

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

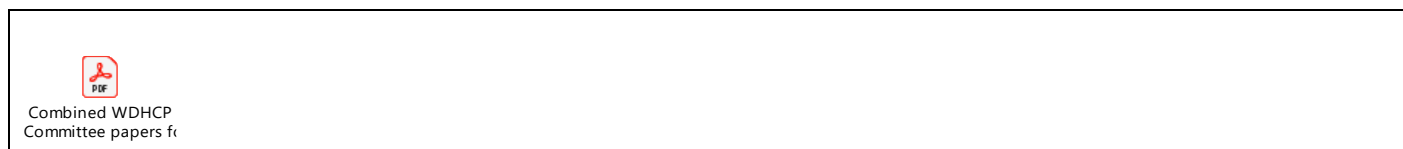
Name	Title, Organisation
Penny Woodhead	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
Colin Speers	Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership
Linda Harris	Responsible Officer for Workforce, Wakefield District Health & 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



Administration Items

no	Minutes
19/22	<p>Welcome & Introductions</p> <p>The Chair welcomed everyone to the meeting and the following new members:</p> <ul style="list-style-type: none"> - Steve Knight, Conexus - Jane Madeley, West Yorkshire ICB - Rob Webster, West Yorkshire ICB - Amy Whittaker, Mid Yorkshire Hospital Trust <p>A member of the public, Lynsey Warrick was also welcomed to the meeting.</p>
20/22	<p>Apologies & Declarations of Interest</p> <p>Apologies were noted.</p> <p>Steve Knight declared a conflict of interest relating to the extended hours paper.</p>
21/22	<p>Approval of minutes from the last meeting, action log and matters arising</p> <p>The minutes of the meeting of the 19 July 2022 were agreed as a true and fair representation of the meeting.</p> <p>It was noted that the conflict-of-interest register was being updated and the final version would be brought to the November Board meeting.</p> <p>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.</p>

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

Main Items

no	Minutes
23/22	<p>Chairs Opening Remarks</p> <p>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.</p>
24/22	<p>Public Health Profiles</p> <p>Presented by Clare Offer (CO) (Please refer to the presentation in the meeting papers on page 13)</p> <p>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.</p> <p>Areas highlighted included:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

no	Minutes
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Action – CO to provide an update.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee considered and noted the issues.
25/22	<p>Report of the Place Lead Presented by Jo Webster (JW) <i>(Please refer to the meeting papers on page 29)</i></p>

no	Minutes
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Winter planning was underway across the health and care system.</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee noted the report.
26/22	<p>Re-contracting of the existing Adult Hearing Loss Providers in Wakefield Presented by Simon Rowe (SR) <i>(Please refer to the meeting papers on page 35)</i></p> <p>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.</p>

no	Minutes
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • 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	<p>Enhanced Primary Care Access Presented by Chris Skelton (CS), Debbie Aitchison (DA) and Dr Omar Alisha (OA) <i>(Please refer to meeting papers on page 46)</i></p> <p>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.</p>

no	Minutes
	<p>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.</p> <p>The Chair thanked CK, DA and OA and agreed that this was a real success to be achieved across all the seven PCNs.</p> <p>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.</p> <p>Stephen Hardy (SH) asked whether there was assurance that the proposals presented the best possible value for money.</p> <p>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.</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • 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	<p data-bbox="293 174 1507 247">Addressing Health Inequalities in Wakefield District – Core 20PLUS5 Investment Proposal</p> <p data-bbox="293 258 974 336">Presented by Becky Barwick (BB) <i>(Please refer to the meeting papers on page 60)</i></p> <p data-bbox="293 384 1446 499">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.</p> <p data-bbox="293 552 1495 709">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.</p> <p data-bbox="293 762 1495 835">The Core20PLUS5 framework was designed to address health inequalities for people at greatest risk of experiencing health inequalities:</p> <ul data-bbox="302 846 1422 1008" style="list-style-type: none"> • 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 <p data-bbox="293 1060 1490 1176">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:</p> <ul data-bbox="302 1186 1484 1396" style="list-style-type: none"> • 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). <p data-bbox="293 1449 1479 1564">A Core20PLUS5 leadership group had been established to coordinate the approved investment, develop monitoring and evaluation processes, and oversee implementation.</p> <p data-bbox="293 1617 1503 1774">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.</p> <p data-bbox="293 1827 1487 1942">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.</p>

no	Minutes
	<p>Engagement would be crucial within the community sector, so they understood what was available and how to access it.</p> <p>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.</p> <p>The Chair thanked BB for the report.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The committee note the work of the Core20PLUS5 leadership group and the approach being taken locally. • The committee approved the investment proposal.
<p>29/22</p> <p>29a/22</p> <p>29b/22</p>	<p>Governance Presented by Ruth Unwin (RU)</p> <p>Wakefield District Health and Care Partnership Forward Plan <i>(Please refer to the meeting papers on page 69)</i></p> <p>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).</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The committee noted the Forward Plan which was submitted to the ICB. <p>Risk Register and Board Assurance Framework <i>(Please refer to the meeting papers on page 75)</i> RU explained that the ICB risk management framework was in development.</p>

no	Minutes
	<p>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:</p> <ul style="list-style-type: none"> • corporate risks to the ICB; • common risks that affect all five places; • risks that affect one place and are managed locally. <p>Work would take place to understand the WDHCP's collective "risk appetite", which would inform the development of the local register of risks.</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • 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	<p>Summary of 2022/23 Quarter 1 Quality, Safety and Experience report Presented by Penny Woodhead (PW) <i>(Please refer to the meeting papers on page 81)</i></p> <p>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.</p> <p>PW highlighted the following:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ King Street Walk-in Centre ○ SWYPFTs Crisis Team ○ GP Out of Hours provided by Local Care Direct

no	Minutes
	<ul style="list-style-type: none"> ○ 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. <p>PW advised there had been no formal escalations from the Integrated Assurance Committee.</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> ● 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	<p>Wakefield People Plan Presented by Linda Harris (LH) and Phil Marshall (PM) <i>(Please refer to the meeting papers on page 100)</i></p> <p>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.</p> <p>The plan identified six key pillars where a joint approach could be taken on workforce development:</p> <ul style="list-style-type: none"> ● Pillar 1: Looking after our people; ● Pillar 2: Enhancing and growing system leadership;

no	Minutes
	<ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>LH responded that this was one of the challenges with data being collated across the partnership and pillar 6 looking at strategic workforce planning.</p> <p>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.</p> <p>The Committee noted the complexity of the plan, and the collaborative process behind its development.</p> <p>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.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • 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	<p>Issues to alert, advise or assure the ICB Board on</p> <p>No issues were raised.</p>

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

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

Proud to be part of West Yorkshire Health and Care Partnership