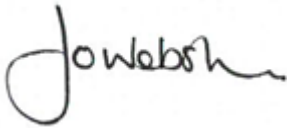
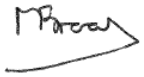
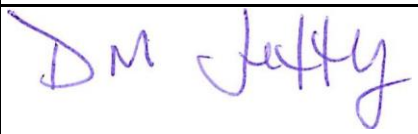
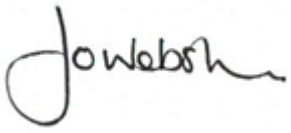
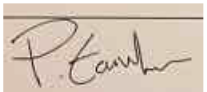
Full details can be found in the terms of reference at appendix E.

10.4 Patient and Community Panel

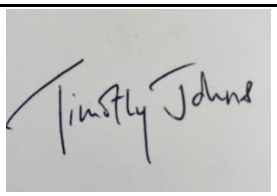
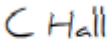
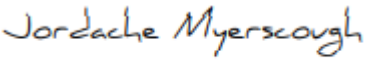
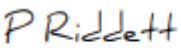
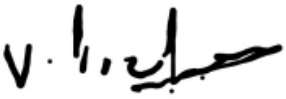
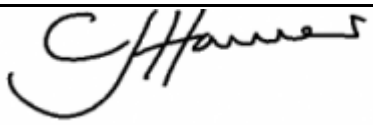
The purpose of the Patient and Community Panel is to provide meaningful engagement with our patients and communities and to give citizens a voice in creating a safe, effective and sustainable health and care system.

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

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

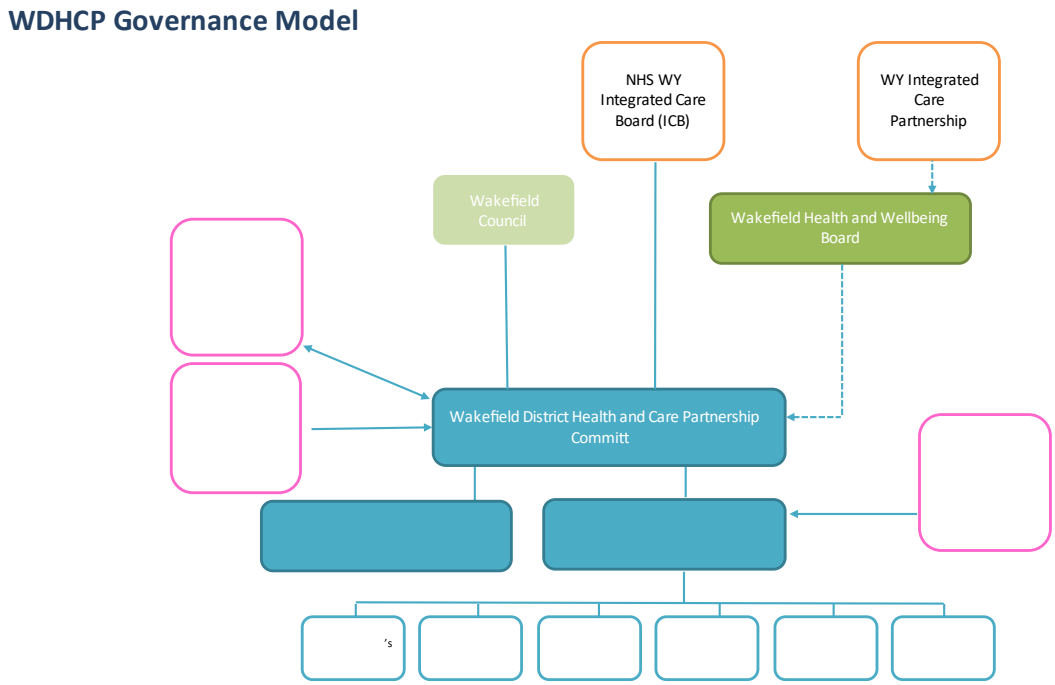
Organisation/role	Name	Signature
Independent Chair	Ann Carroll	
West Yorkshire Integrated Care Board (ICB) Place lead	Jo Webster	
Mid Yorkshire Hospitals Trust Chief Executive	Len Richards	
South West Yorkshire Partnership Foundation Trust Chief Executive	Mark Brooks	
Healthwatch Chief Executive	Gary Jevon	
Wakefield Council Metropolitan District Council – Leader	Cllr Denise Jeffery	
Wakefield Council Director of Adult Social Care	Jo Webster	
Wakefield Council Director of Children's Services	Vicky Schofield	
Director of Public Health	Anna Hartley	
Primary Care Network Director representative	Dr Phillip Earnshaw	

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

Organisation/role	Name	Signature
Chair of the Connecting Care Alliance	Pravin Jayakumar	
Head of Corporate Services - Conexus Healthcare	Tim Johns	
Trinity Health Group PCN	Carolyn Hall	
Wakefield Health Alliance South PCN	Jordache Myerscough	
Wakefield Health Alliance North PCN	Nadim Nayyar	
Wakefield Health Alliance Central PCN	Pauline Riddett	
Five Towns PCN	Sree Harshavinta	
West Wakefield PCN	Clive Harries	

APPENDIX A: WAKEFIELD PLACE GOVERNANCE DIAGRAM

The diagram below outlines the Wakefield place governance structure.



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

APPENDIX C: INTEGRATED ASSURANCE COMMITTEE TERMS OF REFERENCE

APPENDIX D: PROVIDER COLLABORATIVE TERMS OF REFERENCE

APPENDIX E: SYSTEM AND PROFESSIONAL LEADERSHIP GROUP TERMS OF REFERENCE

APPENDIX F: PATIENT AND CITIZEN PANEL TERMS OF REFERENCE

Report of the Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Tuesday 22 November 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

Five-year strategy
We are in the process of refreshing our five-year strategy for the West Yorkshire Health and Care Partnership. Our first five -year strategy was published in March 2020, a matter of days before the first COVID-19 'lockdown'. This included our 10 big ambitions setting out what was important to us. As a result of the Health and Care Act 2022, we now have a set of statutory arrangements. In these new arrangements, our Integrated Care Partnership is responsible for overseeing the development of this refreshed strategy and making sure it reflects the needs of the 2.4 million people living across our area. As part of our new arrangements our NHS West Yorkshire Integrated Care Board, is responsible for the development of a joint forward plan that will deliver the NHS components of the strategy. This Joint Forward Plan will also need to reflect the requirements set out in the refreshed NHS Long Term Plan (expected to be published shortly) and the Fuller stocktake.

Our five place partnerships, bringing together the place based integrated care board teams, local authorities, the voluntary and community sector and providers will continue to lead most of this work – ensuring that population health and inequalities are placed front and centre. Our strategy will continue to reflect the five local Health and Wellbeing Board strategies, and the Joint Forward Plan will be built from local places. We know from the conversations we have already had, that our big ambitions are still the right ones and that we should focus more on how we work together to deliver them.

Meetings
The West Yorkshire Integrated Care Board meeting took place on the 15 November. There was a focused discussion on Primary Medical Services and Integrated Primary Care. The meeting was held in public, and you can read the papers on our website Integrated Care Board West Yorkshire Health & Care Partnership (icb.nhs.uk)

The next Partnership Board meets on the 6 December. This meeting will particularly consider:
- Our refreshed five-year strategy.
- An update and next steps on our climate ambitions; and

- A progress update on our Race Equality priorities and actions. The meeting is held in public, and you can read the papers and watch online on our website Partnership Board (wypartnership.co.uk)

The NHS West Yorkshire ICB Board continues to hold development sessions every two months as a new statutory Board. The August development session took place in Wakefield where the board visited The Mid Yorkshire Hospitals NHS Trust (MYHT) with a focus on integrated care, medical education, and acute services.

NHS England
The new NHSE Operating Framework was published on 12 October 2022. This document describes how NHSE will operate in the future to support and enable all 42 ICBs in England to deliver. Our ICB has strong and mature partnership working arrangements with NHSE, and our expectation is that the NHSE teams on performance and operations, quality and primary care will continue to work with us in an embedded way. At regional level the NHSE North East and Yorkshire '4+1' model, comprising of NHSE Regional Director, Richard Barker and the four regional ICB Chief Executives, continues to work effectively to provide leadership on the key service issues we face.

Wakefield Place

Wakefield District Health & Care Partnership
20 October Development Session
Our partnership met for a development session on Thursday 20 October 2022 where we were joined by Cathy Elliott, NHS West Yorkshire ICB Chair. The aim of the session was to consider and understand the steps we need to take as a thriving partnership to work towards a single finance plan for our place and to explore our ambitions for integrated health and care within neighbourhoods.

Wakefield District Health & Care Partnership Health and Care Services for the future event & Future of Ways of Working Community Transformation
On Thursday 3rd November, over 90 colleagues from across the health, care, housing and voluntary sectors come together to discuss the next steps towards our future way of working; understanding how we translate the 'Canterbury ethos' and our new Wakefield Vision into practice. The day was split into two events across the Health and Care Partnership.

The morning session was focused around showcasing two areas of work that have been underway with Lightfoot Solutions across the Wakefield District Health and Care Partnership:

- **Reablement and Intermediate Care Team Review**
  The Integrated Care Team from Mid-Yorkshire Hospital Trust, Adult Community Services (ACS) and the Reablement Team in Adult Social Care at Wakefield Council 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 ways to achieve this ambition and are now meeting on a weekly basis as a co-ordinated team, facilitated by Lightfoot, to overcome any challenges that arise and resolve. 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.

Opportunities to develop stronger, integrated approaches to meet the needs of children, young people and families

Lightfoot Solutions have facilitated two workshops to enable a whole system conversation about reducing paediatric demand at ED. MYHT highlighted high levels of demand in July 2021 when benchmarking data showed that Mid Yorkshire Hospitals were the 8th busiest trust in the country for paediatric demand. In 2021-22 a task and finish group, reporting to the U&E Transformation Board, agreed a number of activities to support a reduction in demand. These included an NHSEi funded pilot for the VCSE (HomeStart) to provide health reassurance to families of children with minor respiratory illness, a paediatric nurse in ED to support triage and build a picture of why families were attending and a communications campaign.

Lightfoot Systems have brought new energy and insights to this work by:

- Facilitating two workshops (with a third one planned) that brought together colleagues from Paediatric and Emergency Directorates, Public Health and Children's Services from the Council, 0-19 Services and the Voluntary and Community Sector and Primary Care. Bringing this group of colleagues together enabled a conversation that identified whole system solutions, and to begin conversations about how we manage across a spectrum of need and risk.
- Sharing data in a way that enabled the group to understand the challenge and the opportunity, and to have a clear understanding of where demand rises and falls within normal range, and where our opportunities are to put in place interventions to change patterns of attendance (for example GP practices with the highest rates of attendance).
- Sharing good practice and examples of innovation from Canterbury New Zealand including a model of paediatric observation units, and whole system care pathways for common childhood illness.

The purpose of the afternoon's Community Transformation Event was to connect people, teams and their work through a shared understanding that we are collectively working towards many of the same objectives within the broadest context of Community Transformation and introduce the concept of population-needs service design with a view to reframing many of our current work to align with the needs of our population. The three-hour session was designed in collaboration with colleagues from the New Zealand healthcare system, to start the thinking of how we can better align ourselves around the needs of those we serve at a local level, and how we use the time of those within the system in the most effective way.

The outcomes of the session will be developed through a number of smaller group sessions with the aim of generating smarter ways of working and a more connected system to support people to live their best lives possible for them as independently as possible.

Virtual Ward

Wakefield Frailty Virtual Ward was officially launched this week (7th November). By mid-week the consultant led MDT including; GP's,District Nurses, acute and community Therapists, Pharmacy and anyone else linked to the care of the patients had identified and accepted 5 people onto the virtual ward with conditions ranging from pneumonia, cellulitis, deranged bloods and palliative care. Initial findings testing the pathways pre-launch showed an average 3.5 days on the ward, saving a total of 22 acute bed days. The team continue to develop their pathways

ensuring that patients can return and remain in the place they call home whilst receiving safe care from the team.

Wakefield Intermediate Care Unit – WICU
In early November, WICU rehabilitation Unit transferred into a 30 bedded space at Pontefract General Hospital. The team worked closely with the Division of Surgery and the Estates and facilities teams to move from B floor to C floor into the Pontefract rehabilitation space which has been used by surgery. This is a temporary move to support an increased bed base for rehabilitation patients to make sure people are not waiting for rehabilitation in Acute beds. It is hoped that the increase in beds over the Winter period will support system working to improve discharge, no R2R and improve patient experience. A huge thankyou to the teams who supported the entire move in a day without disruption to patients and by teatime WICU had accepted additional patients to fill the 30 beds.

Health & Wellbeing Board – 10 November meeting
The Health and Wellbeing Board met on the 10 November 2022 in public at Density Church, Wakefield. The focus of the meeting was suicide and gambling the board heard enlightening statistics around suicide deaths across the District sadly Wakefield has the highest rates in Yorkshire. We also heard an account from West Yorkshire Police as first responders. A number of actions were discussed, and they will be taken forward by partners across the Health and Wellbeing Board. More than 70% of people in the District have also gambled in the last year we heard how problems with gambling can harm your health and relationships and leave you in serious debt. NHS services are working together to provide treatment and support and connections were made on how the VCSE sector can also support some of these actions.

Vaccine programme
The national COVID and flu communications campaign (Boost your immunity) began on 24 October to help encourage people to come forward for both jabs. This will continue to be supplemented by local communications to target specific groups of concern, including pregnant women, unpaid carers and people who are immunosuppressed. All frontline health and care workers are eligible for the booster as they are more likely to be exposed to the COVID virus.

They also care for people who may be at greater risk so are being asked to get both the booster and their flu jab to protect both themselves and the people they care for. Staff are also asked to encourage eligible family and friends to do the same, to help protect both them and the NHS this winter. With mounting service pressures and increasing rates of COVID-19 infections across our area, we need to do all we can to minimise the impact on people who access care and staff as much as possible.

Wakefield and District Safeguarding Adults Board Annual report April 2021 – March 2022
The report set out below outlines the work of the Wakefield and District Safeguarding Adults Board (WDSAB) covering the period from the 1st April 2021 up to the 31st March 2022.
The Care Act (2014) outlines the requirements for the statutory membership of every Safeguarding Adults Board (SAB). On the WDSAB are senior representatives from, Wakefield Local Authority, NHS Wakefield Clinical Commissioning Group (who also represent Yorkshire Ambulance Service & NHS England), West Yorkshire Police (Wakefield). The WDSAB benefits from the attendance of senior representatives from each of the required statutory organisation. Its important to note the WDSAB does not work in isolation and requires both strategic and operational co-operation with other boards.

The narrative in the Chair's introduction demonstrates Covid continues to impact particularly the ability to meet with individuals and members of the public face to face. Board members and members of the sub groups have continued to meet on a regular basis via Microsoft Teams and representation from partners remained good. For much of the reporting year the board was without management and administrative support, however this provided an opportunity to consider the strategic direction of the board. In February and March 2022 an external This has resulted in a refreshed set of priorities which will form the basis of the next 3-year strategy and in year operational plans. Many partners were fully engaged in the discussion workshops and the general feel was that there was an enthusiasm to further develop the work of the board. The Voice of the Adult has been captured throughout the report via case studies, quotes and Making Safeguarding Personal data, something that has not been included in previous annual reports. Individual agency reports demonstrate the achievements and challenges faced during 21/ 22 and many outlined future developments to build upon existing safeguarding adult arrangements in their organisations.

Safeguarding statistics demonstrate that there has again been an increase in the number of safeguarding adult concerns reported on 20/21. The trend continues that most concerns originated in care homes, however it should be noted that these do not all progress to a section 42 enquiry as many of these concerns are low level incidents. As a result the Adult Safeguarding Team and Social Care Direct have produced a guide for providers to assist in decision making around whether an issue requires raising as a safeguarding concern. Although no Safeguarding Adult Reviews (SARs) have been undertaken in Wakefield, learning from other local and national SARs has been considered and the findings and recommendations used to benchmark Wakefield activity in related areas.
There is significant partnership commitment to being ambitious to improve the experience for Wakefield residents in the context of getting back to the basics of safeguarding, hearing the voice of those in the safeguarding system, preventing abuse and ensuring we continue to be a learning body. The full report can be accessed via this link safeguarding-adults-board-annual-report.pdf (wakefield.gov.uk)

Connecting Care meeting held on 11 November
Meetings have commenced to look at facilitating partners from Community Health, South West Yorkshire Trust, Wakefield District Housing, and the voluntary sector to enable everyone to work together physically within the Connecting Care Hubs. Conversations have started with representatives from partner organisations to assist with the mapping out of the Integrated Care File known as (PIC) and to focus on how to streamline the referral process. Further discussions and meetings have started to take place with Operational Leads to develop task and finish groups to establish good working relationships and looking at how to improve the operational processes. Subsequent meetings to be convened with wider organisations and partners to further develop the Connecting Care model and way of working, these include GP's, PCN's, ITOCH and Children's Services.

We are working to ensure that other existing work programmes such as the Ageing Well Programmes are fully integrated into the Connecting Care Model. Continual development with the integrated front door will build relationships and enable the integrated processes between Social Care Direct (SCD) and Single Point of Contact (SPOC). It is essential to maintain strong working partnerships with YAS and Local Care Direct as this will support the Urgent Community Response Model to prevent avoidable hospital admissions. Antony Nelson has recently started

in the role of Director of Transformation Community Services, and as part of his portfolio he will support with the continuing development of Connecting Care.

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health and Care Partnership
Wakefield Provider Collaborative Chair's Report
November 2022

Purpose

The purpose of this paper is to update the Wakefield District Health and Care Partnership (WDHCP) on the current on-going developments within the Wakefield Provider Collaborative and highlights from the meetings held in August, October and November.

Chair's reflections

The Provider Collaborative continues to develop and create its role within the new Partnership. It has been an exciting time over the past six months in reviewing the ambitions and progress of all the Alliances and Programmes and making those important links to ensure we are all connected.

In September, we launched a new feature called 'monthly spotlight' where we have a focus on an alliance or programme to look in more detail at what it is we need to improve for our citizens and how we are working together to do this. So far, we've heard from the impressive work of the Mental Health Alliance, Connecting Care Alliance and from the Housing and Health Group. What this has shown is that we do have some challenges to transform and integrate our services to better meet the needs of our citizens. What is has also shown is that we have some ambitious plans to do this and we are fortunate in having a passionate and dedication workforce, working hard to implement these improvements and integrate services for everyone across the district.

The next steps in the development and evolution of the Provider Collaborative are to work with the Wakefield District Health and Care Partnership in the demonstrating our impact against our One Year Plan and to bring together our ambitions in the form of a Delivery Plan for our Partnership. Our Delivery Plan will align with a timescale agreed by the West Yorkshire Health and Care Partnership, which could be for 3 years or 5 years. The work undertaken by the Provider Collaborative, Alliances and Programmes have created a solid foundation for the development of our Delivery Plan.

Highlights from meetings

Winter preparedness

All partners across health and social care have been working together to look at what the known risks over the winter months and to agree the best way to mitigate or manage these risks. Partners are fully committed to the winter planning process to ensure that patient safety and quality of care is not compromised over what may be a challenging winter period. A Winter Board has been established and is chaired by Trudie Davies, Chief Operating Officer and Deputy Chief Executive of Mid Yorkshire Hospitals Trust. The Board meets weekly to oversee the winter plans and ensure they are working effectively.

The Winter Plan was submitted to NHS England / Improvement in October and we received positive feedback. NHS England / Improvement commented that the Wakefield system plans *were comprehensive and gave a detailed overview of how the Wakefield system is and will be working as a collective system*. *It is clear from your plan that you have approached the winter plan as a system and have included the entirety of the system in developing and implementing winter plans across services.*

A number of areas of good practice were noted. In particular;

- The processes we have in place for monitoring operational pressures across health and social care and how we work together at times of high pressure.
- The clear and strong links we have across our transformation programmes and assurance frameworks.
- The work we have done collectively to put additional support into areas we know experience high demand and pressures.

NHS England / Improvement noted that our winter plans gave a high level of assurance of the processes in place to manage pressures across the Wakefield system

Wakefield People Plan

The Provider Collaborative welcomed the opportunity to endorse the People Plan for our district and supported the development of a Programme Management Office to drive forwards the implementation of the plan.

Wakefield Families Together and Families Hubs

Wakefield is pleased to be one of 75 local authority areas to receive funding to develop Family Hubs which will aim to meet the needs of families within our communities. The Family Hubs will deliver a networked offer of early intervention and prevention to children and families, not just from a physical building but also across a wider network. There will be a key focus on Start for Life which will mean that midwifery, health visiting, and infant parent mental health services will all have a significant role to play.

Community Diagnostic Centres

Following a significant review of available estates, a business case was submitted to NHS England / Improvement by the Mid Yorkshire Hospitals Trust to establish a Community Diagnostic Centre (CDC) in Wakefield. The Provider Collaborative has received regular updates on progress and provided feedback on the development of the CDC model. The Provider Collaborative was pleased to hear that NHS England / Improvement has approved the Wakefield site and the funding to develop and implement the CDC.

Alliance Spotlights

Mental Health Alliance

The Mental Health Alliance has been meeting since June 2018 and is highlighted as a flagship within our Partnership. The Alliance has brought together partners working in mental health and learning disabilities together to agree priorities for transformation and financial investment.

Colleagues from the Mental Health Alliance;

- Provided a detailed overview of the prioritisation process for 2023/24 which has a focus on ensuring we meet the NHS Long Term Plan ambition requirements and focussing on resilience in the Voluntary Community Sector where possible.
- Highlighted that the South West Yorkshire Partnership NHS Foundation Trust is experiencing increased number of people with complex mental health crisis needing to be admitted into an acute mental health bed.
- Provided an overview of the community mental health transformation offer which is aimed at adults and older adults and includes support for young people transitioning to adult services.
- Introduced a new mental wellbeing offer for children and young people. A new Emotional Wellbeing Service will start on 01 April 2023 which will provide a seamless mental and emotional wellbeing offer for children and young people.
- Highlighted the key priorities for Learning Disability and Autism. The key priorities for learning disabilities include the development of a local learning disabilities strategy, community placements for complex patients, annual health checks and Reg Bag Scheme. The key priorities for autism include development of a local autism strategy, regional autism research, autism dynamic support register and LeDeR Reviews.

Connecting Care Alliance

The Provider Collaborative heard from the Connecting Care Alliance in November and its important role overseeing primary care and community transformation. The Alliance is leading on and delivering a number of the national programmes including Virtual Wards and the Ageing Well Programme. The Alliance is also leading on locally defined programmes such as reviewing and transforming our Connecting Care Hubs and taking forward the recommendations from The Value Circle in our End of Life Care Programme.

There are a number of successes to celebrate within our community transformation programme;

- The Urgent Community Response service continues to achieve over the national target for the 0-2 hour response and same day response which is a testament to the teams delivering the service.
- Our Virtual Wards have been implemented, ahead of schedule, and have started to manage patients within the community.

Housing and Health Group

The Housing and Health Group shared the top priorities, deliverables and outcomes for 22/ 23. There are key challenges facing our citizens with affordable warmth/ fuel poverty. 17.3% people in Wakefield experienced fuel poverty in 2020. There is a high demand for the home energy efficiency improvement programme. The group is looking a further support including;

- Wakefield District Housing Cash Wise and Wakefield Council Money Smart (free money, debt, mortgage, benefits and income maximisation advice from qualified money and debt advisors)
- Energy Debt Fund (offering grants to clear energy debt and cover forward payments)
- Hardship funds (referrals to energy supplier and other hardship funds)
- Big Heater Amnesty (free emergency portable heater exchange)

Funding has been received from the West Yorkshire Health and Care Partnership with the aim of reducing the risk of emergency hospital admissions. Within the Wakefield Partnership funding will be used in four key areas; 1. Dedicated warmer homes outreach worker, 2. Funding injection to the Energy Debt Fund,3. Private rented sector Minimum Energy Efficiency Standards improvement grants and 4. Additional resource for the WDH Healthier Wealthier Families.

2022 School Health Survey

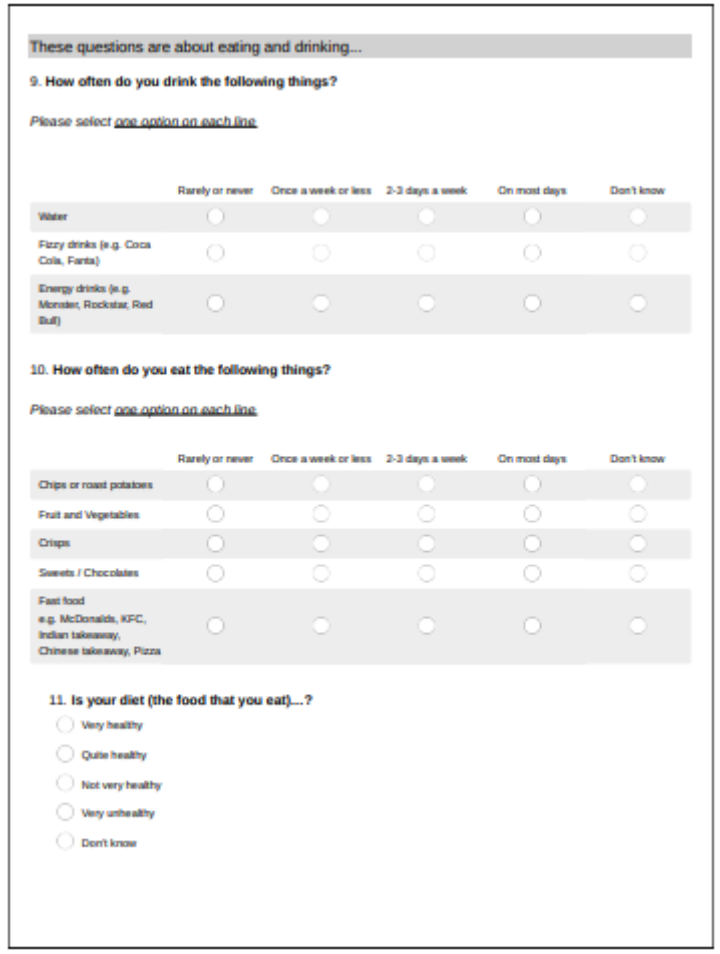
Summary of Findings

Background

- Survey has run every two years since 2009
- The 2022 survey was given to year groups 5,7 and 9
- 6,800 responses received from across 93 schools

2022 Questionnaire topics

- Eating, drinking and oral health
- Physical activity
- Smoking, alcohol (Yr 7,9) and drugs (Yr 9)
- Sexual health (Yr 9) and sexual harassment (Yr 7,9)
- COVID-19 pandemic
- Safety and wellbeing
- Free time and social media
- Gambling (Yr 7,9)



These questions are about eating and drinking...

9. **How often do you drink the following things?**

Please select one option on each line

	Rarely or never	Once a week or less	2-3 days a week	On most days	Don't know
Water	○	○	○	○	○
Fizzy drinks (e.g. Coca Cola, Fanta)	○	○	○	○	○
Energy drinks (e.g. Monster, Rockstar, Red Bull)	○	○	○	○	○

10. **How often do you eat the following things?**

Please select one option on each line

	Rarely or never	Once a week or less	2-3 days a week	On most days	Don't know
Chips or roast potatoes	○	○	○	○	○
Fruit and Vegetables	○	○	○	○	○
Crisps	○	○	○	○	○
Sweets / Chocolates	○	○	○	○	○
Fast food e.g. McDonalds, KFC, Indian takeaway, Chinese takeaway, Pizza	○	○	○	○	○

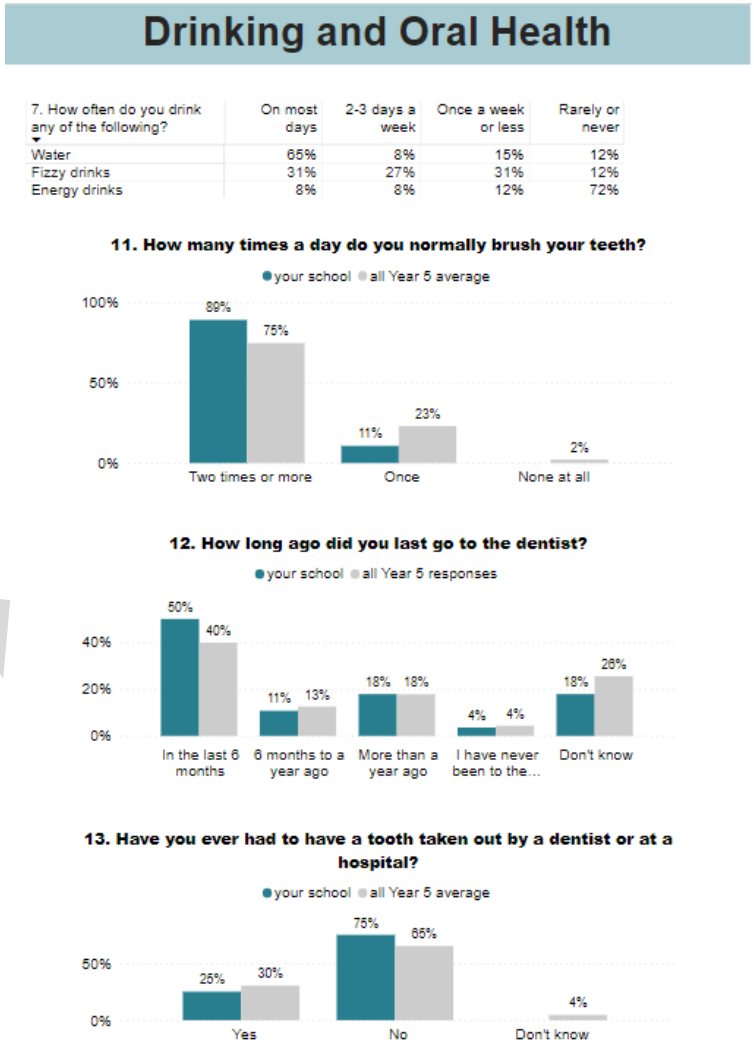
11. **Is your diet (the food that you eat)...?**

- ○ Very healthy
- ○ Quite healthy
- ○ Not very healthy
- ○ Very unhealthy
- ○ Don't know

Using the results

- Types of analysis
  - Question summaries
  - Inequalities by pupil characteristics
  - Differences between school cluster areas
  - Trends over time

- Health improvement work with schools
  - Each school is provided with its own results report
  - Healthy schools charter and support
- Summaries published on the JSNA website
- Bespoke analysis, on request



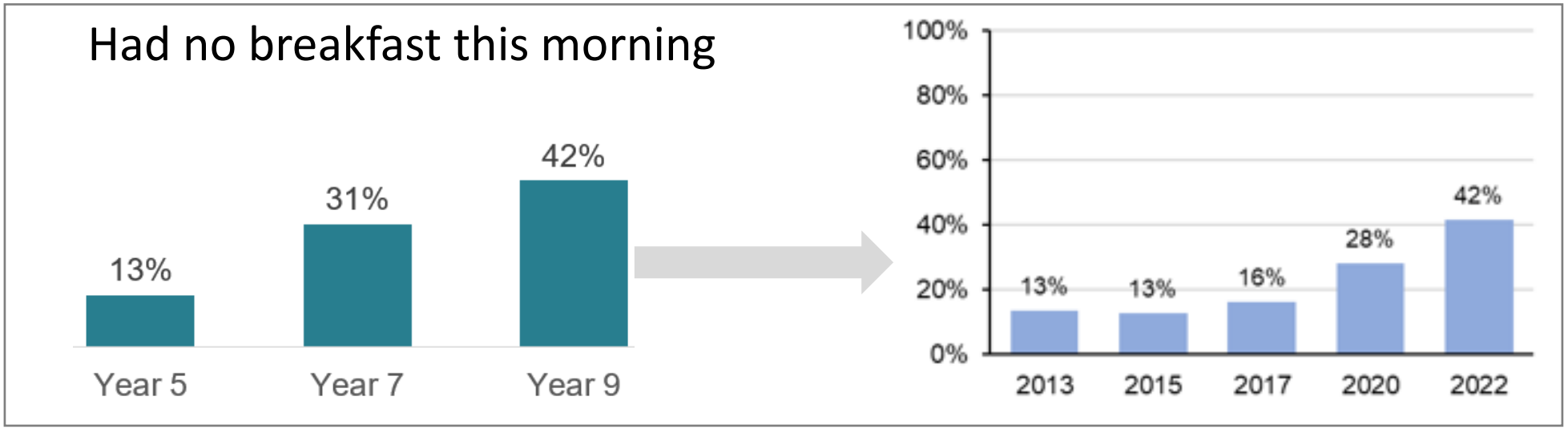
Drinking and Oral Health

7. How often do you drink any of the following?	On most days	2-3 days a week	Once a week or less	Rarely or never
Water	65%	8%	15%	12%
Fizzy drinks	31%	27%	31%	12%
Energy drinks	8%	8%	12%	72%

wakefieldcouncil

Diet

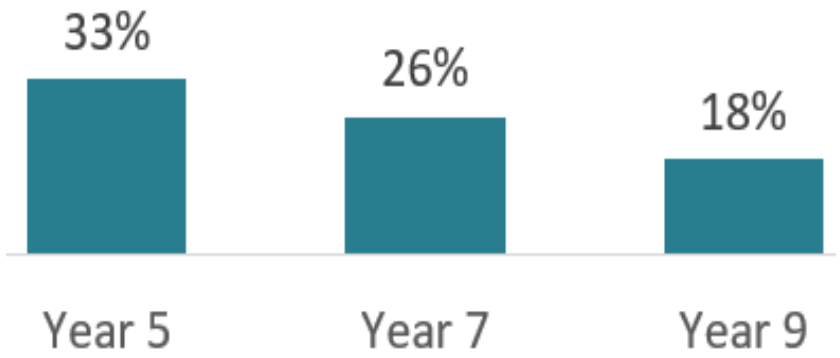
- 57% of pupils eating **fruit and veg** on most days
- 67% of pupils think they have a **healthy diet**
- 52% of pupils think they **need to eat more healthily**



Physical activity

- 47% of pupils **walk to school**, while only 2% cycle
- **Regular cycling** decreases with age, especially among girls
  - 30% of girls in Year 5 cycle more than once a week; by Year 9 it's only 7%

Ride a bike more than once a week



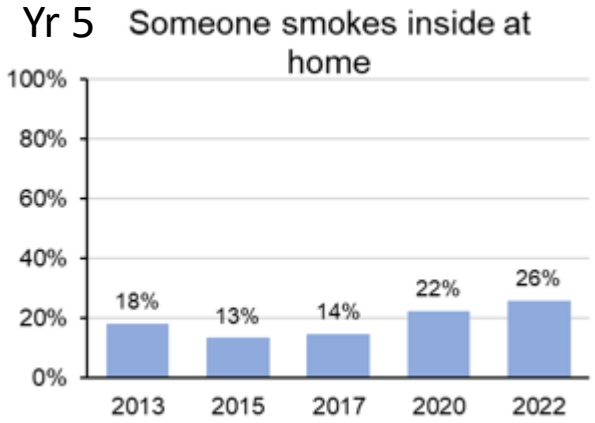
- Across all year groups, pupils with special needs are more likely to cycle regularly compared to their counterparts

Being more active

- Basketball is the commonly listed **sport that pupils would like to do** (but don't at present), followed by tennis, swimming and martial arts/boxing.
- In Year 5, worries about looking silly (25%) and lack of time (24%) are the most common **barriers to doing more physical activity**. By Year 9 the most common reason is not being bothered (35%).
- Not having enough money is the least-often cited reason for not doing more physical activity, but there are some inequalities

Exposure to smoking

- 26% of pupils say **someone smokes indoors** at home
  - 40% for pupils from the most deprived neighbourhoods
  - 35% for young carers
  - 33% for pupils with special needs
  - Trend appears to be increasing, across all year groups



- 12% of pupils say **someone smokes in the car** when they're in it

Smoking and alcohol

- Relatively low levels of smoking, vaping and alcohol use at Year 7
- More common among Year 9 pupils, especially in the South East.

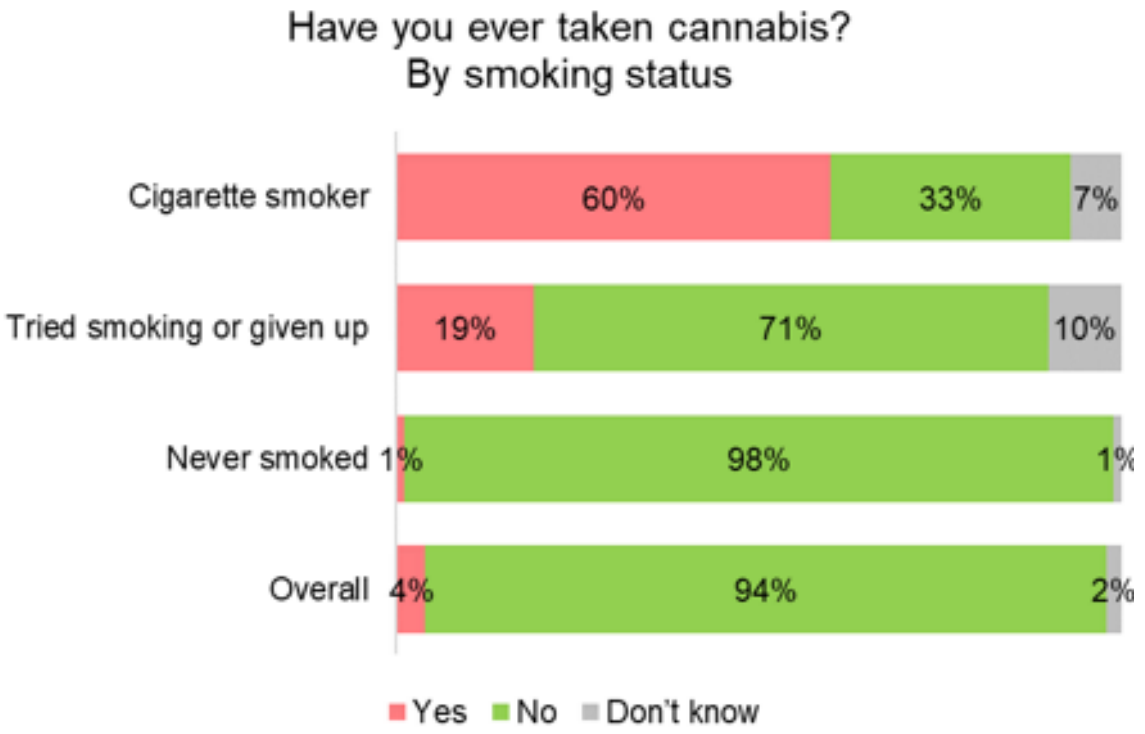
Alcohol and smoking	All Year 9	Castleford & Airedale	Normanton & Featherstone	Pontefract & Knottingley	South East	South West	Wakefield Central & North West
Never tried alcohol	41%	43%	37%	39%	34%	40%	52%
Think it is ok for young people to get drunk	23%	22%	27%	20%	25%	29%	15%
At least tried smoking	13%	13%	12%	10%	20%	5%	11%
At least tried e-cigarettes/vaping	29%	23%	30%	30%	38%	21%	28%
Think it's ok for young people to smoke	6%	6%	7%	4%	11%	6%	3%
Someone smokes inside at home	24%	26%	27%	21%	30%	12%	22%
Someone smokes in the car	11%	12%	10%	9%	15%	7%	7%

Statistically significantly better than average across other areas

Statistically significantly worse than average across other areas

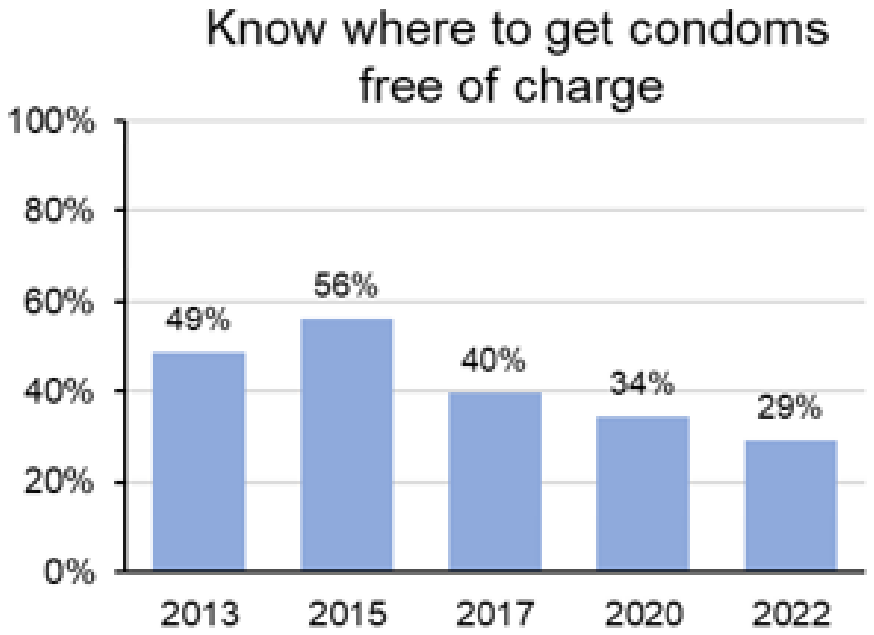
Drugs

- 4% of Year 9 pupils have **taken cannabis**
- 2% of Year 9 pupils have **taken other drugs**
- Drug use more common among those pupils that smoke cigarettes



Sexual health

- 55% of Year 9 pupils agree they **know the sexual consent laws**
- 4% of Year 9 pupils say they **have had sex**
  - 11% of pupils with special needs
  - 7% of young carers
- 29% of pupils know where to get **condoms free of charge**, down from 56% in 2015



Sexual harassment

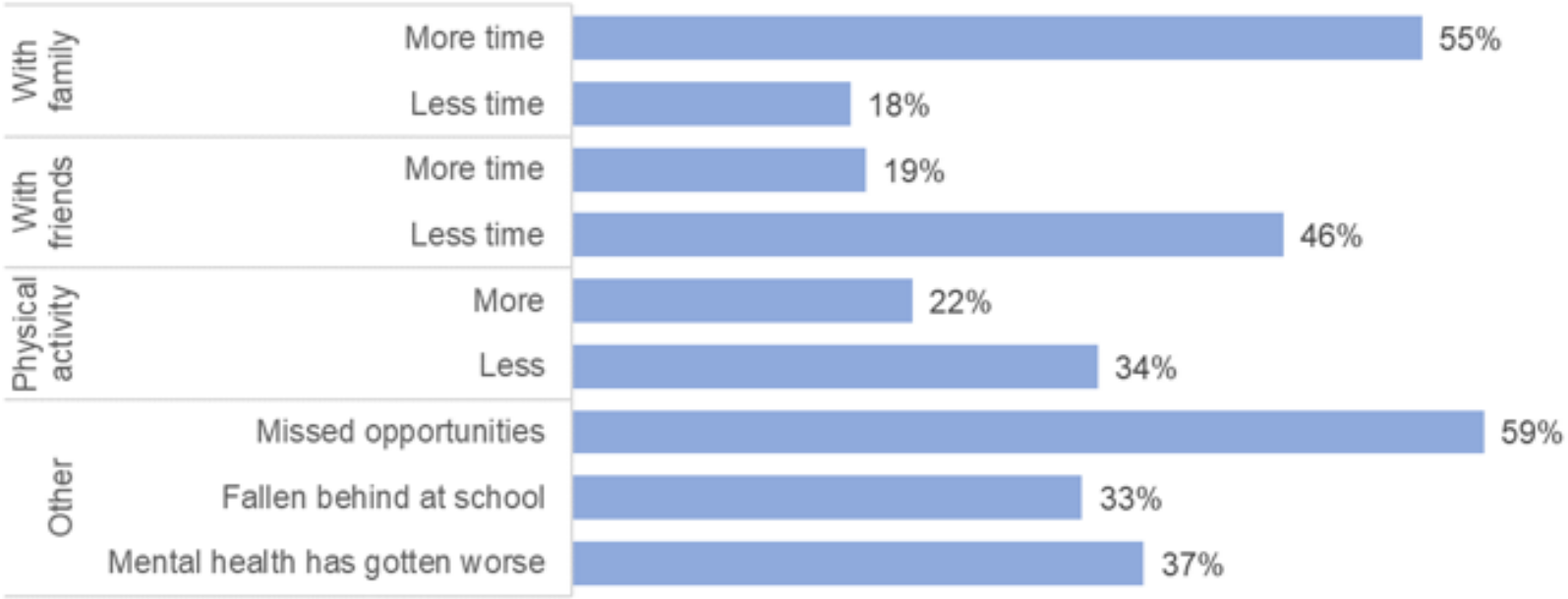
- More likely to be experienced by girls (both year groups)
  - 24% of ethnic minority pupils (Yr 7)
  - 25% of young carers (Yr 7)
- Telling parents or school staff less common among Year 9 pupils
- Differences in teaching between school clusters

Have ever been sexually harassed by a young person or group of young people	Year 7	Year 9
Girls	19%	39%
Boys	13%	18%
All	17%	30%

Sexual harassment	All Year 7	Castleford & Airedale	Normanton & Featherstone	Pontefract & Knottingley	South East	South West	Wakefield Central & North West
Know who to report sexual harassment to at school	75%	79%	75%	79%	67%	76%	76%
Have been taught in school about sexual harassment	75%	93%	80%	90%	61%	61%	65%

COVID-19

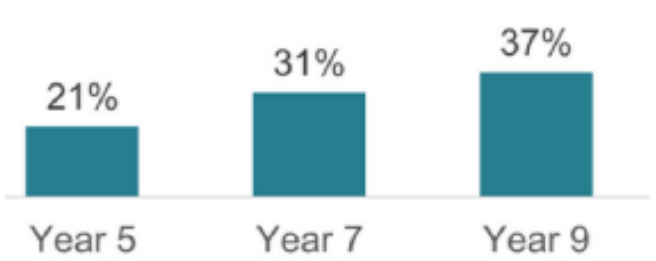
- Example from Year 9



- Relatively small differences between year groups in their experience of the pandemic, but some inequalities within year groups

Safety

- 9% of all pupils often **scared of going to school due to bullying**
- Inequalities within year groups, e.g. Year 5
  - Young carers (18%), pupils from most deprived neighbourhoods (18%), pupils with special needs (13%)

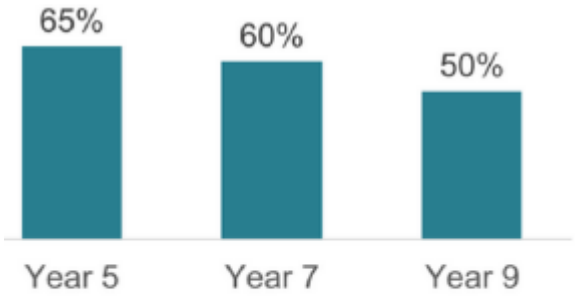


The percentage of pupils being pick on for their size or weight increased with age

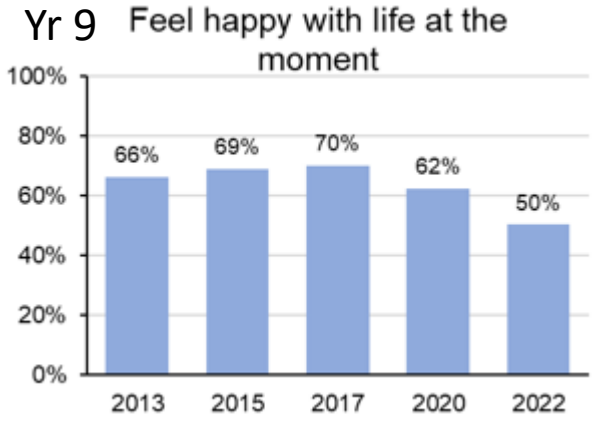
Older pupils were more likely to think school wouldn't help if they were being bullied

Wellbeing

- The percentage of pupils feeling happy with life at the moment is highest in Year 5. All year groups have seen a decrease over the past two surveys
- Girls are less likely than boys to feel happy at the moment, and more likely to say they're lonely
- Young carers and pupils with special needs are less likely to be happy, across all year groups
- School work/exams is thing that pupils worry about most, followed by the way they look (Yr 7,9)



The percentage of pupils feeling happy decreased with age



Self harm

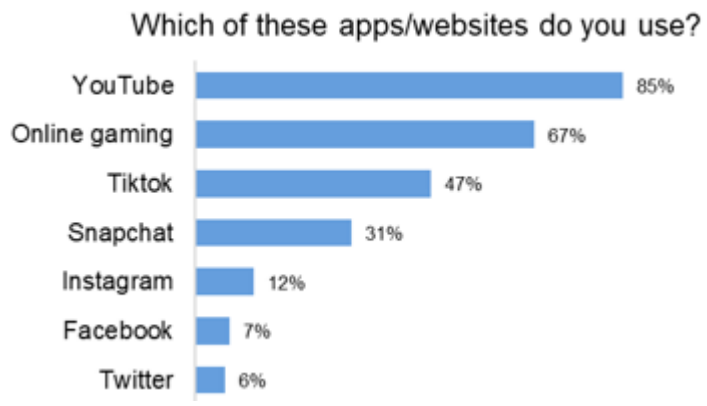
- 9% of Year 9 pupils say they are most likely to cut or hurt themselves if they have a problem that worries them or if they're feeling stressed
  - Boys (4%) are less likely than girls (10%) to say they would harm themselves

- 37% of pupils who identified themselves as an 'other' gender, say they would harm themselves in these situations

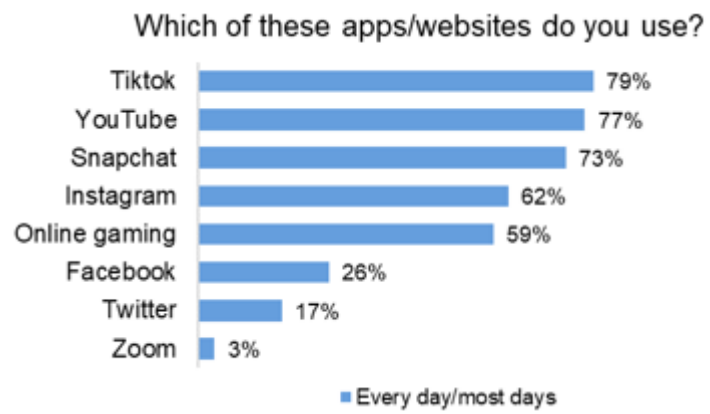
Social media

- Age limits should impact on social media use to a degree

Year 5



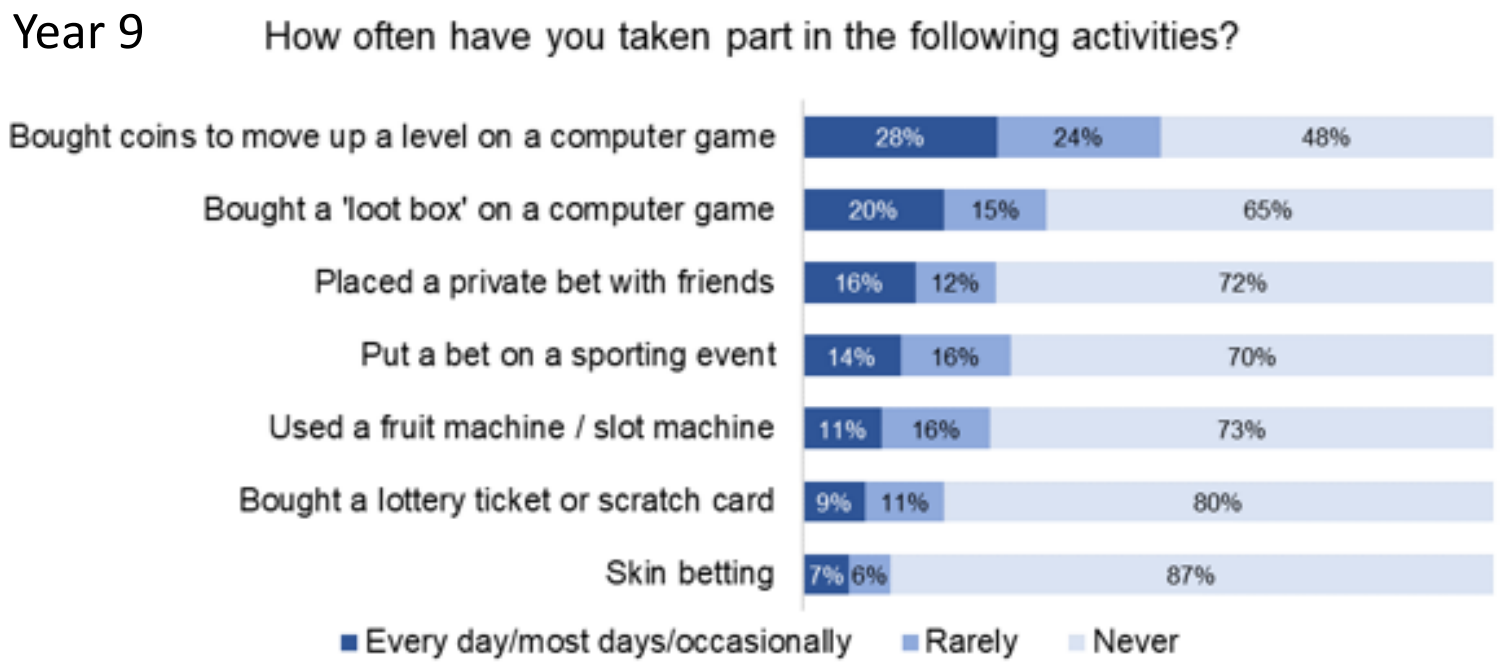
Year 9



- 31% of year 9 pupils say they worry about some of the things they see on social media

Gambling

- The frequency of different gambling behaviour is similar for both year 7 and year 9 pupils



Schools Health and Well-Being Charter and Schools Health Survey Support

How we Support Schools with the Health Survey Data

- All School reports disseminated to the schools that took part
- Reports will be analysed and schools contacted
- Support offered from the Health Improvement Schools Team and partners to address need, encourage Charter sign up
- Use the data to inform practice

Examples of the Survey Data Informing our Practice and Support

Health and well-Being Champion Training

PSHE Support

Publication of Reports

- Summaries of the findings from the Survey can be found on the Joint Strategic Needs Assessment web site

- http://www.wakefieldjsna.co.uk/school-health-survey-2022/

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	9
Meeting date:	22nd November 2022
Report title:	Addressing Health Inequalities in Wakefield District - Core20PLUS5 Investment Summary and Next Steps
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:

- A proposal for allocating the Core20PLUS5 investment was approved by WDHCP committee on 22nd September 2022
- A summary of the contents of this paper was presented at the Health and Wellbeing Board on 10th November 2022
- The contents of this paper have also been discussed and developed by the Core20PLUS5 leadership group

Executive summary and points for discussion:

This paper is about 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 and approach was previously agreed to be used to allocate investment.

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

This paper describes the outcome of the process to allocate the local investment and the next steps for wider implementation of the process.

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 outcome of the investment allocation process 2. Note the next steps and priorities for the Core20PLUS5 leadership group
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. None
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

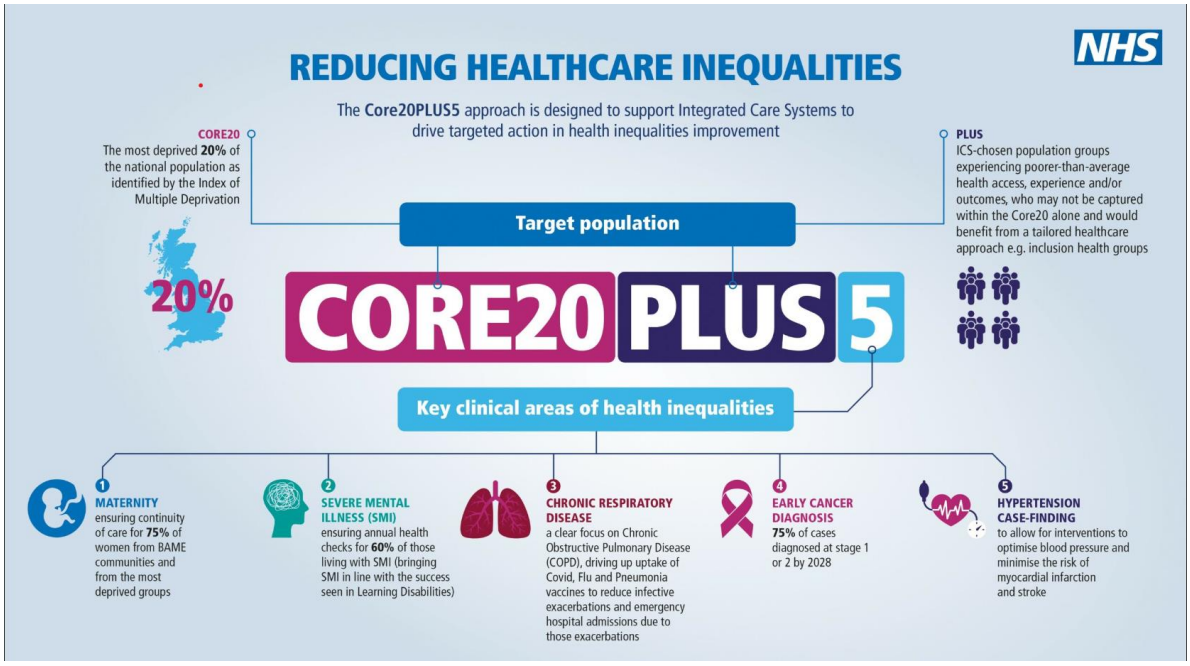
1.1 Purpose of this report

The purpose of this paper is to bring a proposal to the Wakefield District Health and Care Partnership Place Committee to update about the outcome of the Core20PLUS5 investment process.

The investment 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)

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

- People who belong to health inclusion groups or who have protected characteristics

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 Core20PLUS5 leadership group has been established to oversee implementation in Wakefield District. 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.

2. Core Investment Proposal

2.1 At the WDHCP committee meeting in September it was agreed that the following 'core' investments would be made.

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.

	Amount	**Element**
Building Healthy and Sustainable Communities	£500K recurrent	Core20
WY-FI	£160K recurrent	PLUS
Roving Health Inclusion	£140K recurrent	PLUS

3. Bidding Process for remainder of the funding

3.1 At the WDHCP committee meeting in September 2022 it was agreed that a bidding process would be undertaken in order to allocate the remainder of the funding using the following criteria:

- Relates to one or more of the five clinical focus areas or PLUS group
- 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
- If relevant, are supported by the priorities of a Clinical Network or Alliance (eg Respiratory or Mental Health Alliance)
- 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.

- 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.
- 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.
- Are prepared to report regularly on activity and outcomes to the CORE20PLUS5 steering group
- For preference, are able to spend non-recurrent money by the end of March 2023

3.2 The total amount available during the bidding process was:

- £240K recurrent
- £750K non-recurrent
  (the non-recurrent amount was greater than originally thought due to in-year slippage from the recurrent schemes).

3.3 Bids were invited from the wide partnership and were assessed and scored against the criteria by Rebecca Barwick (WYICB), Clare Offer (Public Health) and Michelle Whitehead (finance). Simon Rowe also oversaw the process from a contracting perspective.

3.4 24 bids were received and the available funds were oversubscribed by 3 times.

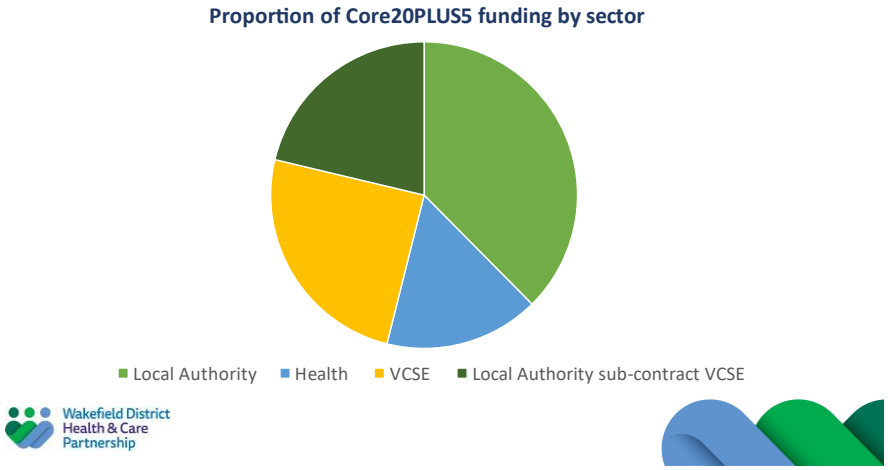
3.5 The following bids received the highest moderated scores during the process and were agreed to be funded:

	Recurrent	Non-recurrent
Turning Point, Spirometry		3,700
Turning Point, Dual diagnosis training		2,000
Rosalie Ryrie Trust, CBT for victims and perpetrators of domestic abuse		44,960
SWYPFT, Healthchecks for those on SMI register		30,000
MYHT, maternity befrienders for women new to the country and/or women with limited English language		206,041
Wakefield Council, pulmonary rehab	50,000	19,200
Wakefield Council, pulmonary rehab consultation – understand barriers		30,000
Wakefield Council, Warmer Homes extension	48,500	
Wakefield Council, Energy Savers		200,000

Leeds GATE, health inequalities for gypsy and traveller groups	55,000	
Live Well Wakefield, link workers		160,000

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

3.7 the following pie chart indicates the proportion of funding allocated to each sector. Nb – the 'Local Authority subcontracted to VCSE sector' category is an estimate (likely to be an underestimation).



4. Next Steps

4.1 The WDHCP Core20PLUS5 leadership group will continue to meet and going forward will focus on the following priorities:

- Agree monitoring and evaluation processes
- Embed framework across all our work, where it makes sense to do so
- Design next year's process bearing in mind the learning from this year.

5. Recommendations

5.1 The WDHCP Committee is asked to:

- Note the outcome of the investment allocation process
- Note the next steps and priorities for the Core20PLUS5 leadership group

Meeting name:	Wakefield District Health and Care Partnership
Agenda item no:	10
Meeting date:	22 November 2022
Report title:	Breaking Barriers Innovation West Yorkshire Playbook
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:

The West Yorkshire Playbook work undertaken by Breaking Barriers Innovation has previously been discussed within the West Yorkshire Integrated Care Board.

Executive summary and points for discussion:

The West Yorkshire Integrated Care Board has engaged with Breaking Barriers Innovation to undertake a piece of work to understand and identify solutions to overcome barriers to employment.

The work is funded through NHS England, Health Education England and the West Yorkshire ICB. The programme works with stakeholders including citizens, local authorities, education, health, housing, VCSE, and central government to understand the issues and identify place-based cultural and practical solutions.

Phase one of the work commenced in April 2022 across West Yorkshire and it has been proposed that Wakefield would provide the host site for the second phase of the work, to commence in Autumn 2022. The work is designed to deliver evidence based, co-produced solutions to support people to secure ‘good’ employment.

It aligns to the Health and Wellbeing Strategy ambition to reduce inequalities that impact on health and the Wakefield People Plan and would also report into the West Yorkshire People Plan programme. There is significant potential connectivity to the Core20PLUS5 investment in building healthy and sustainable communities, with opportunities for shared learning and potential to translate this into actions to address inequalities that affect health and wellbeing in future years.

Funding of £30k each has already been committed by Health Education England, NHS England and the West Yorkshire ICB (£90k in total). The West Yorkshire Combined Authority remains engaged with the programme but is not putting in any specific funding for Phase Two. Where the programme has been applied elsewhere, the place has committed an equivalent amount.

It is noted that there will need to be some adjustment to the programme if all partners do not commit equivalent 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 is asked to:

1. Note the contents of the report
2. Commit to engage with the West Yorkshire Playbook programme by enabling key people to engage with the work
3. Agree to review the findings of Phase two of the programme and examine how these can be integrated into work to support delivery of the People Plan.
4. Support the establishment of a steering group to take forward the work, including identifying the area within the district where the work will be hosted.
5. Consider whether the Place Partnership would want to make any further financial contribution to the programme beyond that already committed by the ICB, HEE and NHSE.

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

The report provides assurance in relation to risks associated with workforce supply and retention across the Partnership and inequalities that affect health outcomes.

Appendices

None

Acronyms and Abbreviations explained

1. VCE – Voluntary, Community and Social Enterprise sector
2. NHSE – NHS England
3. WDHCP – Wakefield District Health and Care Partnership
4. West Yorkshire ICB – West Yorkshire Integrated Care Board
5. VCSE – Voluntary, Community and Social Enterprise Sector
6. MYHT – Mid Yorkshire Hospitals NHS Trust
7. SWYPFT – South West Yorkshire Partnerships NHS Foundation Trust
8. HEE – Health Education England

What are the implications for?

Residents and Communities	**The programme will work with residents and communities to understand barriers to employment opportunities and potential solutions**
Quality and Safety	**Not applicable**
Equality, Diversity and Inclusion	**The programme is designed to address inequalities in opportunity**
Finances and Use of Resources	**Funding of £30k each has already been committed by Health Education England, NHS England and the West Yorkshire ICB (£90k in total). Where the programme has been applied elsewhere, the place has committed an equivalent amount.**
Regulation and Legal Requirements	**Not applicable**
Conflicts of Interest	**None**
Data Protection	**The Steering Group will be responsible for ensuring any data protection requirements are covered**
Transformation and Innovation	**The programme is designed to develop innovative and transformational solutions which can be applied locally and shared more widely.**
Environmental and Climate Change	**None**
Future Decisions and Policy Making	**The programme is designed to explore solutions that can inform future decision making**
Citizen and Stakeholder Engagement	**The programme applies principles of citizen and stakeholder engagement.**

1. Background

1.1 West Yorkshire Integrated Care Board has engaged Breaking Barriers Innovation to undertake a programme of work to work with communities to understand barriers to employment and develop potential solutions which can be applied across West Yorkshire and beyond.

1.2 The first phase of the West Yorkshire Playbook was completed earlier this year. A presentation was made to the West Yorkshire People Board on the findings on November 15.

1.3 The Breaking Barriers Innovation team has linked with the People Plan pillar leads. It is acknowledged that there is a strong alignment between the anticipated outputs of the work and the emergent People Plan and there is work underway to establish which pillar the work will best align to.

1.4 An initial Steering Group of representatives of Breaking Barriers Innovation, the Council, NHS and ICB has been established to take the work forward locally.

2. Phase One findings and Phase Two proposal

2.1 Phase One of the programme involved approximately 30 interviews with system leaders in health & care and West Yorkshire Combined Authority, employers, national stakeholders (such as trade unions) and education providers.

2.2. The programme identified that top-down interventions were not sufficiently precise to address local barriers and that a neighbourhood approach was required but this would need to be scaled up to enable it to be effective. Over the last five years national data shows that the biggest drop in apprenticeships is amongst the most deprived communities. There was evidence of local opportunities, such as relocation of civil service roles to Leeds, expanding med-tec industries and social mobility pledges of big firms that may be over-looked by nationally driven approaches.

2.3 It was identified that the characteristics of Wakefield district provided an interesting and challenging site for the next phase of work due to pockets of wealth and deprivation, which can mask inequalities.

2.4 The purpose of Phase Two will be to identify – when it comes to using workforce planning to address inequalities in employment opportunities –

what planning is best done at ICS and place level and how workforce planning can help to address inequalities.

2.5 BBI will engage with both the district and system people plan leads to share emergent findings and identify ways in which learning can be translated from place to system. The work will identify how the NHS as significant economic entities can use their anchor principles to influence the workforce locally, supporting people to develop skills that translate into career development opportunities.

2.6 Working primarily with communities, the VCSE and anchor organisations, the aim will be to demonstrate how planning at place level can inform more appropriate skills and employment offerings, reflecting local needs and reducing health inequalities.

2.7 The objectives will be to: identify gaps and develop practical examples of usage for workforce planning and transformation; apply insights to inform removal of barriers & widening workforce participation; engage anchor employers in maximizing social return on investment through 'good work'; and provide an evidence base for addressing workforce planning and health inequalities at both place and system.

2.8 The outcome will be development of a template and guidance for using local population health data to inform priority setting for planning.

2.9 The role of Breaking Barriers Innovation will be to provide connections for local engagement, regularly report to the Wakefield and West Yorkshire People Boards to inform their work and to share the learning across West Yorkshire and more widely.

3. Recommendations

1. Note the contents of the report
2. Commit to engage with the West Yorkshire Playbook programme by enabling key people to engage with the work
3. Agree to review the findings of Phase two of the programme and examine how these can be integrated into work to support delivery of the People Plan.
4. Support the establishment of a steering group to take forward the work, including identifying the area within the district where the work will be hosted.
5. Consider whether the place partnership would want to make any further financial contribution to the programme, beyond that already committed by WYICB, NHSE and HEE.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	22 November 2022
Report title:	Responding to Winter Readiness for Mid- Yorkshire NHS System
Report presented by:	Trudie Davies, SRO Winter, Mel Brown, Director System Reform and Integration
Report approved by:	Trudie Davies, SRO Winter
Report prepared by:	Mel Brown, Director System Reform and Integration

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

The Mid-Yorkshire System has worked through the oversight of the Mid-Yorkshire Winter Board to co-ordinate the assurance required both nationally to NHS England and locally for Wakefield District Health and Care Partnership Board and Mid-Yorkshire NHS Trust Board in terms of our planning, readiness and ability to respond to operational resilience challenges for Winter period 2022/23.

A number of national and local returns have been submitted to NHS England by the Mid-Yorkshire system since August 2022 and **appendix 1** of this report on slide 7 describes this in more detail. Table one provides a summary below for Wakefield District Health and Care Partnership Board members:

Table 1

Return Submitted	**Audience**	**Date Submission**
Demand & Capacity Plan	NHS England	25th August 2022
Mental Health Capacity Plan	NHS England	8th September 2022
Discharge Maturity Matrix (9 High Impact Change Model interventions review)	West Yorkshire Integrated Care Board to be part of regional ICB submission to NHS England	Mid-July 2022
Self Assessment of Winter Preparedness	West Yorkshire Integrated Care Board to be part of	16th September 2022

	regional ICB submission to NHS England	
Bed capacity template	NHS England	22nd September 2022 (first return this is now a regular submission)
UEC action plan	West Yorkshire Integrated Care Board to be part of regional ICB submission to NHS England	16th September 2022
Better Care Fund Plan Submission	NHS England	26th September 2022
100 Day Discharge Challenge (review of 10 discharge interventions)	West Yorkshire Integrated Care Board to be part of regional ICB submission to NHS England	4 submissions to date between September and November 2022
Mid Yorkshire System Surge & Escalation Plan	West Yorkshire Integrated Care Board to be part of regional ICB submission to NHS England	3rd October 2022
Mid Yorkshire Winter Plan	West Yorkshire Integrated Care Board to be part of regional ICB submission to NHS England	3rd October 2022
Self Assessment against the Going Further on our winter resilience plans which was published on 18th October 2022	West Yorkshire Integrated Care Board to be part of regional ICB submission to NHS England	31st October 2022

Members of Wakefield District Health and Care Partnership will require assurance that on 1st November 2022 NHS England provided feedback on the Mid-Yorkshire System Winter Plan and Surge and Escalation plan and this was fully assured with no gaps in assurance identified by NHS England.

Wakefield's Better Care Fund Plan also has received feedback in October 2022 that this has been approved by national and regional moderation processes by NHS England. This has been reported to 10th November Wakefield Health and Well Being Board meeting.

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 approach for Winter readiness as outlined in this report 2. Note the feedback from NHS England on Mid-Yorkshire System Winter Plan 3. Note the investment outlined on pages 2 and 3 of this report in financial implications section
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:
Appendices
1. Mid-Yorkshire System Winter Plan 2. Appendix Two - Going Further on our winter resilience plans NHSE letter which was published on 18th October 2022
Acronyms and Abbreviations explained
1. BAF- Board Assurance Framework (NHSE published a BAF framework 12 August to support operational resilience for winter 2022/23) 2. OPEL- Operational pressures escalation level 3. SOPEL- System Operational pressures escalation level 4. ICB- Integrated Care Board 5. NHSE- NHS England 6. WMDC- Wakefield Metropolitan District Council 7. LA- Local Authority 8. UEC – Urgent Emergency Care

What are the implications for?

Residents and Communities	**None**
Quality and Safety	**The Delivery of the of Mid-Yorkshire System Plan has at its heart the delivery of quality and safe services across Mid-Yorkshire system for the winter period 2022/23**
Equality, Diversity and Inclusion	**None**
Finances and Use of Resources	**1)Additional £70K Mental Health funding has been secured to support Wakefield to extend capacity in the Intensive Home Based Treatment Team and to provide additional capacity at evenings and weekends in the Psychiatric Liaison Team.**

	2) Additional £3.25m capacity modelling funding was secured from NHS England to support delivery of Mid-Yorkshire System Plan **3) Joint funding from Wakefield Council and NHS WY ICB- Wakefield Place has supported other initiatives such as Discharge to Assess beds. The financial resources has been invested jointly in Wakefield from our local NHS and Social Care budgets to deliver schemes for this winter recurrently though Better Care Fund and through joint LA/NHS none recurrent resources such as:** **• Home First -In order to support more people to go home from hospital, we are also strengthening our capacity for home care. Mid Yorkshire NHS Hospital Trust has agreed to provide an additional 10 healthcare posts to be recruited to within ICT team in community services & Wakefield Council reablement service continues to recruit to vacancies.** **• New Discharge to Assess Model (agreed in September 2022) – local investment £552K for this winter period** **• Urgent response domiciliary care bridging team – local investment £273K** **• Implement a Night Response Service to focus on 3 areas between 11pm and 6.30am turning those at risk of pressure ulcers, Enhanced support to aid the discharge process for people with dementia or complex behaviour and Short-Term Interventions - £105K new investment for this model in 2022/23** **• Additional Capacity for general practice cover to supplement the national contracted DES to provide general practice appointments for across Sundays and Bank Holiday cover until March 2023 – this commenced 1st October 2022 - 31st March 2023 £325K**
Regulation and Legal Requirements	**None**
Conflicts of Interest	**None**
Data Protection	**None**
Transformation and Innovation	**Our winter delivery plan does inform our longer term model of care for Mid-Yorkshire Urgent Care transformation programme**
Environmental and Climate Change	**None**
Future Decisions and Policy Making	**None**
Citizen and Stakeholder Engagement	**None**

1. Main Report Detail

1.1. The Mid-Yorkshire System Winter Plan outlined in **Appendix one** describes the preparation and new initiatives that have been developed to be ready to support the delivery of Mid-Yorkshire system operational resilience for the coming winter period 2022/23 it provides a summary of the following:

- Description of the national NHS England Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter Board Assurance Framework for Winter publication 12th August 2022 (slide 3-7)
- Our local Governance (slide 8)
- Mid-Yorkshire System Operation Pressure Escalation levels (slide 9)
- Winter Planning Principles (slide 10)
- Support for Children, Young People and their families (slide 17)
- Mental Health support and services (slide 15-16)
- Our local insights from partners organisation level winter plans (slide 25-34)
- Our communications approach (slide 35-36)
- Potential risks and mitigations for managing these risks (slides 20-24)

1.2 As part of Mid-Yorkshire system response to be ready for winter a System Discharge group has met led by our System Executive Discharge lead over the last 12 months and this mobilised a number of interventions that will support our discharge arrangements this winter. This includes the launch of our Integrated Transfer of Care Hub in March 2022 and the further development of this critical team which has been underway over the last couple of months. Many of our services that support discharge are funded through the Better Care Fund such as reablement services and the Integrated Community Equipment Service. In addition, the following interventions/services will be funded jointly by NHS and Wakefield Council to support this winter:

- Home First -In order to support more people to go home from hospital, we are also strengthening our capacity for home care. Mid Yorkshire NHS Hospital Trust has agreed to provide an additional 10 healthcare posts to be recruited to within ICT team in community services & Wakefield Council reablement service continues to recruit to vacancies.
- New Discharge to Assess Model (agreed in September 2022) – local investment £552K for this winter period 2022/23
- Urgent response domiciliary care bridging team – local investment £273K

- Implement a Night Response Service to focus on 3 areas between 11pm and 6.30am turning those at risk of pressure ulcers, Enhanced support to aid the discharge process for people with dementia or complex behaviour and Short-Term Interventions - £105K new investment for this model in 2022/23.

1.3 Through the leadership of our SRO for Winter our Mid-Yorkshire system Demand & Capacity Plan was submitted in August 2022 and has secured investment to our system of an additional £3.25m this has enabled 40 additional acute beds to be available and these are open now and 25 additional community residential care home beds to be commissioned through a joint approach between Wakefield Council and Wakefield Place as part of West Yorkshire ICB. In addition locally our District has also commissioned a further 4 nursing beds too.

1.4 Board members of Wakefield District Health and Care Partnership approved at the September Board meeting the mobilisation of the new service specification for GP Care Wakefield based on the national contract and service specification. Locally we have responded to the gaps in this national service specification which did not provide any access to primary care services either on a Sunday or on a Bank Holiday. Wakefield has provided an additional £325K investment to ensure we can support the wider urgent care system with access to primary care support between 1st October 2022 to 31st March 2023 on both bank holidays and every Sunday. This will support delivery of our winter plans.

1.5 Board members of Wakefield District Health and Care Partnership will require assurance that on 1st November 2022 NHS England provided feedback on the Mid-Yorkshire System Winter Plan and Surge and Escalation plan and this was fully assured with no gaps in assurance identified by NHS England. The feedback from NHS England is below:

The Wakefield system plans were comprehensive and gave a detailed overview of how the Wakefield system is and will be working as a collective system, with areas of action and ongoing development highlighted throughout. It is clear from your plan that you have approached the winter plan as a system and have included the entirety of the system in developing and implementing winter plans across services. Our review noted several areas of good practice and a few areas where further development would be useful.

Good practice

- *There are clear processes around escalation and SOPEL review including how this is done and when different levels of escalation are implemented.*
- *Throughout the winter planning documentation there is clear linkage of the variety of winter requirements/elements such as BAF, UEC, bed capacity*

and BCF and how the combination of these support the overall planning and delivery throughout winter.

- *There has been clear actions as a system to impact upon areas which will support pressures throughout the acute pathway including actions which supporting with reducing ambulance handovers such as the focused work on 6 key pathways related to unnecessary ED conveyance, work with YAS on high intensity user groups.*
- *The overall plan flowed well across the documents and gave a high level of assurance of the processes in place to manage pressures across the Wakefield system*

NHS England asked for further information on the three areas below and these will be submitted w/c 21st November 2022:

Additional information for NHS England

- It would be helpful to know if you have plans in place to address the issue of potential staff industrial action
- Although from what was provided we are sure you will have linked in with public health as part of winter planning, such as cold weather planning, we didn't see this referred to explicitly within the winter documents.
- Details of the governance within the system for how ambulance handover delays will be managed as they occur at place.

Wakefield's Better Care Fund Plan also has received feedback in October 2022 that this has been approved by national and regional moderation processes by NHS England. Wakefield's Health and Well Being Board has received the full Better Care Fund Plan and received an update on this on 10th November 2022.

WDHCP Board members can access the paper on the Better Care Fund Plan below
http://mg.wakefield.gov.uk/ieListDocuments.aspx?CId=803&MId=15380&Ver=4

2. Next Steps

2.1 Mid-Yorkshire System Winter Board will work with NHS England on the next steps to mobilise the Going Further on our winter resilience plans which was published on 18th October 2022.

WDHCP Board members can access this latest guidance in appendix 2 or direct at https://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/

The key asks for all Integrated Care Boards are to develop:

- System Control Centres
- Developing Acute Respiratory Infection Hubs

- Developing Community based falls response services
- Supporting high frequency patients of our hospital services

Our West Yorkshire Integrated Care Board system is underway with a self assessment process against these latest asks and locally we submitted a return on 31st October that will support the West Yorkshire Integrated Care Board to respond to the timescales required with some of these services nationally being mandated to be available by 1st December 2022.

2.2 The Mid-Yorkshire System operational group is now established and meeting weekly across health and social care system. This is chaired by our SRO for Winter and determines if further tactical oversight meetings are required to manage our winter operational resilience arrangements.

Reporting to NHS England for winter has commenced and this situation reporting is being complemented by reporting mechanisms monthly of our progress against our winter metrics and frequent submissions on our 100 day discharge interventions and our monthly return on our bed capacity plan.

3. Recommendations

The Wakefield District Health and Care Partnership is asked to:

1. Note the approach for Winter readiness as outlined in this report
2. Note the feedback from NHS England on Mid-Yorkshire System Winter Plan
3. Note the investment outlined on pages 9 and 10 of this report

4. Appendices

- Appendix One- Mid-Yorkshire System Winter Plan
- Appendix Two - Going Further on our winter resilience plans NHSE letter which was published on 18th October 2022

Wakefield District Health & Care Partnership

The Mid-Yorkshire Winter Plan 2022-2023

Working Together This Winter

Kirklees Health & Care Partnership

Proud to be part of the West Yorkshire Partnership

Development of the Mid-Yorkshire System Winter Plan

- Preparation work led by the Mid Yorkshire System Winter Board on behalf of the local Urgent Emergency Care Board
- Plan builds upon learning from previous plans and learning, local assumptions and strong mutual aid
- Plan is a response to the national winter framework published on 12th August 2022 (referred to as a Board Assurance Framework nationally)

Mid-Yorkshire Winter Plan Aims

- Prevention and Pre Hospital, additional capacity Beds (both acute and community), Discharge and flow
- Ensure patient safety and quality of care is not compromised
- Ensure plans are integrated at a system level and that pressure and risk is evenly managed across the system
- Ensure that plans are robust and consider the business-as-usual seasonal pressures alongside emerging challenges

Winter Planning Principles

The Mid-Yorkshire System Winter Plan is founded on the following key principles:

- Utilise learning from this year's experience
- Support workforce resilience
- Strengthen command and control arrangements
- Develop robust escalation systems which are responsive but not over-sensitive
- Recognise that there will still be a need for a COVID response
- Consider impact of the Winter Plan on wider transformational schemes
- Ensure clinical engagement in development of plans
- Winter Plan needs to align with elective recovery plans
- Early implementation of winter schemes
- Robust communication plans with both staff and public

Assumptions

- Based upon the flu season in Australasia, the flu season 2022/23 is expected to arrive early and have more impact
- Respiratory Syncytial Virus surge expected to peak October
- General Practice face to face and telephone contact demand continues at current levels
- Extended access services are offered through directly Primary Care Network commissioned arrangements including 1400 additional appointments per week
- Urgent Community Response services in place across Mid-Yorkshire System 7 days a week
- Continued fluctuations in the availability of home care hours monitored daily via Integrated Transfer of care hub
- Hospice and mental health beds base remain static
- Flex in available care home, access to discharge to assess community and intermediate care beds
- National offer for both Covid and Flu vaccinations – no issues with supply of vaccinations

National Board Assurance Framework (BAF) Areas of Focus

- Mid Yorkshire System have responded to the national Board Assurance framework published in August 2022 submitted our response with a Urgent Emergency Care action plan and self assessment checklist which included 9 areas outlined below:

BAF – 9 areas of focus

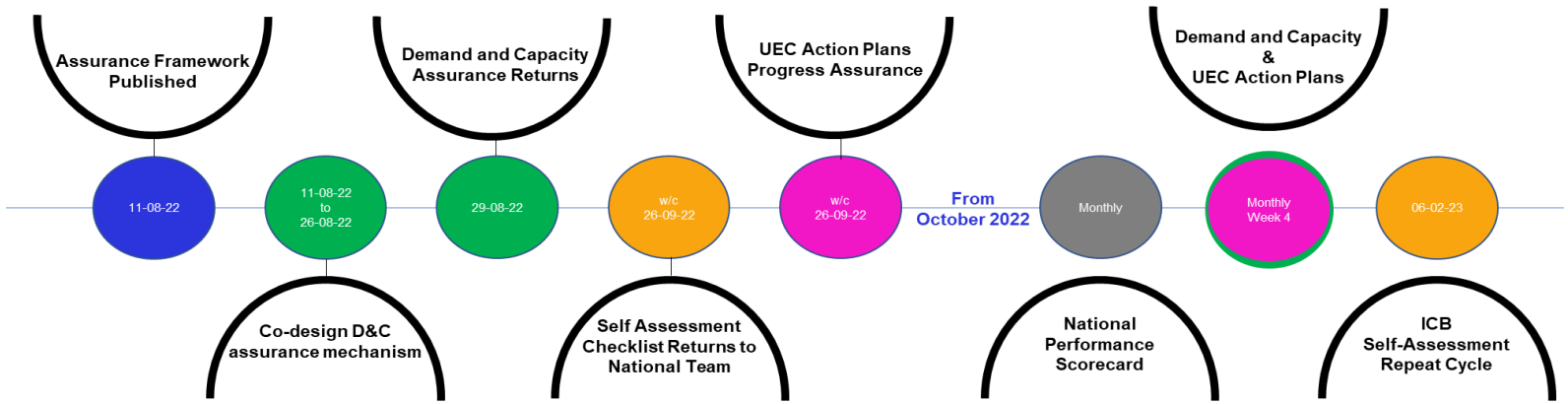
NHS West Yorkshire Integrated Care Board

1. New variants of COVID -19 and respiratory challenges - ***Vaccination and IPC measures***
2. Demand and Capacity - ***Mental Health, Community & Primary Care***
3. Discharge – ***100 day challenge, Care at home, max VCS***
4. Ambulance service performance – ***hear see and treat, handover delays***
5. NHS 111 performance - ***regional call management, increase call handlers***
6. Preventing avoidable admissions – ***Directory of Services, Virtual Wards, Urgent Community Response, Frailty services***
7. Workforce – ***Recruitment & retention, staff wellbeing, volunteers***
8. Data and performance management - ***Emergency Care Data Set, A&E Forecasting Tool***
9. Communication - ***winter communications strategy***

6 National Winter Metrics

- Our Mid-Yorkshire System Winter Board has led our response to the 6 national winter Board Assurance Framework metrics and the proposed trajectories for our system
- The national asks are described below:
- Average hours lost to ambulance handover delays per day. Target is 0.5 by March 2023 – baseline taken was 3.8 hours lost and October return to NHSE was 3.4 hours lost
- Adult general and acute type 1 bed occupancy (adjusted for void beds). (MYHT Return submitted our trajectory of 90.2% bed occupancy
- Reduction of 30% of beds occupied by patients who no longer meet the criteria to reside. MYHT return outlined our target by March 2023 is to reduce to 164 our performance at end of October was 193
- 111 call abandonment. (YAS Return)
- Mean 999 call answering times. (YAS Return)
- Category 2 ambulance response times. (YAS Return)

2022/23 Winter Board Assurance Framework -BAF



Product	Place submission
Demand & Capacity Plan	25th August 2022
Winter Plan and Surge & Escalation Plan	3rd Oct 2022
Mental Health Capacity Plan	8th September 2022
Better Care Fund Plan Submission	26th September 2022
Self Assessment of Winter Preparedness	16th September 2022
Bed capacity template	22nd September 2022 (monthly)
Urgent Emergency Care action plan to ICB	16th September 2022
100 Discharge Challenge returns	September 2022 (3 submissions to date)

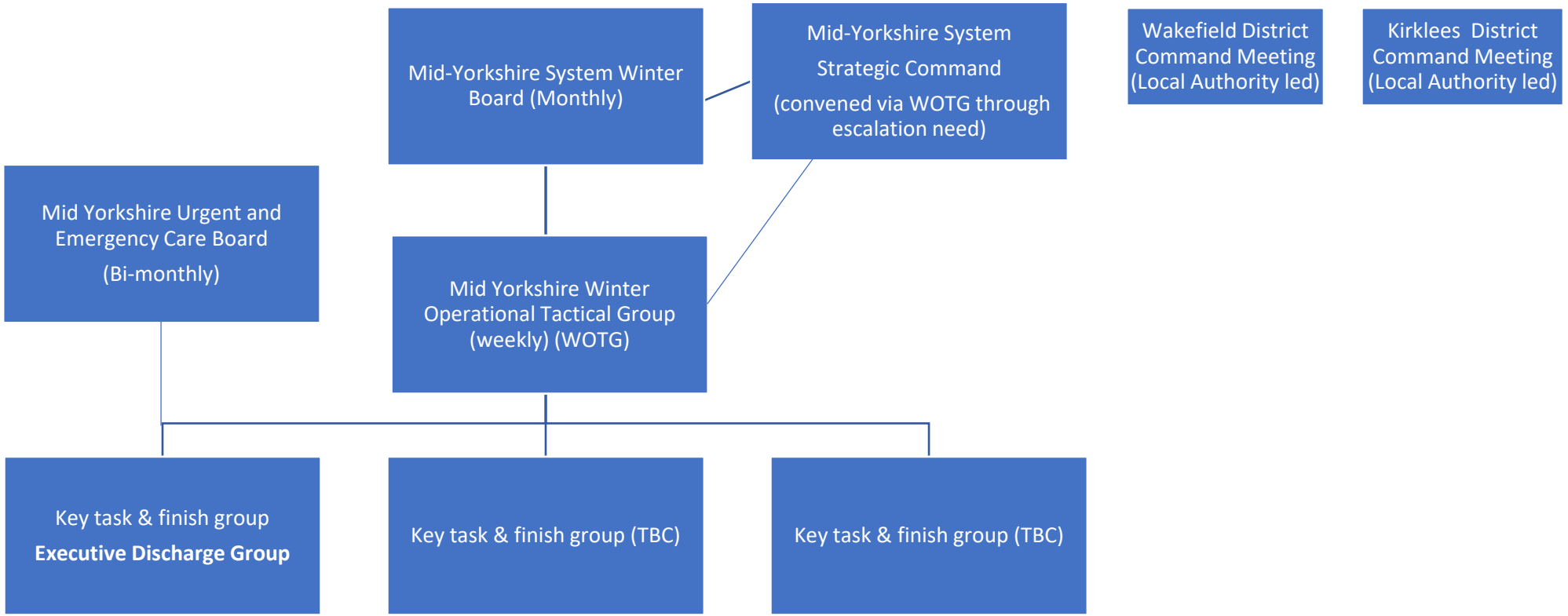
Discharge Maturity Matrix

- In June 2022 across West Yorkshire Discharge Programme it was agreed to review our system progress in the original 9 High Impact Change Models (see table below) as part of the new Discharge Maturity Matrix approach.
- This review of the high impact change models took place in July 2022 led by our Mid Yorkshire System Discharge Group.
- It has formed part of our local gap analysis and self assessment work for our local place submission for our Better Care Fund plan for the high impact change models.
- Example of some of the areas of work we have committed to focus on through our Strategic Discharge Forum has included further development of our Integrated Transfer of Care Hubs, development of a domicillary care bridging team, investment to discharge to assess model for 2022/23.

100 Day Discharge Challenge

- Our Mid-Yorkshire System Discharge Group has led our response to the national 100 Day Discharge Challenge 10 interventions outlined below:
- Identify patients needing complex discharge support early
- Ensure multidisciplinary engagement in early discharge plan
- Set expected date of discharge (EDD), and discharge within 48 hours of admission
- Ensuring consistency of process, personnel and documentation in ward rounds
- Apply seven-day working to enable discharge of patients during weekends
- Treat delayed discharge as a potential harm event
- Streamline operation of transfer of care hubs
- Develop demand/capacity modelling for local and community systems
- Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
- Revise intermediate care strategies to optimise recovery and rehabilitation

Our local Governance



Mid-Yorkshire SOPEL Framework – More detail available in Appendix 5 (Surge and Escalation Plan)

	Operational COMMAND	Tactical COMMAND	Strategic COMMAND
Low Level of Pressure	Moderate Pressure	Severe Pressure	Extreme Pressure
OPEL 1	OPEL 2	OPEL 3	OPEL 4
Score: 20 – 34	Score: 35 - 49	Score: 50 - 65	Score: 66 - 80
Business as Usual – no requirement for system meetings (unless there are pressures in one particular area)	MY Weekly Winter Operational Tactical Group	MY Weekly Winter Operational Tactical Group Review the requirements to activate MY Strategic Gold Command	MY Strategic gold command meetings to be convened until de-escalation

SOPEL SCORING DATE:	
SOPEL SCORE	➡
SOPEL LEVEL	➡
MY Strategic Gold Command is currently stood down.	

★

NHS England to be notified prior to escalation to level 4 and upon de-escalation to level 3

Mental Health

Mental health winter planning is focused on resilience within the mental health system itself which is experiencing unprecedented levels of demand and supporting the acute system.

- Kirklees received £80k for mental health winter planning and the Mental Health AEDB are discussing investment opportunities.
- The £70k Wakefield Mental Health Alliance received from NHSE/I for mental health winter planning is being used to extend capacity in the Intensive Home Based Treatment Team and to provide additional capacity at evenings and weekends in the Psychiatric Liaison Team.
- Additional investment includes:
    - Planned additional mental health capacity to our Safe Space team including ED in-reach support
    - Planned additional mental health support via a new enablement team working in a floating capacity across the Wakefield District
    - Additional complex community mental health telephone support for people supported by SWYPFT to continue over the coming winter
    - Planned mental health and dementia discharge support facilitation through Mid Yorkshire Hospital discharge team

  We are in the process of pulling together a document detailing the available mental health support in response to the cost of living crisis this winter for users and professionals

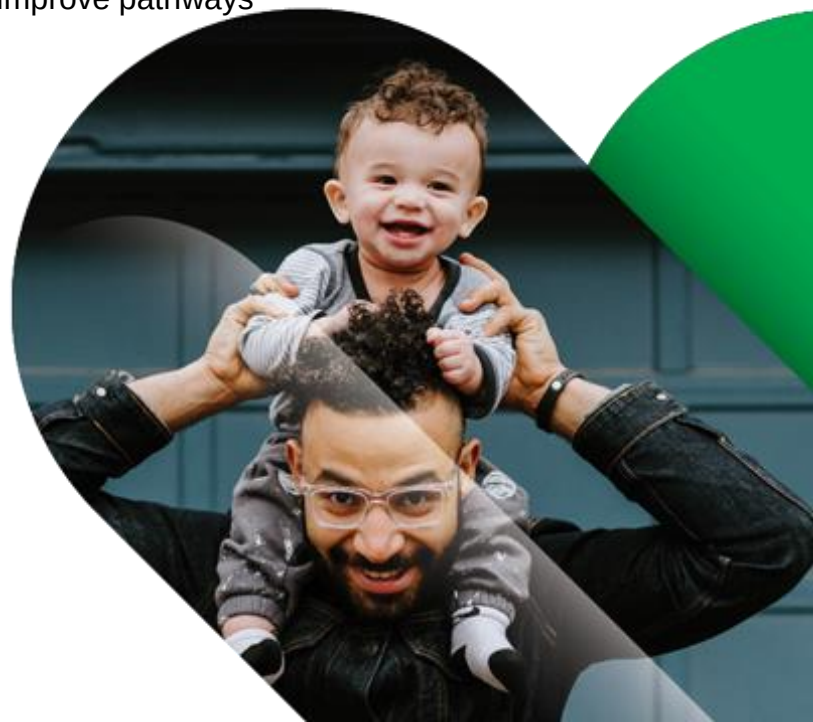
Responding to children & young people's mental health needs in the community

In Place	Developing
West Yorkshire **Night OWLS** is a confidential support line for children, young people, their parents and carers who live in Bradford, Leeds, Calderdale, Kirklees and Wakefield **Safe Space** is open to anyone 16+ in crisis, this is a partnership between Touchstone, Spectrum People and Gasped. The Wakefield Safe Space is funded by the Wakefield Mental Health Alliance. There is an opportunity to promote this more widely via schools/colleges/CAMHS teams and Night Owls	**Changing Our Direction** is to prevent deterioration in the young person's mental wellbeing and to support them to become therapy ready. Goes live October 1st This includes support to parents and the provision of Flash programme, Families Learning About Self–Harm. 4 workshops for parents/carers of a young person aged 11-16 years **Self Harm Prevention & Support** offer to be developed

- **Wakefield works closely with West Yorkshire Children's Mental Health Provider Collaborative to identify Tier 4 beds for children who need them.**
- **Where a child is placed in Red Kite View there are strong links with local services to plan for discharge.**

Children and Young People: Winter 2022-23

- To reduce the number of children from The Mid Yorkshire System who need to attend an Emergency Department/ stay in hospital by improving their long term health and well-being
- Key areas for change:
  - Develop whole system respiratory pathway
    - Develop whole system respiratory pathway
    - Voluntary & community sector commissioned to provide health reassurance (extending pilot funded by NHSE in 2021-22)
    - Targeted work to identify at risk children & pilot interventions to mitigate that risk
    - Undertake work to map the existing pathways, including patient and professional engagement to improve pathways
  - Develop Family & Youth Hubs
    - Offer post-injury intervention for parents & young people
    - Offer parent groups to connect vulnerable parents to professional support
    - Offer community-based health clinics
    - Enhance breastfeeding peer support
  - Pilot addition of paediatric nursing capacity in Primary Care
    - Extend pilot to include community based observation unit
  - Multidisciplinary promotion of Healthier Together
    - Promote with Primary Care and in Family Hubs (includes 0-19)
  - Focused communications plan
    - Use of social media to direct parents to ensure that parents access the right support for their child's health needs from the right source



Bringing the 2022 Health and Care Act to life

- Both Kirklees and Wakefield Health and Care Partnership have been working collaboratively on bringing the Health and Care Act to life, below is a Wakefield example.
- National NHSE Bed Capacity Funding is £3.25 million this has enabled a further additional 40 acute beds to be available this winter which included an additional 25 community beds to be available, locally we will commission a further 4 community beds to provide a total additional of 29 community beds in our system this winter.
- Mid Yorkshire hospital Trust and both Wakefield and Kirklees Local authority have funded the Integrated Transfer of Care hub, discharge teams through core funding.
- Our Mid-Yorkshire UEC Action Plan across Kirklees and Wakefield outlines key schemes being mobilised for this winter in **Appendix 1**
- The Virtual Ward model commences this winter with national NHSE investment available for 2022/23.
- Wakefield has a unique opportunity to bring together ASC, Community Services and Wakefield Place resources collectively through the strategic leadership of our Place Accountable Officer – this has led to some new joint funding approaches to winter 2022/23
    - Financial resources has been invested jointly from our local NHS and Social Care budgets to deliver schemes for this winter such as:
    - Home First -In order to support more people to go home from hospital, we are also strengthening our capacity for home care. Mid Yorkshire NHS Hospital Trust has agreed to provide an additional 10 healthcare posts to be recruited to within ICT team in community services & Wakefield Council reablement service continues to recruit to vacancies.
    - New Discharge to Assess Model (agreed in September 2022) – local investment £552K
    - Urgent response domiciliary care bridging team – local investment £273K
    - Implement a Night Response Service to focus on 3 areas between 11pm and 6.30am turning those at risk of pressure ulcers, Enhanced support to aid the discharge process for people with dementia or complex behaviour and Short-Term Interventions - £105K new investment for this model in 2022/23
    - Additional Capacity for general practice cover to supplement the national DES to provide general practice appointments for Sundays and Bank Holiday cover until March 2023
    - This is supplemented by local Better Care Fund Plans that outline the comprehensive discharge interventions being funded by our BCF pooled fund in both the BCF narrative plan and outlined in summary section of BCF Planning Template **Appendix 5** provides a high level overview

Other Funding Schemes supported for Winter 2022/23

- Mid-Yorkshire System Winter Board has approved the funding for the following schemes to support our response to winter:

Scheme	Lead Organisation	Population Impact	Cost
Enable clinicians to temporary increase restarted care packages within a contingency tolerance to reduce early discharge risk without effecting patients financial contribution to their care	Kirklees Council	Kirklees	£16,333
5 Discharge Co-ordinators	Mid-Yorkshire NHS Hospital Trust	Wakefield & Kirklees	£59,896
Unpaid Carer Support at Hospital Discharge	Kirklees Council	Kirklees	£3K
Community/Voluntary Sector Carer Support at Hospital Discharge	Kirklees Council	Kirklees	£3K
fund 2 Bed coordinators	Kirklees Council	Kirklees	£35K
Support timely statutory assessments, reviews and discharges in order to facilitate surge capacity through winter	Kirklees Council	Kirklees	£77K
Wakefield Social Care Worker co-located in Emergency Department	Wakefield Council	Wakefield	£72K

Oversight on System Demand

- Mid-Yorkshire System Winter Board has access to range of comprehensive performance and surveillance reports that cover areas such as urgent care demand, covid demand, discharge activity, walk in centre activity demand
- Public Health intelligence reports will be available from both Kirklees and Wakefield Public Health Teams to inform our response to:
  - COVID
  - Flu
  - Respiratory Syncytial Virus (RSV is a common virus that causes colds and coughs in the winter)
  - Noro Virus (stomach bug which can be referred to as winter vomiting bug)

Risks

- Drafted with all ICB Urgent Emergency Care leads supported by NHSE.
- Recognition that whilst all partners have risks and mitigations this is a System plan and so a System approach to risk has been taken.
- System risk is split into 4 domains:
    - General Risks across all partners
    - Urgent Care Pre-hospital
    - Care in hospital
    - Discharge & Community Services

Risk Part 1; Generic across all partners

Risks

- Workforce
  - Recruitment & Retention
  - Increased Absence, Staff burnout
  - Covid, Flu and respiratory conditions
- Imbalance of demand v capacity
- Infection Prevention and Control Restrictions
- Pay award impact on funding
- Growing waiting lists
- Financial pressure -non recurrent
- Adverse weather and service disruption
- Impact of Winter fuel/costs of living rises
- Supply and demand of consumables

Mitigating actions

- Ensuring there is no harm to patients and service users
- Any action does not increase health inequalities
- Workforce – well being and best use (Wakefield People Plan)
- Demand v capacity place-based modelling
- Communications – ICS/Place
- Preparation for winter monies
- Review adverse weather plans
- Agree consistent reporting/escalation across ICS
- Review and Agree Extremis action plans
- Mid Yorkshire System scenario exercise (25 October 2022)

Risk Part 2; Urgent Care Pre-Hospital

Risks

- Impact of further Covid peaks and new variants on demand for services.
- Public complacency around Covid and vaccines.
- Demand into 111 & 999 services- sustainable delivery.
- Pressure within Primary Care services.
- Home Care providers resilience against cost-of-living rises.
- Workforce issues affecting the delivery of 7 day a week cover of UCR (W).

Mitigating actions

- Delivery of Vaccination Programmes
- 7-day provision where able – reduce variation
- Sustainable Clinical assessment service
- Alternatives to Accident & Emergency pathways/services – Virtual Ward (CKW) & UCR
- Optimise primary care access e.g. Primary Care Network's extended access services
- Maximise minor urgent care services – Walk-in-Centres
- Communications to manage population expectations and behaviour
- To work with and support Yorkshire Ambulance Service
- Closer working with the voluntary sector
- Wakefield & Kirklees CCG's currently lead on high intensity user groups (covers high intensity users of Yorkshire Ambulance Service)
- Castleford Paediatric Pilot in Castleford (W)

Risk 3; Care in Hospital

Risks

- Infection Prevention & Control restrictions reducing capacity
- Increased non elective demand
- Patients presenting with higher acuity conditions
- Surge pressures affecting elective/ planned care capacity
- Mental health capacity and flow
- Near Patient Testing for flu and covid affecting laboratory capacity
- Ambulance delays / handovers

Mitigating actions

- Maximise Same Day Emergency Care pathways
- Continued prioritisation of ambulance handovers
- Imbedding and expansion of the Integrated Transfer of Care hub
- Commitment to elective care recovery
- Extended capacity in the Intensive Home-Based Treatment Team (Wakefield Mental Health)
- Utlisation of additional capacity funding to bridge the acute bed gap (acute and community beds)

Risk Part 4; Discharge & Community Services

Risks

- Care Home resilience- fragile market
- Cessation Discharge to Assess funding - financial risk
- Increased demand for Higher Acuity complex pathways
- Social Care reform
- Carers resilience with higher acuity and complexity of discharges
- Impact of discharge speed and behaviour due to costs of living crisis

Mitigating actions

- Commitment to a Home First philosophy
- Improving flow and discharge via 100-day discharge challenge
- Avoid duplication in assessments across pathways
- Embed integrated pathways to coordinate support and avoid duplication
- None specialist pulmonary rehab in the community
- Urgent Response Domiciliary Care Bridging team (W)
- ITOC 7/7 Model (W)
- Assess the Impact of effective integration in the community e.g. Reablement/ICT integration (W)
- Enhanced Reablement support out of hours/night response service (W)
- Challenging behaviour and Dementia Settling team (W)
- Pilot for PCN Care Co-ordinators to link with integrated discharge team at MYHT (W)
- Closer working with the voluntary sector for discharge support (K)
- Single Handed Care equipment (K)
- Plans in place to expand the respiratory virtual ward across MYHT footprint managed by virtual ward programme. A long covid pathway is in place in collaboration with primary secondary and community.
- Bed Modelling – system wide

Partner Insights across Mid-Yorkshire System

- All partners across Mid-Yorkshire System develop their own Winter, Resilience and Surge and Escalation Plans. These plans are made available across partners
- Plans are quality and inequality assured by partners
- Summary Insights for some of our health and care partners are shared as part of our winter plan for Mid-Yorkshire system

Mid-Yorkshire Hospital Trust Insight

- Evidenced history of collaboration and system working since last Winter provides an excellent foundation for this Winter.
- Strong focus on supporting people in their homes and the community is a key element of the planning, making the most of
    - Virtual Wards with a focus on patients with respiratory illnesses and frailty
    - Support for patients with mental health needs
    - Urgent Community Response to support care homes and reduce emergency department attendances
    - Voluntary sector to help people on discharge from hospital and to provide general support
    - Effective signposting to ensure people can get advice and guidance when needed e.g. community pharmacy
- Additional hospitals beds at both Pinderfields Hospital and Dewsbury
- Focus on ambulance handover times to improve patient experience and ensure availability of ambulances to respond to 999 calls
- Focus on continued delivery of planned outpatient, diagnostic and surgery cases across Winter to support patients and continue to reduce waiting times

Mid Yorkshire Community Services Insight

- Working with partners to strengthen the Integrated Transfer of Care hub
- Home first as a priority
- UCR services in place 7 days a week including Clinical Triage function to avoid admissions
- Flex in available care home, D2A and intermediate care beds with 29 additional joint community and LA beds
- Strengthening capacity for care at home, Mid Yorkshire NHS Hospital Trust to provide an additional 10 healthcare posts to be recruited in ICT community services
- MYICT and Reablement merge to increase available capacity and streamlined referral process
- Development and implementation of Virtual Wards in partnership across Kirklees, Wakefield and Calderdale
- Increase capacity for Intravenous Antibiotic Therapy at Home

Locala Insight

- Strength in Partnership
- Streamline and avoid duplication
- Developing credible alternatives to avoid admissions
- Prioritisation on strengthening Urgent Community Response through the Alliance
- Building on Trusted assessor single assessment with community partners
- Working with partners to strengthen the Integrated Transfer of Care hub
- Ensuring people are effectively moved on from Intermediate Care when their rehabilitation is complete
- Working with system partners to support care homes over winter
- Implementing surge and escalation plans internally to ensure we remain resilient and responsive
- Development of Virtual Wards in partnership across Kirklees, Wakefield and Calderdale

Kirklees Council Insight

- Significant amount of support, service and activity outside of the hospital;
- Admission avoidance to prevent inappropriate attendances
- Anticipatory care across community partners
- Commitment to get patients and service users on the right pathway
- Home first as a priority
- Proactive Care Home support team
- Strengthen partnerships with independent care providers
- Housing integrated into teams
- Follow up in home environment; assess in the home both cared for and carer
- Promoting independence

Wakefield Council Insight

- Admission avoidance to prevent inappropriate attendances
- Strengthened third sector connections and signposting
- Urgent response to support community partners to deliver anticipatory care
- A commitment to right time, right care, right place underpinned by the principles of home first and a discharge to assess approach
- Significant amount of work on going to ensure the most effective use of available resources across Health and Social Care to support the system and activity outside of the hospital i.e. Lightfoot work
- Dementia discharge support pathway
- Proactive care coordination function to source domiciliary and residential care
- Bi-weekly independent sector provider and stakeholder meetings
- Weekly care home conference calls open to all providers across the district to support identification of potential transfers of care
- Joint Integrated Transfer of Care Hub which includes social care (Wakefield & Kirklees), Reablement, MYHT, housing, third sector, MH Navigator and admiral nurse (aiming to add providers to this)
- Assessment and care management approach to support discharge to assess model for care at own home or closer to home
- Aiming to have single referral process in place for Winter for ICT and Reablement
- Ringfenced discharge to assess block booked beds
- Challenging behavior unit at Dovecote with ability to flex its model to meet demands

Kirklees Primary Care Insight

- GP practices continue to offer a blend of face to face and digital or telephone appointments.
- Primary Care Networks (PCNs) take on full responsibility for the provision of Enhanced Access from 1 October 2022. Includes Network Standard Hours of 6:30-8:00pm Monday to Friday and 9:00am to 5:00pm on a Saturday. This national change no longer requires provision of General Practice appointments on a Sunday or Bank Holidays.
- Kirklees – has indicated to PCNs that we still intend to support wider system pressures, particularly over extended 4-day Bank Holiday periods.
- Autumn Booster Campaign for Covid Vaccination – includes all Primary Care Networks (some just focusing on key groups such as care homes and housebound).
- Significant flu vaccination campaign including those patients in at risk categories and over 50s.
- Undertaking weekly SITREP reporting and assessment of pressures.
- Promotion and expansion of the Community Pharmacy Consultation Service.
- Additional Roles Reimbursement Scheme – Wider team of professionals in GP practices e.g., Social Prescribing Link Workers assisting with managing and streaming demand.
- Last year – supported purchase of paediatric pulse oximeters for General Practice.
- Review of scheme with LCD to share online consultation workload.

Wakefield Primary Care Insight

- GP practices continue to offer a blend of face to face and digital or telephone appointments. Our proportion of face-to-face appointments is 65% - our 12 month increase in activity is currently 9.3% for July 22 to July 21.
- From 1 October 2022, there will be extra same-day and routine appointments available on evenings and weekends through the GP Care Wakefield service. The service will be available between 5pm and 9.30pm on weekdays; 9am and 5pm on Saturdays; and 9am and 3pm on Sundays and bank holidays. Patients will be able to book same-day appointments for urgent issues, as well as booking routine and nurse appointments, long-term condition reviews and NHS health checks in advance. As a result, from October there will be a single model providing the enhanced offer of appointments on evenings and weekends. There will be more face-to-face appointments available based on patient choice rather than clinical need and patients will be able to see a wider group of healthcare professionals. It is anticipated that there will be more than 1,600 extra appointments available per week - a mixture for routine and urgent needs - as a result of the service.
- Autumn Booster Campaign for Covid Vaccination is well underway with all Primary Care Networks offering this service in Wakefield. This is alongside our flu vaccination campaign for those patients in at risk categories and over 50s.
- Undertaking weekly SITREP reporting and assessment of pressures with support in place to rapidly deploy additional capacity where its needed.
- Promotion and expansion of the Community Pharmacy Consultation Service.
- Additional Roles Reimbursement Scheme – Wider team of professionals in GP practices e.g. Social Prescribing Link Workers assisting with managing and streaming demand.

Yorkshire Ambulance Service Insight

- Increased underlying activity – seasonality is associated with increased ambulance demand
- Increases in acuity – seasonality can also increase the levels of acuity putting increased pressure on clinical resources (Category 1&2 patients)
- Covid – potential for further peaks and variants
- Surges in demand on key dates – holiday periods put pressure on services around the night-time economy
- Adverse weather – disruption to transport networks lead to service delays
- Staff absence – winter is generally associated with a greater staff absence
- Handover delays – system pressures lead to disruption in patient flow resulting in handover delays at ED
- Staff health and well-being – staff are exhausted post pandemic

SWYPFT Insight

- Increase in acuity/complexity of new referrals and significant relapse for some service users whose mental health was previously stable
  - Impact of Covid
  - Socio-economic factors
- Acute wards have continued to manage high levels of acuity with above 100% occupancy levels across wards on a sustained basis
- The demand for beds overall has risen leading to pressures in the system and ongoing challenges in arranging admissions in a timely way
- Demand into the Single Point of Access (SPA) and capacity issues are leading to ongoing pressures in the service
  - Increase in demand, complexity, crisis calls and self-referrals
  - Unprecedented workforce pressures
- Workforce challenges across all services
  - Recruitment challenges, lack of available bank and agency staff
  - Impact on staff wellbeing

Communications approach

Signpost people to the most appropriate service/s – to get the right help at the right time and in the right place:

- Making the best use of services - clarifying the local offer, appropriate use and points of access.
- Raising awareness of new, digital ways people can access services.
- Providing information on common ailments and self-care to encourage parents to have more confidence in managing their children's health needs and reassure parents of young children who are frequent accessors of healthcare services.
- Including information about what constitutes an emergency and which service to choose.
- Encouraging uptake and raising awareness of benefits of vaccination against both COVID-19 and flu.
- Promoting the need for the community to be kind and check-in on neighbours.
- Sharing system-wide messaging relating to wider determinants of health (such as affordable home heating schemes).
- Review and development of communications messaging around embedding "home first " principles

Talk to us if

you think you need to see a doctor

at evenings and weekends

Just call your GP practic
call will come straight t

GP CARE WAKEFIELD

DOWNLOAD THE
FREE NHS APP

ORDER REPEAT
PRESCRIPTIONS

Request a new
repeat prescription and
choose a pharmacy
for your prescriptions
to be sent to

NHS

TOGETHI
CHOOSE WELL

Help yourself with a well-stocked first-aid kit

Case Studies

- Our overarching approach to supporting people to remain independent at homes is to ensure that we work to prevent, reduce, and delay people's need for care and support. We promote independence and quality of life and take a strength-based approach, helping people to help themselves.
- One example of a scheme that supports this approach is how the Wakefield Council reablement team is working with Wakefield District Housing. The case study below illustrates the impact:

Background

- Mrs S was discharged from hospital with reablement in place. At the initial visit the reablement practitioner installed a Wakefield District Housing care link alarm and set up three care visits a day to assist Mrs S to re-enable at home.

Intervention

- The alarm was installed on 3rd July and on the 19th of July Mrs S had a fall and pressed the pendant for help. Call triaging and a further risk assessment on arrival ruled out the need for emergency services to attend and the Care Link responder was able to assist Mars S Back to her feet all within 45 minutes of the original call.
- Mrs S fell at 22:30 and her next scheduled care visit was a 9:30am. She would have been on the floor until the next morning when carers arrived had she not had her pendant to press. Without this joined health service it is likely that she would have presented at A&E and be re-admitted to hospital.

Outcome

- Mrs S has since come to the end of her reablement service and has seen the benefit of the Care Link alarm and response service and has decided to self-fund it to support to continue to live independently at home.

Case Studies

Our overarching approach to supporting people to remain independent at homes is to ensure that we work to prevent, reduce, and delay people's need for care and support. We promote independence and quality of life and take a strength-based approach, helping people to help themselves. One example of a scheme that supports this approach is the Age UK – Digital Inclusion - Keeping Older People Connected project in Wakefield District.
This project aims to work with those most isolated to increase social opportunities and to reduce loneliness. Faced with long-term social restrictions during COVID a remote support service was established with willing clients and 50% of the 12 on the waiting list agreed to try. These clients were all isolated and in need of Age UKWD service support.

Clients were provided with a loaned tablet. Support with negativing the table included a telephone support service to provide support to Tablet Loan clients and other clients with their own equipment. A partnership with Ability Net to take up any clients beyond our skill boundaries. Regular remote Digital Champion training using British Computer Society and Barclays Digital Wings and s Digital District informal drop-in group with 14 organisations now aligned (District Digital Support webpage / Curry's PC World roadshow both in development and engagement with West Yorkshire Health and Care Partnership Digital Inclusion programme).

Feedback from the service includes:
A client received his tablet and within a few weeks he was taken into hospital. His champion managed to call him on the ward, and he told her he was holding onto the tablet for company and found being able to see his front door on Google maps really brought him comfort. After being moved to
residential respite and then back to hospital he now enjoys the tablet in his new care home. His Digital Champion helped him to buy the tablet and he enjoys searching for things on Google. At age 90+ he may never use the device to connect socially but it has opened a new world for him.

Classification: Official

Publication reference: PR2090

To:
- ICB chief executives
- All NHS Foundation Trust and Trust:
  - Chief executives
  - Medical directors
  - Chief nursing officers
  - Chief people officers and HR directors
- All GP practices
- PCN Clinical Directors

cc.
- ICB chairs
- NHS Foundation Trust and Trust Chairs
- All local authority chief executives
- NHS regional directors

NHS England
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18 October 2022

Dear colleagues,

In August we set out a number of steps to boost capacity and resilience, with funding ahead of winter, including providing extra bed capacity and better support for staff. Thank you to you and your teams for the incredible hard work that is ongoing to make progress and deliver these focused actions, which remain crucial.

More than eight million people have already had their autumn booster COVID-19 vaccination in just over a month. However, we continue to be in a Level 3 incident, and services are under continued, significant pressure, with challenges including timely discharge of patients impacting on patient flow within hospitals, alongside ongoing pressures in mental health services.

Over the past few weeks this has been exacerbated by an increase in the number of COVID-19 inpatients and related staff absences. We continue to prepare for the possibility of high prevalence of flu, based on the evidence from other countries and advice from public health experts.

We therefore all need to be prepared for things to get even tougher over the coming weeks and months. We will support you in doing your best under these very difficult circumstances, including as you work with and support clinical leaders to ensure risk is managed appropriately across local systems. We are working with the relevant regulators to support this.

This clinical risk management is especially important to support the ongoing work to improve ambulance handovers and response times. Many of you already have access to the data platforms that you will need to drive performance or will be getting access in the coming weeks. These data platforms will inform national, regional, and local oversight, including the NHS Oversight Framework.

Going further on our winter resilience plans

In August we set out key actions to improve operational resilience, built in partnership with you. Following further engagement with systems over recent weeks we are now setting out a necessary expansion of these plans. These actions have been co-created with systems and clinical leaders and build on best practice that you have shared with us. They have been selected based on this evidence showing that they will make the biggest additional impact. In particular we want to work with you to ensure the NHS can:

- **Better support people in the community** – reducing pressures on general practice and social care, and reducing admissions to hospital by:
    - Putting in place a community-based falls response service in all systems for people who have fallen at home including care homes
    - Maximising the use of virtual wards, and actively considering establishing an Acute Respiratory Infection (ARI) hub to support same day assessment
    - Providing additional support for care homes through reducing unwarranted variation in ambulance conveyance rates

- **Deliver on our ambitions to maximise bed capacity and support ambulance services** – bed occupancy continues to be at all-time highs, and we need to take all opportunities to make maximum use of physical and virtual ward capacity to increase resilience and reduce delays elsewhere in the system. This includes:
    - Supporting delivery of additional beds including previously moth-balled beds
    - All systems setting up a 24/7 System Control Centre to support system oversight and decision making based on demand and capacity across sites and settings
    - Ensuring all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene

- **Ensure timely discharge and support people to leave hospital when clinically appropriate** – more than 10,000 people a day are clinically ready to leave hospital but can't be discharged, and this causes significant and fundamental issues for patient flow. In addition to maintaining focus on the high impact actions from the 100 day challenge, the Government recently announced £500m to support social care to speed up discharge across mental and physical health pathways. More details about distribution of this fund will be shared with you when available.

Winter Improvement Collaborative

In August we committed to launching new improvement initiatives to support ambulance handover and response times, in addition to the focussed work that we are continuing to do with the 10 most challenged systems and providers.

Providers, systems, and regions have done a significant amount of work on these issues, but we have heard that we need to work with you on a faster way of identifying good practice and helping you to spread it at scale. We will therefore establish a new national Winter Improvement Collaborative by the end of October. We will review the effectiveness of this programme after 10 weeks and are committed to learning and iterating the approach to ensure it has maximum benefit. This will focus on the root causes of delay in each area. It will support teams to identify, evaluate, quantify, and scale innovation and best practice in improving handover delays and response times and reducing unwarranted variation at pace, supported by a single set of metrics.

We wish to learn from providers and systems who are tackling these issues successfully and are asking all systems to participate. The collaborative will be clinically-led, and we will work in partnership with staff using an Adapt and Adopt approach.

Continuing to support elective activity

We have proved we can deliver the ambitions set out in the elective recovery delivery plan with the virtual elimination of 2 year waits in July. Now we are in the second phase of the elective recovery plan, we need to continue to have a strong operational grip across both overall long waits and care for patients with suspected cancer. It is essential that all elective procedures go ahead unless there are clear patient safety reasons for postponing activity. If you are considering cancelling significant levels of elective care you should continue to escalate to your Regional Director for support and mobilisation of mutual aid where possible. We will be writing shortly on the next steps in recovery of elective and cancer services for our most challenged providers.

We are asking every Trust providing elective and cancer services to have their Board review the relevant performance data and delivery plans for the coming months. The Board should reflect on whether the assurance mechanisms are effective and in line with your elective recovery plan. Delivery should be managed in line with the plans and trajectories that have been agreed with NHS England regional teams. These plans should also be shared with your ICB.

On cancer, the key drivers of the cancer 62-day backlog are clear. The hard work of GPs and their teams has meant that the proportion of cancers diagnosed at Stage 1 and 2 has now fully recovered and is higher than pre-pandemic. Urgent cancer referrals are at 118% of pre-pandemic levels, while cancer treatment and diagnostic activity levels are nearer 100% of pre-pandemic levels. Three pathways (Lower GI, Skin and Urology) make up two-thirds of long waiting patients and have seen the largest increases.

Given this context, there are priority actions we are asking you to implement:

1. Faecal Immunochemical Testing (FIT) in the Lower GI pathway including for patients on Endoscopy waiting lists
2. Best Practice Timed Pathway for prostate cancer including the use of mpMRI
3. Tele-dermatology in the suspected skin cancer pathway
4. Greater prioritisation of diagnostic and surgical capacity for suspected cancer.

Infection prevention and control (IPC) measures and testing

Existing UKHSA guidance on the management of COVID-19 patients remains in place, along with the appropriate IPC measures detailed in the IPC Manual. Ahead of winter, providers should self-assess their compliance with this guidance using the IPC board assurance framework.

This guidance will continue to be reviewed based on advice from UKHSA, in line with the latest scientific evidence including the impact of COVID-19 and other respiratory diseases in the coming months. Local healthcare organisations, with clinically appropriate advice, may also continue to exercise local discretion to test specific individuals or cohorts in line with broader IPC measures.

Symptomatic testing is continuing for patients and staff, based on the current list of symptoms. Symptomatic staff should test themselves using LFDs at the earliest opportunity. Staff testing positive should follow UKHSA's return to work guidance.

Staff vaccination

It is important that health and social care workers receive both the COVID-19 and flu vaccines to protect themselves and their patients; the viruses can be life-threatening and getting both flu and COVID-19 increases the risk of serious illness. The vaccines offer the best protection for staff to better support patients and the people we care for.

All frontline healthcare workers should be offered both vaccines by their employer. Employers will confirm where both vaccines can be received, either at place of work, or, at a neighbouring provider. Health and Social Care workers can also book on the National Booking System by visiting www.nhs.uk/get-vaccination or calling 119.

Systems should continue to look at sections of their community where vaccine uptake is lower and focus significant efforts with partners to ensure community-based support is provided, building on approaches that have proved successful in the past. Trusts should also ensure that those attending for other reasons are signposted or offered vaccination.

Oversight and incident management arrangements

We will work with ICBs to ensure that oversight arrangements and associated support are appropriately focused on winter resilience and the delivery of elective recovery, including cancer, as set out above. This includes updating the NHS Oversight Framework metrics to reflect those set out in the Board Assurance Framework.

The NHS continues to operate at Level 3 Incident Response. Local systems will have their own response arrangements in place, and it is important that these continue, with robust escalation processes. There will be an opportunity to test these arrangements with a desktop exercise on winter pressures and escalation planned for November. This will be led by Regions working with ICBs, though participation will be open to all local partners. Seven day reporting against the UEC sitrep will start from Monday 31 October. Arrangements for the COVID-19 sitrep remain unchanged.

Thank you again to you and your teams for your continued hard work, and the leading role ICBs are playing in strong partnership working across the system. Since we published the winter plan in August, you have shared excellent examples of best practice

taking place across the country, and this good work has been used to inform the actions set out in this letter. The coming weeks and months will be difficult, but we will continue to support you in these challenging circumstances to ensure that we collectively deliver for patients and support our staff.

Amanda Pritchard
NHS Chief Executive
NHS England

Julian Kelly
Chief Financial Officer
NHS England

David Sloman
Chief Operating Officer
NHS England

Appendix A – Further Actions Ahead of Winter

Relevant service specifications for the actions outline in the letter can be found here.

New variants of COVID-19 and respiratory challenges

- *Systems should actively consider establishing Acute Respiratory Infection (ARI) hubs as part of preparing for managing increased ARI in the community.*

Demand and capacity

We will work with local systems to:

- *Support delivery of additional beds available to admit patients to across England to reduce the number of patients waiting in ED for a suitable bed, ambulance handover delays, and ambulance response times.*

- *Deliver their agreed contribution to the winter planning ambition of delivering an additional 2,500 Virtual Ward (VW) beds. VW capacity must be included within overall bed capacity plans and monitoring and all local VW providers must submit timely, high-quality data through the national sitrep by 24 October 2022. Systems should ensure that virtual wards are effectively utilised both in terms of addressing the right patient cohort and optimising referrals.*

- *Ensure all systems establish 24/7 System Control Centres (SCCs). SCCs will balance the risk across acute sector, community, mental health, and social care services with an aim of ensuring that clinical risk is appropriately dispersed across the whole ICS during periods of surge. SCCs will need to be supported by senior operational and clinical decision-makers to proactively manage clinical risk across the country in a 24/7 format for 365 days per year. The expectation is that systems will develop the operating model for approval via the BAF and that all systems will have an operational SCC by 1 December 2022.*

- *Improve the accuracy of information provided in the capacity tracker. The accuracy of information submitted to the capacity tracker will be key to ensuring that we can effectively manage demand and capacity at a system, regional and national level. We will work with regional teams to ensure that all providers have plans in place to submit accurate data to the capacity tracker, and that updates are submitted in line with the collection timetable.*

- *Continue to invest into acute-workforce training in managing mental health need (including paediatric acute) and embed the integration framework with associated resources for systems to support children and young people with mental health needs within acute paediatric settings.*

Discharge

- *We know that discharge challenges are causing significant issues for flow and are impacting emergency care for patients. The 100-day challenge work will continue, as local systems continue to embed the 10 best practice interventions. We will work with regions to understand the specific actions where national support is*

required to go further, and a similar programme will be extended to community and mental health trusts. Intensive discharge support will also continue for a small number of our most challenged systems and Trusts. A national data focus, beginning with a drive to improve data quality, will support real-time operational decisions.

- *We are working with cross-government colleagues through the National Discharge Taskforce to explore further options to reduce delays to discharge. This includes supporting the £500m fund to recruit and retain more care workers and speed up discharge. Looking ahead to next year, with colleagues in DHSC and DLUHC we are selecting a number of discharge Frontrunners to identify radical, effective and scalable measures for improving discharge processes and joint working between and adult social care.*

- *Mental health remains a challenge for UEC activity and delayed discharge. It is important that systems continue to invest in mental health as planned in crisis alternatives, community transformation, primary care, and liaison services in acute hospitals, and that 12 hour delays are avoided.*

Ambulance service performance

We will work with local systems to:

- *Ensure all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene and implement new models of improving flow out of emergency departments. Staff may be employed on a rotational or joint basis with mental health trusts. This additional capacity will prevent unnecessary mental health related ambulance trips to A&E and enable more people in mental health crisis to access the right support in their community. Further guidance will be shared shortly.*

Preventing avoidable admissions

All local systems should:

- *Have a community-based falls response service in place between 8am and 8pm for people who have fallen at home including care homes. The service should be in place by 31 December 2022 and be available as a minimum 8am-8pm 7 days per week.*

- *Address unwarranted variation in ambulance conveyance rates in care homes working collaboratively with care homes to identify and access alternative interventions and sources of support.*

- *Consider targeted, proactive support for people who have high probability of emergency admission, sometimes called High Frequency Users. For example, work in one area identified that 1% of people (~600 people) accounted for 1,925 ED attendances and 54,000 GP encounters over a 12 month period.*

Workforce

In July we wrote to you asking you to prioritise five high impact actions to maximise the retention and experience of nursing and midwifery staff. Significant progress has already been made and we are asking you to continue working across key areas, including:

1. **Nursing and midwifery retention self-assessment tool** – completed self-assessment tool and retention improvement plans should be shared with your ICS retention lead or equivalent.
2. **National Preceptorship Framework** went live on 10 October. The framework includes a core set of standards and a gold standard for organisations wanting to further develop their preceptorship programmes.
3. **Flexible working –** Your staff should be made aware and encouraged to explore flexible working options. Information and tools are available on the NHS Futures site.

We are now extending our workforce support by:

- *Re-launching the National NHS reserve campaign to bolster local surge capacity.*
- *Launching a staff offers hub to support spread of local good practice over winter.*
- *Providing a full list of recommended workforce solutions for Integrated Care Boards.*
- *Providing targeted support teams to any region or system that falls into difficulty.*

Meeting name:	Wakefield District Health and Care Partnership
Agenda item no:	12
Meeting date:	22 November 2022
Report title:	Health and Wellbeing Strategy mid-year update report
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:

This is the first report to the Partnership Committee since the Health and Wellbeing Strategy for the district was approved by the Council in February 2022.

Executive summary and points for discussion:

The Health and Wellbeing Strategy 2022 - 2025 describes the ambitions of the Wakefield district to enable people to live longer in good health through focused work on four priority areas:

- A Healthy standard of living for all
- Giving every child the best start in life
- Prevention of ill health
- Sustainable communities.

The Wakefield District Health and Care Partnership plays a key role in the delivery of the Health and Wellbeing Strategy and the forward plan for the partnership is closely aligned to the ambitions of the Health and Wellbeing Strategy. The attached report provides an update on work that has progressed since February 2022 in support of delivery of the Strategy.

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 contents of the report and recommend any follow up action

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The report provides assurance that the Partnership is working in an integrated way to address the wider determinants of health.
Appendices
1. Mid-year report
Acronyms and Abbreviations explained
1. WDHCP – Wakefield District Health and Care Partnership 2. West Yorkshire ICB – West Yorkshire Integrated Care Board 3. VCSE – Voluntary, Community and Social Enterprise Sector 4. MYHT – Mid Yorkshire Hospitals NHS Trust 5. SWYPFT – South West Yorkshire Partnerships NHS Foundation Trust

What are the implications for?

Residents and Communities	The report describes work that directly improves quality of life and health outcomes for the residents and communities of Wakefield district
Quality and Safety	The report provides evidence of improved experience for people living in Wakefield
Equality, Diversity and Inclusion	The report describes activity to promote equality and inclusion and respond to diverse needs
Finances and Use of Resources	The Health and Wellbeing Strategy informs strategic decisions about allocation of resource.
Regulation and Legal Requirements	All districts are required to establish a Health and Wellbeing Board and to set out its ambitions in a published document
Conflicts of Interest	None
Data Protection	Not applicable
Transformation and Innovation	The Health and Wellbeing Strategy informs strategic decisions about transformation and innovation.
Environmental and Climate Change	The report describes activities to support the environment.
Future Decisions and Policy Making	The Health and Wellbeing Strategy informs strategic and policy decisions
Citizen and Stakeholder Engagement	Citizens and stakeholders were involved in developing the Strategy. The report support accountability to the public on delivery of the strategy.

Mid-year progress report on delivery of the Wakefield District Health and Wellbeing Strategy 2022 – 2025

1. Introduction

1.1 The Health and Wellbeing Strategy for the district was approved in February 2022. The Strategy describes the ambition for people of Wakefield to live longer healthier lives, by taking action in four priority areas:

- Giving every child the best start in life
- A healthy standard of living for all
- Prevention of ill-health
- Sustainable communities

1.2 Much of the change that will be delivered through the Health and Wellbeing Strategy will take many years for measurable improvements to be realised. Each priority has a work programme, a series of interventions or steps that will be taken towards achieving improvements in population health and measurable short and long term outcomes.

1.3 This report describes the steps that have been taken in the six months since the Strategy was approved.

2. Health and Wellbeing Board membership & meetings

2.1 The Health and Wellbeing Board meets six times a year. The Board is chaired by the Wakefield Council Cabinet Member for Poverty, Communities and Health.

2.2 The terms of reference were reviewed in May 2022 to ensure the Board had the right composition and operating arrangements to support delivery of the strategy. The Council authorised the Health and Wellbeing Board to put in place an operating protocol which allows it to broaden the membership beyond the statutory requirement to include representatives of the council, public health, the NHS and Healthwatch. An operating protocol was approved by the Health and Wellbeing Board in September 2022 and includes a wider membership of representatives of housing, the police, fire service, voluntary sector and the Recovery Board, ensuring the Board maintains a strong focus on the social issues, bringing together agencies that can tackle the underlying causes of ill health.

2.3 The aims set out in the Health and Wellbeing Strategy are delivered by stimulating work across and beyond the partner agencies.

3. A healthy standard of living for all

3.1 This priority aims to support everyone living in the district to achieve a healthy standard of living by promoting actions to address inequality that affects people's health.

3.2 This included a commitment to focused action to reduce health inequalities in our most deprived neighbourhoods, work to directly support people experiencing hardship due to fuel and food costs and programmes to improve people's prospects through employment.

3.3 The Strategy also commits to target housing and homelessness and to tackle issues that push families further into poverty such as smoking and harmful alcohol drinking, which is higher in less well-off communities.

3.4 The More Money in Your Pocket campaign led by Citizen's Advice was funded by the NHS. The decision to spend health money in this way is a recognition that financial hardship has a direct impact on health. Over a series of events in community centres, shopping centres, hospitals and other public places, advice workers spoke to hundreds of people to help them get access to financial support they are entitled to. In total two campaigns in Autumn 2021 and Summer 2022 enabled people to access £717,700 financial support. The overall cost of the campaigns was £33,697, giving a return of £21.30 brought into the district per £1 spent. By boosting the income of those individuals, this generates money that they spend in the district which benefits local businesses.

3.5 Cold, damp housing conditions directly leads to health problems and it is known that the increase in energy costs and the cost of living generally will make this worse. Considerable positive work is going on in Wakefield in this area, including:

- Plans to develop more new affordable homes
- Housing support coordinators to help people get financial help to deal with fuel poverty, rent and mortgage arrears to prevent them falling further into debt or becoming homeless
- An Energy Savers Scheme to provide help with funding cavity wall insulation and/or loft insulation for people on low income living in private rented accommodation, plus assistance with boilers and heating upgrades for people with a health condition that makes them vulnerable to the cold
- A range of support for people who are off the gas supply and still using coal fires
- Incentives for landlords to improve the quality of private rented housing
- Grants for home improvements, such as insulation
- Work with hospital teams to support people to be discharged
- Independent living schemes offering support for people with extra needs
- Use of technology to support people to live safely and independently in their own homes

- Care link alarm responders for people who fall at home – reducing demand on ambulance services and A&E
- Work to improve standards of private rented accommodation
- Access to free emergency heaters
- Work to provide accommodation for people at risk of becoming homeless and support for rough sleepers

3.6 There is evidence that this work is making a real difference for people. More than 1000 people will be given advice about debt management, money and mortgages and £90,000 has already been distributed in grants to clear energy debts this year.

3.7 Last year more than 1000 homeless people were provided with temporary accommodation and supported with housing needs. Hundreds more were given help to stop them becoming homeless.

3.8 Targeted work is taking place in communities where high numbers of people live in private rented accommodation and where there is poor housing to make them aware of the help they can get with fuel costs. Through the Health and Wellbeing Board, agencies have been made aware of how they can refer people to access this support.

3.9 Wakefield Council has partnered with NOVA, the voluntary sector support organisation, to open up community buildings as 'warm spaces' where people can go if they are unable to heat their homes in the face of rising fuel costs.

3.10 Community hubs which were set up to support people during the pandemic have received continued funding to support people experiencing poverty. This includes running food banks and advice on healthy eating. Health and Wellbeing Board partners also proactively support communications campaigns about places offering free or low-cost meals during school holidays.

3.11 A People Plan has been developed for the district which sets out how public and voluntary sector organisations that deliver health and social care will recruit and retain an effective workforce. The Plan includes a commitment for these organisations to act as exemplars in positive employment practice, by offering offer apprenticeships and employment for people may experience disadvantage and by adopting positive employment practices

3.12 There are plans to fund a pilot programme in one of the most deprived areas in the district to work with the community on tackling barriers to people being able to secure good employment.

3.13 There is continued investment in tobacco control, smoking cessation, tackling harmful alcohol consumption and problems associated with gambling addiction. Specific work is provided through the Inspiring Futures (for people aged under 25)

and Inspiring Recovery (for people aged over 25) programmes. Funding has been extended for a further year for the ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) programme, which is a joint venture by the Home Office, Department for Health and Social Care and Office for Health Improvement and Disparities (formerly Public Health England). The programme tests a whole-system approach led by local police in conjunction with drug treatment and recovery services to tackle drug misuse and drug related crime.

3.14 The network of Community Champions, established as part of the pandemic response to ensure health protection messages were reaching underserved communities in recognition of the disproportionate impact of COVID on minority ethnic and deprived communities, has continued

4. Giving every child the best start in life

4.1 The Strategy commits to support parents and families to lay the foundations for good health in later life before a child is born and during childhood.

4.2 Alongside a specific commitment to the ambitions of the national Better Births programme, there has been ongoing work to address the findings of the Ockenden reports into safer births.

4.3 The number of women booking with health services in the first ten weeks of pregnancy has increased. A new tool to assess women with complications during pregnancy has been fully implemented. There is continued focus on monitoring foetal growth throughout pregnancy.

4.4 Maternity services in the district are accredited by the UNICEF Baby Friendly Breastfeeding Initiative and a breastfeeding peer support service provider Families and Babies (FAB) are working back on the maternity wards and community breast feeding clinics provided by Mid Yorkshire Hospitals NHS Trust have been re-introduced following the pandemic.

4.5 Reducing smoking in pregnancy has continued to be a local success story due to joint working between the Trust and public health. The latest data shows that for Q3 of 2021/22 the figure for smoking at time of delivery (SATOD) was 14.3%, compared with 14.55% in 2020/21

4.6 The Strategy sets an ambition was for all new mothers to sign up to the Born and Bred (BABI) in Wakefield - an exciting new research initiative which aims to create a picture of local people's health and lifestyles over time. It uses research to help identify how we might create a healthier environment for families across our district to enjoy. Starting during pregnancy, local data which is routinely collected about parents and babies is linked together to provide a wider picture of the factors affecting your family's health and wellbeing. This includes health, social and educational sources of data. Researchers will use the collated data from all

the participants to investigate key questions around the health of local people and identify ways to make improvements. Over time, this will provide a really useful insight to help inform planning of health and support services. By September the aim was to have signed up 250 mothers and this had been exceeded with more than 300 new mothers and babies already contributing to the research.

4.7 The multi-agency Wakefield Families Together programme continues to invest in highly effective teams to proactively work with families, childcare and education providers to direct support to families in greatest need. The value of this work was highlighted by judges in the national LGC awards, in which Wakefield Council won the Children's Services category in 2022. More information about the effectiveness of this programme can be found on the Wakefield Council website - https://www.wakefieldfamiliestogether.co.uk/about-us/the-team-around-approach/

5. Prevention of ill health

5.1 This priority focuses on positive action to support people to maintain good physical and mental health through a range of interventions, including access to physical exercise, work to tackle pollution, connecting people with communities to combat loneliness and access to health screening.

5.2 As part of a programme of work to tackle obesity, the district has a children's weight management programme which is focused on the family not just the child, promoting healthy eating and exercise as a family

5.3 All children are measured when they start school. The weight management service also supports adult weight management programmes.

5.4 The Council is supporting a range of active travel initiatives, including recreational cycle and walking trails and transport. More information is available on the Wakefield Council website at:

https://www.wakefield.gov.uk/climate-change/climate-change-active-travel-and-health

5.5 The district is part of a West Yorkshire wide Healthy Hearts programme to identify people at greatest risk of heart disease to enable them to take action through lifestyle choices, professional support and medication to reduce their risk.

5.6 The district is also supported by of the West Yorkshire Cancer Alliance to improve outcomes through screening and early diagnosis. There is ongoing work to encourage uptake of other health screening, including annual health checks for people with a learning disability.

5.7 The district has been successful in encouraging people to take up immunisation against common ailments and maintains a strong position on vaccination against flu and Covid 19.

5.8 A new website Connect to Support offering information about a range of support and self-help services was launched in September 2022. This includes a range of support for carers and for people living with long term conditions.

5.9 There is strong connectivity between health and social care through joint leadership arrangements across the NHS and the Council. The district already has three established Connecting Care hubs – co-located multi-disciplinary teams providing health and care to people in their own homes. This approach was scaled back due to social distancing requirements during the pandemic but is being reinvigorated. An Integrated Transfer of Care team has been established to facilitate discharge from hospital, particularly for people with complex needs.

5.10 Housing Support Coordinators continue to support people whose housing situation would lead to delays in them being able to leave hospital. Their work has a positive impact on the hospital discharge system, reducing delayed discharges and helping to alleviate pressure on healthcare staff.

5.11 A partnership with Care Link provides free time-limited access to an emergency alarm service for people who have had a hospital admission as a result of a fall.

5.12 Virtual Ward was launched in October 2022 and is a consultant-led, community-delivered service that supports patients to be treated at home where they would otherwise require hospital admission. It provides rapid assessment and wrap-around care to prevent people having to go into hospital and help people home from hospital sooner by identifying patients aged over 75 within hospital, or within the Emergency Departments, whose treatment and care can be managed safely at home.

5.13 Support to care homes and home care services that was put in place during the pandemic has continued.

5.14 The district is to benefit from national funding for Community Diagnostic Centres to deliver a large range of diagnostic tests to help staff diagnose a range of conditions including cancer, heart and lung disease quicker to ensure patients get the care they need more quickly. These centres are designed to improve access and reduce delays for people who need an investigative test. These new centres will focus on delivering planned tests closer to people's homes, enabling hospitals to focus on emergency and urgent diagnostics.

6. Sustainable communities

6.1 There are already strong working relationships across the health and care sector and with voluntary organisations and with the housing sector. The ambition set out in the Health and Wellbeing Strategy is for ill-health prevention and health and care services to work more closely with all council departments, with public sector organisations, such as police, fire and education, and with businesses and employers.

6.2 This included a commitment to connect people with assets in their own communities, to create more sustainable services and create healthy places to live.

6.3 The Council and NHS are funding work to establish a model of community development in the Wakefield District, targeted at the most deprived communities.

6.4 This will be targeted at people who are at high risk of becoming ill, for example, because of poverty or isolation, and are not currently accessing help. It will involve community workers based in those areas, supporting people to get help with health, money, housing, employment and social contact.

6.5 The aim is to have this in place in early 2023. It will involve working with local residents, community organisations and local councillors in these communities to ensure people have a full say in how we go about this.

6.6 The Council has set out its vision for regeneration to ensure a thriving district, which can be found on the Council's website:. https://www.wakefield.gov.uk/Documents/planning/regeneration/district-vision-2025.pdf#search=sustainable%20communities

6.7 The Council is also leading on a Climate Change Action plan. Details of the plan and what has been achieved to date can be found on the Council's website: https://www.wakefield.gov.uk/climate-change/wakefield-climate-action.

6.8 Over the summer a Council-led initiative, 'The Big Conversation' gathered information about what is important to local people through more than 1200 conversation with local residents.

6.9 This will inform on-going work to support delivery of the Health and Wellbeing Strategy priorities in a way which is meaningful and effective for local people

7. Recommendations

The Wakefield District Health and Care Partnership is asked to:

- Note the contents of the report and recommend any follow up action

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	13
Meeting date:	22 November 2022
Report title:	Finance Update
Report presented by:	Amy Whitaker, Wakefield Place Finance Lead
Report approved by:	Amy Whitaker, Wakefield Place Finance Lead
Report prepared by:	Amy Whitaker, Wakefield Place Finance Lead

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

Previous considerations:

N/A

Executive summary and points for discussion:

The report sets out the financial position for organisations within the Wakefield Place as at end September 2022.

At this stage of the year, all NHS organisations are forecasting to deliver within their allocated control totals, however there is risk being managed within this reported position. The Council is currently reporting a £4.2m adverse variance, driven by activity increases and costs of the pay award.

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. Take assurance from the current financial position and the actions being taken to manage risk.
2. Discuss and provide feedback on the report, noting that it will be evolving to incorporate other partners over the coming months.

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:
Corporate Risk Register and Board Assurance under development.
Appendices
1. N/A
Acronyms and Abbreviations explained
1. WY ICB – West Yorkshire Integrated Care Board

What are the implications for?

Residents and Communities	**Not directly**
Quality and Safety	**Not directly**
Equality, Diversity and Inclusion	**Nil**
Finances and Use of Resources	**Forecast balanced financial position, with forecast risk in Social Care.**
Regulation and Legal Requirements	**Not directly**
Conflicts of Interest	**Nil**
Data Protection	**Nil**
Transformation and Innovation	**Not directly**
Environmental and Climate Change	**Nil**
Future Decisions and Policy Making	**Not directly**
Citizen and Stakeholder Engagement	**Nil**

1. Main Report Detail

1.1 This report sets out the financial position for organisations within the Wakefield Place based on the reported position as at end of month 6 (September).

1.2 The financial positions reported for NHS providers are based on the total organisational position, as it is not possible to split them across the different Places in which they deliver services.

1.3 Given the West Yorkshire Integrated Care Board (WY ICB) became a statutory body on 1July 2022, Wakefield's Integrated Care Board (ICB) delegated budgets represent a combination of Wakefield Clinical Commissioning Group's (CCG) reported position for Quarter 1 and the first quarter of the new ICB body.

1.4 The figures presented for the Council reflect the costs of Social Care and Public Health only.

1.5 The report will continue to be developed over the next few months to take into account previous feedback from the Partnership Committee, and to ensure that we are including all relevant partners across our Place.

1.6 The summary forecast position for September is as follows:

	Forecast income / budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	**746.8**	**746.3**	**0.5**	**0.5**
Mid Yorkshire Hospitals NHS Trust	**672.6**	**672.6**	**0.0**	**0.0**
South West Yorkshire Partnership NHS Foundation Trust	**354.1**	**350.9**	**3.2**	**3.2**
Wakefield Place - Total	**1,773.5**	**1,769.8**	**3.7**	**3.7**

The above table is the total organisation's position and not the Wakefield Population.

Wakefield Council - Social Care and Public Health	Annual budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m
Adults Social Care	**92.8**	**94.0**	**(1.2)**
Childrens Social Care	**51.1**	**54.1**	**(3.0)**
Public Health	**21.6**	**21.6**	**0.0**
Wakefield Council - Total	**165.5**	**169.7**	**(4.2)**

1.7 At this stage all NHS organisations are forecasting to deliver within budget, albeit there is risk being managed to enable this.

1.8 The Council is reporting an expected variance of £4.2m to plan for Social Care and Public Health driven by higher placement costs, the impact of the pay award, and additional costs aligned to children in care.

1.9 The key risks to delivery of the financial plan are:

1.9.1 Recurrent delivery of our unidentified efficiencies

1.9.2 Increasing demand on all services across Place, and out of area placements

1.9.3 Increasing vacancies and the subsequent impact on temporary staffing costs

1.9.4 Increasing acuity of our patients

1.9.5 Realisation of the elective recovery fund in the second half of the year

1.9.6 Further cost inflation

2. Next Steps

2.1 All partners will continue to work together to manage financial risk, alongside our partners in the wider Integrated Care System.

2.2 Work continues, in partnership, to understand the expected forecasts for demand over the winter months, and the best way to manage and respond to this pressure to ensure value for money services.

2.3 The Wakefield Place Integrated Assurance Committee will continue to review the position in more detail and escalate risk as appropriate.

3. Recommendations

The Partnership Committee to:

3.1 Take assurance from the current financial position and the actions being taken to manage risk.

3.2 Discuss and provide feedback on the report, noting that it will be evolving to incorporate other partners over the coming months.

Meeting name:	Wakefield District Health and Care Partnership Board
Agenda item no:	14
Meeting date:	22 November 2022
Report title:	Summary of 2022/23 Quarter 2 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. 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. The first summary report was presented in September 2022.

Executive summary and points for discussion:

The Quality at Place task group developed the place-based quality report 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.

Due to the timing of meetings the Quarter 2 report has not yet been presented to the Integrated Assurance Committee. Therefore, the SRO for Quality has also identified a number of key items to highlight to the Committee:-

- Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services following the BBC Panorama programme
- 2022 National GP Practice Survey results
- Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) – findings from annual reports
- MYHT Maternity services – responding to independent inquiry/investigation reports, and workforce challenges

The full report which will be presented to the Integrated Assurance Committee in early December includes the latest CQC ratings for our health and care providers; 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.

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 Partnership Committee: a. note the current place risks and assurances related to quality, safety and experience presented in the paper and on the attached Assurance Wheel; and b. acknowledge that information from the report will be shared with the ICB Quality Committee (where necessary) as part of the Partnership's delegated duties.
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 2 Quality, Safety and Experience report (Assurance Wheel)
Acronyms and Abbreviations explained
Not applicable – all acronyms and abbreviations are explained in the report

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.

1. 2022/23 Quarter 2 Quality, Safety and Experience Report

1.1 The place-based quality report, structured to reflect the Partnership's model of care for all populations 'I' statements presented in the 2022/23 Business Plan, will be presented to the Integrated Assurance Committee in early December 2022.

1.2 The full report includes the latest Care Quality Commission (CQC) ratings for our health and care providers; 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.

1.3 The Partnership Committee agreed a brief summary of the report should be presented to the group (Appendix 1 – Assurance Wheel). Due to the timing of meetings the Senior Responsible Officer (SRO) for Quality has also identified a number of key items to highlight to the Committee.

1.4 Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services

1.4.1 In response to issues highlighted by BBC Panorama programme which showed patients being abused whilst in the care of a NHS mental health hospital all Chief Executives of Mental Health, Learning Disability and Autism service providers were written to by Clare Murdoch, National Director for Mental Health to urgently consider findings uncovered by the programme.

1.4.2 The undercover footage highlighted alleged verbal and physical abuse of vulnerable patients with mental health problems and autism. The programme raised serious concerns about the harmful and dangerous practices including unnecessary restraint and seclusion, near mistakes with medication, falsification of observation records and verbal and physical abuse.

1.4.3 Provider Boards were asked to:-

- urgently review the safeguarding of care in their organisation and identify any immediate issues requiring action, including but not limited to, freedom to speak up arrangements, advocacy provision, complaints, Care, Education and Treatment Reviews (CETRs), and other feedback on services; and to ask themselves could this happen here?, how would we know?, how robust is the assessment of services and the culture of services?, and are we visible enough and do we hear enough from patients, their families and all staff on a ward?
- Consider independent peer-led support to people being cared for in your most restrictive settings and peer-led feedback mechanisms, to ensure they are acting on patient voice.
- Review why people in their services are in Seclusion and Long Term Segregation, how long for, what is the plan to support them out of these restrictive settings?

1.4.4 The letter also acknowledges the positive work already taking place to prevent the formation of toxic and closed cultures and tackle unacceptable practices. It emphasises that we must all prioritise listening to people we serve, their families and taking action when something isn't right.

1.4.5 South West Yorkshire Partnership Foundation Trust (SWYPFT) has undertaken a review in line with the letter and prepared a comprehensive summary of the measures and controls in place, to provide assurance to their Board on the quality and safety of care provided by their mental health, learning disability and autism inpatient services.

- There is evidence to demonstrate that the Trust has systems and processes in place to identify concerning practice and cultures, including Freedom to Speak up Guardians and whistleblowing policies.
- The Trust's risk management framework provides a clear process through which the Trust monitors and evaluate risks, including monthly review by the executive management team and quarterly presentation to Trust Board (for example, the current staffing risk - whilst mitigations and controls are in place, this remains a risk for the Trust).
- Quality Monitoring visits are undertaken by non-executive directors and governors to provide an objective view of services provided by the Trust. In addition, there is a senior leadership visibility programme to provide a further opportunity for service users, carers and staff to share their experiences of Trust services.
- The Trust's RRPI (Reducing Restrictive Physical Interventions) inpatient training programme achieved accreditation with the Restraint Reduction Network in March 2021, with a significant part of this training focusing on compassionate, least restrictive care. The training programme was reviewed again in March 2022 with the training programme maintaining accreditation, and receiving positive feedback from the reviewing body (British Institute for Learning Disabilities, Association of Certified Training (BILD ACT).
- The Executive Trio are working collaboratively with colleagues across the Integrated Care Boards on a shared system of assurance, discussions are taking place regarding an approach similar to the existing forensic network's quality visits.
- A wide range of quality and performance information is collected, monitored, and used to make decisions about care and services and to provide assurance. Additional work is taking place to strengthen the triangulation of Trust data including how we best make use of feedback from service users, carers, staff, and stakeholders.
- The Trust have emphasised their commitment to ensuring service user, carers and families experience will be listened to and acted upon. They also want staff to speak up with the understanding that they will be listened to and supported.
- An action plan has been developed to capture and monitor the work underway to further strengthen the connection to the reality of being on one of the Trust's inpatient wards, and to ensure staff and service users have mechanisms to say what is working well and where improvements are needed. The action plan is owned by staff and overseen by the Executive management team via the clinical governance group and operational management group. The action plan includes

additional visits to services; ensure staff are aware of and use the Freedom to Speak Up process; develop a greater understanding of our service user's feedback; training to ensure staff understand their and colleagues' professional boundaries; and sharing themes and learning.

1.4.5 There are no independent sector mental health, learning disability and autism inpatient services in Wakefield district. However, in recognition that there will be people residing in other services (at place or out of area) providing care and treatment commissioners are producing an assurance document which will outline the responsibility of commissioners, a summary of current quality assurance and surveillance processes, and identify any areas of potential risk and consequent actions.

1.5 2022 National GP Practice Survey results

1.5.1 The GP Patient Survey measures patients' experiences across a range of topics. In West Yorkshire Integrated Care Board (ICB) 29,845 surveys were completed with 3,928 returned for Wakefield district registered patients (32% response rate and 1% of practice registered population).

1.5.2 A detailed analysis of the results to review patients experience of general practice in Wakefield has been completed based on 20 patient experience questions from the survey. These questions provide an analysis of patients' experience from both a clinical and a non-clinical perspective.

1.5.3 Data has been made available for Primary Care Networks (PCN) and GP practices to access using Power BI and includes a benchmarking against local, ICB and national averages; and change in performance over 4 years.

1.5.4 For the 20 patient experience questions, Wakefield district are:

- Above West Yorkshire average for **13 areas (65%),** equal to West Yorkshire average for **5 areas (25%)** and below West Yorkshire average for **2 areas (10%)**
- Above National average for **6 areas (30%),** equal to National average for **4 areas (20%)** and below National average for **10 areas (50%).**

1.5.5 The results show an **improvement for 15 practices** from 2021 to 2022 - **five practices** have had an improvement of 25% or more**.** The results show a **deterioration for 16 practices** from 2021 to 2022 - **seven practices** have had a deterioration of 25% or more**. Three practices have maintained** their results compared to 2021**.**

1.5.6 The following actions are in progress:

- All practices have been asked to review their results and consider where improvements can be made.
- Practices have been asked to share ideas where improvements to patients' experience could be made. Examples have been collated and shared with practices, and the document will be regularly updated.

- The Quality team has attended all seven PCN Practice Manager groups, where data was shared. The PCNs have been asked to share ideas for improvements and submit a completed improvement action plan by mid-December.
- The ICB's (Wakefield place) Quality and Primary Care teams have reviewed the data for each practice and identified where additional support can be provided e.g., from the Accelerate Programme Team, the Primary Care Team or where a Quality Visit may be required.
- Practices who have been identified as high performers or have had a marked improvement have been sent a letter of recognition from the Wakefield District Health & Care Partnership

1.5.7 Relevant teams are available to provide support as needed, with regular updates on progress during the next 4 months in preparedness for the 2023 survey which will be sent out between January and March 2023.

1.6 Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)

1.6.1 LeDeR is a service improvement programme to help make services better for people with a learning disability and autistic people. When a person dies, a LeDeR review looks at the health and social care they received throughout their life – to identify any care that could have been better as well as the good practice in their care. The aim is to narrow the inequalities in care for people with a learning disability and autistic people, so that they can live as long, as happily and as healthily as others.

1.6.2 The 2021 LeDeR annual report was published in July 2022. Nationally 3,304 people had their deaths reported to LeDeR in 2021. On average men died 22 years and women 26 years younger than the general population. The median age of death in 2021 was 61 years old (this has increased by 1 year since 2019).

1.6.3 Over half of people with a learning disability died in some of the most deprived areas in England. People died younger if they were from ethnic minority background, had epilepsy, been treated by deep vein thrombosis (a new finding) or had conditions linked to older people such as dementia and heart conditions. Similar to 2020, the pandemic continued to affect the health of people with a learning disability.

1.6.4 The report identified good practice and areas for improvement and identified a number of key actions (as described in the table below).

Areas for improvement	**Good practice**
• Making **reasonable adjustments** • Poor **communication** and **transfer of information** between teams and care pathways • **Transition issues**	• Good use of health initiatives such as **hospital passports, annual health checks and health action plans** • **Good care by individual staff** from across disciplines was praised

• Lack of **training** to **identify early deterioration in health** – including NHS and care staff • Not following the rules properly around **Do Not Attempt Resuscitation (DNACPR)**	• Good **multi-disciplinary working** and approaches • The value of the **learning disability acute liaison nurse**
Key action areas	
• Understand how to reduce people dying from cancer including prevention, treatment and awareness raising • Ensure people properly record DNACPR across all services and use the right code for DNACPR • Ensure respiratory projects around pneumonia support pathway change and improvement • Understand more about cardiovascular disease and take action to address high blood pressure and risks in people with a learning disability • Consider the findings of the hospital passport digital discovery work to understand the best way to make sure people have hospital passports • Work with partners to support more carer and staff trained in early signs if ill health and deterioration • Develop advice and support on sleep apnoea and continuous positive pressure machine usage (CPAP) • Deliver a social media campaign around constipation	

1.6.5 The LeDeR action from learning report is NHSE's response to the national report. It showcases some of the national and local action across health and social care services in response to learning from LeDeR reviews and to recommendations from the previous annual report. The report showcases Wakefield District's Learning Disability – Achieve Change through Engagement (LD-ACE) Programme with GP Practices, Conexus and SWYPFT.

1.6.6 The place Local Area Contacts across West Yorkshire have worked closely with the Transforming Care Partnership, ICS Mental Health, Learning Disability and Autism Programme and place Chief Nurses to implement the new LeDeR Policy, and to ensure transfer into the new arrangements by 30 June 2022.

1.6.7 There is a requirement in the LeDeR Policy for each ICB to produce an annual LeDeR report. The report was presented to the WY System Quality Group in November 2022. Key headlines include:

- 127 deaths in West Yorkshire were notified to the LeDeR programme in 2021/22 *(16 for Wakefield district)*
- The average age of death was 56 years *(62 years for Wakefield district)*
- 6 out of 10 people died before the age of 65 *(5 out of 10 for Wakefield district)* compared to 1 in 10 of the general population
- The top 5 causes of death were chest infection, aspiration pneumonia, Covid-19, heart disease and gastrointestinal conditions *(aspiration pneumonia was the top cause of death for Wakefield district)*
- 64% of people had a record of an Annual Health Check *(50% for Wakefield*

district) and 83% had a record of at least one Covid-19 vaccination *(100% for Wakefield district)*

- 60% of people died in hospital *(63% for Wakefield district)*, compared to 47% of the general population.

1.7 Mid Yorkshire Hospital Trust (MYHT) Maternity Services

1.7.1 Implementation of the Ockenden Inquiry recommendations and overall quality and safety of maternity services continues to be monitored by the Maternity Quality Surveillance Group (MQSG). The Group continues to meet monthly and is presented with a report on maternity quality and oversight and the maternity dashboard.

1.7.2 An Insight visit to consider progress against the 7 immediate and essential actions (49 questions) took place on Monday 13 June 2022 by NHS England (NHSE), the WY Local Maternity and Neonatal System (LMNS) and CCG Chief Nurse. 46 questions were assessed as fully complaint with actions embedded, and 3 questions as partially compliant. Actions to address the recommendations from the visit have been presented to the MQSG.

1.7.3 Following concerns raised about the quality and outcomes of maternity and neonatal care, NHSE commissioned Dr Bill Kirkup CBE to undertake an independent review into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust between 2009 and 2020.

1.7.4 The Reading the Signals report was published on 19 October 2022, followed by a letter from the NHSE Chief Operating Officer, Chief Nursing Officer, and National Medical Director setting out expectations that every Trust and ICB will review the findings of the report at their next public board meeting, and that boards should be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'. MYHT Trust Board will consider the report at their meeting in November 2022.

1.7.5 Maternity Services across the region and country are experiencing significant staffing challenges. Over the last year MYHT have experienced staffing shortfalls against planned workforce levels in all parts of the service due to vacancies, sickness, and maternity leave. To ensure the safety of women and babies, and in accordance with guidance from NHSE, the Trust has prioritised provision of 1:1 care for women in established labour which has contributed to temporary suspension of the Bronte Birth Centre at Dewsbury Hospital due to the risks presented by critical staffing levels.

1.7.6 The WY LMNS continues to support West Yorkshire level recruitment and induction processes and maternity services are considering creative ways to support, retain, recruit and attract staff, including international recruitment.

1.7.7 Delivery of Midwifery Continuity of Carer (CofC) has presented significant challenges to maternity services across the country due to workforce implications - both in capacity and impact on midwives. The Ockenden report highlighted the significant risk continued roll out of CofC presented to safety and quality of care to all users of

maternity services and recommended all maternity services review and pause roll out where it was considered minimum safe staffing levels would be impacted by this. Subsequently all Trusts received a letter in September 2022 advising that there is no longer a target date for services to deliver CofC, and services locally were advised to develop plans which work for them.

1.7.8 The Wakefield District Maternity Voices Partnership (MVP), hosted by Healthwatch Wakefield, is a group of women and their families, commissioners and services working together to review and contribute to the development of local maternity care. The MVP seek feedback about the experience of maternity care in various innovative ways, including visiting the services within MYHT, and work with maternity services to share feedback and identify areas for improvement. The MVP chairs from Wakefield and Kirklees are members of the MQSG.

2 Next Steps

2.1 The full Quarter 2 Quality, Safety and Experience report will be presented to the Integrated Assurance Committee on 1 December 2022.

2.2 The issues highlighted above will continue to be monitored through the established place and ICB established quality assurance and surveillance processes. Updates and progress will be provided in future reports.

3 Recommendations

3.1 It is recommended that the Partnership Committee:

a. note the current place risks and assurances related to quality, safety and experience presented in the paper and on the attached Assurance Wheel; and

b. acknowledge that information from the report will be shared with the ICB Quality Committee (where necessary) as part of the Partnership's delegated duties.

4 Appendices

4.1 Appendix One – Summary of 2022/23 Quarter 2 Quality, Safety and Experience report (Assurance Wheel)

Wakefield District Health & Care Partnership

Appendix 1

Quality, Safety and Experience Report – Summary for Partnership Committee

2022/23 Quarter 2

Introduction

This summary is based on the third place-based quality report which will be presented to the Integrated Assurance Committee on 1 December 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 2.

The full report includes the latest CQC ratings for our health and care providers; 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 Integrated Care Board's (ICB) emerging reporting requirements for quality. This will include wider content to truly reflect the Partnership.

Due to the timing of meetings the Senior Responsible Officer (SRO) for Quality has also identified a number of key items to highlight to the Committee.

Assurance Wheel

- 245 items shared at Quality Intelligence Group during Q2 – key themes included: negative experiences in Urgent and Emergency Care, staff attitude and lack of compassion and negative feedback on telephone/online physiotherapy services.
- In September, the experience of being discharged from hospital was the focus of our Experience of Care Network and our Patient Safety Network considered the benefits and challenges of various approaches Independent Providers could take to implement the new Patient Safety Incident Response Framework (PSIRF).
    - MYHT's medical examiner office is well-established and starting to review out of hospital deaths in hospices and with Primary Care Networks

- There remains significant variance between GP practices antibiotic prescribing. Wakefield benchmarks considerably as a higher prescriber of topical antibiotics - non-oral antibiotics should be included in practices' prescribing strategies

- Assurance on safeguarding young people from providers of remote delivery of early medical abortion services received
- Positive walkabouts to wards at Dewsbury and Pinderfields Hospitals. Staff were welcoming and approachable, wards felt busy but organised and patients were well cared for.
- 2021 National Cancer Patient Experience survey rated MYHT an average of 8.6 out of 10 for their overall NHS care, compared to 8.9 nationally.
- Operose (community ophthalmology provider) was rated Requires Improvement by the CQC following an announced inspection in May
- Ockenden Insight visit to MYHT maternity services confirmed good progress against all immediate and essential actions, despite the pressure of significant staffing challenges

- Lupset Health Centre and Rycroft Primary Care Centre both rated Good following CQC inspection.
- In the National GP Practice Survey 2021 Wakefield is above the ICB average in 13 areas and below in 2 areas. 15 practices improved results and 17 deteriorated.
- Improved CQC ratings for three adult social care services, and a reduced rating for three services. At the end of Quarter 2 only one care home and one domiciliary care service remain rated overall Inadequate by CQC.

- SWYPFT has considered to the national mental health team urgent request following the BBC Panorama programme about the quality and safety of inpatient care provided in a NHS mental health hospital
- The national Learning into Action report for LeDeR showcases our LD-ACE Programme (between SWYPFT, Conexus and GP Practices)
- LeDeR reviews continue to be completed within six months of notification where possible – with ten open reviews in progress

- Urgent and emergency care services remain under considerable pressure impacting on extended waits for an ambulance and in the emergency department, bed availability and patients with no reason to reside
- A weekly Tactical Leadership Group has been established across the three ICBs in Yorkshire & Humber to response to the extreme pressures and demand challenges for YAS's 999 service
- The provider reports for services inspected as part of the CQC's system-wide review of UEC in West Yorkshire show effective care and treatment being delivered, with staff treating people with kindness and compassion, recognising the considerable demands on services

Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Thursday 11 August, 9.00am – 12.00pm, MS Teams

Present – voting members

Name	Representing
Colin Speers	Chair
Lucy Beeley	Integrated Urgent Care Board
Michele Ezro	Mental Health Alliance
Linda Harris	Joint SRO Workforce
Phillip Marshall	Joint SRO Workforce
Abdul Mustafa	PCN representative
Pravin Jayakumar	Connecting Care Alliance representative
Nichola Esmond	Service Director Adult's Social Care
Maddy Sutcliffe	Third Sector Strategy Group
Amanda Miller	South West Yorkshire Partnership Trust
Antony Nelson	Primary Care Networks/ GP Practices
Karen Parkin	Representing Finance and Contracting
Karen Benstead	Representing Director of Community Services
David Thorpe	Housing and Health Group
Stephen Turnbull	Consultant – Public Health

Present - In attendance

Name	Representing
Megan Barker	Minute Taker
Michala James	Provider Collaborative Manager
Becky Barwick	Executive Lead to the Provider Collaborative
James Brownjohn	Mid Yorkshire Hospitals Trust
Theresa Kirk	Service Manager Adult's Social Care
Sara Fieldhouse	Fieldhouse Care Ltd
Sharon Wallis	Head of System Flow Transformation
Dominic Blaydon	Associate Director of Integration
Martin Smith	Service Manager Adult's Social Care
Gemma Gamble	Senior Strategy & Planning Manager

Apologies

Name	Organisation
Jo Webster	Wakefield Place Director
Trudie Davies	Mid Yorkshire Hospital Trust
Tilly Poole	Community Transformation Programme
Dawn Lee	Bradford District Care Trust - NHS
Mel Brown	Representing Wakefield Place Director
Sarah Roxby	Housing and Health Group
Jenny Lingrell	Service Director Children's Social Care
Matt England	Planned Care Provider Alliance

Administration

Agenda no	Minutes
1	**Welcome and apologies** Becky Barwick stepped in for Colin Speers, Becky Barwick welcomed everybody to the group and apologies were noted. David Thorpe attending in place of Sarah Roxby.
2	**Declarations of Interest** No declarations of interest were raised by anybody on the meeting.

Agenda no	Minutes
3	**Approval of minutes from the last meeting** Michele Ezro provided an update on the Bereavement section of the minutes. Michele Ezro confirmed that a gap was actually identified in children's bereavement and a process was proposed going forward to support this. **Action** – Michele Ezro to send an updated paragraph to Megan Barker, Megan Barker to add this updated paragraph into the Bereavement section of the previous minutes. James Brownjohn provided an update on the Community Diagnostic Hub section of the minutes. James Brownjohn confirmed the July deadline was to seek sign off not physically have the case signed off. **Action** – Megan Barker to update the previous minutes to reflect James Brownjohn's comment. Members of the group agreed the minutes were an accurate representation of the previous meeting once the above amendments were made.
4	**Action log from the last meeting** Michala James spoke the group through the action log. Michala James to pick Nichola Esmond's action up outside of the call with Nichola Esmond and update at the next meeting. Becky Barwick to report back on the declarations of interest action at the next meeting. Becky Barwick updated on the peoples voices action, had discussions with Dasa Farmer outside the meeting, Dasa suggested once happy with the forward plan we share with the People's Voice's group. James Brownjohn updated the group on the waiting list action. Lucy Beeley updated on the MY Cancer Strategy, work is ongoing, this action can be closed. James Brownjohn updated on the Community Diagnostic Hub action, he hasn't yet received the meeting invitation, James to link in with Trudie Davies outside the meeting.
5	**New Model of Care – Dementia Support Pathway & Dovecote Lodge Pathway** Sharon Wallis introduced herself, Sara Fieldhouse, and Theresa Kirk to the group. Sharon Wallis shared the Dementia Support Pathway slides with the group, Sharon Wallis provided the group with background information and context. Sharon Wallis informed the group of the steps they are taking to plan, fill the gaps and improve quality, some of these steps include discharge planning on wards, medicines management, strong family and patient engagement and provision of additional care; bespoke. Sara Fieldhouse spoke the group

Agenda no	Minutes
	on the delivery; pilot phase. The delivery team, the process, our lady, her family and unexpected challenges (Court commended), the outcome, feedback. Sharon Wallis informed the group of the next steps. Version 7 has got signed off. Sharon Wallis talked the group through the criteria, 65 years and over, presenting with behaviour due to dementia type illness. Sharon Wallis highlighted the standard key performance indicators to the group and explained the Dementia Support Team Discharge Pathway. Theresa Kirk provided the group with an overview of the Dovecote Model. The model – collaborative working, Dovecote within this pathway, Step down from hospital, Next steps; Step up from community. Antony Nelson raised his interest in the possible replication of the model, interested in the workforce challenge and how Linda worked through this. Karen Benstead raised her interest in the step up beds, how does capacity allow this. Philip Marshall asked what the successful factors were in order to get to full establishment, Theresa Kirk shared that time was the biggest factor, recruitment was difficult, sign off was received months ago it has taken months to get to full establishment.
6	**Core20Plus5** Becky Barwick introduced her Core20Plus5 slides to the group, NHSE/ I approach to reducing health inequalities. Core20 refers to the most deprived 20% of the national population, the Plus refers to the population groups experiencing poorer than average health access. The 5 refers to the 5 clinical areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding. Becky Barwick informed the group of the criteria the WY ICS have set for Core20Plus5 investment. Becky Barwick informed the group working on a proposal, proposing we invest in a community development approach focused in the most deprived areas. For vulnerable groups there proposal is to implement a roving team built on learning from the roving vaccination team work. Becky Barwick shared the next steps with the Provider Collaborative, key question is, how do we systemically build this into all the work of the Provider Collaborative. Michele Ezro informed the group in the MHA they are working on 2023 year plan, non-recurrent proposals. Michele Ezro asked to add SMI health checks onto the list for Plus5. Abdul Mustafa spoke on the 5 clinical areas, work is already ongoing for each area, concerned each area is already at capacity. Maddy Sutcliffe requested the VCSE sector is represented in all elements. **Action** – Becky Barwick/ Karen Parkin to meet up outside the call to discuss the financial aspects of Core20Plus5.

Agenda no	Minutes
7	**ICB Strategy** Becky Barwick informed the group there is a strategy group working on the ICB strategy, Becky Barwick and Ruth Unwin represent Wakefield at this group. Becky Barwick shared some slides on the ICB Strategy which is made up of the health wellbeing strategies from each of the 5 places within West Yorkshire. Becky Barwick shared the journey so far and the ICB 10 ambitions. These are unlikely to change. The ICB has to produce a 5 year delivery plan, which will include delivery of the strategy as well as the activity and performance priorities of the NHS. The delivery plans will be developed at place and aggregated into a single plan for the ICB. Becky Barwick shared the timeline for the work, draft of delivery plan is needed by October/ November 2022, the next steps are to find out peoples questions/ concerns and continue discussions. Antony Nelson asked if there was any insight regarding additional investment. No information surrounding monies, guidance is due in the next few weeks. Michele Ezro updated on Mental Health and concerns for the long term plan that ambitions for the year might not be met, more detail to be known by Autumn.
8	**Wakefield People Plan – Final for approval** Linda Harris shared the purpose of today's slides are to seek an endorsement from the Provider Collaborative to sign off for the plan. Linda Harris shared the development of the People Plan and the 6 pillars of the People Plan: Looking after our people, Enhancing and growing systems Leadership, Belonging to the WDHCP, New roles/ ways of working and delivering care, Growing our workforce/ developing our people and finally Workforce planning. Phillip Marshall introduced himself to the group and shared the Governance structure. Phillip Marshall shared the proposed PMO (Programme Management Office) structure with the Provider Collaborative, Joint SRO's, Senior Lead for System Workforce Portfolio, 2 Programme Managers, Organisational Development Manager, Strategic Consultant, Programme Support Officer, and an Administrative Assistant. Phillip Marshall informed the group they have asked for £75K recurrent funding to fund these posts, Phillip Marshall shared the role of the PMO. Recommendations for the Provider Collaborative are as follows, Endorse the Wakefield People Plan, Agree to support the development of a discrete System Workforce PMO to support delivery, Delegate responsibility for delivery of the plan to the Wakefield People Board and approve the governance arrangements set out in the plan and finally Receives Quartey progress reports on delivery of the plan. Pravin Jayakumar recognises the plan is well thought out. Dominic Blaydon highlighted they are aware of the current economic challenges, the development of the designated PMO is vital for the delivery of this plan. Michele Ezro congratulated the People Plan. **Action** – Linda Harris/ Dominic Blaydon/ Karen Parkin to discuss a possible MOU for the £75K funding per organisation.

Agenda no	Minutes
9	**Better Care Fund** Martin Smith introduced himself and Gemma Gamble to the meeting. Martin Smith explained that the BCF is mandatory for every Health & Wellbeing Board. The 2022-2023 BCF guidance was published on the 19th July and the final plan is due for submission to the national team on the 26th September. Martin Smith informed the group that a refresh of the current BCF plan is taking place with a strengthened section on Unpaid Carers and for the first time there is a section on Intermediate Care Capacity and Demand. Martin Smith explained the 4 metrics for the BCF Plan : Reablement, Residential Admissions, Discharge to normal place of residence and finally Avoidable Admissions. Martin Smith informed the group himself and Gemma Gamble will be asking teams for case studies to support the plan.
10	**Virtual Wards Update** Lucy Beeley updated on Virtual Wards on Tilly Poole's behalf. Two workshops have been held between CKW colleagues – the last was 05th August 2022 with good attendance across CKW, despite holiday season. Colleagues across the systems have developed AA and ESD pathways and cohorts for both Frailty and Respiratory. CKW Task and Finish groups have been established and the Wakefield VW Steering group has inputted into the membership. Those from the Wakefield Steering group who are members of the CKW. T&Fs will be reporting back to the group with progress / risks and actions. It is likely that frailty clinical pathways for Wakefield in winter 2022 will focus on Care Home residents – as these have existing care support, VW offer will expand to those in their own residences as the workforce increases and respiratory will focus on increasing patients on ESD pathways. The next steps are wider stakeholder engagement and agreement of the developed pathways and T&F groups to develop milestone plans and deliver key actions for establishment of processes and protocols for October. Risks are included in the highlight report
11	**Winter and system pressures** **a) Outcomes of sub-group meeting** Lucy Beeley updated the group on the 3 aims for winter planning. These aims are as follows: Ensuring that planning for the winter is completed at all levels in good time to ensure patient safety and quality of care is not compromised, Ensuring plans are integrated at a system level and that pressure and risk is evenly spread across systems and is not focused on one section of the care pathway, and finally Ensuring plans are robust and consider the business as-usual seasonal pressures alongside emerging challenges and effectively balance these together. Lucy Beeley shared the Wakefield Place and West Yorkshire Integrated Care Board approach to winter pressures. Lucy Beeley shared the timetable of where we are going, the 3 key risks highlighted are

Agenda no	Minutes
	workforce specifically the availability of suitable workforce, the second risk is activity, the increased demand either in surges or consistently and the final risk is patient flow. Lucy Beeley shared the Unscheduled Care Coordination Model with the group, this could be an answer to some of the issues, this model has real time access to a clinician. Lucy Beeley shared the key features of Unscheduled Care Coordination Hubs. Recommendation for the Provider Collaborative is to seek support from the WPC to explore the ECIST (Emergency Care Intensive Support Team) offer. Pravin Jayakumar raised his concern for duplication, Nichola Esmond raised concern for staffing, where would the hubs be located. Karen Benstead shared her agreement with Pravin Jayakumar and Nichola Esmond's points. Lucy Beeley explained to the group the way ECIST work, the steps they take before anything is put into place. Michala James queried the timescales, Lucy Beeley explained she had tentatively reserved us a place with ECIST, looking at the first week of October for implementation. **b) Update on system pressures** Lucy Beeley spoke on behalf of Trudie Davies, pressures remained high in the system throughout July. The system was in and out of Opel 4 throughout July. James Brownjohn explained waiting times are suffering, August is going to be a challenging month due to A/L.
12	**Items for escalation to Wakefield District Health & Care Partnership Committee** No items were raised for escalation to the Wakefield District Health & Care Partnership.
13	**Any other business** **a) Reflect back on agenda items** Colin Speers informed the group that today's meeting is the last one for Antony Nelson, Colin Speers thanked Antony Nelson for all of his hard work from the very beginning of the Provider Collaborative and wished him well for the future. Michala James informed the group an obesity steering group is getting set up and the Provider Collaborative have been asked to consider representation. **Action** – To get in touch with Michala James if you wish to be added to the obesity steering group. Colin Speers raised the Spread and Scale group clashes with the next Provider Collaborative meeting (06 September)

Agenda no	Minutes
	Action – Colin Speers to look at potentially cancelling/ rearranging the September meeting due to lack of predicted attendance.
Date and time of next meeting: Tuesday 6 September, 2pm – 5pm, via MS Teams	

Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Thursday 4 October , 2.00pm – 5.00pm, MS Teams

Present – voting members

Name	Representing
Colin Speers	Chair
Lucy Beeley	Integrated Urgent Care Board
Michele Ezro	Mental Health Alliance
Linda Harris	Joint SRO Workforce
Phillip Marshall – Apologies	Joint SRO Workforce
Abdul Mustafa – Apologies	PCN Representative
Pravin Jayakumar	Connecting Care Alliance representative
Nichola Esmond – Apologies	Service Director Adult's Social Care
Maddy Sutcliffe – Apologies	Third Sector Strategy Group
Amanda Miller	South West Yorkshire Partnership Trust
Steve Knight	Conexus Health Care
Karen Parkin	Representing Finance and Contracting
Karen Benstead	Representing Director of Community Services
David Thorpe – Apologies	Housing and Health Group
Stephen Turnbull – Apologies	Consultant – Public Health
Sarah Roxby	Housing and Health Partnerships Chair

Present - In attendance

Name	Representing
Megan Barker	Minute Taker
Becky Barwick	Executive Lead to the Provider Collaborative
Emma Hall	Chief Officer of Planning and Partnership
James Brownjohn	Programme Manager Planned Care – Mid Yorkshire
Matt England	Planned Care Provider Alliance
Jenny Lingrell	Service Director Children's Social Care
Emma Hankinson	CMH Project Manager, Wakefield Mental Health Alliance
Charlotte Whale	Transformation Lead, Wakefield Mental Health Alliance
Charlotte Winter	Joint Senior Commissioning Manager, ICB Wakefield Place
Joanne Lancaster	Governance Manager – WDHCP
Grace Owen	Mid Yorkshire

Apologies

Name	Organisation
Jo Webster	Wakefield Place Director
Dawn Lee	Bradford District Care Trust - NHS
Mel Brown	Representing Wakefield Place Director
Sara Fieldhouse	Fieldhouse Care Ltd
Dominic Blaydon	Associate Director of Integration
Sharon Wallis	Head of System Flow Transformation

Administration

Agenda No	Minutes
1	**Welcome and apologies** Colin Speers introduced the meeting, all colleagues introduced themselves to the group. Apologies were noted.
2	**Declarations of Interest** Colin Speers asked the group if there were any declarations of interest. No declarations of interests were noted.
3	**Approval of minutes from the last meeting** The group all agreed the minutes were an accurate representation of the previous meeting.
4	**Action log from the last meeting** Becky Barwick spoke the group the action log. Action 3 – no updated provided at present, both Nichola Esmond and Michala James gave apologies for the meeting today. Action 19 – Joanne Lancaster is working through this action. Action 28 – Action closed, James Brownjohn/ Trudie Davies to send out information on the Community Diagnostic Hubs.

Agenda No	Minutes
	Action 30 – Action closed, Becky Barwick and Karen Parkin have met. Action 31 – Action closed, Linda Harris and Karen Parkin have had discussions. Action 32 – Action closed. Tilly Poole queried the purpose of the Obesity Steering Group. Trudie Davies highlighted that Shaun Boffey is working in the background on Obesity. Pravin Jayakumar informed the group that the conversation surrounding the Obesity forum came around from the back of the group session at Hatfeild Hall.
5	**Feedback and reflections from the WDHCP and Provider Collaborative joint development session 18/8/22** Becky Barwick informed the group the notes from the session have now been circulated around for peoples information. Becky Barwick shared the drafted notes with the group, spoke through the key findings Action – To let Becky Barwick know if you haven't received sighting of the notes. Becky Barwick/ Megan Barker to share the notes with colleagues who haven't already received a copy. Lucy Beeley shared with the group she feels there is some confusion between the use of terminology relating to Alliances and Programmes which creates confusion on purpose. Lucy Beeley shared at the moment she doesn't feel we have a system risk register as we are still working towards organisation specific risk registers; work needs to be done on system risks. Colin Speers explained the ICB are currently defining their risks. Colin Speers shared that the difference between Transformation Management and Business Management is also something we need to be aware off. Action – To define a new date for the next development session.
6	**Feedback and reflections from Spread and Scale Academy** Tilly Poole shared with the group she personally thought the academy was brilliant, some key points from the day were connecting the programme to yourself, which helped to narrow down the scope of the project, how we create a movement to deliver on what you are working on, food for thought.

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	Lucy Beeley seconded Tilly Poole's comments, problem definition and working through different ways we approach work through a different set of eyes. Michele Ezro, agreed with both Tilly Poole and Lucy Beeley, it was a great experience for making contacts, connectivity was a key take out. James Brownjohn shared colleagues only have positive feedback from the academy. Trudie Davies shared with the group she received fantastic feedback from everyone who attended, however all colleagues who didn't attend the academy feel blind to what was discussed. A great learning experience, looking forward to seeing how the 'spread' works. Ownership and responsibility for colleagues who attended the academy to share the knowledge and findings.
7	**Monthly Alliance spotlight: Mental Health Alliance including adult Autism and ADHD deep dive** Michele Ezro introduced the slides to the group. Michele Ezro explained the MHA has been going since June 2018 under originally the auspices of the ICP, Michele Ezro shared the key responsibilities of the MHA, the strategic context, membership and their purpose. Michele described the prioritisation process for 2023/24 ensuring we meet LTP ambition requirements and focussing on resilience in the VCSE where possible. Michele also asked the group to consider how we support programmes that cut across the district. Amanda Miller shared with the group the pressures for SWYPFT, including an increase in acuity/ complexity of new referrals, acute wards continue to manage high levels of acuity with above 100% occupancy levels and high demand into the single point of access (SPA)/ capacity issues. Charlotte Whale spoke the group through the community mental health transformation plan, part way through the second year, the offer is aimed at adults and older adults and includes support for young people transitioning to adult services. Charlotte Whale spoke through the original community mental health offer. Amanda Miller spoke the group through the transformed connecting care mental health offer. Amanda Miller explained the idea of advanced clinical practitioners is for them to work alongside SPA. Emma Hankinson shared the development in partnership with the group. Emma Hankinson shared the engagement with Primary Care, outcome of this work is the need to promote the model and offer. Emma Hankinson shared the engagement outcomes, some include partnership working with IAPT, increase of referrals from primary care and mental health interface meeting now includes VCS colleagues. Charlotte Whale shared further community mental health developments with the group, and example is enhanced recovery college offer. Charlotte Whale shared the

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	next steps with the group, further work for young people transitioning to adult services and develop an involvement lead role. Lucy Beeley asked if Michele and colleagues have the correct connections with YAS colleagues. Action – Lucy Beeley to link in with YAS colleagues outside of the call. Jenny Lingrell shared slides with the group on the mental wellbeing offer for children and young people. A new Emotional Wellbeing Service will start in 01 April 2023 (procurement process is currently live). The new service offer will help to enable a seamless mental and emotional wellbeing offer for children and young people. Details of the crisis offer were also shared including Night Owls, Safe Space for 16 and 17 year olds and Changing Our Direction . Noted that there remains a gap in relation to a specialist self-harm offer. The final slide included data to show the pattern of Tier 4 admissions across West Yorkshire. There has been a reduction in the number of Wakefield children who need a Tier 4 bed from 29 admissions in 2019 to 8 admissions to date in 2022. Michele Ezro noted that this data is evidence of the impact that the Mental Health Alliance investment into children's services has had. Charlotte Winter shared slides with the group on Learning Disability and Autism, the key priorities for learning disabilities include the development of a local learning disabilities strategy, community placements for complex patients, annual health checks and Reg Bag Scheme. The key priorities for autism include development of a local autism strategy, regional autism research, autism dynamic support register and LeDeR Reviews. Action – To add 15 minutes to the next agenda to discuss questions for the Wakefield Provider Collaborative
8	**Escalations from Alliances / Programme Boards** No colleagues raised any escalations from Alliances/ Programme Boards.
9	**Urgent Care Provision on PGH site** Lucy Beeley shared the problem and desired outcome for urgent care. Lucy Beeley shared a timeline for the development of a revised urgent care model with colleagues and included detail on the issues and challenges. Lucy Beeley clarified what is in scope in this review. Lucy Beeley shared with the group what the data tells us in terms of demographics. Lucy Beeley shared what patient feedback tells us, walk-in centres are

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	used because they want face to face appointments. Lucy Beeley shared what the new service model would ideally include. Lucy Beeley shared the options appraisal that has taken place. Lucy Beeley shared the next steps, check and challenge event taking place on 09 November 2022. Lucy Beeley asked the Provider Collaborative to make sure the relevant colleagues from your organisation attending the event knowing your views.
10	**Wakefield Families Together and Families Hubs** Jenny Lingrell informed colleagues Wakefield is one of 75 local authority areas that will receive funding to develop Family Hubs. The total funding received into the Wakefield system will be £4million across a 3 year period. Family Hubs will deliver a networked offer of early intervention and prevention to children and families, not just from a physical building but also across a wider network. In a Wakefield context, Family Hubs will offer a version of Connecting Care for children and families. Jenny Lingrell asked colleagues to note the ambition of the programme and particularly to note the focus on Start for Life which will mean that midwifery, health visiting, and infant parent mental health services will all have a significant role to play. The Family Hubs may also provide an opportunity to reduce demand over time by intervening earlier / designing a family hub offer that will meet the needs of families within the community.
11	**Housing and Health Group priorities** Sarah Roxby spoke the group through Housing and Health, shared the top priorities for 22/ 23, the 22/ 23 deliverables and the outcomes. Sarah Roxby shared the challenges with affordable warmth/ fuel poverty. 17.3% people in Wakefield experienced fuel poverty in 2020. Sarah Roxby explained the home energy efficiency improvement programme with the group, schemes are in high demand. Further support developing include WDH Cash Wise and WMDC Money Smart, Energy Debt Fund, Hardship funds and Big Heater Amnesty. Sarah Roxby explained West Yorkshire Health and Care Partnership funded £1Million for place based proposals to reduce the risk of emergency hospital admissions. £153K allocated to Wakefield for four projects. Sarah Roxby shared an infographic on the impact of providing specialist housing support to hospital inpatients. Sarah Roxby shared the work of the Assistive Technology and Response with the group. Sarah Roxby shared the homeless access to health care report with the group, findings include the lack of access to dentistry, the effects of the pandemic on relationships with GPs (the frequent need to change GPs) and untreated mental health conditions affecting trust in health services. Sarah Roxby highlighted that homelessness is highest in private rented sectors, some grant funding and energy saving funds are targeted towards to the private rented

Agenda No	Minutes
	sectors. Pravin Jayakumar asked if the offer of care link support could be expanded outside of ICT/ Reablement. Sarah Roxby confirmed it could. Action – Karen Benstead and Sarah Roxby to link up outside the call. Sarah Roxby confirmed contact with ITOC is strong, David Thorpe working with ITOC colleagues.
12	**Overview of system pressures** Trudie Davies explained we predicted a peak in children services for last week, this was experienced, Jenny Lingrell is aware of this, 3 weeks after children return to school, we experience a peak. Trudie Davies explained after (7 – 10 days) the children peak, we hit an adult peak due to children taking bugs home, this peak has seen an increase in Covid, high acuity. Vaccinations are top priority, both Covid and Flu. The issue is beds are filling up, we have to move into phase 2 of our beds, we are already in all off our full capacity beds, 40 patients on the ward this morning due to lack of beds, despite all the ongoing collective work the length of stay is going up, if these rates continue, we won't survive winter. Trudie Davies explained the Lightfoot data showed Wakefield have picked up the social worker assessment for Leeds, we are working hard to try and manage in place and beyond. The average stay for Leeds patient with no reason to reside was 51. Trudie Davies explained we are boarding Opel 4, Trudie Davies would like all colleagues to take Opel 4 action to prevent escalation. Planned Care – referral rates have increased, around 113%, we are doing 104% activity levels, we aren't closing enough pathways compared to the referral rate. 54,000 waiting for care, the list was at 30,000 pre Covid. Trudie Davies explained we need to decide where we are spending our Wakefield pound. **a) Feedback from Winter Board** Trudie Davies shared the proposed governance structure with the group. Trudie Davies explained the key risks for the Winter Board, capacity and demand imbalance, workforce availability, leadership and culture, quality and finally finance.
13	**Items for escalation to Wakefield District Health & Care Partnership Committee** No items were raised for escalation to Wakefield District Health and Care Partnership Committee.

Agenda No	Minutes
14	**Any other business** No colleagues on the call raised any other business. **a) Reflect back on agenda items** Tilly Poole shared that she found the presentation on Mental Health very informative. James Brownjohn shared that work that is currently ongoing in Planned Care would benefit from discussion with Mental Health. Colin Speers questioned if we have a collective understanding of our ongoing projects.
Date and time of next meeting: Thursday 01 November 2022, 14:00 – 17:00 via MS Teams	

Wakefield District Health & Care Partnership

PEOPLE PANEL MEETING

Time/Date: 10:00 on Thursday 29th September 2022

Venue: Microsoft Teams

M I N U T E S

Attendees: Megan Barker (minute taker – MB), Dasa Farmer (DF), Stephen Hardy (SH), Bob Ince (BI), Sandra Cheseldine (SC), Paulette Huntington (PH), Simon Green (SG), Ruth Unwin (RU), Laura Elliott (LE), Lucy O'Lone (LOL), Lucy Beeley (LB), Safeen Rehman (SR), Bipin Raj (BR), Natalie Knowles (NK), Glenys Harrap (GH), Becky Barwick (BB)

Apologies: Peter Wilson (PW), Janet Witty (JW), Mavis Harrison (MH), Sarah Mackenzie-Cooper (SMC), Gary Jevon (GJ)

	AGENDA ITEM	ACTIONS
1.	**Welcome and apologies**	
	SH opened and introduced the meeting. SH welcomed all colleagues to the meeting All apologies were noted by DF and MB.	
2.	**Declaration of interest**	
	SH asked the group if anyone on the call had any declarations of interest to raise, no colleagues on the call had any declarations of interest to raise.	
3.	**Minutes of meeting held on 07 July 2022**	

	Everybody on the call agreed the minutes from the previous meeting were an accurate record.	
4.	**Matters arising**	
	DF explained the reasoning for the different papers shared alongside the agenda. DF updated the group on the reasoning behind the speaker forms, which was proposed and agreed by the task and finish group.	
5.	**Urgent care update**	
	LB shared context with the group on the current position on work around urgent care review. LB informed the group what services we have within urgent care. LB shared the issues and challenges. At present, we have 2 walk-in centres (Wakefield and Dewsbury); since these were commissioned there has been a national change in policy, national direction of travel is to consider the walk-in centres to become urgent treatment centres. LB explained the outcome of the patient feedback we gathered last November/December, the reasons were varied for why people used walk-in centres, generally the outcome was that face to face was the preferred option for the public, and the walk-in centres were best for a same day response. LB shared the next steps, these include undertaking a Check and Challenge Event on 09 November 2022, following this event we will start to plan our requirements for any further engagement. SG questioned if LB could confirm if King Street walk-in centre is due to close anytime soon as news is circulating recently in newspapers. LB confirmed there are no immediate plans to close Kings Street. RU informed the group for full transparency there may need to be a relocation of King Street Walk in Centre as at present the full building isn't getting used. If we are moving towards an Urgent Treatment Centre, relocation may need to be considered. PH shared she attended King Street walk-in centre on Monday and the building was very empty, it was also felt that the area isn't the most accessible which may be a reason for the short fall in attendance. SG raised that Paragon Park is a vacant building and has been vacant for many years, could this be suitable for a GP practice. RU confirmed the building hasn't been deemed as valid for a GP	

	practice as it is a public owned building not an NHS building. It also doesn't offer adjacency to a hospital and doesn't have city centre access. ACTION – LB to update on the next steps at the People Panel in December after the Check and Challenge Event has taken place. LE asked what the representation at the event looked like, LB explained work is ongoing to ensure all representation is covered across organisations in Wakefield and Kirklees.	
6.	**Extended Hours Direct Enhanced Service update**	
	KN introduced herself to the group and shared her slides on the Enhanced Service update. KN shared the journey so far, with the service starting from 01 October 2022. Reflecting back on patient feedback, KN informed the group face to face and non-face to face appointments are available, range of healthcare professional appointments and same day/ routine appointments are also available. We now have 5 sites across the district as oppossed to 3. KN shared the plans with the group, the plans were submitted and signed off by the Wakefield Health & Care Partnership Board, operational plans are in place, working towards the go live date of 01 October 2022. SH shared his concern for the mapping, this has been done by Conexus which are the partners, an independent evaluation needs to be done excluding Conexus for full transparency. SC queried that this service isn't just for urgent care needs, it is also for the general public who just wish to access appointments, how can we ensure that all 5 practices will accept all appointments that come through. KN shared she feels assured processes are in place to monitor, in terms of acceptances Conexus have referral pathways in place and will continue to be monitored. KN updated the group that in terms of routine care she is understanding that people may prefer to see their own GP. DF informed the group she will share the Engagement Report once all is finalised. Link to the report can be found here: https://www.wakefielddistricthcp.co.uk/wp-content/uploads/2022/10/Enhanced-Access-Survey-Accessible.pdf	
7.	**Health Inequalities**	

	BB introduced herself to the group and shared how the work surrounding health inequalities has been a positive piece to be involved in. BB shared her slides with the group, tackling Health Inequalities, specifically CORE20PLUS5. CORE20PLUS5 is a broad framework, £1m recurrent funding for Wakefield District Health and Care Partnership from the current financial year, the funding is to be used for people at greatest risk of experiencing health inequalities. There is an expectation that includes wider determinants of 5 clinical areas, as well as 5 health inequalities priorities we are expected to focus on. CORE20 – the most deprived 20% of the national population, PLUS – specific health inclusion groups and 5 – 5 clinical areas of health inequalities. BB shared the money for CORE20PLUS5 is flowing through the West Yorkshire Integrated Care Board, they have come up with principles for CORE20PLUS5 investment, one being we will be guided by population need driven by subsidiarity of place. BB shared that some of the 'PLUS' actions will be completed at West Yorkshire level. BB informed the group of our local investment proposal - Building Healthy & Sustainable Communities – 500K recurrent – CORE20 element, West Yorkshire Finding Independence – 160K recurrent – PLUS element , Roving Health Inclusion – 140K recurrent – PLUS element and Bids Invested – 240K recurrent, 480K non-recurrent (2022-23 only from underspend) – Five & PLUS element. BB shared the next steps, CORE20PLUS5 leadership group are ensuring appropriate co-production and involvement processes are built into development of individual projects. SC queried if any differentiation was made based upon deprivation of areas, BB shared she is unsure of the formula used to create the allocation nationally. SC shared that she has listened to multiple different health inequalities initiatives over the years and not much appears to have happened, how does CORE20PLUS5 aim to be different. BB shared the data for health inequalities can take 20/30 plus years to come through which makes it more challenging to secure long term focus. The new outcomes framework can help to develop indicators to show we are heading in the right direction. RU shared her optimism with CORE20PLUS5, the joining up of work with the Local Authority adds into this. KN also shared her optimism	

	with the health inequalities work that is ongoing, partnership working is definitely strengthened.	
8.	**Experience of Care Network**	
	LE introduced herself to the group. LE explained that recently Experience of Care Network discussions took place specifically focusing on 'What are people telling us about accessing our GP services?' LE shared a document noting feedback from the Network meeting. This features the key experience of care themes, strategic challenges and actions for Network members. Key experience of care themes included long wait calls, access to face to face appointments and communication/ education of GPs. Strategic challenges and actions included, evolving model of General Practice with different roles, greater patient expectations and less public appetite for 'watch and wait' – increase in demand for same day appointments. Actions for Network members consisted of, recognise the shift in how general patient care is delivered, share information within our own organisations, promote positive messages and communication about general practice services through our advocates/ community links and general public. SH queried representation. LE explained we are looking to extend to 'Big Conversations' colleagues but the network includes colleagues from Adult Social Care/ Local Authority, Wakefield & District Health & Community Support and Kooth. SH queried how it is envisioned for LE to report back on this piece of work. LE shared regular updates will be brought to the Panel as part of experience of care reporting. BR also updated on the current position of physiotherapy/ appointments following on from the previous People Panel meeting action point. No national/ government guidelines as to when/ where GPs should offer face to face appointments. Telephone appointments are still taking place, if following the phone call a face to face appointment is deemed a requirement that would be offered and if a face to face appointment was requested this would be offered to the patient. Five Towns are not offering any face to face physiotherapy appointments at present. Work is ongoing on this matter to understand the	

	reasoning behind refusing face to face appointments. PH shared that it appears to be a national issue that physiotherapy is expected to be able to take place virtually, patient doesn't have confidence they are receiving the correct treatment.	
9.	**Involvement and Equality update**	
	DF highlighted that Autism Strategy is currently live, looking at autism in adults, closing the survey on 14 October. Holding an event on 05 October looking at care and services provided to families with children who have autism. Sensory Impairment insight group took place last week, includes Local Authority, Public Health and MYHT colleagues. The group is looking at different aspects of support for people who suffer with sensory impairment issues. West Yorkshire People Panel survey is currently paused, finalising work at West Yorkshire level, will share as soon as appropriate, looking at a group similar to ours at Local Place. DF highlighted the need for a refresh of a 5 year strategy for West Yorkshire as well as a forward plan, we want to understand how we can refresh the strategy aligning West Yorkshire and Local Place. More information will be coming to the group as national guidance is published and we begin to plan for engagement. DF informed the group we are working on health inequalities with Primary Care Networks, interviewed all 7 Primary Care Networks to seek feedback on projects each network is working on. DF shared with the group an update on the Deputy Chair appointment and asked the group for what was considered a suitable deadline for replies. The group all agreed to move the deadline forward, 2 weeks from 01 November 2022, making the new deadline the 15 October 2022. Action – DF to send out recruitment information to the full Panel	DF
10.	**Any other business** ➢ **Date and time of next meeting**	

	SG shared his concern surrounding the increase in energy costs for practices, around a 200% increase, is there a plan for extra money to fund this in the NHS. Action – RU to raise with her Primary Care Team Date of the next meeting: Thursday 15 December 2022, 10:00 – 12:00 via Microsoft Teams.	RU