

Wakefield District Health & Care Partnership

Partnership Committee Agenda

Tuesday 24 January 2023 – 2pm until 4.50pm

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 November 2022 including Matters Arising and Action Log | Approval | 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 including: (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 - Child Obesity and the latest data from the National Child Measurement Programme (p) | Discussion | Clare Offer |
| 3.10 | 9 | Partnership Delivery Plan and NHS Operational Planning (d) | Discussion | Becky Barwick / Gemma |

| Time | Agenda no | Item | Purpose | Lead |
|-------------|-----------|---|-------------|---------------------------------|
| | | 9a - Developing our delivery plan 2023-26 and NHS Operational Planning Guidance 2023-24 9b - Financial planning principles | | Gamble / Amy Whittaker |
| 3.40 | | Break | | |
| 3.45 | 10 | Adults Learning Disability Plan for Wakefield District 2022/24 (d) | Assurance | Lisa Willcox / |
| 3.55 | 11 | Quality Update (d) | Assurance | Penny Woodhead |
| 4.10 | 12 | Finance Update (d) | Assurance | Amy Whitaker |
| 4.20 | 13 | Winter Resilience Update (d) | Assurance | Mel Brown |
| 4.30 | 14 | WDHCP – Proposed meeting dates 2023/24 (d) | Information | Gemma Gamble / Joanne Lancaster |

Final items

| Time | Agenda no | Item | Purpose | Lead |
|------|-----------|---|-------------|-------|
| 4.35 | 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 |
| 4.40 | 19 | Receipt of minutes from the sub-committee (d) <ul style="list-style-type: none"> • Minutes of the Provider Collaborative from 1 November 2022 (d) • Minutes of the People Panel from 10 November 2022 (d) • Minutes of the Integrated Assurance Committee from 15 September 2022 | Information | |

| Time | Agenda no | Item | Purpose | Lead |
|------|-----------|--|------------|------|
| 4.45 | 20 | Any other business (v) | Discussion | |
| 4.50 | 21 | Date and time of next meeting: 23 March 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. |

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Tuesday, 22 November 2022, 14.00 – 16.30, via Microsoft Teams

Present

| Name | Title, Organisation |
|-----------------------|---|
| Stephen Hardy (SH) | Non-Executive Member, Wakefield District Health & Care Partnership (Chair) |
| Jo Webster (JW) | West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership |
| Mel Brown (MB) | Director for System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership |
| Sean Rayner (SR) | Director of Provider Development - Southwest Yorkshire Partnership NHS Foundation Trust, Chair of the Mental Health Alliance |
| Maddy Sutcliffe (MS) | Chief Executive, Nova – representing Voluntary Community and Social Enterprise |
| Dr Clive Harries (CH) | GP Member, Primary Care Network Director Representative |
| Anna Hartley (AH) | Director of Public Health – Wakefield Council |
| Penny Woodhead (PW) | Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places |
| Gary Jevon (GJ) | Chief Executive, Healthwatch Wakefield |
| Dr Phil Earnshaw (PE) | GP Member, Primary Care Network Director Representative |
| Vicky Schofield (VS) | Director of Children's Services, Wakefield Council |
| Amy Whitaker (AW) | Operational Director of Finance, MYHT, Place Finance Lead |
| Dr Colin Speers (CS) | Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership, Chair of Provider Collaborative |
| Dr Adam Sheppard (AS) | Chair of System Professional Leadership Group |
| Steven Knight (SK) | Managing Director, Connexus |
| Sarah Roxby (SRo) | Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance |

In Attendance

| Name | Title, Organisation |
|-----------------------|--|
| Ruth Unwin (RU) | Director for Strategy, Wakefield District Health & Care Partnership |
| Lynn Hall (LH) | LMC Representative |
| Gemma Gamble (GG) | Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership |
| Rebecca Barwick (RB) | Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership |
| Joanne Lancaster (JL) | Governance Manager, Wakefield District Health & Care Partnership (Minutes) |
| Linda Harris (LHa) | SRO (Co Lead Workforce) |
| Clare Offer (CO) | Public Health Consultant, Wakefield Council |
| Clare Vodden (CV) | Head of Communications, Wakefield Place |
| Steven Brennan (SB) | Kirklees Place |
| Lydia Baldwin (LB) | Nova (observing) |

Apologies

| Name | Title, Organisation |
|-----------------------|---|
| Dr Ann Carroll | Independent chair, Wakefield District Health & Care Partnership |
| Richard Hindley | Non-Executive Member, Wakefield District Health & Care Partnership |
| Jenny Lingrell | Service Director, Children's Health & Wellbeing, Wakefield Council |
| Dr Claire Barnsley | Deputy Chair of Wakefield LMC |
| Cllr Maureen Cummings | Portfolio Holder Communities, Poverty and Health, Wakefield Council |
| Len Richards | Chief Executive, Mid Yorkshire Hospitals NHS Trust |

Administration Items

| no | Minutes |
|-------|---|
| 38/22 | <p>Welcome & Introductions</p> <p>The Chair welcomed everyone to the meeting and thanked the following members who had both stood down from the partnership:</p> <p>Antony Nelson, former Managing Director, Conexus Dr Tim Dean, GP Member, former Primary Care Network Representative</p> <p>The Chair welcomed the following new members: Steve Knight, Managing Director, Conexus Dr Phil Earnshaw, GP Member, Primary Care Network Representative</p> <p>Lydia Baldwin, who was observing the meeting from Nova was also welcomed to the meeting.</p> |
| 39/22 | <p>Apologies & Declarations of Interest</p> <p>Apologies were noted as listed above.</p> <p>There were no declarations of interest raised.</p> |
| 40/22 | <p>Approval of minutes from the last meeting, action log and matters arising</p> <p>The minutes of the meeting of the 22 September 2022 were agreed as a true and fair representation of the meeting.</p> <p>It was noted that the conflict-of-interest register had been updated, with one member declaration outstanding which was expected to be received imminently.</p> <p>All signatures had now been received for the partnership agreement and the final version had been attached with the meeting papers.</p> |
| 41/22 | <p>Questions from members of the public</p> <p>There were no questions submitted by members of the public.</p> |

Main Items

| no | Minutes |
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| 42/22 | <p>Chairs Opening Remarks</p> <p>SH advised he was chairing the meeting as AC was on annual leave. He referred to the recent Autumn Statement which had provided £3.3bn of funding for the NHS for 2023/24 and 2023/25, in addition to extra funding for Adult Social Care. In return it would be expected that extra efficiency measures would be introduced to maximise funding going to front line services. He acknowledged the pressures and challenges</p> |

| no | Minutes |
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| | <p>being faced by partners and communities and felt the strong record of partnership working within Wakefield Place would be imperative to help the citizens of Wakefield.</p> |
| <p>43/22</p> | <p>Report of the Place Lead Presented by Jo Webster (JW)</p> <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>JW provided an overview on the transformation programmes, including the review of the district's integrated care and reablement teams, and opportunities to develop stronger, integrated approaches to meet the needs of children, young people and families. She explained that the COVID-19 and flu vaccination programme was progressing quickly thanks to colleagues in primary care and in Queen Elizabeth House; adding that 110k residents had had their flu vaccination and more than 102k had had their COVID booster vaccination to date. The virtual ward project had commenced at the end of October ahead of the November launch date.</p> <p>JW referred to the Chancellor's Autumn Statement which had come with welcome additional funding for health and social care, along with expectations for the NHS to deliver improved performance, and further efficiencies to be made across both health and social care. Guidance was expected in the coming weeks.</p> <p>MB provided an update from the West Yorkshire Integrated Care Board (WYICB) which she had attended on behalf of JW. This included the report on the implications of the Fuller Report which had been well received by the Board. She referred to the Castleford Health Centre scheme which had agreed £12.5m of funding prior to the capital funding freeze announced as part of the Autumn Statement. Discussions had also taken place in relation to the Risk Register at Place and at West Yorkshire with further discussions and work ongoing to ensure that assurance and escalations were provided appropriately and proportionally.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee considered and noted the issues. |
| <p>44/22</p> | <p>Report from the Chair of the Provider Collaborative CS provided an update on recent discussions of the Provider Collaborative. He advised that the Connecting Care Alliance was progressing with its Aging Well programme, including the implementation of the Virtual Ward which was ahead of schedule, and the £20m investment in state-of-the-art facilities and novel pathways to</p> |

| no | Minutes |
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| | <p>provide diagnostic and investigatory services closer to home through the Wakefield Community Diagnostic Centre.</p> <p>He also referenced work being undertaken to look at the Alliances to get a good understanding of the clear synergies between them as to ensure a holistic way of working for any cross-cutting developments/projects.</p> <p>SH referred to the recent People Panel meeting where a presentation had been received on the Community Diagnostics Centre with some suggestions put forward in terms of patient access and parking facilities which he hoped would be taken on board.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee noted the report. |
| 45/22 | <p>Public Health Profiles Presented by Pete Shepherd (PS) and Clare Offer (CO)</p> <p>CO introduced the item explaining that they had been asked to do a spotlight on health profiles/inequalities at each of the partnership meetings. A programme of these would be developed shortly, the first spotlight today would be on the 2022 School Survey findings.</p> <p>PS advised that the School Survey was undertaken every two years and for the 2022 survey 6,800 responses were received from the selected year groups of year 5, 7 and 9; adding that this provided rich intelligence on school children across the district.</p> <p>The results showed a general decline in physical and mental wellbeing, linked to the pandemic and the emerging impacts of the cost-of-living crisis.</p> <p>Headline findings included: 42% year 9 pupils missed breakfast the morning of the survey; only 7% of year 9 girls cycle weekly (from 30% in year 5); 26% of children reported that someone smoked indoors at home, with the figure increasing for pupils from the most deprived backgrounds. More than a third of children reported poorer mental health as a result of the pandemic and 33% say they had fallen behind academically. There was a clear decline in happiness reported by pupils in all year groups, with only 50% of year 9 pupils feeling happy with their lives. 39% of year 9 girls reported experiencing sexual harassment from peers.</p> <p>JW thanked PS and CO for the presentation and welcomed the fact there was this focus on health inequalities at each meeting.</p> |

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| | <p>VS reported that the information had been shared with the Children and Young People Partnership and the Integrated Education Partnership; this was a snapshot of information that highlighted children and young people were still feeling the impacts of the pandemic and feeling the challenges of the cost-of-living crisis. She believed that the partnership was well evolved to help address the issues with several workstreams already progressing prior to these results but would help address the findings which she would share at a future meeting. VS assured the WDHCP that discussions were taking place in relation to children and young people in the relevant committees and partnerships and it was about how assurance was provided to the WDHCP that the work was taking place</p> <p>Action: VS to share a summary report of the activity taking place across the Partnership to address some of these issues to be brought to a future meeting.</p> <p>Discussion took place in relation to the sexual harassment results which were a cause for concern and whether there could be a whole system approach to address this, similar to the work being undertaken in Glasgow on knife crime.</p> <p>PW advised there were multiple conversations taking place in relation to children and young people, she was interested in the safeguarding aspect and how information was triangulated, she would welcome a conversation with CO and team in this regard.</p> <p>SH thanked CO and PS for the presentation and added that the WDHCP would look forward to receiving further detail of the work being undertaken to address the priorities and identify gaps where the partnership could strengthen its work.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee noted the findings of the School Survey 2022. |
| 46/22 | <p>Addressing Health Inequalities in Wakefield District – Outcomes Core20plus5 Investment Summary and Next Steps Presented by Rebecca Barwick (RB) and Clare Offer (CO)</p> <p>RB advised that the update followed her presentations at the previous two WDHCP meetings and reminded members that the Core20Plus5 framework for tackling health inequalities came with £1.04m funding for Wakefield District, recurrent for four years depending on the allocation being made available nationally. The investment framework had now been finalised.</p> <p>She advised that twenty-four bids were received for the remaining £240k, successful bids included spirometry and dual diagnosis training, maternity befrienders and</p> |

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| | <p>warmer homes. The largest proportion of the funding had been awarded to the local VSCE sector and to the local authority, part of which would be used to sub-contract to the VSCE sector.</p> <p>The Core20PLUS5 leadership group would now coordinate the approved investment and agree monitoring and evaluation processes. A children and young people's CORE20PLUS5 framework would be launched next month.</p> <p>CO added that they had received more good expressions of interest than they had been able to fund. She advised that although it was incredibly exciting to have received this funding, more work was needed to address health inequalities.</p> <p>MB suggested that the Provider Collaborative could receive regular updates given the system approach.</p> <p>Discussion took place in relation to the evaluation of the schemes which was felt should be proportionate but detailed enough to evidence the outcomes provided and also satisfy bids for future investment.</p> <p>JW was pleased with the progress and stated what a great opportunity it was to add value. She suggested that there needed to be greater oversight of these type of activities, and they should connect to the strategic outcomes of the partnership. She referenced the recent meeting with Bradford Place and their progress on preventing ill health. Wakefield should further consider how resources could be best placed with a sustainable longer-term plan of activity to help residents live longer, healthier and happier lives.</p> <p>RU outlined the work that was being done across the district in terms of Equality, Diversity and Inclusion (EDI) with work being mapped out, creating a narrative and giving the agenda visibility and structure and shadowing the work of Bradford.</p> <p>Discussion took place in relation to the importance of this funding and how health inequalities should be a factor in everything the partnership did ensuring that services were accessible, closed the gap and reached those who were most vulnerable.</p> <p>SH thanked RB and CO for the presentation and update.</p> <p>It was RESOLVED that: The Committee:</p> <ul style="list-style-type: none"> • Noted the outcome of the investment allocation process; • Noted the next steps and priorities for the Core20PLUS5 leadership group. |

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| 47/22 | <p data-bbox="293 176 1125 254">Breaking Barriers Innovation West Yorkshire Playbook Presented by Ruth Unwin (RU)</p> <p data-bbox="293 302 1507 590">RU outlined the details of the report which explained that the West Yorkshire Integrated Care Board (ICB) had engaged with Breaking Barriers Innovation to undertake a piece of work to understand and identify solutions to overcome barriers to employment. The work was funded through NHS England, Health Education England and the West Yorkshire ICB. The programme worked 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.</p> <p data-bbox="293 615 1487 814">RU explained that phase one of the work had commenced in April 2022 across West Yorkshire and it was proposed that Wakefield would provide the host site for the second phase of the work, to commence in Autumn 2022. The work was designed to deliver evidence based, co-produced solutions to support people to secure 'good' employment.</p> <p data-bbox="293 884 1500 1293">RU advised that the work aligned to the Health and Wellbeing Strategy ambition to reduce inequalities that impact on health, the Wakefield People Plan and the Core20PLUS5 investment in building healthy and sustainable communities. She shared that total funding of £90k had been committed by Health Education England, NHS England and the ICB. Where the programme had been applied elsewhere, the place had committed an equivalent amount. Funding implications for WDHCP were to be explored further with a business case being developed should there be a requirement for further funding. At this stage the project was around understanding how the partnership can create better employment opportunities and the barriers to them rather than delivering outputs.</p> <p data-bbox="293 1346 1471 1419">LHa welcomed the project and advised this had been socialised through the People Alliance and linked well with the Pillars in the People Plan.</p> <p data-bbox="293 1472 732 1503">SH thanked RU for the update.</p> <p data-bbox="293 1556 646 1587">It was RESOLVED that:</p> <p data-bbox="293 1598 521 1629">The Committee:</p> <ul data-bbox="318 1661 1507 1948" style="list-style-type: none"> • Noted the contents of the report; • Committed to engage with the West Yorkshire Playbook programme by enabling key people to engage with the work; • Agreed to review the findings of Phase two of the programme and examine how these could be integrated into work to support delivery of the People Plan. • Supported the establishment of a steering group to take forward the work, including identifying the area within the district where the work would be hosted. |

| no | Minutes |
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| | <ul style="list-style-type: none"> To receive a Business Case should further funding be required. |
| 48/22 | <p>Responding to Winter Readiness for Mid- Yorkshire NHS System Presented by Mel Brown (MB)</p> <p>MB outlined the report and presentation which explained the assurance processes for the system’s ability to respond to operational resilience challenges for winter. This had received positive feedback from NHS England, WDHCP committee and the Mid Yorkshire Hospitals NHS Trust Board.</p> <p>MB advised that several initiatives had already been launched, including virtual wards, a domiciliary care bridging team, a night response service to provide support for people at home overnight, additional residential and nursing beds, a discharge-to-assess model, and the development of an integrated transfer of care hub.</p> <p>MB reported that Wakefield’s Better Care Fund Plan had been approved by national and regional moderation processes by NHS England. A public communications plan to support the winter plan was being mobilised. A Winter Board had been established to oversee the winter plans and ensure they were working effectively.</p> <p>The current challenges and pressures were noted by the WDHCP alongside the measures being undertaken to mitigate these.</p> <p>JW thanked MB, Trudie Davies and teams for their hard work on preparing for winter, which had been commenced early with a good plan and robust governance arrangements.</p> <p>SH thanked the teams on the amount of work undertaken and asked for an update to be brought back to the January 2023 WDHCP meeting.</p> <p>Action: A further update on Winter Readiness to be brought back to the January WDHCP meeting.</p> <p>It was RESOLVED that: The Committee:</p> <ul style="list-style-type: none"> Noted the approach for Winter readiness as outlined in the report; Noted the feedback from NHS England on Mid-Yorkshire System Winter Plan; Noted the investment outlined on pages 2 and 3 of the report in the financial implications section. |
| 49/22 | Health and Wellbeing Strategy mid-year Update |

| no | Minutes |
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| | <p>Presented by Ruth Unwin (RU)</p> <p>RU presented the paper which was a bi-annual update report on the progress made within the Health and Wellbeing Strategy.</p> <p>RU advised that significant progress was being made against all four priorities within the district's Health and Wellbeing Strategy. Achievements included the More Money in Your Pocket campaign, a reduction in the numbers of mothers smoking at the time of delivery, immunisation levels and weight management, and significant CORE0PLUS5 investment in building more sustainable communities where everybody had equality of opportunity.</p> <p>It was noted that the report would be taken to the Overview and Scrutiny Committee and that a full year report would be brought back to the Committee in the Spring of 2023.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The committee noted the contents of the report. |
| 50/22 | <p>Finance Update</p> <p>Presented by Amy Whitaker (AW)</p> <p>AW outlined the details of the report which set out the financial position for organisations within the Wakefield Place as at end September 2022. The report focused on Health and the Local Authority and currently did not include all of the partner organisations within Wakefield Place.</p> <p>AW advised that at this stage of the year, all NHS organisations within Wakefield Place were forecasting to deliver within their allocated control totals. The Council was currently reporting a £4.2m adverse variance, driven by activity increases and costs of the pay award. Risk was being managed within this reported position.</p> <p>AW outlined the next steps including to continue to develop the financial modelling, which would evolve to incorporate other partners over the coming months.</p> <p>It was RESOLVED that:</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Were assured from the current financial position and the actions being taken to manage risk. • Discussed and provided feedback on the report and noted that it would evolve to incorporate other partners over the coming months. |

| no | Minutes |
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| 51/22 | <p data-bbox="293 174 1333 212">Summary of 2022/23 Quarter 2 Quality, Safety and Experience report</p> <p data-bbox="293 216 829 254">Presented by Penny Woodhead (PW)</p> <p data-bbox="293 300 1495 422">PW outlined the details of the report which provided a summary of quality, safety and experience at quarter 2. PW took the paper as read and highlighted the following to the committee:</p> <p data-bbox="293 468 1511 842">South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) had completed a detailed internal assurance report in response to issues highlighted by the recent BBC Panorama broadcast which showed patients being abused whilst in the care of an NHS mental health unit. The review provided assurance to the SWYPFT Board on the quality and safety of care provided by their mental health, learning disability and autism inpatient services. As part of the review, staff and service users watched the programme together then took part in a facilitated discussion. Similar work had taken place in adult social care services. Further work would take place to provide assurance for out of area placements.</p> <p data-bbox="293 888 1507 1220">PW advised that the work of the Wakefield District's Learning Disability – Achieve Change through Engagement (LD-ACE) Programme with GP practices, Conexus and SWYPFT, had been showcased within NHSE's Action from Learning report. The LeDeR Action from Learning report is NHSE's response to the national 2021 Learning from lives and deaths - people with a learning disability and autistic people (LeDeR) annual report, which was published in July 2022. Wakefield was highlighted as part of the national and local good practice across health and social care services in response to learning from LeDeR reviews.</p> <p data-bbox="293 1266 1479 1388">PW reported that the Mid Yorkshire Hospital's CQC inspection report had been published. The Trust received an overall rating of requires improvement, but with an improvement to 'good' in the well led domain.</p> <p data-bbox="293 1434 1422 1514">The full Quarter 2 Quality, Safety and Experience report will be presented to the Integrated Assurance Committee in December.</p> <p data-bbox="293 1560 1471 1682">AW asked in relation to the review following the Panorama programme whether the same assurances were provided from other providers who came into contract with these vulnerable people such as GPs etc.</p> <p data-bbox="293 1728 1484 1934">PW advised that assurance walkabouts took place across the district to test learning and quality in addition to Care Quality Commission (CQC) inspections and actions. Specific actions had been put in place following the Edenfield report and Ockenden report. PW agreed that it would be beneficial that the findings/recommendations of these reports and investigative pieces should be considered across all partners.</p> |

| no | Minutes |
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| | <p>SR provided additional assurance in terms of the Panorama programme findings advising that as commissioners, extra assurance was being sought from providers in this regard.</p> <p>SH thanked PW for the update.</p> <p>It was RESOLVED that: The Committee:</p> <ul style="list-style-type: none"> • Noted the current place risks and assurances related to quality, safety and experience presented in the paper and on the attached Assurance Wheel; • Acknowledged that information from the report would be shared with the ICB Quality Committee (where necessary) as part of the Partnership's delegated duties. |
| 52/22 | <p>Issues to alert, advise or assure the ICB Board on No issues were raised.</p> |
| 53/22 | <p>Issues to alert, advise or assure the WDHCP committee on from the ICB Board No items had been received.</p> |
| 54/22 | <p>Items escalated from other Boards No items had been received.</p> |
| 55/22 | <p>Items for escalation to other Boards There were no items to escalate to other Boards.</p> |
| 56/22 | <p>Receipt of minutes from the Sub Committee The minutes of the Provider Collaborative from 11 August 2022 and 4 October 2022 and the minutes of the People Panel from 29 September 2022 were noted.</p> |
| 57/22 | <p>Any Other Business There were no items for discussion. The meeting ended at 16.00 hours.</p> |

Date and time of next meeting: 24 January 2023 – 1400 – 1700 hours.

Proud to be part of West Yorkshire Health and Care Partnership

WAKEFIELD HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – November 2022

| Minute Number | Agenda Item | Action | Lead | Date for Completion | Progress |
|----------------------|---|---|--------------------|----------------------------|--|
| 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 | |
| 45/22 | Public Health Profiles | Share a summary report of the activity taking place across the Partnership in relation to Children’s Services and the School Survey Results to be brought to a future meeting | V Schofield | Jan 2022 | Report being prepared for March 2023 meeting |
| 48/22 | Responding to Winter Readiness for Mid-Yorkshire NHS System | A further update on Winter Readiness to be brought back to the January WDHCP meeting | T Davies / M Brown | Jan 2022 | Item on the agenda. |

Report of the Wakefield District Health & Care Partnership Wakefield Place Integrated Care System (ICS) Health and Care Leader Tuesday 24 January 2023

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 Health and Care Partnership (WYHCP) and the Wakefield Place.

Thank you to all health and care staff across our Partnership

Health and care staff across every sector, including the voluntary community social enterprise sector, are working extremely hard under tremendous pressure to support and care for people. We thank each one of them for all that they're doing to keep people safe and well, around the clock, every single day.

West Yorkshire Integrated Health and Care Partnership

West Yorkshire Health and Care Partnership Board

The Partnership Board met in public on Tuesday 6 December. The meeting was chaired by Cllr Tim Swift, Leader of Calderdale Council. Leaders received an update on scarlet fever which is a contagious infection that mostly affects young children. It's easily treated with antibiotics. Infections are still uncommon, there has been an increase in cases this year, particularly in children under 10 and sadly, a small number of deaths.

There was also an update on our People Board Plan as well as the latest information on the industrial action. Board members received an update from Rob Webster (CEO) who set out the context and challenges we are working within. There were also reports on the work we are doing to tackle poverty and attached (appendix 1) is an action plan which sets out immediate actions that we are taking across the system. Further papers included the support provided to people to leave hospital, climate change and an update on the refresh of the Partnership's five-year strategy. There was also an update on progress made from the recommendations of the Partnership's Race Review. There was a discussion on supporting refugees and asylum seekers and feedback shared with the Home Office.

NHS West Yorkshire Integrated Care Board meeting in public

The NHS West Yorkshire Integrated Care Board (ICB) met in public for the third time on Tuesday 17 January at Village Hotel Leeds South, Morley at 12.45pm. The meeting on the 17 January included an update report from Cathy Elliott (Chair) and Rob Webster (CEO) as well as items on workforce planning, winter performance and local place updates. People can also read the papers, or watch live online by visiting

www.wypartnership.co.uk/meetings/integrated-care-board

Hewitt Review

The Secretary of State for Health and Social Care has appointed the Rt Hon Patricia Hewitt to consider the oversight and governance of integrated care systems (ICSs). The review will consider how the oversight and governance of ICSs can best enable them to succeed, balancing greater autonomy and robust accountability. It will have a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. A call for evidence was launched to gather views from across the health and social care system, as well as from patients, the public, and the wider voluntary sector. You can find the WYHCP response at appendix 2.

Primary care and community services

The first NHS West Yorkshire Fuller Board came together on the 13 December 2022. This is based on the recommendations from the Fuller Report. The main purpose of the Board is to support delivery of our integrated care board strategic priorities and objectives for primary care and community health services – in a way consistent with the scheme of delegation, principle of subsidiarity and alignment with the ‘three tests’ for partnership working (for example working together where it makes sense at a West Yorkshire). Moving forward the Board’s remit will be guided by the refreshed West Yorkshire Five Year Strategy, the Joint Forward Plan and implementation of recommendations in the national Fuller Stocktake Report.

West Yorkshire Mental Health and Wellbeing Hub

In October 2020, NHS England provided additional non-recurrent funding to establish 40 staff mental health and wellbeing hubs across the country in response to the pandemic. This funding was subsequently extended until the end of the financial year 2022/23. NHSE has now confirmed that there will be no further extension of the funding beyond March 2023 and announced this publicly on Tuesday 29 November. Our one-to-one therapy service provides clinical support for people in the most need and this will continue at least until the end of Summer 2023.

In West Yorkshire, we have a clear picture of the needs of our workforce and believe that our West Yorkshire Staff Mental Health and Wellbeing Hub continues to develop responses to these identified current and anticipated needs, based on work which has been ongoing over the past two years with our Looking After Our People Alliance (LAOPA), local Occupational Health leads, Human Resources Directors and representatives from the VCSE sector as well as listening and learning from individual staff members.

The work of the Hub is closely aligned to Pillar One of our West Yorkshire People Plan, and has been subject to independent academic evaluation and peer review. From the outset our Hub has worked to be as accessible as possible to everyone working in health and care services in West Yorkshire – including volunteers. Ahead of this announcement from NHSE, our senior leadership team has recognised the importance of the hub to our workforce and the impact it is having and therefore have agreed to continue with longer term funding for a sustainable service from within our existing resources

Wakefield Place

Delegated limits - Wakefield Place

The West Yorkshire ICB scheme of delegation includes provision for the Accountable Officers for place to appoint someone to take decisions that are delegated to them during a period of absence. I wrote formally to Rob Webster (CEO) on the 21 December to advise that Melanie Brown (Director of System Reform & Integrated Care) is authorised to take those decisions that are delegated to the accountable officer for Wakefield place where an urgent decision is required.

Hospital discharge for people - £500 million Adult Social Care Discharge Fund

On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. Delays to discharging people from hospital when they are fit to leave continue to be a significant issue nationally. Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in hospital. The indicative funding for West Yorkshire is £15.2m from the ICB Fund and £8.4m through grant allocations to local authorities. The total allocation to Wakefield place was £3.79m

£200 million to speed up hospital discharge

The government will give the NHS an extra £200m to buy short-term care placements to help relieve the pressures on its emergency care system. ICBs will be able to use the money to buy beds in care homes or other settings for up to four weeks in order to speed up hospital discharges, freeing up beds to admit people from accident and emergency departments. The new money is in addition to the £500m adult social care discharge fund announced previously.

Wakefield Urgent Community Response YAS/LCD pathway pilot

The Wakefield Urgent Community Response Development Group and Local Care Direct (LCD) has agreed to test a pathway that will allow Yorkshire Ambulance Service (YAS) to refer patients to Wakefield Urgent Community Response (UCR). The pathway will operate in the same way as in Calderdale and Kirklees, with the YAS Emergency Operations Centre and paramedic crews referring to the LCD UCR Hub. The LCD UCR Hub will triage the referrals and close remotely, refer/signpost to other services, including face to face UCR visits. This allows YAS to have the same number for all UCR referrals across Calderdale, Kirklees and Wakefield (CKW), which should assist with increasing utilisation and reducing hospital conveyance across CKW.

Care home follow up calls

Proactive engagement work is ongoing to create awareness of UCR and subsequently increase referrals. A pilot to offer supportive calls to care homes for patients discharged with frailty aged over 70 years has also been set up. The service is also exploring receiving Pressure Ulcer Care photos from care homes to improve clinical triage and decision-making regarding allocation of a clinical visit.

Virtual Ward for Frailty (VW)

VW has exceeded its expected bed capacity for each month since opening. The Team saw 81 patients in December and have seen a total of 157 patients since opening. We are keen to capture patient feedback, anecdotally the feedback so far has been excellent with patients stating that it's amazing to be able to go home sooner and be cared for at home.

Firebreak Week

Adult Social Care and Adult Community Services supported the system in a 'firebreak' week at the beginning of December to support patient flow and as an opportunity to try new approaches. Community Nursing and Therapy staff provided an in-reach to wards to help increase awareness of community services and the support we can provide to enable patients to be discharged sooner. Learning from the event has been shared so we can work as a system to make improvements to patients experiences and discharge processes.

Care Quality Commission (CQC) Inspections

There will be a return to inspections of Local Authorities, Adult Social Care services from April 2023. Wakefield Councils Adult Social Care Services have not been inspected in over 10 years; therefore, there is a lot of preparation to do. The inspections aim to understand best practices and areas of improvement across the sector. The initial CQC inspections will focus on creating the benchmark for Local Authorities across England. The CQC assessment framework will be published in early 2023. This Framework will form the foundations of inspections preparation in Wakefield Council.

West Yorkshire Health and Care Partnership Board

6 December 2022

| Summary report | |
|--|--|
| Item No: | 50/22 |
| Item: | Working in partnership to alleviate poverty - responding to the cost-of-living crisis |
| Report authors: | <p>Frederike Garbe, Consultant in Public Health, West Yorkshire Integrated Care Board</p> <p>Deborah Harkins, Director of Public Health, Calderdale Council</p> <p>Ian Holmes, Director of Strategy and Partnerships, West Yorkshire Integrated Care Board</p> |
| Presenters: | <p>Ian Holmes, Director of Strategy and Partnerships, West Yorkshire Integrated Care Board</p> <p>Frederike Garbe, Consultant in Public Health, West Yorkshire Integrated Care Board</p> <p>Alan Reiss, West Yorkshire Combined Authority</p> |
| Executive summary | |
| <p>At its September 2022 meeting, the Partnership Board considered a paper setting out the impact that the of the cost-of-living crisis will have on our staff and the wider population of West Yorkshire.</p> <p>Since this discussion we have been working to develop a set of common immediate actions that could be adopted across our system, recognising that a huge amount is already taking place at organisational level. This action plan is centred on mitigating the impacts of increased cost of living and poverty on:</p> <ol style="list-style-type: none"> a) Supporting the health and wellbeing of West Yorkshire health and care of people who work and volunteer in the West Yorkshire health and care system (including voluntary and community sector employees, volunteers and unpaid carers) b) Supporting the West Yorkshire Voluntary and Community Sector to provide ongoing support to people and communities impacted most by poverty and increased cost of living and reduce the risk of losing services c) Supporting the mental health and increased risk of suicide of people as a result of the crisis d) Ensuring that services are taking a proactive approach to identifying and providing support to those who are at risk. <p>This action plan is set out at Annex A to this document.</p> | |

In addition to this we have developed a joint statement [with the West Yorkshire Combined Authority] setting out our commitment to supporting people through this time. This is as follows:

The cost of living crisis facing our country and region is more than an economic issue. It will have far reaching implications for health and care services across West Yorkshire and will impact across both the people we serve and the staff we employ.

We know that financial hardship directly impacts on the mental and physical wellbeing of people, and as more people are pushed into poverty this will increase the number of people who need our support. We also know that a significant proportion of employees in our organisations, as well as carers and volunteers will also be directly affected.

This is a priority for us all, and all partner organisations across West Yorkshire are taking action to support people during this time. The actions set out below are the collective actions we have agreed as an Integrated Care System (ICS) and Combined Authority (CA) that we are implementing immediately to support people during this challenging time. They focus on:

- ***Reducing costs to households and providing support to employees in financial hardship***
- ***Supporting voluntary and community sector organisations***
- ***Ensuring mental health and suicide prevention services are providing the appropriate support***
- ***Ensuring that services are proactively responding to the impact of the cost of living crisis***

We propose that the oversight of this work is managed through the Improving Population Health Function at ICB level, supported by a steering group comprising the ICB, WYCA, Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners.

Recommendations and next steps

The Partnership Board is asked to:

- support the publication of a joint statement on behalf of the ICS and WYCA setting out our commitment to supporting staff and citizens; and
- support the action plan (Annex A) and agree to collectively implement it.

Working in partnership to alleviate poverty - responding to the cost of living crisis

The cost-of-living crisis facing our country and region is more than an economic issue. It will have far reaching implications for health and care services across West Yorkshire and will impact across both the people we serve and the staff we employ.

We know that financial hardship directly impacts on the mental and physical wellbeing of people, and as more people are pushed into poverty this will increase the number of people who need our support. We also know that a significant proportion of employees in our organisations, as well as carers and volunteers will also be directly affected.

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- Reducing costs to households and providing support to employees in financial hardship
- Supporting voluntary and community sector organisations
- Ensuring mental health and suicide prevention services are providing the appropriate support
- Ensuring that services are proactively responding to the impact of the cost-of-living crisis

We propose that the oversight of joint work is managed through the Improving Population Health Function at ICB level, supported by a steering group comprising of the ICB, WYCA, Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners.

The Combined Authority is also taking action by supporting businesses with funding for energy efficiency measures, and reducing the cost of travel by bus, in addition to implementing the Mayor's Cost of Living Fund.

Draft Action Plan

| Action | Potential delivery vehicle | How WY level action adds value |
|--|--|---|
| 1. Mitigate the impacts of increased cost of living and poverty on the health and wellbeing of people who work and volunteer in the West Yorkshire health and care system | | |
| Support employers tackle the stigma of poverty by helping them normalise conversations with employees about money worries through the provision of tools and training, building on the work done by the workforce hub. For example, Feeding Britain is providing training on money skills for Councillors and managers in Calderdale. Ensure training is trauma informed, recognising the impact of poverty on health and wellbeing and decision making. | Employing organisations, supported by ICB Workforce programme | Sharing of examples of good practice for training. Potential to agree one training programme across the system. This could be commissioned or developed once across WY |
| All employers provide simple information about support available for staff, sensitive to stigma and reflecting the mental health as well as physical health impacts of poverty | Employing organisations supported by Workforce programme | Share examples and good practice |
| Support the normalisation of conversations about staff and volunteer mental health and suicide through the development of staff suicide prevention and preparedness plans. Use staff check in campaign resources and link to specialist suicide bereavement support | Kate Sims, supported by suicide prevention programme (Jess Parker) | Suicide preparedness protocol, development of campaign, delivery of workshops |
| Support employers in their review of mileage rate policies for staff who are required to drive their own cars to provide health and care services, e.g. consideration of pay systems which pay mileage expenses in advance of expenditure | ICB Workforce programme | Share examples and good practice |

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| Support employers to review their salary systems which may enable staff to access salary through the month | Employing organisations supported by ICB Workforce programme | Share examples and good practice |
| Negotiate parity of staff discounts for employees of all health and care partners (including social care and voluntary and community sector) | Steering group to agree lead | Commission/ negotiate at WY level |
| Commissioners consider flexibility in use of resources for temporary salary increases in lower paid staff in providers funded by vacancies (e.g. in voluntary and community sector providers) | Steering group to agree lead | Share examples and good practice |
| Reduce the cost of travelling by bus for all residents, including reducing the commuting costs of people who work in the health and care system. | Delivered by the MCA and bus operators | Reductions applied at WY level |

| Action | Potential delivery vehicle | How WY level action adds value |
|--|--|---|
| 2. Support the West Yorkshire Voluntary, Community and Social Enterprise Sector to provide ongoing support to people and communities impacted most by poverty and increased cost of living and reduce the risk of losing services | | |
| Use the Mayor's £ 3 million cost of living fund to support VCSE to help those in workless households or experiencing in-work poverty to pay for essentials and access mental health and/or debt support | LA existing VCSE contracts and individually negotiated funding agreements | Targeting of regional funding available via West Yorkshire Devolution |
| Explore the development of Voluntary, Community and Social Enterprise Sector (VCSE) funding mechanisms to support the sector's resilience in light of the increase cost of operating; and to maintain the provision of | Harnessing Power of Communities programme Improving Population Health Programme | Share experience and good practice |

| | | |
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| <p>VCSE support to mitigate the impact of poverty and the increased cost of living on health and wellbeing.</p> <p>Specific actions that will be explored include:</p> <ul style="list-style-type: none"> • Enhancement of the Mayor’s £ 3 million cost of living fund with investment from the health and care system, e.g. use of winter pressures funding, resilience funding and creative use of vacancies funding. • Bring together funding offers where possible to simplify and streamline processes for the VCSE sector • Enabling additional investment to reach hyper-local, small and micro voluntary and community sector organisations who deliver the majority of support, the greatest value for money and are able to respond rapidly to local issues | | |
| <p>Review voluntary sector commissioning/ contracting policies, including exploring:</p> <ul style="list-style-type: none"> • Provision of payment up-front to support cash flow and no longer provide payment in arrears • Greater flexibility in use of funding already allocated to VCSE organisations (e.g. vacancies funding to pay salary uplifts or cover increased energy costs) • Minimising reporting requirements/re-tendering processes where possible – saving staff time to focus on delivery • Timely decisions and communication regarding services due to end in March 2023. | <p>Harnessing Power of Communities programme</p> | <p>Share experience and good practice; Share agreements / legal / procurement advice</p> |

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| <p>Strengthen the contribution that the VCSE sector makes to reducing the health impacts of poverty and increased cost of living, including exploring:</p> <ul style="list-style-type: none"> • Explore the role of Anchor Institutions (including Community Anchor organisations / larger VCSE organisations) in partnering with and supporting their local small and micro VCSE organisations • Enable more VCS organisations to link with the West Yorkshire Suicide prevention network with information on the WY Suicide Prevention website about the services they offer | <p>Harnessing Power of Communities WY suicide Prevention Programme</p> | <p>Share Experience and practice WY/ Regional networks Suicide Prevention programme works at WY Level</p> |
|--|--|---|

| Action | Potential delivery vehicle | How WY level action adds value |
|--|---|---|
| <p>3. Support the mental health and increased risk of suicide of people as a result of the crisis</p> | | |
| <p>Promote WY suicide prevention website to the public and partners and review content so it links to support with money worries.</p> <p>This has been led by WY Suicide Prevention programme, but in order to reach the population required, consideration needs to be given to how it can be implemented through all place-based partnerships to ensure reach across the whole of the WY Health and Care Partnership</p> | <p>WY Suicide Prevention Programme Placed based suicide prevention partnerships</p> | <p>Co-designed, resourced and delivered at WY level – local and national updates added to the site by WY suicide prevention team and regular updates continued to be sent out across WY SPAN, need to increase circulation to wider area.</p> |

| | | |
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| <p>Raise awareness of the increased risk of suicide as the cost of living increases across WY partners.</p> <p>Increase the provision of suicide awareness training across the WY Health and care Partner organisations to help make suicide prevention everyone's business and increase understanding of the impact that financial difficulties has on suicide rates and individuals' decision to take their own life.</p> | <p>WY Suicide Prevention Programme</p> <p>Placed based suicide prevention partnerships</p> | <p>£40K contract being commissioned at a WY level.</p> <p>Set to reach approx. 1000 people in jobs supporting those with risk factors for suicide.</p> <p>Links to local and national training providers on website.</p> |
| <p>Extend suicide prevention social media campaign Check In with Your Mate www.staffcheck-in.co.uk/males - specific focus on Job Centres, credit unions, food banks, warm spaces and elsewhere</p> | <p>WY Suicide Prevention Programme</p> <p>Placed based suicide prevention partnerships</p> | <p>Campaign and assets developed at WY level and delivered by WY partners</p> |
| <p>Co-ordinate WY mental health service system and respond to increased demand caused by increased cost of living and poverty</p> | <p>Take to MHLDA Programme Board for discussion</p> | <p>Co-ordinate at WY level; share good practice and innovation</p> |
| <p>Explore developing regular communication with trained mental health first aiders in WY, providing information about the support available and inviting them to provide insight from people about issues that they are seeing on the ground</p> | <p>WY Suicide Prevention Programme</p> <p>Placed based suicide prevention partnerships</p> | <p>Co-ordinate a WY level</p> |
| <p>Provide information on employee mental health and suicide prevention to businesses in receipt of financial support with the increased cost of living and or doing business through WYCA</p> | <p>WY Suicide Prevention Programme; WYCA, Mindful Employer network</p> | <p>Deliver at WY level</p> |

| Action | Potential delivery vehicle | How WY level action adds value |
|---|--|--|
| 4. Ensure that services are taking a proactive approach to identifying and providing support to those who are at risk. | | |
| <p>Connect people at high risk of ill health from cold homes to affordable warmth measures (e.g. people on GP asthma, COPD, and CVD disease registers) Explore connecting with energy suppliers to explore proactively contacting people with health risks who are using less energy than expected</p> | <p>Place based with learning shared through winter warmth task and finish group chaired by Improving Population Health Programme</p> | <p>Share good practice Develop data sharing protocols, negotiate at a WY level</p> |
| <p>Provide information about health risks (including poor mental health and risk of suicide) from increased cost of living / poverty and support available, to front line staff across the system</p> <ul style="list-style-type: none"> • Particularly focus on those visiting people in their own homes, e.g. housebound vaccination teams, health visitors, district nurses, • Be trauma informed and include the recognition of poverty and stress on decision making and behavioural choices • Link to Making Every Contact Count • Include specific information on health risks as well as access to support for staff working with specific populations (like pregnant families, people with disabilities or long term conditions) | <p>Place based and communications led with support from Improving Population Health Programme</p> | <p>Share resources developed by place. Sharing good practice Consider developing training across WY (linked to action under 1)</p> |
| <p>Implement the recommendations of the NICE Guidance on reducing Excess winter deaths and illness and the health risks associated with cold homes</p> | <p>Relevant place-based partnerships, supported by Improving Population Health Programme</p> | <p>Share examples of good practice Identify actions that we can do once and share</p> |

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| <p>Include fuel poverty and wider impact of poverty in winter planning including identifying resources to invest into affordable warmth intervention to reduce the impact of fuel poverty on the physical and mental health and wellbeing of the population, especially those most at risk.</p> | <p>Integrated Care Board and Partners</p> | <p>Adding additional resources to reduce the number of people unable to adequately heat their homes this winter</p> |
|---|---|---|

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Monday, 09 January 2023

Dear Patricia

West Yorkshire Integrated Care Board response to the Hewitt Review

We are writing to share our formal response to the call for evidence for your Review into the autonomy and accountability of Integrated Care Systems (ICSs). We welcome the Review and the continued commitment to co-production of national policy with system leaders.

The new Health and Care Act (2022) for ICS working gives a basis to improve health outcomes, tackle inequalities, enhance value for money, and support broader social and economic development for distinct communities. The creation of Integrated Care Partnerships (ICPs) within 42 ICSs in England between Local Authorities and the NHS, including new NHS Integrated Care Boards (ICBs), provides a forum to identify, address and improve the relationship between social conditions and a variety of adverse health outcomes under a collective strategic plan.

The response and examples we have provided in our evidence submission are based on six years of collaborative working in our West Yorkshire Health and Care Partnership. This includes having system strategic plan since 2019/20 informed by five place-based Health and Wellbeing Board plans, and delivering plans across NHS organisations, Local Authorities and the voluntary, community and social enterprise (VCSE) sector for a diverse population of 2.4 million people across five 'places' (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District).

We have publicly committed to increasing the diversity of our health and care leadership and to being an anti-racist ICS via our nationally award-winning [#RootOutRacism movement](#).



Through our Partnership we work in West Yorkshire to tackle health inequalities for ethnic communities and colleagues, serving our diverse local population.

We have submitted our response to the specific questions via the online portal and have also included them at Annex A to this document. Within these responses we have included a range of links to provide more detail and case studies of our work. We wanted to draw out the key points in our submission in relation to the four themes of the Review as outlined below.

Empowering local leaders

- The Department of Health and Social Care (DHSC) and NHS England (NHSE) have critical roles in setting a policy framework that incentivises collaboration and empowers leadership. A good example of this is the move towards the primacy of system financial performance and away from organisational financial performance. This significantly changed the financial incentives in the system, and encouraged a collective approach to financial management. In West Yorkshire this approach ensured the delivery of an overall financial balance as well as shifting the emphasis towards transformation and integration on an open book basis.
- NHSE has a key leadership role in relation to the health challenges we face as a country. The focus and emphasis it has placed on important topics such as elective recovery, urgent care, primary care access, cancer services and mental health absolutely reflects the priorities of people who live in West Yorkshire, and it is critical that NHSE continues to amplify the importance of these issues. Our view is that this should focus on the 'what' and allow systems to define the 'how' in line with their local context.
- We support the direction of travel described in the NHSE Operating Framework. We are fortunate in the NHSE North East and Yorkshire region of four ICSs to have a mature partnership relationship with the NHSE regional team. For a number of years the regional team has worked side by side with ICS colleagues, with a relationship based on openness, trust and mutual accountability. This has allowed NHSE to gain assurance from the 'inside' and meant that capacity can be used to support systems rather than holding to account from the outside. Our '4+1' way of working in North East and Yorkshire exemplifies the aspirations of the Operating Framework, and we believe other regions could benefit. Maintaining the current level of NHSE capacity at regional level is essential to this; this capacity should increasingly be focused towards improvement approaches rather than accountability.
- Within our ICSs we have a robust and independently audited Place Framework which enables the ICB to delegate authority to our five 'places' in West Yorkshire to support local health and care leadership. In contributing to the Review we want to highlight the need to acknowledge and support 'place' ways of working within ICSs to achieve its four aims, working to deliver immediate targets and to develop prevention practice and bring care closer to home in the medium to long term.



National targets and accountability

- We believe that NHSE should focus on a manageable number of performance targets and place greater emphasis on measures of outputs, outcomes and inequalities. These targets should align to the four purposes of an ICS, and should recognise multi-disciplinary team and multi-agency team working across the broadest provision of health and care services.
- We support national work designed to change the system to support improvement and innovation. The work being led by NHSE and Vin Diwakar on developing a system built on improvement will be critical. For too long we have seen an over emphasis on performance management through assertion, and we believe that we have an opportunity to build a powerful system built on improvement, clinical leadership and coproduction. This is already apparent in work done in many of our providers, including those working with Virginia Mason, and our systems too.
- We support the direction of travel of the Care Quality Commission (CQC) increasingly taking on a system role in quality oversight and we would emphasise the importance of co-producing the approach with systems so that enablers such as shared clinical risk, joint roles across organisations, multi-disciplinary team and multi-agency team working across the NHS and social care are recognised. We would also welcome broader collaborative working across regulators such as the CQC and Ofsted in relation to children's services, acknowledging system working and the broader impact of regulatory decisions across services.
- We support the use of peer review to facilitate shared learning and developmental support. Within West Yorkshire we have found that 'place' to 'place' peer reviews have been beneficial to all parties. We understand that the Local Government Association (LGA) and NHS Confederation are working in partnership currently to pilot system peer reviews at ICS level to support system development.
- Transformation funding can be helpful as pump priming resource to support new transformation. There is however a lack of discipline over the number of pots of funding, the processes required to receive them, and the point in the year in which they are released. We believe there should be a co-produced set of principles used to govern these funds which cover the timeliness of notification (ideally multi-year, if not at the beginning of the year); and the processes associated (a level of reporting proportionate to the sums involved).



Data and transparency

- Access to high quality data is essential for effective oversight and accountability. Our starting point is that the data NHSE use to measure performance of ICBs should be readily available to systems, so that the same data sets are used by all. We would also strongly advocate that:
 - A) We have a more balanced mix of performance, outcomes and inequalities data that relate to the four purposes of ICSs; and
 - B) Performance data is routinely available by protected characteristics so inequalities can be identified further, observed and addressed.
 - C) Safety should be a primary focus for all of our systems and organisations, supported by the improvement approaches and data set out in this response.

System oversight

In some areas the level of prescription and requirement for detail on input measures rather than outputs or outcomes measures is disproportionate and distorting. Rather than a detailed programme approach to delivery of these priorities we believe that NHSE should take the opportunity to focus more on the levers it has available to change practice such as the financial framework and the oversight framework.

The legislation was drafted to be permissive, reflecting that ICBs vary significantly in terms of scale, complexity and relationships. ICBs are encouraged to innovate and build partnerships that made sense locally. There is a tendency in our interactions with NHSE teams to not reflect this variation, and a 'one size fits all approach' has been used and an expectation of standardisation, for example, in terms of roles that ICBs must have. A permissive framework approach would be welcomed.

We trust these comments are helpful and further information on the work of our West Yorkshire Health and Care Partnership can be found here: www.wypartnership.co.uk

We are keen to stay involved in this important work and are very happy to provide further detail and examples if helpful, working alongside colleagues across ICSs, NHSE regionally and nationally, and regulatory colleagues, including the CQC.

With best wishes,



Cathy Elliott
Chair of NHS West Yorkshire Integrated Care Board
Vice Chair of the West Yorkshire Health and Care Partnership Board



Wakefield District Health and Care Partnership Wakefield Provider Collaborative Chair's Report January 2023

Purpose

The purpose of this paper is to update the Wakefield District Health and Care Partnership (WDHCP) Committee on the on-going developments within the Wakefield Provider Collaborative and highlights from the recent meetings.

Chair's reflections

The Provider Collaborative was launched in February 2022 and has been running for almost a year. Throughout 2022 we have come together to join up our plans to transform how we deliver health and care to our population. Connections and relationships between partners have been strengthened by focussing on longer term improvements that will benefit all our people.

It is time now to look back and review the progress we have made, identify what is working well and what we want to achieve in 2023. Therefore, we will be running a development session shortly to collaborate with partners.

We continue our commitment to work with the Wakefield District Health and Care Partnership in demonstrating our impact against our One Year Plan and to bring together our ambitions in the form of a Delivery Plan which will draw upon the work undertaken by the Provider Collaborative, Alliances and Programmes.

Highlights from meetings

Alliance Spotlight – Planned Care Providers Alliance

The alliance / programme spotlight is a popular item on our agendas. In December 2022 we heard from the Planned Care Providers Alliance which is made up of over 35 providers who deliver a range of planned care services across the district. The alliance was first established in 2021 and has been working to establish itself and its priorities.

Cross cutting themes for the priorities are Seamless Transfers of Care and System Performance. The initial workstreams for the Alliance are;

1. Ophthalmology
2. Gastroenterology and Endoscopy
3. Dermatology
4. Musculoskeletal (MSK) and Physiotherapy

A Data task and finish group has been set up to work develop a dashboard, review data quality and establish where data flows need to be improved.

Pilot on dedicated social prescribing for patients placed on a treatment Waiting List

This important pilot is a collaboration between Mid Yorkshire Hospitals Trust, West Yorkshire Integrated Care Board (Wakefield) and Live Well Wakefield. For a six month period a Social Prescribing Link Worker from Live Well Wakefield will offer a holistic social prescribing assessment to patients who have been waiting longer than 52 weeks and who do not have a date for their surgery.

Starting with those who have been waiting the longest, this personalised approach will focus support on the wider issues of health for these patients like housing, welfare, smoking cessation and finances.

A patient story was presented that showed the process, the action plan that was developed with the patient and the outcomes which included a reduced risk of falls, a reduced risk of isolation, an increase in the patient's confidence and feeling more in control.

Clinical and Professional arrangements within the Partnership

The professional leadership model within Partnership was presented to the Provider Collaborative. Following on the work of the Clinical Commissioning Group, the model aims to strengthen the voices of professionals within the Wakefield District Health and Care Partnership to ensure our pathways of care and transformation programmes are clinically and professionally led.

The term 'professionals' is an inclusive term used to capture all those with a clinical and professionally registered roles across health and social care. This inclusive professional leadership model brings together key leaders to allow for more joined up thinking across our whole health and social care remit.

An overview of the model will be provided to the Wakefield District Health and Care Partnership Committee.

Proud to be part of West Yorkshire Health and Care Partnership



**Wakefield District
Health & Care
Partnership**

The National Child Measurement Programme and the story of the pandemic

Clare Offer, Consultant in Public Health

Kelly Zuk, Project Support Officer, Public Health Intelligence Team

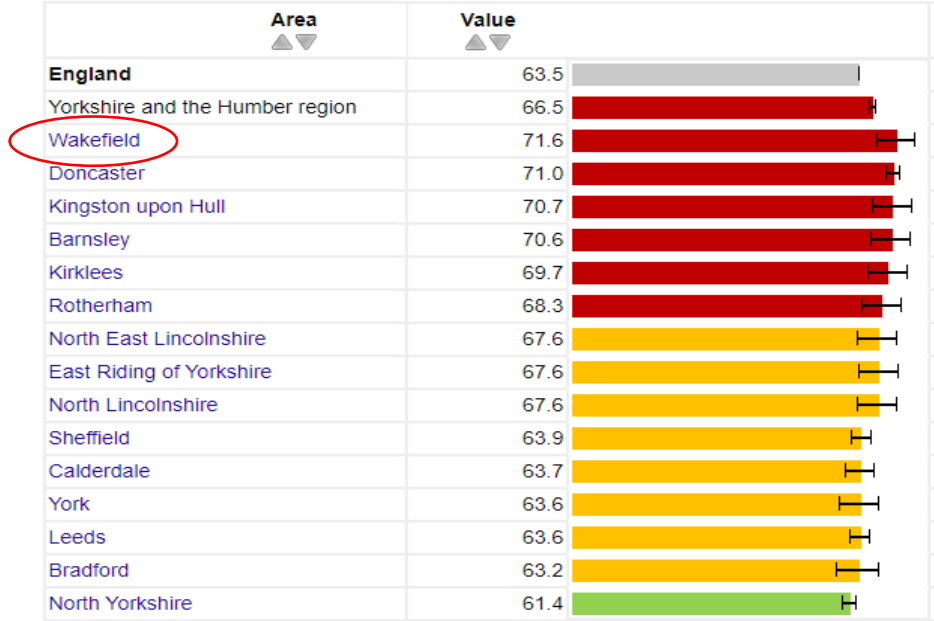
January 2023

Proud to be part of West Yorkshire Health and Care Partnership



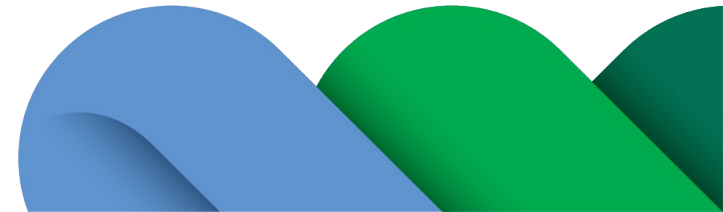
The scale of the problem

7 in every 10 adults in Wakefield is overweight
([OHID Fingertips profiles](#))



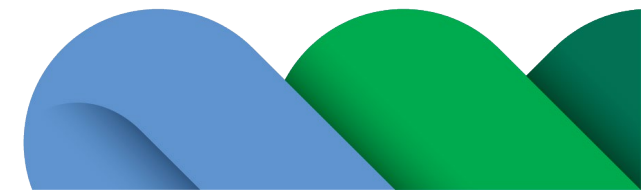
Children and young people

- ◆ National Child Measurement Programme established in 2006-7
- ◆ In principle a population survey (although parents do receive feedback)
- ◆ 0-19 service weigh and measure all children in reception and Year 6
- ◆ Parents can opt out and some do
- ◆ Children's BMI is compared to a 1990 reference population, taking into account age and sex. Overweight is defined as being above the 85th centile, and obesity above the 95th centile.



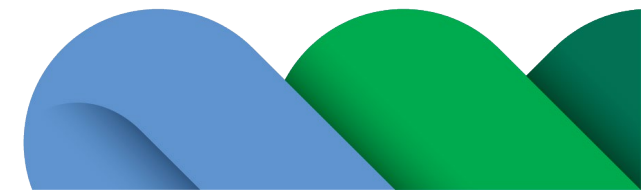
Wakefield's NCMP data during COVID

- ◆ Local authorities were only asked to collect a 10% sample of data for the NCMP during the pandemic year (2020/21)
- ◆ National figures could be collated based on this representative sample, but most local areas didn't receive figures for their area in 2020/21 as the numbers were too small
- ◆ Wakefield was one of only 25 local authorities who collected and submitted over 75% of measurements during 2020/21.
- ◆ This means that we do have our own local results and we are able to reflect on the impact of the pandemic and what it teaches us about the determinants of excess weight in children



Interactive JSNA page

[National Child Measurement Programme \(NCMP\) \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk)



What does it tell us?

NCMP - Main

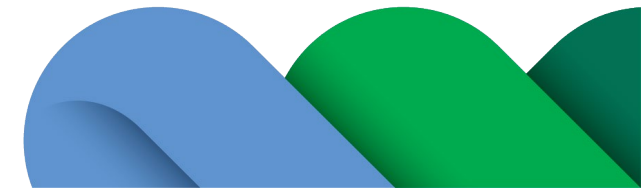
NCMP - Neighbourhoods

National Child Measurement Programme

The four boxes below show the headline figures for the Wakefield District as a whole (please note these figures change when you select from the 'year' category below):

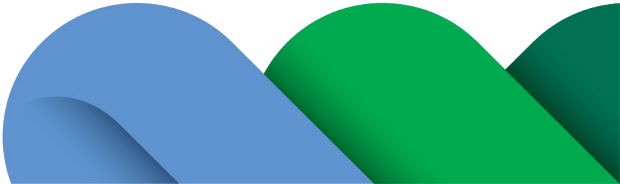
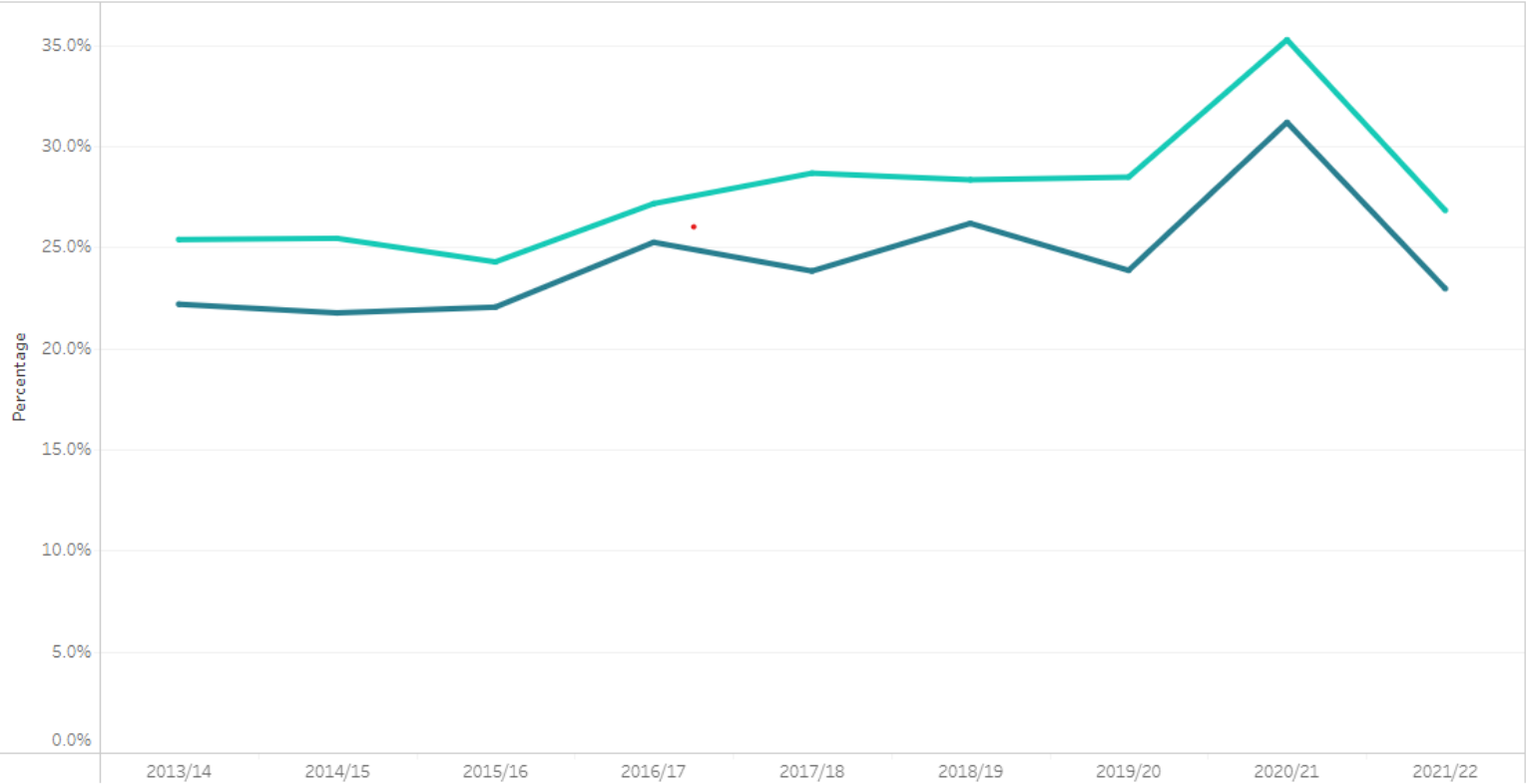
| | | | |
|--|---|---|--|
| Reception Obesity 2021/22 11.4% | Reception Overweight 2021/22 23.0% | Year 6 Obesity 2021/22 26.0% | Year 6 Overweight 2021/22 36.4% |
|--|---|---|--|

- 1 in 3 reception children are overweight or obese
- Over 50% of Year 6 children are overweight or obese
- 1 in 4 Year 6 children are obese



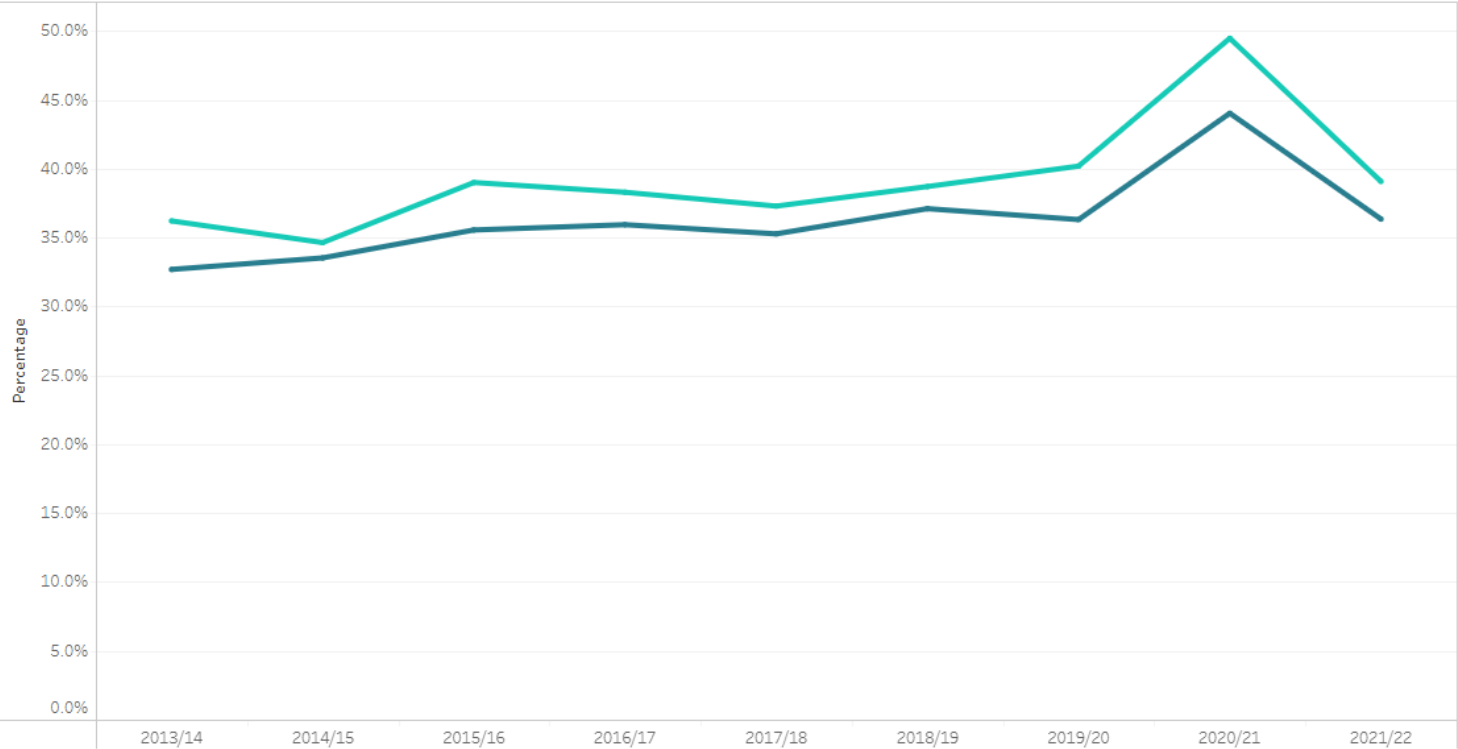
Trends in reception children

Percentage of children in Reception who are Overweight (%)
Current selection: Deprivation (Decile), 1

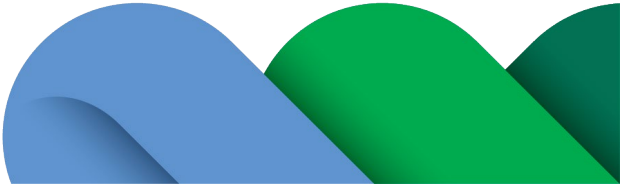


Trends in Year 6 children

Percentage of children in Year 6 who are Overweight (%)
Current selection: Deprivation (Decile), 1

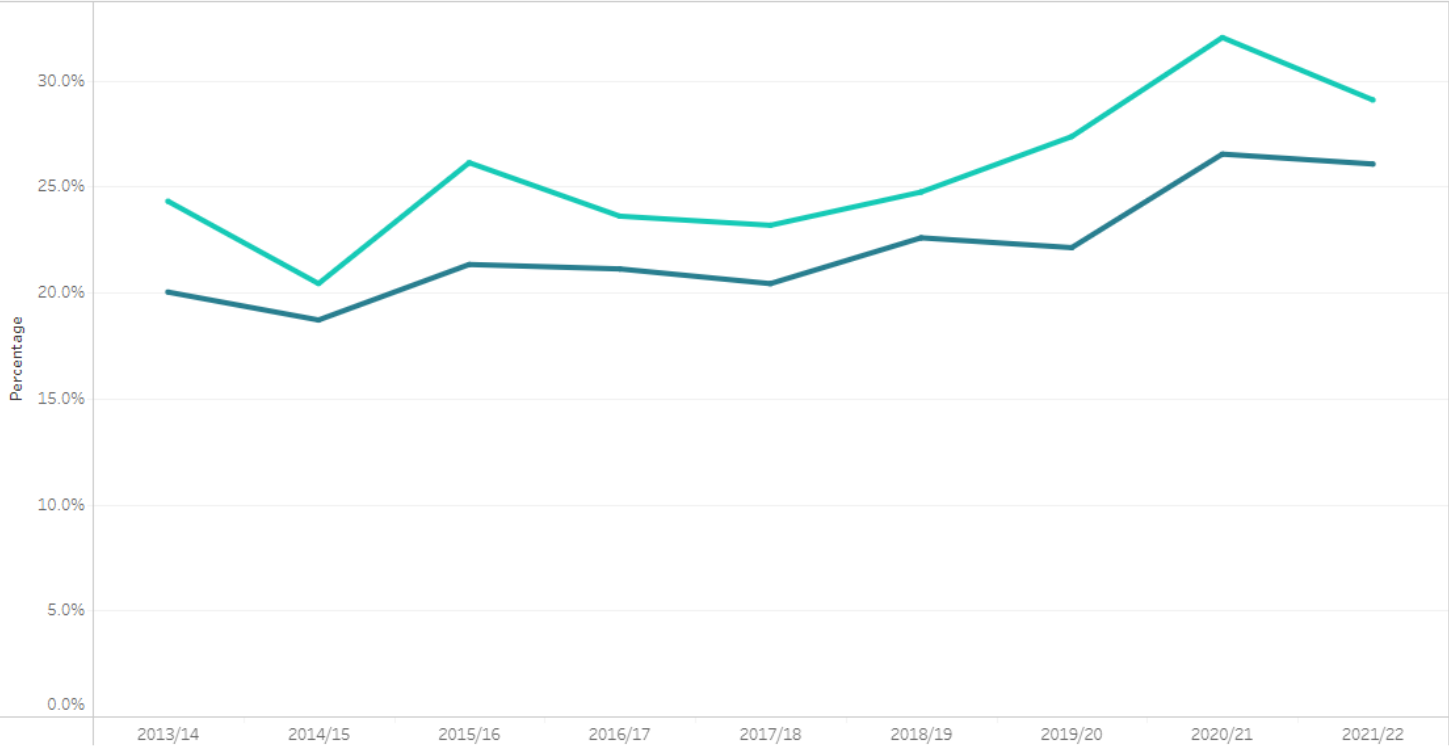


Percentage of children in Year 6 who are Overweight (%) split by Deprivation (Decile) (2021/22)

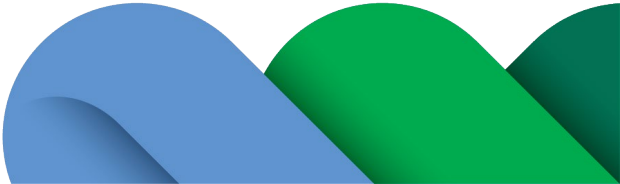


Trends in Year 6 obesity

Percentage of children in Year 6 who are Obese (%)
Current selection: Deprivation (Decile), 1

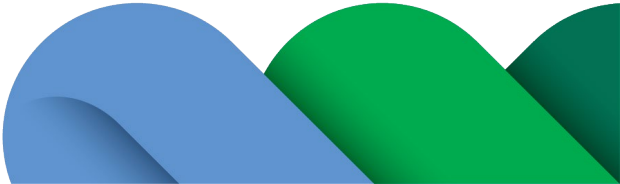
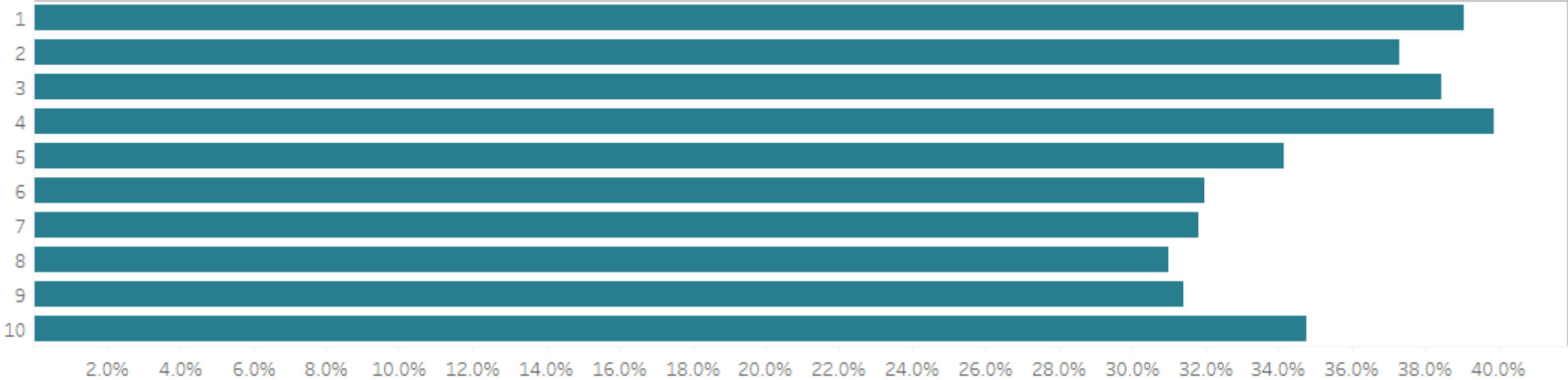


Percentage of children in Year 6 who are Obese (%) split by Deprivation (Decile) (2021/22)



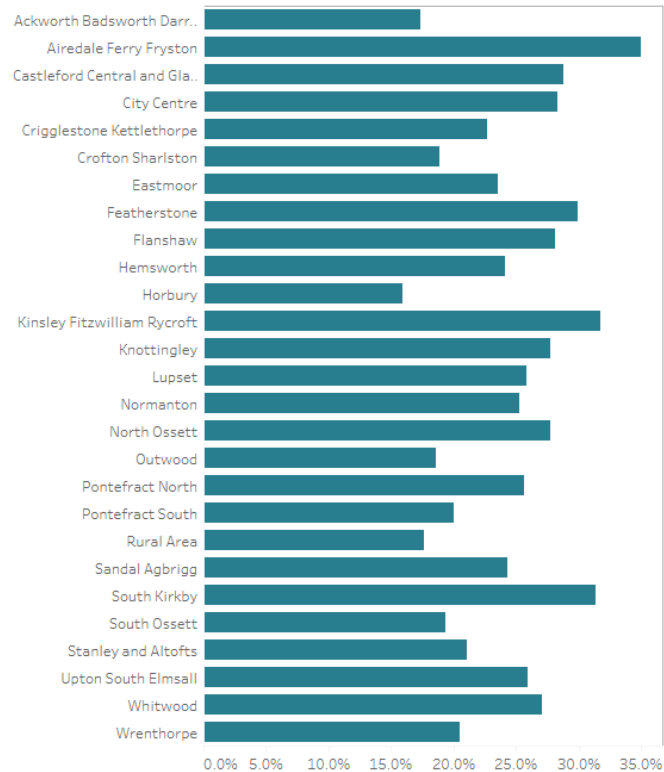
The role of deprivation

Percentage of children in Year 6 who are Overweight (%) split by Deprivation (Decile) (2021/22)

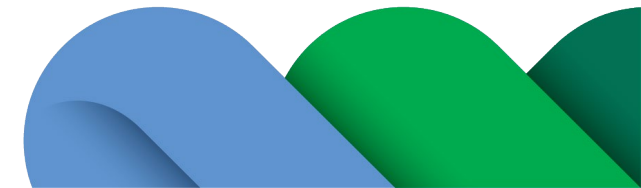
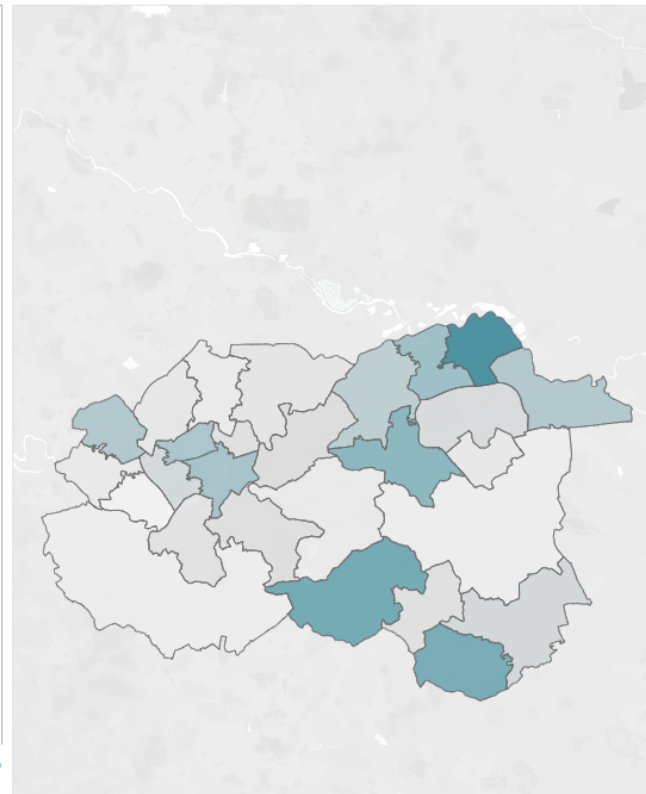


Excess weight by neighbourhood (3 year average)

Percentage of children in Year 6 who are Obese (%) split by neighbourhood (2019/20-2021/22)

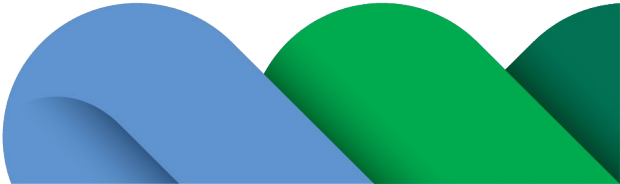
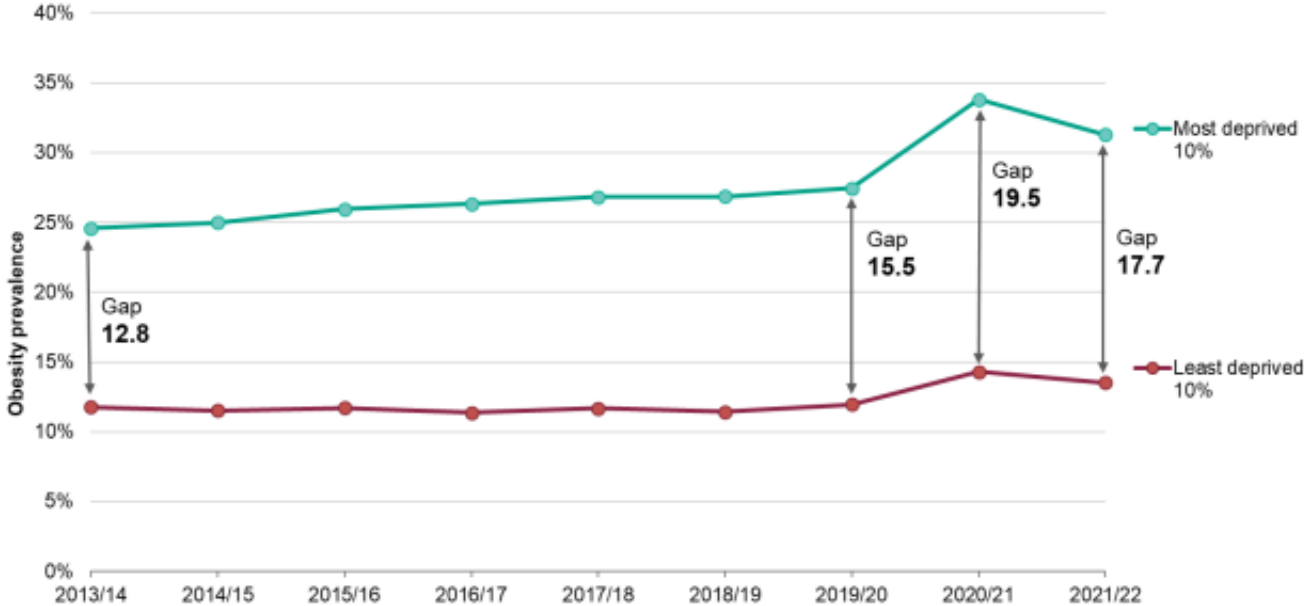


Percentage of children in Year 6 who are Obese (%) in 2019/20-2021/22



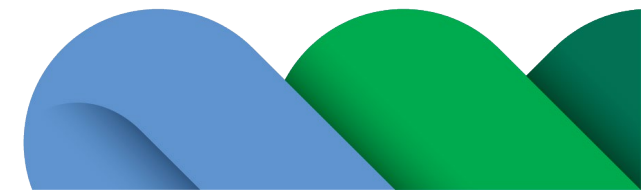
Inequality during COVID

Figure 4: **Year 6** - Trend in prevalence of obesity for children in the most and least deprived areas of England. NCMP 2013/14 to 2021/22.



What can we learn from the pandemic effect?

- ◆ Excess weight in children (and adults) is largely driven by the complex environment they live in
- ◆ Radical changes in that environment led to big changes in weight distribution
- ◆ Everything we do in schools and communities to promote physical activity and healthy food DOES have an impact – because we now know what happens when you take it away
- ◆ The inequality in healthy weights worsened nationally during the pandemic – suggesting that what we do may have more impact in less affluent areas



Choice is exercised in context



Average UK school meals mostly made of ultra-processed foods

Packed lunches and secondary school food contain most calories as rising food costs begin to bite

Anti-obesity strategy to be reviewed due to cost-of-living crisis



Image of Childhood Obesity
1971

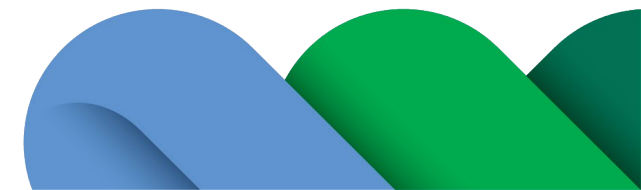


Image of Childhood Obesity
2005



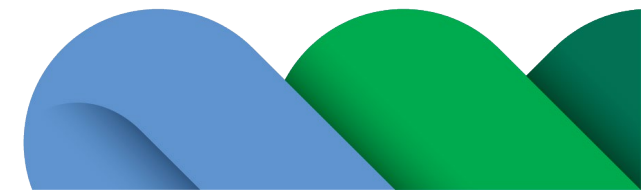
Normal looks different as the population distribution changes

Parents may not 'see' their child as overweight or obese



Whole system approaches are essential (but difficult)

- ◆ Affordable, accessible healthy food in all communities
- ◆ Challenge to the 'commercial determinants' of obesity
- ◆ Environments that enable physical activity
- ◆ Family based weight management support



| | |
|-----------------------------|--|
| Meeting name: | Wakefield District Health and Care Partnership Committee |
| Agenda item no: | 9a |
| Meeting date: | 24 th January 2024 |
| Report title: | Strategy, Delivery Plan and Planning Process <ul style="list-style-type: none"> - WDHCP Delivery Plan - WYICB Joint Delivery Plan - 2023-24 Planning Guidance and Process - Financial planning principles (separate report at 9b) |
| Report presented by: | Becky Barwick, Associate Director of Partnerships and System Development |
| Report approved by: | Melanie Brown, Director System Reform and Integration Ruth Unwin, Director of Strategy |
| Report prepared by: | Becky Barwick |

| Purpose and Action | | | |
|--|--|--|--------------------------------------|
| Assurance <input type="checkbox"/> | Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify) | Action <input checked="" type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input type="checkbox"/> |
| Previous considerations: | | | |
| WYICB strategy development group – multiple dates throughout 2022 WDHCP strategy development group – Nov and Dec 2022 | | | |
| Executive summary and points for discussion: | | | |
| <p>Wakefield District Health and Care Partnership (WDHCP) have committed to developing a delivery plan 2023-2026. The delivery plan will include how we will contribute to delivering</p> <ul style="list-style-type: none"> • The Wakefield Health and Wellbeing Strategy • The West Yorkshire Integrated Care Board (WYICB) Strategy and Joint Forward Plan • The 2023-24 NHS Operational Planning Guidance. <p>The paper sets out the scope and approach for the WDHCP delivery plan.</p> <p>This paper also summarises the approach to the development of the West Yorkshire ICB Joint Forward Plan and specifically outlines the engagement and involvement plan associated with the formal consultation that supports its development which was launched on 10th January 2023 and is being undertaken collaboratively.</p> | | | |

There is also a summary of the NHS Operational Planning Guidance for 2023-24 and a description of the approach being taken across West Yorkshire to develop our response as well as a timetable for producing, coordinating, and approving the WDHCP contribution.

Finally, there will be a discussion about the ongoing development of an outcomes framework for the WDHCP, which will underpin delivery of our priorities working in our collaborative context and enable each part of the system to understand how it is contributing to the overarching shared outcomes for our population's health and wellbeing.

There is a separate report at item 9b setting out our financial planning principles which will also be taken under this overarching item.

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

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

Recommendation(s)

The WDHCP Committee is asked to:

1. Approve the scope of the WDHCP delivery plan for 2023-2026
2. Note the requirements of the NHS planning guidance and the timetable for developing our response

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

- Appendix 1 – West Yorkshire Integrated Care Board Joint Forward Plan Consultation (slides)
- Appendix 2 – Wakefield Health and Wellbeing Strategy Outcomes Framework - draft

Acronyms and Abbreviations explained

1. WYICB – West Yorkshire Integrated Care Board
2. ICB – Integrated Care Board (refers to West Yorkshire in our case)
3. ICS – Integrated Care System (refers to West Yorkshire in our case)
4. WDHCP – Wakefield District Health and Care Partnership
5. CCG – Clinical Commissioning Group
6. GP – General Practitioner
7. VCSE – voluntary, community and social enterprise sector

8. PMO – Programme Management Office
9. JSNA – Joint strategic needs assessment
10. A&E- Accident and Emergency
11. NICE – National Institute for Clinical Excellence

What are the implications for?

| | |
|---|--|
| Residents and Communities | Our plan will set out our transformation priorities and programmes for 2022-23 these aim to improve experiences of health and care for residents and communities |
| Quality and Safety | Quality and safety approaches will be detailed within the plan |
| Equality, Diversity and Inclusion | Our plan will set out our approach to health inequalities |
| Finances and Use of Resources | Identified priorities may need investment considerations |
| Regulation and Legal Requirements | N/A |
| Conflicts of Interest | N/A |
| Data Protection | N/A |
| Transformation and Innovation | Our plan will set out our transformation priorities and programmes for 2022-23 |
| Environmental and Climate Change | Our partnership approach to climate change will be detailed in the plan |
| Future Decisions and Policy Making | N/A |
| Citizen and Stakeholder Engagement | Extensive engagement has already taken place, for example to support the development of the Health and Wellbeing Strategy. There is a specific item covering this topic in the paper. Our plan will set out our future approach to citizen and stakeholder engagement |

1. Wakefield District Health and Care Partnership Vision and Purpose

As a partnership, we have defined our vision and purpose. We have adopted the vision from the Wakefield Health and Wellbeing Strategy. This reflects our role as key contributors to our Health and Wellbeing Strategy. Our shared vision is:

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

The specific purpose of WDHCP has been defined as:

“Together, we will work with the people of Wakefield to create a connected system that supports people in their own home and communities to live longer, healthier lives”.

2. Defining the scope of WDHCP Priorities and Plans

As a partnership with a broad vision and purpose, we need to define our priorities and delivery plan in order to ensure that we are organising ourselves in the right way to deliver the best possible outcomes for people and using our resources in the most effective way.

In defining our priorities and developing our delivery plan we need to take a number of key drivers into account (see Figure 1 below).

Figure 1: Strategic Drivers



2.1 Wakefield Health and Wellbeing Strategy

The Wakefield Health and Wellbeing Strategy was refreshed in 2022¹. It sets out four priorities:

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

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

2.2 The NHS Long Term Plan and local transformation priorities

In order to deliver the NHS Long Term Plan and work towards our vision for health and care in Wakefield district, a number of key transformation programmes and alliances have been established.

The purpose of these transformation programmes and alliances is to deliver key priorities in the NHS Long Term plan, make progress towards integration of health and care services, reduce health inequalities and to ensure that our local health and care services are operating in the most efficient and effective way and are of the highest possible quality.

Many, but not all, of these programmes and alliances are also part of a wider set of programmes which operate across the WYICB footprint, and there is close collaboration between the two. The principle of subsidiarity is key, with actions happening at place by default unless it makes sense to work across a wider geography.

2.3 NHS West Yorkshire Integrated Care Board

WDHCP is a committee of NHS West Yorkshire Integrated Care Board (WYICB) with a set of significant delegated functions. We will be required to demonstrate effective delivery of these functions as well as demonstrating how we will effectively contribute to delivery of the WYICB Integrated Care Strategy and forthcoming Joint Forward Plan.

The WYICB, together with its five place committees have set out their collaborative approach to strategy and planning in a recent Board paper². Below is a summary of three of the key factors for WDHCP to consider when developing our local priorities.

Ten Big Ambitions and the WYICB Integrated Care Strategy

WYICB have set out their Ten Big Ambitions which are drawn from the Health and Wellbeing Strategies of the five places within the WYICB area and will form the core of the WYICB Integrated Care Strategy currently being refreshed Building on the West Yorkshire Health and Care Partnership (WY HCP) Five-Year Strategy 'Better health and wellbeing for

¹ [Wakefield District Health and Wellbeing Strategy, 2022–2025](#)

² [19. Refreshing the West Yorkshire Integrated Care Strategy - Combined.pdf \(wypartnership.co.uk\)](#)

everyone' published in 2020³), which is a statutory requirement. As a formal committee of the WYICB, WDHCP have been involved with and participated in the development of the WYICB strategy.

WYICB Joint Forward Plan

WYICB are statutorily required to produce a Joint Forward Plan (JFP). Guidance for production of JFPs was published in December 2022⁴. The WYICB JFP will be developed collaboratively and will incorporate the bulk of the operational planning guidance requirements as well as plans to deliver the WYICB Integrated Care Strategy. There is an aim to have a completed plan developed by the end of March 2023 even though the final deadline is not until June 2023. This is to ensure governance processes can be adhered to. There is also a formal consultation that has been launched around the production of the JFP. This is discussed in more detail below.

NHS Operating Plan

Additionally, WYICB are required to submit a plan which responds to the NHS Operational Planning Guidance published in December 2022⁵. Again, colleagues from across the WYICB are working collaboratively to produce a response which is 'built from places'. Our local approach to this is discussed in more detail below.

3. Alignment of strategies and plans

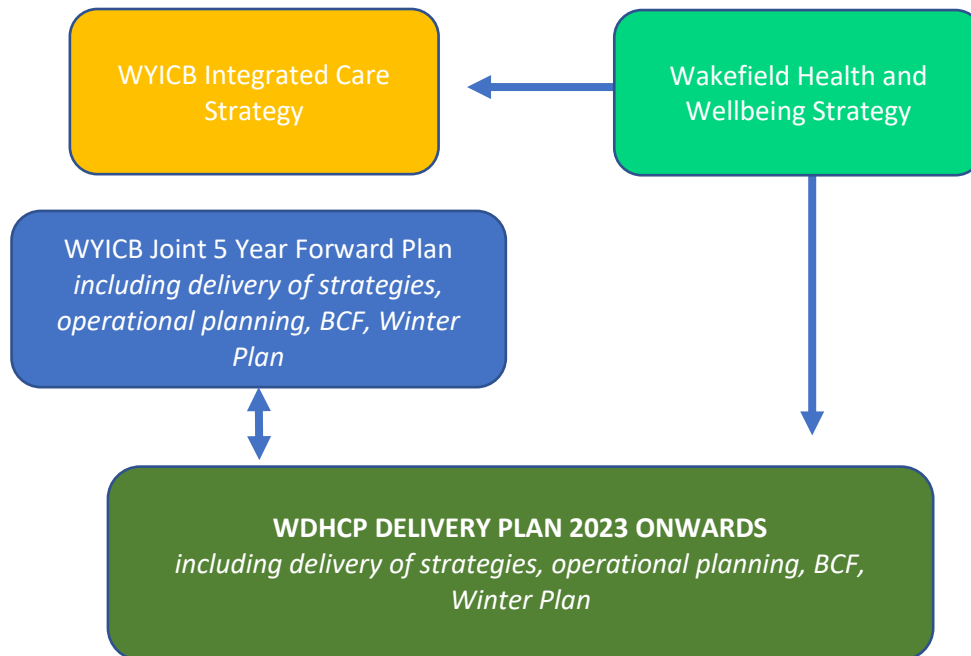
There is a need to make sure that it is clear how the strategies and plan align to each other. Figure 2 below demonstrates the relationship of the Wakefield Health and Wellbeing Strategy, the WYICB Integrated Care Strategy and Joint Forward Plan and the WDHCP Delivery Plan.

³ [Better health and wellbeing for everyone: Our five year plan :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/better-health-and-wellbeing-for-everyone-our-five-year-plan)

⁴ [NHS England » Guidance on developing the joint forward plan](#)

⁵ [NHS England » 2023/24 priorities and operational planning guidance](#)

Figure 2: Aligning strategies and plans



4. Development of the West Yorkshire Integrated Care Board Joint Forward Plan

4.1 Development requirements

According to national guidance published in December 2022⁶ the Joint Forward Plan needs to meet three principles:

- Be fully aligned with the wider system partnership’s ambitions
- Support subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Be delivery focused, including having specific objectives, trajectories, and milestones as appropriate.

The WYICB Joint Forward Plan is being developed to advanced draft stage by the end of March 2023 and a final version will be published by the of end-June 2023. The plan will encompass the narrative to accompany the operational plans (as per the requirements in the NHS Operational Planning Guidance as well as the longer-term system ambitions.

4.2 Formal consultation

NHS West Yorkshire Integrated Care Board (NHS WY ICB) is asking people and communities to come forward and share their views on how health services should be delivered to them

⁶ [NHS England » Guidance on developing the joint forward plan](#)

locally, and across West Yorkshire. The engagement commenced on 10 January 2023 and will complete on 20 February 2023 with different opportunities for colleagues, organisations and our communities to have their say.

- It is essential to understand the needs of all communities within the ICS, particularly those most affected by health inequalities, and to recognise the diversity across different communities.
- To ensure that the plans fully address the needs of our local populations, ICBs and trusts are encouraged to build on previous engagement and involve people and communities when developing their JFP - drawing on insight and engagement from across their system partners.

Further information about the public consultation, including links to an extensive exercise which has been undertaken across the West Yorkshire footprint to map existing insight into people's views can be found by at **Appendix 1**.

5. NHS Operational Planning 2023-24

The NHS Operational Planning Guidance for 2023-24 was published in December 2022.

5.1 Planning Priorities

The planning priorities published in the guidance were organised into three broad themes.

- Recover core productivity. Includes:
 - Ambulance and A&E
 - Elective waits, cancer and diagnostics
 - Access to primary care
- Progress the aspirations in the Long-Term Plan and transform the NHS. Includes:
 - Mental Health, learning disability and autism
 - Prevention of long-term conditions
 - Workforce
 - Digital
- Local empowerment and accountability
 - Progress implementation of Integrated Care Systems, implementing the forthcoming recommendations from the national review being led by Patricia Hewitt, former Secretary of State for Health and current Chair of NHS Norfolk and Waveney Integrated Care Board.

5.2 Financial Arrangements

NHS England is issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations (including COVID-19 and ERF) are flat in real terms with additional

funding available to expand capacity. Capital allocations will be topped-up by £300 million nationally with this funding prioritised for systems.

ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

There is a 2.2 per cent efficiency target for 2023/24. This includes:

- reduce agency spending across the NHS to 3.7 per cent of the total pay bill in 2023/24 and
- reduce corporate running costs with a focus on consolidation, standardisation, and automation to deliver services at scale across ICS footprints.

ICB and provider plans should include systematic approaches to understand where productivity has been lost and actions needed to restore underlying productivity including, but not be limited to, measures to:

- support a productive workforce taking advantage of opportunities to deploy staff more flexibly – systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen and
- increase theatre productivity using the Model Hospital System theatre dashboard and associated GIRFT (Getting It Right First Time) training and guidance, and other pathway and service specific opportunities.

5.3 Technical Guidance

On the 12 January technical guidance was published which detailed the numerical and activity templates. System recovery plan narrative templates will be issued week commencing 16 January.

Systems are asked to submit triangulated plans covering activity, performance, workforce and finance that reflect the priorities set out in the 2023- 24 priorities and operational planning guidance. Local ICB plans will be built from the five places across West Yorkshire

There are also two supporting documents outstanding: Urgent and Emergency Care recovery plan and GP access recovery plan

5.4 Planning Timetable and Process

| Meeting | Date |
|------------------------------|---------------------|
| Planning Guidance Published | 22 December 2022 |
| Technical Guidance Published | 12 January 2023 |
| Narrative Guidance | w/c 16 January 2023 |

| | |
|---|-------------------------|
| Draft Place Plan submission to ICB, including: <ul style="list-style-type: none"> • Activity and performance • Workforce • Recovery Narrative • Finance: system and provider | TBC |
| Draft ICB Plan - submit to region | 23 February 2023 |
| Final Place Plan submission to ICB, including: <ul style="list-style-type: none"> • Activity and performance • Workforce • Recovery Narrative • Finance: system and provider | TBC |
| Final ICB plan to submit to the region | 30 March 2023 |
| Capital: ICS Joint capital resource use plans | 30 March 2023 |

6. Outcomes Framework

Described above is an ambitious approach which aims to deliver significant improvements in the health and wellbeing of our population. It is not in the gift of any single partner organisation to deliver these improvements in isolation, hence our strong focus on partnership working. The collaborative ways of working that we have adopted mean that traditional, hierarchical programme management approaches that we may have used in the past are often not possible or appropriate.

Having a robust outcomes framework that includes agreed indicators that can be agreed for all pieces of work is an important component to support working in a collaborative environment. With this each project or programme can understand its contribution to the wider outcomes and measure progress. At a committee or board level this then supports partners to have an understanding of the whole and having a range of levels of indicators allows areas of risk to be identified.

An outcomes framework has been developed to support the implementation of the Wakefield Health and Wellbeing Strategy and is currently in draft. It is included at **Appendix 2**. The outcomes framework includes a basket of measures and indicators that will allow progress towards the four priorities included in the Health and Wellbeing Strategy to be identified and monitored. This currently just has the high-level outcomes included.

There is a plan to develop and adapt the outcomes framework and to work with programme leads to develop 'levels' of indicators that lead back to the overarching outcomes and priorities. These will include measures to track progress for the West Yorkshire Integrated Care Strategy's Ten Big Ambitions as well as local transformation programmes and performance targets. This is under development and a final product will be brought back to the committee for sign off at a future date, alongside the delivery plan for WDHCP.

7. Recommendations

WDHCP Committee are asked to:

1. Approve the scope of the WDHCP delivery plan for 2023-2026
2. Note the requirements of the NHS planning guidance and the timetable for developing our response

Proud to be part of West Yorkshire
Health and Care Partnership

West Yorkshire ICB Joint Forward Plan Consultation

January 2023





February 2018
Integrated care system

November 2021
Integrated Care System of the Year (HSJ Awards)

2022/2023
Refreshed five year plan



March 2016
Sustainability and transformation partnerships

February 2020
Launch of the Partnership's five-year plan and big ten ambitions

2022
Statutory integrated care board and integrated care partnership arrangements



Alignment with Other Strategic Conversations

Development of the West Yorkshire ICB Integrated Care Strategy

Summer 2022 – 3 questions

September 2022 – Feedback on the output of this exercise

November/December 2022 – Draft of the Strategy circulated for comment

Feedback is being used to revise the strategy

Development of the West Yorkshire ICB Joint Forward Plan

Output of the engagement undertaken to inform development of the strategy will be used to support development of the Joint Forward Plan

January/February 2023 - Consultation

Wakefield Local Response

Refresh of the Wakefield Health and Wellbeing Strategy, published in 2022, alongside the development of the West Yorkshire Strategy

Wakefield Local Response

On-going discussions to develop a Delivery Plan to outline how we will deliver the Health and Wellbeing Strategy and respond to the Joint Forward Plan



Development of the Joint Forward Plan

- JFP outlines how the West Yorkshire Integrated Care Strategy (5 year strategy) will be delivered
- National requirement for ICBs to have a JFP in place by June 2023 (draft by March 2023)
- Guidance on the development of JFPs published 23rd December 2022
- Legal requirement to undertake a public consultation to inform its development

Consultation Questions:

1. When reading our integrated care strategy, what do you think are the most important things to consider in delivering it?
2. Is there anything else you would like to tell us to help with our plans?
3. If you want to be involved with this and other West Yorkshire Health and Care Partnership work please share your contact details with us.



People and communities' views

- Strategy developed from what people, communities and staff told us about health and social care services in Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District
- Coproduced in partnership with colleagues from across all health and care sectors
- Developed from Healthwatch engagement, local involvement activities, views from meetings held in public via the local health and wellbeing boards, our Integrated Care Board and Partnership Board
- Plans will continue to be built from our local health and wellbeing board strategies to reflect what is important for local people and communities.



Our Health and Wellbeing Strategy priorities



People and communities' views

- [WYICB mapping report of involvement and consultation](#)
- [Healthwatch insight report for the WYHCP five year strategy refresh](#)
- Gaps identified and further local work took place – [Mapping to support the development of the five-year strategy refresh and joint forward plan](#)
 - Children and young people's needs more generally
 - Domestic abuse
 - Housing
 - Poverty/low income
 - Public safety
 - Sexual abuse
 - Sexual exploitation, physical and emotional abuse of children and young people
 - Social care



Local Discussion

- 10 January – 20 February

Committee

Health and Wellbeing Board

WDHCP Committee

People Panel

System Professional Leadership Group

Provider Collaborative and Alliances

Overview and Scrutiny Committee

Primary Care, Healthwatch, LA, local providers, VCSE, ICB staff, public forums and groups, media, MPs/Cllrs





People, including our colleagues, can get involved and share their views by...

- Reading the draft Integrated Care Strategy <https://www.wypartnership.co.uk/publications/wy-integrated-care-strategy> and completing short survey online <https://bit.ly/wyviews>.
- Reading the draft Integrated Care Strategy and the three questions and sharing your views via the comment form on this [web page](#)
- By contacting Healthwatch Wakefield to answer a few questions
- By scanning a QR code and sharing views



Support in completing the survey via Healthwatch Wakefield on 01924 787 379, Textphone: 07885 913396 or email enquiries@healthwatchwakefield.co.uk

The involvement will finish Monday 20 February 2023.

Wakefield District Health and Wellbeing Board: Outcomes Framework

Last updated: 27/10/2022

| Outcome | Measure | Latest Period | Latest Figure (Rated against England) | England | Trend | Direction | Notes |
|---|--|---------------|--|---------|-------|-----------|--|
| Overarching outcomes | 1 Male life expectancy at birth (Years) | 2018-20 | 77.3 | 79.4 | | ↓ | |
| | 2 Female life expectancy at birth (Years) | 2018-20 | 81.4 | 83.1 | | → | |
| | 3 Male Healthy life expectancy at birth (Years) | 2018-20 | 58.0 | 63.1 | | ↓ | |
| | 4 Female Healthy life expectancy at birth (Years) | 2018-20 | 56.7 | 63.5 | | ↓ | |
| Inequalities are reduced | 5 Gap between FSM & Non-FSM attaining a 'good level of development' at the end of Reception in Wakefield (Percentage Points) | 2018/19 | 20 | 17 | | → | Data collection disrupted by C19 |
| | 6 Gap between most and least deprived areas - Smoking in pregnancy (Percentage Points) | 2020/21 | 16.8 | 5.2 | | ↓ | |
| | 7 Gap between most and least deprived areas - Male Life Expectancy (Years) | 2018-20 | 9.3 | 9.7 | | ↑ | |
| | 8 Gap between most and least deprived areas - Female Life Expectancy (Years) | 2018-20 | 8.2 | 8.0 | | → | |
| A healthy standard of living for all | 9 Percentage of children in low income families | 2019/20 | 21.7 | 19.1 | | ↑ | |
| | 10 Average hourly wage rate, adjusted for inflation (£'s per hour) | 2021 | 12.44 | 14.23 | | ↑ | |
| | 11 Percentage of households living in fuel poverty | 2020 | 17.30 | 13.2 | | → | |
| | 12 Percentage of people in employment | 2020/21 | 74.6 | 75.1 | | → | |
| | 13 % Achieving grades 9-4 in GCSE English and Maths | 2021 | 72.9 | 72.2 | | ↑ | 2020 and 2021 results are not comparable as the process for determining grades was different |
| Giving every child the best start in life | 14 Percentage of mothers smoking at time of delivery | 2020/21 | 14.6 | 9.6 | | ↓ | |
| | 15 Rate of 0-4 year olds who are subject to a child protection plan (Rate per 10,000) | 2020/21 | 50.4 | 41.4 | | ↑ | |
| | 16 Percentage of reception children who are carrying "Excess weight" | 2020/21 | 31.2 | 27.7 | | ↑ | |
| | 17 Percentage of children with good level of development at the end of reception | 2018/19 | 70.8 | 71.8 | | ↑ | Data collection disrupted by C19 |
| | 18 Percentage of 16-17 year olds not in education, employment or training (NEET) | 2020 | 4.4 | 5.5 | | ↓ | |
| | 19 Number of participants signed up to the Born and Bred in Wakefield (BaBi) programme | New measure | 294 | N/A | | | Total sign ups since project began (29/04/22) |
| Preventing ill health | 20 Bowel Cancer Screening Coverage (Percentage) | 2021 | 67.0 | 65.2 | | ↑ | |
| | 21 Breast Cancer Screening Coverage (Percentage) | 2021 | 66.6 | 64.1 | | ↓ | |
| | 22 Percentage of adults smoking | 2019 | 16.7 | 13.9 | | ↓ | |
| | 23 Emergency hospital admissions for intentional self-harm (Rate per 100,000) | 2020/21 | 210.7 | 181.2 | | → | |
| | 24 Percentage of adults aged 65+ who have received a flu vaccination | 2021/22 | 84.4 | 82.3 | | ↑ | |
| | 25 Aspire: Number of activities completed at Aspire services | Q4 20/21 | 268,167 | N/A | | → | Activity levels were massively reduced during the Covid-19 pandemic |
| Sustainable communities | 26 Violence against the person with injury (offences) (Rate per 1,000) | Q2 21/22 | 1123 | | | ↑ | |
| | 27 Deaths from drug misuse (Persons) (Rate per 100,000) | 2018-20 | 10.4 | 5 | | ↑ | New measure |
| | 28 Percentage satisfied with their local area as a place to live | 2019/20 | 73.5 | 75.3 | | ↑ | Uses West Yorkshire instead of England for comparison |
| | 29 Affordability of home ownership (Ratio) | 2021 | 6.0 | 9.1 | | ↑ | A higher value indicates poorer affordability |
| | 30 Proportion of population who live in areas of high air pollution (Percentage) | New measure | | | | | |



Arrow indicates direction of trend. Increasing / level / decreasing
 Colour indicates polarity. Bad / similar / good

| | |
|-----------------------------|---|
| Meeting name: | Partnership Committee |
| Agenda item no: | 9b |
| Meeting date: | 24 January 2023 |
| Report title: | Financial Planning Principles |
| Report presented by: | Amy Whitaker, Wakefield Place Finance Lead |
| Report approved by: | Amy Whitaker, Wakefield Place Finance Lead |
| Report prepared by: | Michelle Whitehead, Wakefield Place Head of Finance |

| Purpose and Action | | | |
|--|---|---|---|
| Assurance <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> (approve/recommend/ support/ratify) | Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input checked="" type="checkbox"/> |
| Previous considerations: | | | |
| N/A | | | |
| Executive summary and points for discussion: | | | |
| The report sets out the ICS financial planning principles for 2023/24 which the Committee has previously agreed to adopt, as well as some suggestions for specific principles to be considered and adopted by Wakefield Place. | | | |
| Which purpose(s) of an Integrated Care System does this report align with? | | | |
| <input type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience and outcomes <input checked="" type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development | | | |
| Recommendation(s) | | | |
| The <i>Partnership Committee</i> is asked to: <ol style="list-style-type: none"> Take assurance from the ICS financial planning principles to support the development of a Wakefield Place and system compliant financial plan for 2023/24. Consider and discuss the additional principles that have been set out for Wakefield Place. | | | |
| 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. N/A

Acronyms and Abbreviations explained

1. ICS – Integrated Care System
2. WY – West Yorkshire
3. ICB – Integrated Care Board
4. SDF – Service Development Fund

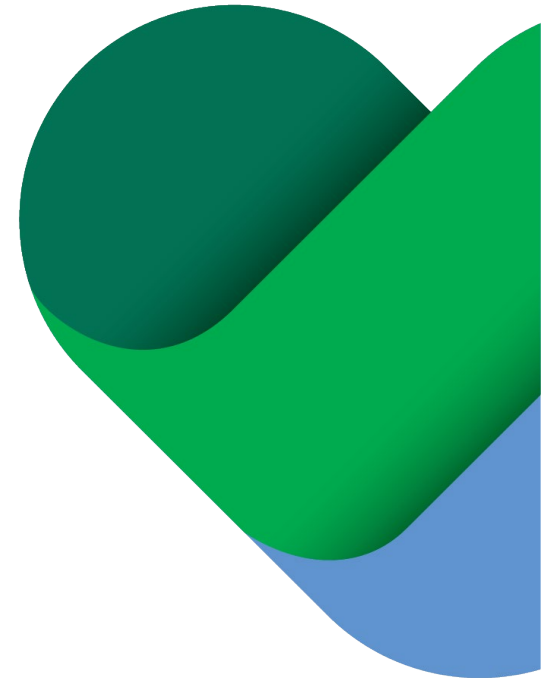
What are the implications for?

| | |
|---|--|
| Residents and Communities | Not directly |
| Quality and Safety | Not directly |
| Equality, Diversity and Inclusion | Nil |
| Finances and Use of Resources | Financial planning principles for 2023/24 |
| 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 |

Wakefield Place – finance planning principles 2023/24

Date Produced : 10 January 2023

Proud to be part of West Yorkshire Health and Care Partnership



Previous system financial planning/management principles

- ◆ **Patient and population focussed.** Focus is on the patient and our populations, minimising the impact of covid on planned and unplanned services (physical and mental health) across the ICS, supporting the recovery and reset of services, and reducing health inequalities.
- ◆ **Collaborative approach.** We're all in it together and all organisations will act reasonably. Active use of peer review.
- ◆ **Transparency.** Open book approach using consistent assumptions.
- ◆ **Keep it simple.** Wherever appropriate and possible, use simple allocation distributions (eg population based) and avoid protracted bidding processes.
- ◆ **Aligned plans.** Plans to cover revenue, capital, activity and workforce, which align, are based on clinical prioritisation, and agreed with clinical and operational colleagues.
- ◆ **Deliverable.** Plans will be risk assessed and stress tested to ensure deliverability.
- ◆ **Fairness.** Utilise the intent of national guidance to develop a framework which feels fair to all places and organisations.
- ◆ **Windfall gains and losses.** It is possible that the national arrangements will inadvertently create windfall gains and losses. We will put frameworks in place to allow these to be managed across the system.
- ◆ **Specialised commissioning.** Any gain or loss on these services should not be held by the Place that 'hosts' the relevant provider. Where these services are provided for populations outside of WY, a proportionate share of any shortfall should be borne by the relevant ICS.
- ◆ **Clarity of underlying position.** Due to the interim national finance regimes, the underlying position of organisations (and in some cases, associated financial recovery) is no longer clear, and we will undertake and share analysis to work together on rectifying underlying deficits.



Additional system principles in 2022/23

- ◆ **Place based partnerships** are key to financial decision making – alongside existing governance.
- ◆ **Resources will be delegated to places** wherever appropriate (only resources which are managed at a system level will be held at system).
- ◆ Wherever possible, **financial flows to providers will be routed via ICB (place)** rather than ICB (system). Note this will exclude specialised commissioning.
- ◆ We will retain **consistency in allocation approaches for baseline funding** (subject to the point above about financial flows to providers).
- ◆ We will **take account of population health need in places** when agreeing allocation disbursement.
- ◆ **Service development funding** (including health inequalities funding and maternity funding) are managed via **WY ICS programmes**.
- ◆ **Mental health investment standard** will need to be met at system and place level.
- ◆ The national commitment about investment in **primary and community services** will need to be met in system and place.
- ◆ We will develop **efficiency and productivity plans at organisation, place and system**.
- ◆ We will put in place agreed **risk management approaches** (including a consideration around **system contingencies**).



System principles in 2023/24

- ◆ To be advised.
- ◆ Place allocations have not been notified to date. The ICB core team are modelling scenarios.



ICB Programme allocations - basis

- ◆ Baseline adjustments to reflect recurrently –
 - baseline reset;
 - full year impact of Employer NIC;
 - transfer of GP access funds to Primary Medical Care allocation;
 - transfer of COVID-19 system funding, Ockenden, health inequalities and other 2022/23 inflation funding
- ◆ Net base growth to reflect –
 - demographic and non-demographic activity requirements;
 - inflationary pressures including a cost uplift factor of 2.9%;
 - inclusion of a 1.1% efficiency;
 - support for underlying capacity recovery and additional funding for community and mental health services
 - inflation funding
- ◆ Convergence adjustment towards fair share allocations –
 - Dependent on an ICB's distance from target allocation. Systems consuming more than their fair share will have a greater convergence ask and therefore a lower level of growth than the national average.



Wakefield Place – financial planning principles

- ◆ Consistent with the principles agreed by the ICS, where local determination is not applicable.
- ◆ Inflation uplifts are handed out in line with how they are given in allocations as intended.
- ◆ A move to collective ownership of efficiency savings / waste reduction programmes.
- ◆ Pre-commitments funded first.
- ◆ Consideration of an amount identified and set aside for out of hospital care before allocating growth provided in allocations.
- ◆ Any new areas of expenditure to demonstrate an appropriate Return On Investment, including nationally specified schemes – testing whether it is the right thing to do for our Place.
- ◆ Aligned to the operational, performance and workforce plans.
- ◆ Key financial commitments are met including, Mental Health Investment Standard, Better Care Fund and Primary, medical and community services.
- ◆ Delivery of statutory targets and legislative requirements.



Wakefield Place – financial planning principles

- ◆ Elective recovery managed as a whole across providers – NHS and non NHS so that funding resource moves in line with activity.
- ◆ Funding to deliver specific objectives such as capacity funding for winter, virtual ward, Core20Plus5, other SDF resource will be managed transparently through our alliances, on the basis the Place has agreed to participate.
- ◆ Contract with our main NHS providers via the Aligned Payment Incentive contract with elective recovery as the variable element. Considering the most effective way of measuring variability to maintain partnership working.



| | |
|-----------------------------|---|
| Meeting name: | Wakefield District Health and Care Partnership |
| Agenda item no: | 10 |
| Meeting date: | 24 January 2023 |
| Report title: | Wakefield Adults Learning Disability Plan 2022 - 2024 |
| Report presented by: | Lisa Willcox, Service Director, Adult Social Care – Mental Health and Learning Disabilities |
| Report approved by: | Lisa Willcox, Service Director, Adult Social Care – Mental Health and Learning Disabilities |
| Report prepared by: | Charlotte Winter |

| Purpose and Action | | | |
|--|--|---|--------------------------------------|
| Assurance <input type="checkbox"/> | Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify) | Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input type="checkbox"/> |
| Previous considerations: | | | |
| The Adults Learning Disability Plan for the Wakefield District 2022 – 2024 (the plan) has been approved by the Wakefield Learning Disability and Autism Partnership Board (the board) who will be responsible for delivery of this strategic plan. | | | |
| Executive summary and points for discussion: | | | |
| <p>Wakefield District Health and Care Partnership Members are asked to consider the work that has been undertaken to co-produce this plan for the district and support the key themes and cross cutting priorities within it:</p> <p>There are 4 key priorities.</p> <ul style="list-style-type: none"> • Health Services and the Council work together to plan services • There are meaningful and enjoyable activities for people • People have a choice over where and how they live • There are opportunities to learn new skills or the chance to get a new job. <p>There are also 3 cross cutting themes:</p> <ul style="list-style-type: none"> • Services are easy to use when they are needed. • Carers are supported and involved in people's care • People with learning disabilities are able to have their say and be involved in designing services. <p>The Partnership is asked to support the proposed next steps which describe how the plan will be monitored and implemented by the Board.</p> | | | |

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 steps that have been taken to co-produce a learning disability plan for the district.
2. Support delivery of the 4 main priorities and 3 cross cutting themes within the plan.
3. Endorse the proposed next steps which describe how the plan will be implemented and monitored.

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 plan supports the Wakefield District Health & Care Partnership's work to improve the health and wellbeing of local people, by reducing health inequalities, providing continuity of care and improving services.

Appendices

1. Adults Learning Disability Plan for the Wakefield District 2022 - 2024

Acronyms and Abbreviations explained

- 1.

What are the implications for?

| | |
|--|--|
| Residents and Communities | The plan supports people with learning disabilities, their families and carers. |
| Quality and Safety | Projects within the plan support service improvement and will contribute to improving quality and safety. |
| Equality, Diversity and Inclusion | The plan supports service development and delivery for people with learning disabilities who are classed as a vulnerable group to live good quality lives, be treated with respect and dignity and be valued as part of the community. |
| Finances and Use of Resources | There are no direct financial resources to support delivery of the plan. Officer support to deliver the plan is limited presenting a risk to delivery. |
| Regulation and Legal Requirements | Nil |

| | |
|---|--|
| Conflicts of Interest | Nil |
| Data Protection | Not directly |
| Transformation and Innovation | The action plans will reflect and support national priorities, regional and local projects, including priorities that local people feel are important. This will help to ensure a co-ordinated, seamless approach that encompasses everything from strategic transformation of services down to grass roots work that support the wider determinants of health. |
| Environmental and Climate Change | Nil |
| Future Decisions and Policy Making | This is a transitional 2-year plan that has been put in place at a time of rapid change with the aim of improving outcomes for people with learning disabilities. Local governance arrangements are being strengthened by the creation of the Learning Disability Alliance for the district and the Learning Disability and Autism Partnership Board will report into the Alliance who will provide a steer about the future direction of any subsequent strategies. |
| Citizen and Stakeholder Engagement | The plan has been informed by consultation with people who have lived experience of learning disabilities, their families, carers and professionals who support them. Lift Up Friends advocacy group have been instrumental in co-producing the engagement approach and developing the strategy. |

1. Background

1.1 The 2021 national LeDeR report into the avoidable deaths of people with learning disabilities found that people with a learning disability continue to have a much shorter life expectancy than the wider general public, with 6 out of 10 dying before the age of 65, compared to 1 out of 10 for people from the general population. Approximately half of all deaths of people with a learning disability was deemed to be avoidable, compared to less than a quarter for people from the general population.

1.2 The Long Term Plan sets out a number of ambitions for people with learning disabilities to be able to lead longer, happier lives by improving community based support, reducing health inequalities, raising awareness of the needs of people with learning disabilities and making sure that commissioned services provide good health, care and treatment.

2. Local Context

2.1 In 2019 a 2-year adults learning disability strategy was written for the Wakefield district. An action planning session to develop plans that would sit under the strategy took place in December 2019 but this piece of work along with meetings of the Board were put on hold in early 2020 due to the extra demands placed on services by the Covid pandemic.

2.2 In early 2021 with meetings of the Board re-established consideration was given to creating a new plan for the district. At this point in time Wakefield place was in a period of transition as we continued to deal with the challenges presented by Covid and the changes to organisational structures such as the disestablishment of Clinical Commissioning Groups and the establishment of Integrated Care Boards as well as a raft of evolving legislation and guidance. The board agreed that it made sense to put in place a 2-year transitional Learning Disabilities Strategy for the district that would run from April 2022 to the end of March 2024. This would help to align our local plans with the West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Strategy and also the refreshed Calderdale, Kirklees, Wakefield and Barnsley (CKWB) Transforming Care Strategy.

3. Development of the Wakefield Adults Learning Disability Plan 2022 - 2024

3.1 Lift Up Friends, a local Learning Disabilities self-advocacy group, co-produced the consultation process to inform development of the strategy. An easy read survey was created and this was made available on-line and in

paper format. The survey was promoted widely through networks, at meetings and in community venues. Views were gathered from people with lived experience, their families, carers and professionals.

3.2 The Lift Up Friends group used the survey results to make recommendations to the board about what the key priorities and themes should be. The board agreed the following 4 priorities:

- Health Services and the Council work together to plan services
- There are meaningful and enjoyable activities for people
- People have a choice over where and how they live
- There are opportunities to learn new skills or the chance to get a new job.

There are also 3 cross cutting themes:

- Services are easy to use when they are needed.
- Carers are supported and involved in people's care
- People with learning disabilities are able to have their say and be involved in designing services.

3.3 An action planning event, attended by 43 people, was held to get people's views about the work that was needed to address each priority. This event provided an opportunity for people with lived experience, families, carers and professions to come together and debate what was already in place, what works well, what could be improved. This included discussions about national and regional plans and projects as well as locally based work. These discussions were used to inform the final version of the plan which was endorsed by Lift Up Friends and then approved by the Board.

4. Next Steps

4.1 Work is already underway to bring people together and develop action plans that sit under each priority area. Co-production will be instrumental to the approach. To reduce duplication and make best use of resources and people's time consideration has been given to using existing groups where possible to deliver the priority themes.

4.2 The action plans will reflect and support national priorities such as those in the long-term plan, Wakefield place's contribution to regional work and projects that local people feel are important. This will help to ensure a co-ordinated, seamless approach that encompasses everything from strategic transformation of services down to grass roots work that support the wider determinants of health.

4.3 There is an emphasis on keeping the plans flexible so that as a place we can respond to national policy changes and support the ICB as it grows and develops.

4.4 The Board will monitor implementation of the action plans and a review session will be held after the first year of implementation to review and revise the priorities.

4.5 This is a transitional 2-year plan that has been put in place at a time of rapid change with the aim of improving outcomes for people with learning disabilities. Local governance arrangements are being strengthened by the creation of the Learning Disability Alliance for the district and the Learning Disability and Autism Partnership Board will report into the Alliance who will provide a steer about the future direction of any subsequent strategies.

5. Recommendations

The Wakefield District Health and Care Partnership is asked to:

4.1 Note the steps that have been taken to co-produce a learning disability plan for the district.

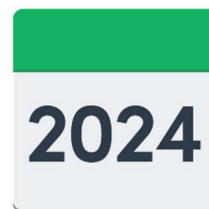
4.2 Support delivery of the 4 main priorities and 3 cross cutting themes within the plan.



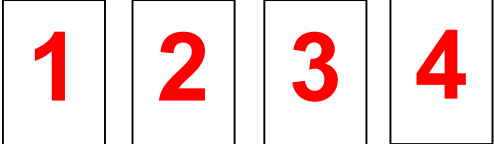

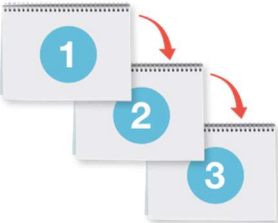

4.3 Endorse the proposed next steps which describe how the plan will be implemented and monitored.

6. Appendices

6.1 - Adults Learning Disability Plan for the Wakefield District 2022 - 2024

Adults Learning Disability Plan for Wakefield District 2022 - 2024



| | | |
|--|--|-----------|
| Introduction |  | 3 |
| Listening to Local People, Carers, Families and Professionals |  | 4 |
| Our Main Priorities |  | 5 |
| How we are Going to Deliver the Plan |  | 6 |
| What we will do Next |  | 11 |
| Find Out More |  | 11 |

1. Introduction

This plan has been co-produced by people who have Learning Disabilities.

We talked to people with lived experience, their families and carers to find out what was most important to them at this time.

We want services and support that is helpful for people and improves their lives.

We want organisations who provide support and services to spend money wisely focused on what people think is important.

We feel that if we can get services right for people with learning disabilities then this improves services for everyone.

This plan explains what our priorities are and how we will work together to make improvements.



Lift Up Friends Self Advocacy Group

2. Listening to Local People, Carers, Families and Professionals

We had a conversation with Lift Up Friends about how we could find out about what was important to people with learning disabilities, carers, families and professionals.

After the discussions, we created a survey that was available online and in paper version. This was in easy read format.

We heard from seven people with a learning disability, 24 carers and 20 professionals. This was 51 people in total.

The Lift Up Friends group looked at what people had said and recommended that the Learning Disabilities and Autism Board should concentrate on 4 main priorities.

We also identified 3 cross cutting themes that it is important to think about during everything we do.



51



3. Our 4 Main Priorities

Health services and the Council work together to plan services

There are meaningful and enjoyable activities for people

What I would like is...



People have a choice over where and how they live

There are opportunities to learn new skills or the chance to get a job

Cross Cutting Themes...

Services are easy to use when they are needed.

Carers are supported and involved in people's care

People with learning disabilities are able to have their say and be involved in designing services

4. How we are going to Deliver the Plan

We organised an action planning event to get people's views about the work we need to do to meet each priority.



Health Services and the Council Working Together to Plan Services You told us...

There needs to be good support in the community so that people don't have to go into hospital.

Some people have had good experiences of reasonable adjustments being made and others have not.

Some staff are not well informed about hospital passports and the red bag scheme.

There is easy read information available.

Funding can be available to provide extra support for someone in hospital, but it takes time to approve.

Lots of people have had an annual health check.

Planning support and communication between services during transition from children's to adult's services could be better.



What we want to see...

We want staff in primary care and in hospitals to make reasonable adjustments for us when we need them.

We want funding to be made available for people who need extra support in hospitals.

We want all staff in hospital to know about things like hospital passports and the red bag scheme.

We want annual health checks to be good quality.

We want good support in the community so that people don't have to go into hospital.

There needs to be good support and advice for people who are transitioning between children's and adult's services.



There are meaningful and enjoyable activities for people. You told us...

There are lots of great activities that are available in the district.

There are some directories and websites, but no one knows about everything that is available.

A lot of groups have ended and there is a lack of funding for groups.



Some venues say that they are accessible but when you get there, they are not fully accessible.

Some places don't take cash, or you have to book online using a card which not everyone has.



What we want to see...

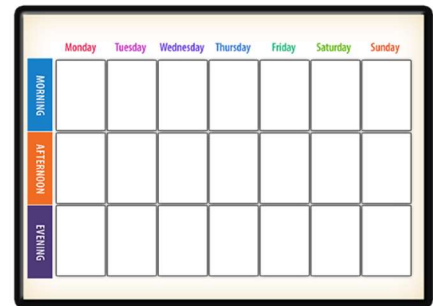
We want reasonable adjustments to be made and extra support so that we can access mainstream activities.

We want up to date information about the activities that are available.

We want venues to be accessible.

We want simple ways of finding out about and getting funding for groups and activities.

We want more activities for people with sensory needs.



People have a choice over where and how they live. You told us...

A lot of people who attended the event have choice and independence and were involved in choosing where to live.



Some people were not happy with where they lived or who they lived with.

People are able to book holidays and chose what activities they do.

People are able to change their support provider if they want to do so.

Some parents and carers were worried about the impact on their loved one if they made a complaint.

There needs to be more guided support to help people make choices.



What we want to see...

That we understand what types of housing and support people need and work towards meeting these needs.

People are able to raise concerns or complaints if they wish to do so.

Service users are aware of their options and there is more guided support to help them make choices.

That people who need respite care are able to access it.



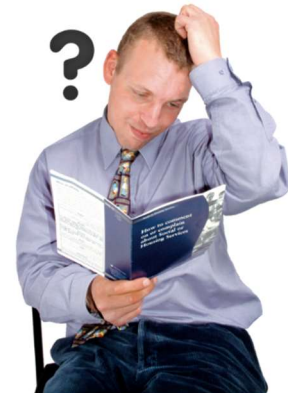
There are opportunities to learn new skills or the chance to get a job. You told us...

STEP UP has learning programmes that are tailored to individual needs and can help service users to complete applications.

There are less activities and roles available since Covid.

Application forms can be complex and some people find it difficult to complete online applications.

Employers don't always have the time to train people for specific roles.



What we want to see...

We need better communication about what opportunities are available.

We want employers to think about how they can change jobs so that they are accessible to people with learning disabilities.

Better communication about how benefits are affected by jobs and training.

We want jobs, volunteering opportunities and training that are person centred linked to our skills and strengths.



5. What we will do Next

We will set up some groups to develop the action plans based on what people told us.

We will report on the progress of each piece of work in the action plan to the Learning Disabilities and Autism Board.

We will keep our plans flexible so that we can continue to build in new project ideas.

In 12 months' time we will hold a review meeting to talk about the priorities and decide if these are still the right ones to focus on.

We also want to look at the ways for more people to be involved in our work and tell us what they think.



6. Find Out More

To find out more about the work of the Partnership Board and how you can get involved please contact us: wycib-wak.ldandacommissioning@nhs.net



| | |
|-----------------------------|---|
| Meeting name: | Wakefield District Health and Care Partnership (WDHCP) Committee |
| Agenda item no: | 11 |
| Meeting date: | 24 January 2023 |
| Report title: | Quality Update |
| 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 <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> (approve/recommend/ support/ratify) | Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input checked="" type="checkbox"/> |
| Previous considerations: | | | |
| Not applicable | | | |
| Executive summary and points for discussion: | | | |
| <p>The Quarter 3 Quality, Safety and Experience report is due to be presented to the Integrated Assurance Committee in February 2023. While this report is being prepared, the SRO for Quality has identified a number of key items to highlight to the Board – the first of which was verbally reported at the last meeting and presented to the Integrated Assurance Committee in December 2022:-</p> <ul style="list-style-type: none"> • Outcome of Care Quality Commission (CQC) inspection of services at MYHT (March/April 2022) • Operational pressures in urgent and emergency care services • Celebrating one year of the WDHCP Experience of Care Network <p>The full Q3 report will include 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); and feedback on what our residents are telling us about health and care services. A summary of the report focussed on items discussed or escalated by the Integrated Assurance Committee will be shared at the next meeting.</p> | | | |
| Which purpose(s) of an Integrated Care System does this report align with? | | | |
| <input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development | | | |

| |
|---|
| Recommendation(s) |
| It is recommended that the Wakefield District Health and Care Partnership Committee: <ul style="list-style-type: none"> a. note the contents of the paper for information; 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 paper and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers. |
| Appendices |
| Not applicable |
| Acronyms and Abbreviations explained |
| Not applicable – all acronyms and abbreviations are explained in the report |

What are the implications for?

| | |
|---|---|
| Residents and Communities | Any impact for residents and communities are noted in the paper. |
| Quality and Safety | The purpose of the paper is to highlight quality and safety implications to the Partnership. |
| 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 | Not applicable |

1. Quality Update

- 1.1 The Quarter 3 Quality, Safety and Experience report is due to be presented to the Integrated Assurance Committee in February 2023. Whilst this report is being prepared the SRO for Quality has identified a number of key items to highlight to the Board.
- 1.2 The full report will include 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); and feedback on what our residents are telling us about health and care services. A summary of the report focussed on items discussed or escalated by the Integrated Assurance Committee will be shared at the next meeting.

1.3 Care Quality Commission (CQC) inspection of MYHT (March/April 2022)

- 1.3.1 At the November Board meeting a verbal update on publication of the CQC inspection report was given. A written briefing was presented and the outcome of the inspection discussed at the Integrated Assurance Committee in December 2022.
- 1.3.2 On 16 November 2022 the CQC published the inspection [report](#) following visits to various services at Pinderfields and Dewsbury Hospitals and a Trust well-led review in March and April 2022. The CQC inspected the emergency departments, medical care, maternity, and services for children and young people.
- 1.3.3 The diagram below shows the Trust now has a **Good** rating in three domains – having improved the rating for the Well-led domain - however remains **Requires Improvement** overall.



- 1.3.4 Ratings for all three hospital sites remain as **Requires Improvement**. Rating for Medical care (including older people's care) reduced to **Requires Improvement** overall; services for children and young people retained **Good** rating overall; Urgent and emergency care services remains **Requires Improvement** overall and Maternity rating improved to **Good** overall.
- 1.3.5 The Intermediate Care Unit (WICU) at Pontefract Hospital was inspected at a similar time and to contribute to the CQC review of Urgent and Emergency Care (UEC) services across West Yorkshire – this inspection was not rated.
- 1.3.6 The CQC identified a number of Must Do actions the Trust and core services should take to bring services in line with regulatory requirements, but has **not** identified any breaches in regulations so no enforcement action (warning or requirement notices) have been issued

- 1.3.7 The CQC also identified a number of Should Do actions the Trust and core services should take - this includes five actions for WICU at Pontefract.
- 1.3.8 The Trust has acknowledged that there is further work to improve the experience of patients. The CQC highlighted issues around staffing levels; management of patient flow through the hospitals; the need for more robust documentation and record keeping; compliance with infection prevention and control (IPC) principles regarding Personal Protective Equipment (PPE) in some areas; and the dispensing of time critical medicines.
- 1.3.9 The Trust's Regulation and Compliance team are working with the corporate and divisional teams to agree action plans to promote improvement in the areas identified. The action plan will be presented and monitored through the Trust's Quality Committee and regular updates reported through the Integrated Assurance Committee.

1.4 Operational pressures in urgent and emergency care services

- 1.4.1 MYHT's urgent and emergency care services have remained under significant pressure during Quarter 3 – there are long waits in the emergency departments, long waits for beds once a decision to admit has been made, with the Trust has prioritised ambulance handovers to reduce system risk associated with ambulance delays. These pressures have contributed to continued overcrowding in the Trusts' two Emergency Departments and Urgent Treatment Centre. The Trust has been operating at OPEL4 for a prolonged period of time and has been working closely with other providers across West Yorkshire to manage unprecedented demand, particularly over the Christmas and New Year period.
- 1.4.2 The wider consequences on patient flow include bed availability and using unplanned locations (i.e. outliers on surgical wards, opening extra capacity areas, and increasing numbers of patients on wards) as ways to manage demand for medical inpatient beds. As well as impacting harm, additional beds result in diluted staffing numbers and impact on staff wellbeing and morale. In December the majority of routine elective surgery and outpatient services were cancelled to focus resources on managing the demand for acute inpatient services.
- 1.4.3 In Quarter 3, the Trust reported increasing numbers of patients waiting for a bed for more than 12 hours from the decision to admit. As well as the actual numbers of patients waiting to be seen, these breaches were also due to patients waiting for a suitable acute mental health bed or admission to a tertiary bed at LTHT; and patients awaiting transport from Dewsbury Hospital to an acute ward at Pinderfields Hospital.
- 1.4.4 The wider system and flow issues are being addressed through the internal and system unplanned care programme
- System and internal Winter Plan is in place with a formal governance structure. An Incident Control Centre was set up in December.
 - Review of bed configuration in the Division of Medicine, and a focus on reducing the length of stay to promote flow (One Less Day initiative).

- Firebreak week undertaken during December with an evidenced reduction in the length of stay for patients with no reason to reside, will be repeated during January 2023.
- The Integrated Transfer of Care (ITOC) hub is up and running to coordinate discharge arrangements for patients – there is a positive impact on both reducing the number of patients with no reason to reside, and reducing the length of stay for patients
- Specific specialty pathways to identify patients who can directly attend Same Day Emergency Care (SDEC) or be seen by specialist teams on Acute Assessment Unit (AAU).

1.4.5 All changes to services due to extreme operational pressures have been planned as part of the Winter Plan, and a system Winter Board is in place to enact and monitor these services changes in times of escalation. Service changes are regularly risk assessed, and any quality impacts monitored through the Winter Board and reported through each provider's quality governance and risk management structures. Command structures have been in place across the MYHT footprint (Strategic, Tactical and Operational) and at a West Yorkshire level with West Yorkshire Association of Acute Trusts (WYAAT) agreeing a set of principles for mutual aid, ambulance diverts, and escalation to a critical incident.

1.5 Celebrating the first year of the Experience of Care Network

1.5.1 An output from our work to streamline quality at place has been to set up an Experience of Care Network for the district. Over the last year we have developed the network with colleagues in our partnership with a passion to improve experience of care. The network recognises that people experience care across many services, and that poor coordination of services can lead to a poor experience for people receiving care and people giving that care.

1.5.2 The network is not only a forum for ensuring people's voices influence the work of the partnership to create positive change, but as a forum to bring colleagues and peers together across the partnership to share and learn.

1.5.3 In November 2022, we celebrated our first anniversary and heard from colleagues who presented a 'Show and Tell' about how experience of care has been improved for a particular group of people. The Show and Tell presentations reflected the Partnership's Strap Line – Start Well, Live Well and Age Well - the Maternity Voices Partnership; the Young Lives Consortium; Roop Cottage Residential Home; and the Prince of Wales Hospice.

1.5.4 The session was attended by some of the Partnership's Core Leadership Team. There were a number of common themes across the four Show and Tell presentations including:

- Importance of co-production, not just feedback
- Importance of trusted relationships
- Language and clarity of language used

- Importance of engaging with people who do not necessarily engage with our services and who may be underrepresented in our services
- Acting on what people tell us is what brings impact
- Needing a diversity of ways to engage with people and to allow them to engage with us

2 Next Steps

- 2.1 The issues highlighted above, where applicable, will continue to be monitored through the established place and ICB quality assurance and surveillance processes.
- 2.2 The full Quarter 3 Quality, Safety and Experience report will be presented to the Integrated Assurance Committee in February 2023, with a summary and any escalations presented to the Board in March 2023.

3 Recommendations

- 3.1 It is recommended that the Wakefield District Health and Care Partnership Committee:
 - a. note the contents of the paper for information; and
 - b. acknowledge that information from the paper may be shared with the ICB Quality Committee (where necessary) as part of the Partnership's delegated duties.

| | |
|-----------------------------|--|
| Meeting name: | Wakefield District Health and Care Partnership Committee |
| Agenda item no: | 12 |
| Meeting date: | 24 January 2023 |
| 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: | Michelle Whitehead, Wakefield Place Head of Finance |

| Purpose and Action | | | |
|--|---|---|---|
| Assurance <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> (approve/recommend/ support/ratify) | Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input checked="" type="checkbox"/> |
| Previous considerations: | | | |
| N/A | | | |
| Executive summary and points for discussion: | | | |
| <p>The report sets out the financial position for organisations within the Wakefield Place as at the end November 2022.</p> <p>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 for social care and public health, driven by activity increases and costs of the pay award.</p> | | | |
| Which purpose(s) of an Integrated Care System does this report align with? | | | |
| <input type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience and outcomes <input checked="" type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development | | | |
| Recommendation(s) | | | |
| <p>The Wakefield District Health and Care Partnership Committee is asked to:</p> <ol style="list-style-type: none"> Take assurance from the current financial position and the actions being taken to manage risk. | | | |

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. N/A

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 8 (November).
- 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 1 July 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 summary forecast position for November (September for Wakefield Council) is as follows:

| | Forecast income / budgets £m | Forecast costs £m | Forecast Surplus / (Deficit) £m | Control totals Surplus / (deficit) £m |
|---|---------------------------------|----------------------|------------------------------------|---|
| ICB delegated budgets | 747.9 | 747.4 | 0.5 | 0.5 |
| Mid Yorkshire Hospitals NHS Trust | 672.6 | 672.6 | 0.0 | 0.0 |
| South West Yorkshire Partnership NHS Foundation Trust | 356.8 | 353.6 | 3.2 | 3.2 |
| Wakefield Place - Total | 1,777.3 | 1,773.6 | 3.7 | 3.7 |

The above table is the total organisation's position and not the Wakefield Population.
ICB delegated budgets' forecast surplus is after retrospective allocation for Additional Roles Reimbursement Scheme (ARRS)

| 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) |

- 1.6 At this stage all NHS organisations are forecasting to deliver within budget, albeit there is risk being managed to enable this.
- 1.7 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.
- 1.8 The key risks to delivery of the financial plan are:
 - Recurrent delivery of our unidentified efficiencies
 - Increasing demand on all services across Place, and out of area placements

- Increasing vacancies and the subsequent impact on temporary staffing costs
- Increasing acuity of our patients
- Prescribing cost pressures over and above planning assumptions and the volatility from one month to the next is currently a high risk to predicted forecasts.
- Elective recovery under-performance against Elective Services Recovery Fund (ESRF) trajectories within the NHS -v- extra cost of over-performance within the non-NHS sector.
- 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.
- 2.4 The impact of the underlying recurrent position for 2023/24 will be assessed as part of the overall planning process.
- 2.5 Finance leaders across Wakefield Place organisations, including hospices and the Voluntary and Community Sector, are meeting in February to determine the best use of resources and align financial plans.

3. West Yorkshire Integrated Care System (ICS)

- 3.1 For the ICS (adding together the ICB and provider positions) there was a forecast break-even position at the end of month 8 (November). The forecast position is based on local assumptions that the financial risks, identified across the ICS, will be fully mitigated resulting in a break-even forecast against plan. These risks are being kept under close review.
- 3.2 Efficiency and Mental Health Investment Standard Targets are forecast to be achieved for the ICS.

4. Recommendations

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

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

| | |
|-----------------------------|--|
| Meeting name: | Wakefield District Health and Care Partnership Committee |
| Agenda item no: | 13 |
| Meeting date: | 24 th January 2023 |
| Report title: | Update on Managing Winter Pressures 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 <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> (approve/recommend/ support/ratify) | Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input type="checkbox"/> |
| Previous considerations: | | | |
| | | | |
| Executive summary and points for discussion: | | | |
| <p>The Mid-Yorkshire System has worked through the oversight of the Mid-Yorkshire Winter Board to co-ordinate our planning, readiness and ability to respond to operational resilience challenges for Winter period 2022/23. This has included the planning put in place to manage the national ambulance service industrial strike action that took place which impacted on our health and care system on 21st December 2022 and 11th January 2023. Partners have worked together following industrial strike action to share reflections that have informed our future planning arrangements if there is a need to plan in the future in relation to industrial strike action.</p> <p>Appendix 1 of this report outlines the approach our system has taken to manage the significant pressures that our health and care system has faced and provides an overview of the system operational escalation levels that our wider health and care system has been faced during December 2022. Mid-Yorkshire NHS Hospital Trust, Yorkshire Ambulance Service and Wakefield's General Practices have been under significant operational pressures during December 2022 with demand for services increasing. This has led to our health and care system wrapping themselves around services to respond to this with adult social care, care homes and voluntary sector services who have supported the wider system to support our patients as they have been discharged from hospital.</p> <p>On the 16th November 2022 a letter was received from the Minister for Care that outlined further Adult Social Care Discharge Funding resources which provided our health and care system with £3.4m of resources in Wakefield to support discharge. The fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The guidance outlined that all investment needed to be related to hospital discharge only and not admission avoidance. While care home services are included in</p> | | | |

the list of funded scheme types, local areas had been encouraged to use a 'home first' approach where possible.

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 system approach for planning for NHS national ambulance service industrial strike action outlined in this report
2. Acknowledge our Wakefield Health and care staff across every sector are working extremely hard under tremendous pressure to support and care for people in this challenging period
3. Note the ASC discharge investment outlined on pages 4 and 5 of this report
4. Acknowledge the high levels of demand experienced across the Mid-Yorkshire system

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 Update Report
2. Better Care Fund approval letter which references ASC Discharge funding reporting

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 £3.4m of resources has been received nationally for Wakefield District between Local Authority and NHS ICB Wakefield Place to support discharge schemes. We have also used some of this resource to support carers during the discharge process. |
| 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 |

Update on Managing Winter Pressures for Mid- Yorkshire NHS System

1. Introduction and background

1.1. The Mid-Yorkshire System has faced unprecedented demand in December 2022. Like other parts of the country, health and care services in Wakefield remain under significant pressure due to the number of people attending A&E, calling NHS111, accessing GPs, community and mental health services and calling 999. The increase in the number of people seeking help is alongside the challenges of a difficult winter.

Health and care staff across every sector are working extremely hard under tremendous pressure to support and care for people. On behalf of Wakefield District Health and Care Partnership it is important to thank each one of them for all that they're doing to keep people safe and well, around the clock, every single day. It is equally important to thank our residents in Wakefield for following the choosing well campaign and for their support at a difficult time for our health and care system. Some headlines from December are outlined below:

- General Practices in Wakefield experienced high levels of demand during December 2022 following concerns about Strep A which had been nationally publicised and the impact on this locally as families in Wakefield sought advice and support. December is always an extremely busy time for general practices supporting the public with same day care general practice access and delivering routine care alongside both flu and covid-19 vaccination programmes. This demand in December put a significant strain on workforce of our general practice teams.
- Yorkshire Ambulance Service experienced significant volume of calls from the public during December 2022, the highest level of daily activity of calls received was over 4800 calls but this varied between 2500-4500 calls a day. The significant demand levels meant Yorkshire Ambulance Service declared a critical incident on 20th December 2022 (the day before the national ambulance service industrial strike action)
- Mid-Yorkshire NHS Hospitals NHS Trust were operating at the highest level of operational escalations for much of December 2022 due to a number of factors. The Trust experienced high demand from the public for Emergency Department services. Some unprecedented volumes of people attending A&E services did see on one day in December the Trust support over 1000 members of the public at the Trust's three sites at Pinderfields and Dewsbury ED and Pontefract Urgent Treatment Centre over a 24 hour period. Throughout December A&E daily attendances ranged from 750 attendances a day to at its highest over 1000 attendances. This created significant demand for hospital acute care and a high volume of admissions which continued throughout December 2022. This led to Mid-Yorkshire NHS Hospitals NHS Trust making the very difficult decision to postpone for a short period elective surgery for their patients, where it was safe to do so and with the exception of urgent and cancer surgery, which has been maintained. Our system worked together to support as many residents as possible

to access care in a place that would meet their needs and to support the hospital to discharge patients that could be supported at home by a number of community services such as virtual ward, community services team or social care and voluntary sector services.

1.2 As part of Mid-Yorkshire system response to this demand over winter a significant public communications plan has been underway led by system communication colleagues working collectively. All winter communications resources are shared with all our local partners to maximise effectiveness of delivery. The breadth of communications has covered the following:

- ‘Together We Can’ West Yorkshire’s winter campaign 2022/23 -We are supporting the ‘Together We Can’ winter campaign, which is running for a second year and is a long-term awareness campaign to minimise pressures on urgent and emergency services. This campaign signposts people to the dedicated ‘Together We Can’ website. This year, we have some updated a communications toolkit. Media activity includes radio advertising, out of home advertising using iVans to reach all parts of our communities and online advertising using a variety of platforms, including targeted activity. New for winter 2022/23 is the West Yorkshire Healthier Together website.
- Paediatric focussed (Wakefield)- A focused campaign is commencing to encourage parents and carers to ‘choose well’ and use the right service or treatment appropriate for their children’s needs. To incorporate promotion/messaging of the West Yorkshire Healthier Together website. Main channels will be targeted social media and broadcast advertising in local leisure centres.
- Related campaigns – also being supported locally: NHS (National) Winter campaign
- Campaign materials include the following topics: COVID-19 and seasonal flu vaccination and the continuation of the Help Us Help You themes.
- NHS 111 -Campaign to encourage people are encouraged to use NHS 111 online first when they have an urgent but not life-threatening medical need, rather than going straight to A&E/Emergency Departments.
- COVID-19 vaccinations / Flu vaccinations -Ongoing campaign - supporting the vaccination programme locally.

2.0 Update on Services

2.1 Mid-Yorkshire NHS Community Services Update Wakefield

The Urgent Community Response is a service that responds to those within our community at risk of a hospital admission. It provides triage, assessment and treatment to those at whose needs otherwise would escalate and require access to other unplanned care services such as UTCs / Out of hours GPs / Emergency departments and hospital admissions. The UCR service in Wakefield runs 24 hours, 7 days a week

and responds to any referrer via a single point of access; including carers, families and self-referrers; in addition to any health, care or voluntary sector professional.

Virtual Wards offer a safe alternative to NHS hospital bedded care. The wards are consultant-led, community service delivered, allowing people who have a frailty or respiratory related need that would otherwise require hospital admission, to be treated safely within the bed in the place they call home.

Both of these services have been supporting our winter response with Virtual Ward model launching in November 2023. Some data for Virtual Ward and Urgent Community Response Team services are available below.

Virtual Wards:

- The total number of patients supported by a VW in the Wakefield District during November and December (to the 28/12) is 244 (against a predicted number of 177). The total days by patients spend in a VW bed during this time is a total of 716 days.

Urgent Community Response Data

Below table provides the Urgent Community Response UCR 0-2 hour data for November & December 2022 (to 28/12) (NB – this data does not include referrals or visits that require a same day visit, just those deemed as 0-2 hour urgent, same day visits also managed by the unplanned care team in the community). The data below covers a 24 hour period.

| Month | 2 Hour Referrals | Visit Required | % Seen within 2 hours | % of patients without an admission up to 7 days post 0-2 hour intervention |
|----------|------------------|----------------|-----------------------|--|
| 2022-Nov | 1,234 | 945 | 84% | 97% |
| 2022-Dec | 1,081 | 836 | 83% | 95% |

2.2 Wakefield Council Adult Social Care Update

Adult Social Care at Wakefield Council and the wider domiciliary and care home market sector play a critical role in delivering our plans for management of operational winter management. Below outlines a summary of the adult social care services mobilised by Wakefield Council:

- Hospital social work team continue to allocate referrals immediately, discharging around 10-12 people per day, working over 7 days
- Integrated Transfer of Care Hub (ITOC) hub is operating well with all partners supporting discharges

- Domiciliary care providers are responding well in Wakefield with our waiting list staying low
- A new night response service delivered by local authority has been established this winter and is up and running and supporting virtual ward. This operates between 11pm and 6.30am supporting our residents by turning those at risk of pressure ulcers, providing enhanced support to aid the discharge process for people with dementia or complex behaviour and delivering short-Term Interventions
- Complex care pathway will be up and running late January, supporting people with challenging behaviours
- Care home beds have been block booked with NHS funding support to support Discharge to Assess and are being used to support our residents to be cared for. These 25 additional beds were added to the system for winter pressures commencing in mid-November 2022 with a view to offering assessment out of hospital for those unable to return directly home. These beds are located across 4 different residential / nursing providers in the district and are accessed via the Wakefield Hospital Social Work Team. There was a deliberate and gradual increase in those accessing these beds through the later end of November to maintain safe admission rates, with December seeing considerably higher rates of occupancy averaging 72%. Social Work teams follow up with people moving to these beds quickly within a week to ensure the person is assessed and discharged with ongoing support in a timely manner. This has resulted in good throughput in these beds. Where there have been times of acute pressures in the system these beds have been used flexibly for those with other needs to support flow through the system and support capacity being available in the acute setting.
- Voluntary Sector discharge support model is in place which is a settling in service to help people home and address social isolation and loneliness and support their needs
- Cost of living support for discharge and unpaid carers is in place through Welfare Support Fund additional funding
- Discharge quality group – using feedback from Healthwatch Wakefield survey and provider feedback to enhance quality
- Integration of Wakefield Council reablement service with Mid-Yorkshire NHS Hospital Service community services ICT team progressing well. This enables the teams to work together to increase available capacity and streamline referral processes.

2.3 General Practices in Wakefield

The impact on general practice demand over winter has been extremely challenging for our Wakefield general practices workforce. Wakefield is experiencing high levels of demand for out of hospital urgent care. Overall general practice appointments in 2022/23 are reporting 6% above the level seen in demand in 2021/22. Wakefield continues to report higher levels of GP appointments in comparison to the national average. 70.7% of these appointments are delivered face to face with 41.6% seen on the same day.

National awareness of cases of Group A Streptococcus impacted on a significant increase of families that required support and advice and this demand was seen both at our Emergency Departments and in our general practices across Wakefield during December 2022. On 3rd January 2023 our general practice system responded to this by mobilising Acute Respiratory Infection Hubs delivered by Connexus and located at Northgate and Trinity general practice surgeries. This created an additional 240 face to face general practice appointments a week for our public to access.

General Practice with wider primary care such as local pharmacies play critical roles in delivery of our residents accessing their COVID-19 and Influenza Vaccinations. The national Covid Seasonal (Autumn) Booster campaign ended on 18th December 2022 but local appointments and walk-in clinics are available in Wakefield through to early February 2023 in locations across the district, mostly within Community Pharmacies. The latest position (week commencing 2nd January 2023) shows that 117,816 (63.3%) of eligible residents have taken up the offer of a covid-19 booster with highest coverage in Care Homes (89.9%) and over 65s (86.2%).

The flu vaccination programme is well underway with 128,351 patients now flu vaccinated; this is 56.2% of eligible patients (as at 4th Jan 2023). 83.8% of care home residents have been vaccinated, and 80.3% of patients aged 65 and over. 40.4% of children aged 2-3 years old have been vaccinated, with 56.2% of primary school aged children also having been vaccinated.

2.4 Adult Social Care Discharge Funding

On 16th November 2022 a letter was received from the Minister for Care that outlined further Adult Social Care Discharge Funding resources which provided our health and care system with £3.4m of resources in Wakefield to support discharge. The ASC discharge resources had been allocated between both Wakefield Council and West Yorkshire ICB for Wakefield Place and our system was asked to bring these together through our Better Care Fund Plan.

The ASC discharge fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The guidance outlined that all investment needed to be related to hospital discharge only and not admission avoidance. While care home services are included in the list of funded scheme types, local areas had been encouraged to use a 'home first' approach where possible. Appendix 2 outlines both that Wakefield's BCF has been approved and that reporting must commence on the ASC discharge funding Wakefield has received. Partners across the system have worked together on targeting support discharge support in the following areas:

- Support for additional discharge co-ordinators
- VCS Settling in Model of Care to support discharge
- Night Response Service

- VCS- Unpaid Carer Support at Hospital Discharge (Contact will be made by Hospital CSW to ensure agreed discharge plan is in place and meeting need. CSW will make any necessary on-ward referrals/follow up calls to partner agencies/professionals, support through contingency planning (Plan B) and practical/emotional guidance.)
- Support for Domiciliary Care Providers
- Support for Care Home Sector
- VCS- Carers Wakefield & District will work alongside Reablement where there is a family Carer involved. Carer Support Worker will support Carer to identify any potential areas where Carer could take over Reablement care with some input such as training or equipment. Carer Support Worker will make on-ward referrals/follow up calls to partner agencies/professionals, support through contingency planning (Plan B) and provide on-going emotional/practical guidance during and after discharge from Reablement.
- Creating Additional workforce capacity across care sector
- Spot purchasing care home beds to support discharge
- Local Recruitment campaign to attract workforce into health and care workforce market
- VCS - Healthwatch Discharge Survey
- Wakefield Equipment Services
- Dovecote Lodge challenging behaviour unit
- Domiciliary Care bridging team
- Therapy support provided by Novus into Reablement Team

2.5 Yorkshire Ambulance Service Update

Yorkshire Ambulance Service's priority is to ensure we keep patients safe during any industrial action that takes place (industrial action took place during 21st December 2022 and 11th January 2023) and the ambulance service worked with colleagues across the Trust, our healthcare partners and trade union representatives to put plans in place to keep critical services operational.

The ambulance service remains at the highest level of alert status (REAP 4 - Resource Escalation Action Plan) because of the pressures impacting our ability to respond to patients. Yorkshire Ambulance Service entered into a critical incident status level on 20th December 2022 and stood down their critical incident status on 22 December 2022.

Many of the actions remain in place to focus resources on those who are most in need over the winter periods and the anticipated increased demand for our services. Yorkshire Ambulance Service command structure remained in place over the extended bank holiday festive period to ensure all available resources are prioritised for the safety of our patients.

As Yorkshire Ambulance Service expect demand for our services to remain high, our messages to the public are:

- The winter period is always a busy time for the NHS and we continue to ask the public to use the emergency ambulance service more wisely.
- We are here if you need us but, please only to call 999 when someone is in a life-threatening or very serious condition so we can prioritise our response to those most in need.
- Patients waiting for an ambulance should only call back if their symptoms worsen or to cancel an ambulance if alternative transport has been arranged, so that our lines are available to take new emergency calls.
- We also ask that people seek help and advice from alternative healthcare providers, including NHS 111 Online (111.nhs.uk), their own GP or by visiting a pharmacist.

Members of Wakefield District Health and Care Partnership Committee will require assurance that the Mid-Yorkshire System has worked together through the oversight of the Mid-Yorkshire Winter Board to co-ordinate our planning, readiness and ability to respond to operational resilience challenges for Winter period 2022/23. This has included the planning our system put in place to manage the national ambulance service industrial strike action that took place which impacted on our health and care system on 21st December 2022 and 11th January 2023. Partners have worked together following industrial strike action to share reflections that have informed our future planning arrangements if there is a need in the future to respond to further industrial strike action. The service ambulance strike action on 21st December 2022 saw the ambulance service experience a reduction in demand levels from the public of 40% on the day of the strike and following the strike on 21st December the ambulance service remained at lower activity levels in the run up to festive break. This amongst the mitigations and plans that were put in place ensured that our system could manage the demand that the ambulance service was presented with by the public.

3. Recommendations

The Wakefield District Health and Care Partnership are asked to:

1. Note the system approach for preparing for industrial strike action outlined in this report
2. Acknowledge our Wakefield Health and care staff across every sector are working extremely hard under tremendous pressure to support and care for people in this challenging period
3. Note the ASC discharge investment outlined on pages 4 and 5 of this report
4. Acknowledge the high levels of demand experienced across Mid-Yorkshire system

4. Appendices

Appendix One- Winter Update Report

Appendix 2 BCF Approval letter Wakefield

NHS England
Wellington House
133-155 Waterloo Road
London,
SE1 8UG
E-mail:
england.pcpc@nhs.net

To: *(by email)*
Cllr Maureen Cummings, Chair, Wakefield
Health and Wellbeing Board
Jo Webster, Accountable Officer, Integrated
Care Board
Andrew Balchin, Chief Executive, Wakefield
Council

06 January 2023

Dear Colleagues,

BETTER CARE FUND 2022-23

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the assurance process, your plan has been classified as '**Approved**'. The relevant NHS funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and in accordance with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23, including the transfer of funds into a pooling arrangement governed by a Section 75 agreement.

You will also be aware of the recent announcement regarding the Adult Social Care Discharge Fund and the conditions requiring that the funding allocations be pooled into the BCF. This additional funding has been made available to help you reduce delays in discharge from hospitals and support those who are fit to leave hospital so that they can continue their recovery in the most appropriate location. As you already do with the BCF, it is crucial that health and care systems and providers work together to meet the care needs of people and make the best use of this additional funding.

The Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF) grant are paid directly to local authorities via a grant by the Department of Levelling Up, Housing and Communities. Local authorities are also receiving additional grant allocations through the Adult Social Care Discharge Fund. These grants are pooled together with the NHS BCF allocations and are subject to grant conditions set out in their respective grant determinations, as specified in the BCF planning requirements.

Your Section 75 agreement covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies should be developed and agreed by all parties by the end of January 2023.

Ongoing support and oversight with regards to the spending of BCF funding will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMs to feed back to local systems where the assurance process identified areas for improvement in plans and share where systems may benefit from conversations with other areas. BCMs will also review the Capacity and Demand plans that areas were asked to complete to identify support needs and inform requirements for future years. Nationally, we will also be reflecting on what the data tells us and what more we need to consider in the future.

Local systems must remain compliant with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23 (including the addendum published for the Adult Social Care Hospital Discharge Fund). Where an area is not compliant with one or more conditions of the BCF, or if the funds are not being utilised in accordance with the agreed plan or are being utilised in a way which creates a risk that the conditions will not be met, then the BCF team, in consultation with national partners, may make a recommendation to initiate the intervention and escalation process as outlined in the BCF planning requirements 2022-23. Any intervention will be proportionate to the risk or issue identified. The intervention and escalation process is outlined in the BCF Planning Requirements 2022-23.

Reporting on the overall BCF programme for 2022-23 will be limited to an End of Year return. However, there are additional planning and reporting requirements for the Adult

Social Care Discharge Fund which must be complied with including the submission of the planning template and fortnightly reporting. Further information on End of Year reporting will be confirmed in due course.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Dr Amanda Doyle OBE, MRCGP

National Director, Primary Care and Community Services, NHS England

Copy (by email) to:

Richard Barker, Regional Director, NHS England

James Sanderson, Director of Community Health Services and Senior Responsible Officer for the Better Care Fund

Jennifer Keane, National Director, Intermediate Care and Rehabilitation, NHS England

Rosie Seymour, Programme Director, Better Care Fund Team, Better Care Fund Programme, NHS England

Jayne Robson and Jenny Sleight, Better Care Managers, Better Care Fund Programme, NHS England

| | |
|-----------------------------|--|
| Meeting name: | Wakefield District Health and Care Partnership |
| Agenda item no: | 14 |
| Meeting date: | 24 January 2023 |
| Report title: | WDHCP – Proposed meeting dates 2023/24 |
| Report presented by: | Joanne Lancaster, Governance Manager |
| Report approved by: | Gemma Gamble, Senior Strategy & Planning Manager |
| Report prepared by: | Joanne Lancaster, Governance Manager |

| Purpose and Action | | | |
|---|---|---|---|
| Assurance <input type="checkbox"/> | Decision <input type="checkbox"/> (approve/recommend/ support/ratify) | Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate) | Information <input checked="" type="checkbox"/> |
| Previous considerations: | | | |
| N/A | | | |
| Executive summary and points for discussion: | | | |
| <p>The paper proposes the meeting dates for the Wakefield District Health and Care Partnership (WDHCP) and Integrated Assurance Committee (IAC) for 2023/24. The dates have been scheduled to align with the West Yorkshire Integrated Care Board (WYICB) meeting cycle and in consideration of other statutory and governance meetings for partners within Wakefield Place.</p> <p>The proposed schedule of meetings for the financial year 2023/24 will facilitate delivery of the appropriate flow of information and assurance through to the Partnership including from the IAC to the WDHCP.</p> <p>Dates for other meetings will be put in place following presentation of this report to the WDHCP.</p> | | | |
| Which purpose(s) of an Integrated Care System does this report align with? | | | |
| <input type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development | | | |
| Recommendation(s) | | | |
| <p>The Wakefield District Health and Care Partnership is asked to:</p> <ol style="list-style-type: none"> Note the dates for the WDHCP and IAC for 2023/24 | | | |

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

N/A

Appendices

1. The proposed meeting cycle for WDHCP and IAC 2023/24.

Acronyms and Abbreviations explained

1. WDHCP - Wakefield District Health and Care Partnership
2. IAC – Integrated Assurance Committee

What are the implications for?

| | |
|---|---|
| Residents and Communities | Governance supports the partnership deliver its priorities. |
| Quality and Safety | Governance allows for scrutiny and escalation. |
| Equality, Diversity and Inclusion | Ensuring equality, diversity and inclusion has been considered appropriately in reports presented. |
| Finances and Use of Resources | Governance allows for scrutiny and escalation and reports received adhere to the Standing Financial Instructions and Scheme of Reservation and Delegation. |
| Regulation and Legal Requirements | Governance ensures that the Partnerships work adhere to the Standing Financial Instructions and Scheme of Reservation and Delegation. |
| Conflicts of Interest | To be considered in advance of each meeting where required. |
| Data Protection | None |
| Transformation and Innovation | None |
| Environmental and Climate Change | None |
| Future Decisions and Policy Making | Governance allows for scrutiny and escalation and reports received adhere to the Standing Financial Instructions and Scheme of Reservation and Delegation. |
| Citizen and Stakeholder Engagement | A published meetings schedule provide notice to members of the public who may wish to attend. |

Wakefield District Health & Care Partnership

Committee Meeting Planner 2023/24

Wakefield District Health & Care Partnership

| Meeting Date/ Time (3 hours – virtual) Dr Ann Carroll Chair | Public Facing/ Non-Facing |
|--|--------------------------------------|
| Thursday 6 th April – 2-5 | Non-facing |
| Thursday 4 th May – 2-5 | Public facing |
| Thursday 1 st June 2-5 | Non-facing |
| Thursday 6 th July 2-5 | Public Facing |
| Thursday 3 rd August 2-5 | Non-facing |
| Thursday 7 th September 2-5 | Public Facing |
| Thursday 5 th October -2-5 | Non-facing |
| Thursday 2 nd November 2-5 | Public Facing |
| Thursday 7 th December 2-5 | Non-facing |
| Tuesday 9 th January 2-5 | Public Facing |
| Thursday 1 st February 2-5 | Non-facing |
| Thursday 7 th March 2-5 | Public Facing |

Integrated Assurance Committee Meetings – 2 hours

| Meeting Date/ Time |
|---|
| Tuesday 25 th April – 3pm |
| Wednesday 28 th June – 2pm |
| Wednesday 30 th August 2pm |
| Wednesday 25 th October – 2pm |
| Wednesday 20 th December – 2pm |
| Wednesday 28 th February – 2pm |

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Tuesday 1 November, 2.00pm – 5.00pm, MS Teams

Present – voting members

| Name | Representing |
|------------------------------|--|
| Colin Speers – Apologies | Chair |
| Mel Brown | Representing Wakefield Place Director – Deputy Chair |
| Lucy Beeley | Integrated Urgent Care Board |
| Michele Ezro | Mental Health Alliance |
| Linda Harris – Apologies | Joint SRO Workforce |
| Phillip Marshall – Apologies | Joint SRO Workforce |
| Abdul Mustafa – Apologies | 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 |
| Steve Knight | Conexus Health Care |
| Karen Parkin | Representing Finance and Contracting |
| Abigail Trainer – Apologies | Representing Director of Community Services |
| Antony Nelson | Director of Transformation |
| David Thorpe | Housing and Health Group |
| Stephen Turnbull – Apologies | Consultant – Public Health |
| Sarah Roxby – Apologies | Housing and Health Partnerships Chair |

Present - In attendance

| Name | Representing |
|------------------|--|
| Megan Barker | Minute Taker |
| Becky Barwick | Executive Lead to the Provider Collaborative |
| James Brownjohn | Programme Manager Planned Care – Mid Yorkshire |
| Matt England | Planned Care Provider Alliance |
| Joanne Lancaster | Governance Manager – WDHCP |
| Richard Firth | Head of Organisational Development |
| Michala James | Provider Collaborative Manager |
| Tilly Poole | Programme Lead for Community Transformation |
| Matthew Whitaker | NHS West Yorkshire ICB |
| Judith Wild | Associate Director/ Deputy Chief Nurse |

Apologies

| Name | Organisation |
|----------------|--|
| Jo Webster | Wakefield Place Director |
| Trudie Davies | Chief Operating Officer and Deputy Chief Executive |
| Emma Hall | Chief Officer of Planning and Partnership |
| Jenny Lingrell | Service Director Children's Social Care |

Administration

| Agenda No | Minutes |
|-----------|---|
| 1 | <p>Welcome and apologies</p> <p>Mel Brown chaired the meeting on behalf of Colin Speers.</p> <p>Mel Brown introduced the meeting.</p> <p>Michala James noted all apologies received.</p> |
| 2 | <p>Declarations of Interest</p> <p>Mel Brown asked if anyone on the call had any declarations of interest to declare, no one on the call had any declarations of interest to declare.</p> |
| 3 | <p>Approval of minutes from the last meeting</p> <p>The group all agreed the minutes from the previous meeting were agreed as an accurate record.</p> |
| 4 | <p>Action log from the last meeting</p> <p>Becky Barwick spoke the group through the action log from the previous meeting.</p> <p>Action 3 – Closed.</p> <p>Action 19 – Ongoing piece of work – Joanne Lancaster working on this.</p> <p>Action 35 – Becky Barwick spoke with Ann Carroll last week – Action is ongoing, working on a plan for a future development session.</p> <p>Action 36 – Closed</p> <p>Action 37 – Closed</p> <p>Action 38 – Open – To follow up at the next meeting.</p> |

| Agenda No | Minutes |
|-----------|---|
| | <p>ACTION – Michala James/ Megan Barker to add in an outcome/ follow up section onto the action log template so we can update on the outcome when we agree an action is closed.</p> |
| 5 | <p>Monthly Alliance spotlight: Connecting Care Alliance</p> <p>Pravin Jayakumar introduced the Connecting Care Alliance Progress Report with the group. Pravin Jayakumar is the chair of the Connecting Care Alliance. Pravin Jayakumar shared the role of the Alliance, to oversee primary care and community transformation, maintain strategic links with other Alliances and Providers. Pravin Jayakumar shared the membership of the Connecting Care Alliance with the group, highlighted the links with Children’s Social Care services. Pravin Jayakumar shared the national programmes the Connecting Care Alliance are working on; Virtual Wards and the Ageing Well Programme, more specifically local programmes the Alliance are working on are the Connecting Care Hubs and End of Life Care Programme. Pravin Jayakumar shared the Member Promise with the group – What have I heard today that I need to do or action?</p> <p>Tilly Poole updated the group on the Community Ageing Well and Virtual Wards Programmes, the programmes reflect the principles of the Wakefield Place, both programmes are clinically and professionally led. The UCR provides an appropriate and integrated response that prevents further escalation of need. UCR currently receives over 3000 referrals a month. Tilly Poole shared the position of UCR. Tilly Poole shared the UCR activity for 2022 – 2023 (2hr and same day response) with the group. Tilly Poole shared next steps, one – review gaps and consider staffing options to optimise service provision and secondly – provide services at scale, thirdly – increase the number of referrals from all key routes, fourthly – improve service core function delivery and fifth deliver communications plan. Tilly Poole updated on the YAS/ LCD/ Wakefield UCR pathway, LCD to be contracted to act as a conduit the prevent ambulances being conveyed to category 3 and 4 call and to prevent hospital – go live date is 14 November 2022. Tilly Poole provided an update on Virtual Wards the goal is to have 30 beds across NK and W by December 2023, rising to 40 by April 2024. Tilly Poole updated on the work completed so far, 2 Multi-place Workshops have taken place and Key CKW Task and Finish Groups have been established. Tilly Poole shared that both Frailty and Respiratory wards are live in the Wakefield District (Frailty launched ahead of schedule). Tilly Poole shared what is next for Frailty – Communication to come, Pathways and ESD. Tilly Poole updated on Respiratory and what has been done so far, as well as updating on what is to come – Communications to come, all communication leaflets required and Pathways. Mel Brown shared the appointment of Antony Nelson he will be</p> |

| Agenda No | Minutes |
|-----------|---|
| | <p>picking up on some of the Neighbourhood work. Karen Parkin queried in the Connecting Care Alliance where is the business support to the group/ do you have any/ do you need any support getting any/ for example are you regulating reporting on the pockets of money attached to the streams of week/ metrics in terms of activity and performance measures going to the Alliance meetings/ is there a particular programme of work when you plan to escalate to the Provider Collaborative/ lots of different partners in the Alliance do they all feel comfortable to bring the right questions/ issues to the table – keen for the smaller members of the Alliance to feel supported to raise any concerns whether they relate to the stream of work or not. Pravin Jayakumar shared business support is in place and feels supported, Lis Goodson is now part of the Alliance, a relatively new role, up until now conversation surrounding money hasn't been very present but confident Liz Goodson has a handle on this. Pravin Jayakumar shared his plans to come back to the Provider Collaborative and update on the 'what went well', OD sessions have taken place for members of the Alliance to get to know each other, conscious that all voices are heard at the meetings. Tilly Poole shared the metrics/ money discussions take place at a Programme level, tried hard to develop relationships with members of the Alliance to ensure all voices are heard and listened too.</p> |
| 6 | <p>Follow up from the Mental Health Alliance presentation – questions on last slide</p> <p>Michele Ezro shared the questions with the group. Tilly Poole suggested we come back to these questions after the two events (Wakefield District Health & Care Partnership Health and Care Services for the future event and Future ways of working - Community Transformation) planned for Thursday 03 November 2022. James Brownjohn shared his agreement with Tilly Poole, there is definitely space for learning. Lucy Beeley shared she feels good we have strong links with Mental Health, we need to develop stronger links in terms of career development and how we encourage more diverse groups of people/ ethnicity/ learning disabilities etc – how we can develop better support structures as employees. Matt England shared we have an opportunity to do work across all provider collaboratives, work as one to see how we can reduce health inequalities collectively.</p> <p>ACTION – Michala James/ Joanne Lancaster to add the agenda item Michele Ezro requested for the next WPC meeting. Agenda item to cover further discussions following the Future ways of working – Community Transformation event taking place this week on Thursday 03 November 2022.</p> <p>ACTION – Michele Ezro to link in with Dominic Blaydon surrounding the people plan.</p> |

| Agenda No | Minutes |
|-----------|--|
| 7 | <p>WDHCP 1 year plan – demonstrating our impact</p> <p>Becky Barwick shared a 1 year plan was created for the WDHCP/ what are out 1 year deliverables are going to be for this year for each programme and alliance. Becky Barwick shared herself and Gemma Gamble are planning to meet individually with members of the Provider Collaborative to work on proposals.</p> <p>ACTION – To bring back the WDHCP 1 Year Plan to the next Wakefield Provider Collaborative and update on the progress.</p> <p>James Brownjohn noted it is challenging to put an end date on certain projects.</p> |
| 8 | <p>Developing our delivery plan</p> <p>Becky Barwick shared with the Provider Collaborative that we will be required to develop a 5 year delivery plan as an ICB. Our current WDHCP plan just covers 2022-23. As the ICB a Strategy/ Joint Forward Plan/ Operational Plan are all required strategically. Becky Barwick shared as of right now we don't know what is required for the Forward Plan, in terms of aligning our priorities we are aware of these and need to demonstrate how we can deliver on our 4 key priorities. Becky Barwick shared the 10 big ambitions of the ICB with the group, we will need to demonstrate how we are working on these ambitions in the delivery plan. Becky Barwick shared the next steps; await the refresh of the Long Term Plan and guidance on joint delivery plan contents, continue to work with ICB colleagues to join up and make best use of resources, define measurables/ outcomes framework, collate and describe all activity contributing to HWBB and 10 Big Ambitions – most will be in place, align with streamlined operational planning and performance management processes, develop content with partnership approach.</p> <p>There were some views that we do not need to wait for the publication of the guidance to start developing the plan, however others felt that it was not possible to do so before the guidance.</p> <p>It was reported that ASC are also in a similar state of confusion as reports have suggested that ASC Reforms have potentially been delayed for 1 year, however CQC are still due to inspect next year.</p> |
| 9 | <p>Feedback from WDHCP Committee Development Session (Neighbourhoods)</p> |

| Agenda No | Minutes |
|-----------|---|
| | <p>Becky Barwick updated the group on the outcomes of the WDHCP Committee Development Session, the key focus of the session was surrounding Neighbourhoods, strong commitment to the overarching direct of travel, the Neighbourhood model is still seen as the centre of our vision for the future, a feeling of 'overwhelm'. How can the leaders in our District deliver on the Place Finance Plan, how can we overcome IG challenges? What are the big ticket items that leadership can take on their shoulders to allow development/ progression? Becky Barwick shared colleagues were keen to meet again and discuss next steps, focus on the 'How'. Mel Brown informed the group that any future development sessions will be joint between the Provider Collaborative and WDHCP Committee. Mel Brown shared she has asked Becky to work on putting together a survey to understand colleagues' reflections on the development session.</p> |
| 10 | <p>Update on Community Diagnostic Centres</p> <p>James Brownjohn updated on the CKW Community Diagnostic Centre bid for national funding and shared the progress made in October 2022. MYHT – Wakefield CDC undertook a significant review of available estate in Wakefield, have identified a refurbishment option, Westgate Retail Park 9A – this business case for a new build CDC was submitted on 04 October and approved last week. CHFT – Huddersfield CDC, undertook a significant review of available estate in central Huddersfield. Business case submitted on 30 September; the business case is due to be reviewed by NHSE on 03 November 2022. POST MEETING NOTE: The CHFT case was also approved.</p> <p>James Brownjohn shared the proposed Wakefield City Centre location that was driven by a feasibility study based on reducing health inequalities. The site has ample parking available and multiple accessible routes for public transport. James Brownjohn shared the proposed modalities in hubs and spokes. He shared the next steps; submit a further business case in December 2022 for the five spokes, formal programmes implementation processes will be established including wider communication and engagement. Mel Brown shared her good comments on the work James Brownjohn and team have undertaken. James Brownjohn shared his wishes to bring back detail on the centres to future Provider Collaborative meetings, with the possibility to look at potential support from the Provider Collaborative in the coming months.</p> |
| 11 | <p>Overview of system pressures</p> <p>Mel Brown shared with that group that Mid-Yorkshire were in Opel 4 last week, this deescalated to Opel 3 towards the end of the week. Mel Brown shared we managed to remain at Opel 3 this morning.</p> |

| Agenda No | Minutes |
|--|---|
| | <p>a) Winter Preparedness</p> <p>Mel Brown update the group on Winter Preparedness, we submitted the Mid Yorkshire Surge & Escalation Plan last month. Winter Board meetings are in diaries to take place on a weekly basis. Mel Brown shared when we are under tactical pressure a tactical meeting is called and pressures are discussed. Mel Brown shared with the group that we submitted the Winter Plan to NHSE on 03 October 2022, we also submitted our return on the Winter Letter on Monday 31 October 2022. Lucy Beeley shared with the group although we remain under significant pressure the team work demonstrated is key. Lucy Beeley highlighted this if the first time we have completed a Winter Governance structure – Lucy Beeley shared that all feedback is welcome to either herself or Mel Brown. Michele Ezro shared the culture within the Winter Board and Operational Group has been incredibly supportive which is key to good outcomes.</p> |
| 13 | <p>Items for escalation to Wakefield District Health & Care Partnership Committee</p> <p>No colleagues on the call had any items to raise for escalation at the Wakefield District Health & Care Partnership Committee.</p> <p>Mel Brown to take a conversation on Winter to the WDHCP Committee – will need to be discussed in the Public domain</p> |
| 14 | <p>Any other business</p> <p>a) Future Alliance/ Programme spotlights</p> <p>No one on the call had any other business to raise.</p> |
| <p>Date and time of next meeting: Thursday 01 December 2022, 14:00 – 17:00 via MS Teams</p> | |

Proud to be part of West Yorkshire Health and Care Partnership

PEOPLE PANEL MEETING

Time/Date: 10:00 on Thursday 10 November 2022

Venue: Microsoft Teams

MINUTES

Attendees: 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), Victoria Holmes (VH), Janet Witty (JW), Mavis Harrison (MH), James Brownjohn (BJ), Francesca Quartarulli (FQ), Betty Haigh (BH), Sarah Dakin (SD), Hilary Rowbottom (HR), Gary Jevon (GJ), Joanne Lancaster (minute taker), Axsa Nazar (AN)

Apologies: Peter Willson (PW), Sarah Mackenzie-Cooper (SMC), Glenys Harrap (GH), Zahida Mallard (HM), Sandy Gillan (GS), Jill Long (JL)

| | AGENDA ITEM | ACTIONS |
|----|---|---------|
| 1. | Welcome and apologies | |
| | SH welcomed everyone to the meeting. Apologies were noted as above. | |
| 2. | Declaration of interests | |
| | There were no declarations of interest raised. | |
| 3. | Minutes of meeting held on 29 September 2022 | |
| | The minutes of the meeting 29 September 2022 were agreed as an accurate record. | |
| 4. | Matters arising | |
| | There were no matters arising. | |
| 5. | Involvement and Equality Update | |
| | DF advised that the Five-Year Strategy for West Yorkshire Integrated Care Board (WYICB) was being produced and would be circulated to the group in due course. As part of this work was the Forward Plan which was subject to | |

| | |
|---|-----------|
| <p>public consultation and it was anticipated the consultation would mirror the approach to what was done around the ICB constitution, prior to the ICB being established with all key partners and the Public Assurance Group being involved.</p> <p>DF referred to information relating to Covid-19 drop-in centres which would be circulated to the group and for onwards circulation to their contacts. It was clarified that the latest document included information of the address of the drop-in centres which were located across the Wakefield district.</p> <p>BH questioned what the plans would be for Pontefract as the locations provided were not within travelling distance for some Pontefract residents, in addition she referred to an old Covid Vaccination Centre sign at the Squash Club which was now obsolete.</p> <p>DF explained that the system used to work with Age UK and the Local Authority in terms of providing transport to those patients who could not attend clinics either through lack of transport or physical issues which prevented them from accessing the usual transport. This has unfortunately now finished but one off requests could be followed up. She would also feed back to the Programme Lead about provision for Pontefract residents.</p> <p>Action: DF to speak with Programme Lead for Covid vaccinations about provision and location for Pontefract residents.</p> <p>Discussion took place in relation to take up of the booster vaccination with DF advising that an overview could be provided. The group noted it was vital that communications went out to residents explaining why having the booster was so important.</p> <p>JW raised the issue of receiving reminders from the GP to have the booster but when trying to book through the website it was saying people were not eligible for the booster, in addition people received appointments for St Swithun's but found it was not open to provide vaccines upon attendance and people had to be turned away. She was concerned that these issues would mean that less people took the booster due to the challenges in trying to get it.</p> <p>DF explained the reasons behind the website saying people were not eligible for the booster and it was down to systems and timescales between local and</p> | <p>DF</p> |
|---|-----------|

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| <p>national systems. This had been addressed through the Programme Lead for Wakefield and fed back nationally.</p> <p>BH raised the issue over the wording around the vaccine which had replaced the AstraZeneca vaccine and it not being clear in relation to whether it was a reaction to any vaccine or just covid vaccines meaning someone couldn't have that particular brand.</p> <p>Action: DF would flag this with communications colleagues for them to raise at West Yorkshire level and onwards if appropriate.</p> <p>DF explained that the findings of the Adults Autism strategy engagement were being worked through and would support the development of the strategy and a plan supporting it. We have also found a link in feedback to the work undertaken as part of the Children and Young People Autism Support Event; feedback from this event relating to the impact on parent/carer health had made the team extend the engagement slightly to include this feedback too into the wider discussion around Adults with Autism.</p> <p>Another Children and Young People event was due to take place in January, this time in Wakefield (the earlier one had been in Castleford).</p> <p>DF advised that the Urgent Care Check and Challenge event had taken place the previous day and further updates would be shared with the Panel in due course.</p> <p>Action: DF to speak with Lucy for an update on the Urgent Care work.</p> <p>DF shared the plans for the proposed new Castleford Health Centre which had been approved for funding that week. Two existing GP practices, along with a new practice and Council services would be in the building, that is planned on the site of the car park of an existing health centre, on Welbeck Street. The new healthcare hub aims to help ease pressure on local hospitals and other NHS services by allowing residents to receive a wider range of treatments, closer to home.</p> <p>Engagement would take place with patients in relation to these proposals, particularly with those registered with the third practice. She emphasised that there were no mergers planned rather that the practices would be collocated;</p> | <p>DF</p> <p>DF</p> |
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| | <p>there may be scope for some collaborative work though going forwards. Further work was required in terms of producing a more detailed Business Case and other governance approval routes before works would take place.</p> <p>In terms of Equality, Diversity and Inclusion DF shared that work was taking place with partners across West Yorkshire to develop an Equality, Diversity and Inclusion strategy with a common approach and one that was relevant and meaningful for communities.</p> <p>The team were looking at Equality objectives and also planning the approach to the Equality Delivery System working with Calderdale and Kirklees areas. A report was being prepared on the Public Sector Equality Duty for the ICB to be included in a wider WY report but would have a specific chapter for Wakefield.</p> <p>The EDI team were also supporting work on the Older People's Mental Health Services Transformation Programme assisting with the Equality Impact Assessment to ensure that was robust and mitigations considered up front.</p> <p>Work was also taking place across WY to develop a consistent approach to equality monitoring forms.</p> | |
| <p>6.</p> | <p>Community Diagnostics Centres</p> <p>James Brownjohn joined the meeting to present the work being undertaken on a Community Diagnostics Centre for the Wakefield District.</p> <p>He was pleased to share with the group that they had just been given the news that Wakefield and Huddersfield hospital trusts had secured £25m of funding from NHS England. This was broken down into £12m for Wakefield and £13m for Huddersfield. The funding was to provide additional diagnostics in the district and was expected to open in Quarter 1 of 2023/24 (so in approximately 6 months' time) with Huddersfield expected the year after.</p> <p>JB explained that a feasibility study had been undertaken to determine the best location for the proposed facility with health inequalities and ease of travel for people and a city centre location had been the most suitable. He shared with the group this would be Wakefield Westgate Retail Park and architects would work on plans for the unit; this was within ¼ mile of Wakefield city centre and on the free Wakefield bus route and also had large car parking facilities.</p> <p>It was expected that the facility would host a whole range of modalities and these were highlighted within the presentation. This would form part of a Hub</p> | |

and Spoke approach and it was hoped that funding would be secured further down the line for spokes to be placed around the district which would also host some diagnostic facilities (highlighted on the presentation) but not the full range like the hub.

He advised that it would be imperative to get the pathways right alongside the facility to ensure that the best and most efficient service was provided to patients in terms of being diagnosed, receiving results and determining other factors not initially referred for (ie if something was highlighted during a procedure this would be passed onto the GP etc). He also emphasised this was additional capacity to Mid Yorkshire Hospitals Trust. It would be linked with a commercial partner and there would be procurement for the equipment through the usual procurement routes.

He outlined the next steps which included business cases for the spokes, implementation of the hub, working with the architect to get the building flow effective, linking with a commercial partner and procurement of equipment.

SH thanked JB for the presentation and asked whether results would have some detail behind them and not just a 'no'.

JB responded that it was expected that patients would get a holistic approach, so that patients received maximum benefit of the service – stating it was imperative that the pathways were right. If tests highlighted additional issues than what referred for, these should still be fed back to the originating clinician.

JW questioned the impact the commercial partner might have on workforce suggesting that some NHS staff might leave to work for the commercial partner and there would need to be some safeguards in the contract to prevent that.

Discussion took place around the issue of workforce and whether staff would leave the NHS to work for the commercial partner. It was suggested that this could be written into the contract for the commercial partner to mitigate against this issue. It was also felt that the process to determine the commercial partner would need to be transparent.

JB agreed this could be potentially an issue and so that it would be important to mitigate this from the beginning.

SC raised the issue of some results not being accepted by secondary care often resulting in further tests being completed by themselves.

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| | <p>JB advised that the community diagnostics centre would be an extension of Mid-Yorkshire so this should not be an issue.</p> <p>BI asked whether it was intended this would be a 7-day service.</p> <p>JB responded that it would be built up over a period of time and it was expected: Year 1 – 5 day for 8 hours per day Year 2 – 7 day for 8 hours per day Year 3 – 7 day for 12 hours per day</p> <p>BI advised that parking at the site identified had a time limit for parking with hefty fines applied if people went over the limit and whether this had been considered in plans.</p> <p>JB thanked BI for the information and he would feed this into the estates team for consideration.</p> <p>MH asked whether planning had been approved for the site.</p> <p>JB advised that discussion had taken place with the Local Authority and they were comfortable with the approach being taken.</p> <p>DH asked about second opinions.</p> <p>JB advised that second opinions were a patient's right within the NHS constitution.</p> <p>JB thanked the People Panel members for the opportunity to share the information relating to the Community Diagnostics Centre.</p> | |
| 7. | <p>West Yorkshire Digital Primary Care Innovation Hub</p> <p>Francesca Quartarulli (FQ) outlined the details of the West Yorkshire Digital Primary Care Innovation Hub which was an NHS England (NHSE) 2 year funded programme hosted by the wider West Yorkshire Innovation & Improvement Hub. The hub would provide dedicated place-based capacity across each of the 5 places (Bradford District and Craven – Calderdale – Kirklees – Leeds - Wakefield) to:</p> | |

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| | <ul style="list-style-type: none"> - Enable existing patient pathways to develop a workplan and research innovative approaches - Enable the development of integrated approaches across the whole region, that align with local plans for transformation. <p>She advised that there had been a Primary Care staff engagement workshop which had taken place virtually on 21 July and that engagement with public and patients was taking place through pre-existing meetings.</p> <p>She explained that project was also looking at digital exclusion and was not limited to GP practices but also pharmacy, dentistry and opticians.</p> <p>PH asked whether this was a focus on staff or patients.</p> <p>FQ responded that it was to benefit both by way of better access for people and with a better experience by utilising technology to assist both staff and patients for a more effective/efficient system.</p> <p>BI raised the issue of electronic prescriptions and nominated pharmacy and seemingly the system not being able to transfer to another pharmacy. He also raised an issue relating to having arrived for an appointment but then the system recording as non-attendance.</p> <p>FQ responded that these types of issues were what the project was trying to address and get different systems to 'talk' to one another.</p> <p>FQ agreed to share her email for further questions.</p> | |
| 8. | <p>Experience of Care and the National GP Patient Survey 2022</p> <p>Laura Elliott (LE), Lucy O'Lone (LO) and Vicki Holmes (VH) presented this item which provided an overview of experience of care highlights from Quarter 2 2022/23 and some of the key messages from the National GP Patient Survey 2022.</p> <p>LO outlined the key themes from Quality Intelligence Group (QIG) for Quarter 2 which included negative feedback for telephone and online physiotherapy services, reasonable adjustments for carers, issues with dental access, poor inpatient care and lack of compassion and poor staff attitude, poor access to</p> | |

mental health services (including CAMHS and Autism Assessment) and negative experiences in Urgent and Emergency Care.

Also presented were the highlights from the National Cancer Patient Experience Survey 2021, the local survey results were published in July 2022 and the survey was undertaken by Picker on behalf of NHS England.

The findings of the Patient Safety Walkabouts at MYHT were also highlighted with a positive walkabout at Ward 9, Ward 11 and Ward 15 at Dewsbury Hospital with staff being welcoming and approachable and patients well cared for although it was a very busy ward. Positive walkabouts to Gate 12 and Gate 41 at Pinderfields Hospital in September 2022 had found environments were clean and tidy with staff being caring and knowledgeable. There had been some challenges on the Acute Assessment Unit due to its size and busy environment.

LE provided details of the recent WDHCP Experience of Care Network with the theme considered being 'experience of discharge from hospital'. Discussions were themed around key experience of care, strategic challenges and actions and actions for network members. Further engagement would take place in relation to discharge from Care Homes.

VH presented the high-level findings of the GP Survey 2022 - For the 20 patient experience questions, Wakefield were found to be 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%).

VH explained that the intention was for GP practices to share areas of good practice and develop action plans for either the Primary Care Network or individual practice.

SH thanked the team for the presentation and commented that some of the findings were a cause for concern. He asked whether Clinical Director roles would be addressing the gaps found in the GP survey. He referred to the cancer experience report and again asked whether the findings were being addressed by clinical leads.

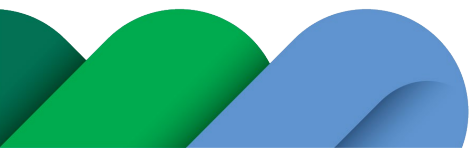
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| <p>VH responded that the results of the GP survey had been broadly what the team knew from other sources and that they were working directly with practices to address issues and assurance visits were taking place.</p> <p>LE responded to the cancer experience comment advising that there was still work to do to look at this at a West Yorkshire level.</p> <p>LE advised that in terms of the GP survey only 1% of patients had responded.</p> <p>MH asked what happened to the text responses which were sent following a GP appointment asking patients of their experience.</p> <p>LE advised these were the family and friends test, they had been paused during the pandemic and recently reinstated and results of these should be available going forward. These could also be completed manually and paper slips and a box should be available at practices to facilitate this. GP practices should then provide analysis and feedback by way of 'You said, we did'. She also advised that the Patient Participation Group usually had these on their agendas. She advised that only the practices received the comments.</p> <p>MH shared a very personal story relating to her own experience of being a patient.</p> <p>LE thanked MH for sharing the information and she would contact her outside of the meeting to discuss further. GJ would also contact MH in relation to this.</p> <p>JW referred to hospital discharge and the delays in relation to this.</p> <p>LE suggested that colleagues be invited to the People Panel to update on discharge and transfer of care.</p> <p>Action: DF to invite speakers on discharge to a future meeting. DF to facilitate conversation between GJ and MH regarding experience of hospital care, transfer and discharge.</p> <p>BI also shared two examples of care which he had experienced/knew of someone who had experienced.</p> | <p>DF</p> |
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| | <p>SH commented that looking at the reports from the QIG that with the themes being raised there was no indication whether these had been raised previously or for the first time.</p> <p>LE agreed and advised that they would look to incorporate that narrative into future reports.</p> <p>Action: Include information about whether QIG themes have been raised previously or for first time</p> <p>LE advised that Mid-Yorkshire would be responding to the Cancer patient experience findings and their response would be covered in a future report.</p> <p>SH thanked the team for the presentation.</p> | LE |
| 9. | <p>Older People’s Services Transformation</p> <p>RU introduced the item explaining that South West Yorkshire NHS Foundation Trust (SWYFT) were working with local organisations, including the Integrated Care Board (ICB), to review how mental health care for older people within their inpatient wards was provided. Across West Yorkshire there were five older people’s mental health wards, which included:</p> <ul style="list-style-type: none"> • Halifax and Calderdale Royal Hospital (16 beds); • Two wards in the Priestly Unit in Dewsbury, Located in Dewsbury and District Hospital (30 beds in total - 15 male beds, 15 female beds); • Two wards at Wakefield, located at Fieldhead Hospital (16 beds) and at The Poplars in Hemsworth (15 beds). <p>In South Yorkshire, the Trust had a ward for people with functional mental health needs (10 beds) at Kendray Hospital, Barnsley.</p> <p>There were two groups of older adults who use these inpatient wards; people with needs such as dementia and people with other mental health needs such as depression, anxiety and psychosis (often referred to as functional needs).</p> <p>Previous engagement had taken place prior to the pandemic and had been incorporated into the information supporting this current work. In October 2022, a workshop was held that considered the process so far and presented possible options for how the services could be shaped going forward.</p> | |

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| | <p>RU explained that it was rare for older people to be admitted to hospital due to mental health but when they were they tended to need to stay for a long time.</p> <p>It was also not appropriate for functional patients and dementia patients to be mixed. It was possible that South West Yorkshire NHS Foundation Trust (SWYFT) could reconfigure the beds to achieve this with dedicated space although the consequence of this was that Wakefield District would have either a space for functional patients or dementia patients but not both; meaning patients would have to travel to Dewsbury.</p> <p>RU advised that none of the potential options had been impact assessed therefore at present the mitigations had not been developed. Impact assessment is in progress.</p> <p>RU explained currently within Calderdale, Kirklees and Wakefield that patients were moved around so there was an element already of people having to travel etc. The impact on family/carers in terms of travel for visiting/discharge etc would need to be factored into any changes and they would be heavily involved in any future engagement once the project gets to that stage. Once the engagement plan was developed it would be brought to the People Panel for a sense check and to see if there were some additions required.</p> <p>SC emphasised the need for patients to be able to see their families/carers, particularly those with dementia, the pandemic highlighted how detrimental it was to people not being able to see their loved ones, it was crucial that contact was maintained for patients.</p> <p>RU assured SC that this was very much in mind, ensuring families/carers maintained that contact, especially with regard to discharge.</p> <p>SH thanked RU for the update, adding that the project was still in its infancy and that the People Panel would welcome future updates as the project progressed.</p> | |
| <p>10.</p> | <p>Appointment of Deputy Chair</p> <p>SH advised that it was proposed that Paulette Huntington (PH) be appointed as Deputy Chair of the People Plan. This followed an application process, with only one application fully meeting the requirements within the role description and a discussion at the Task and Finish group on 1 November.</p> | |

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| | <p>The People Panel agreed to the appointment of PH to the role of Deputy Chair of the People Panel.</p> | |
| <p>11.</p> | <p>Any Other Business</p> <p>DF noted the following items for future People Panel meetings:</p> <ul style="list-style-type: none"> • GJ to bring the outcomes of the Discharge work from the Experience of Care Network • Five Year Strategy and Forward Plan • Progress on the Older People's Transformation Services Update <p>It was suggested that the agenda be kept light to enable a full discussion around discharge.</p> <p>Date and time of next meeting</p> <p>15 December 2022 – It was suggested that people have a mince pie and hot drink and if people felt comfortable, they could wear something festive with it being so close to Christmas. The meeting would be a virtual meeting.</p> | |

Proud to be part of West Yorkshire Health and Care Partnership



Wakefield District Health & Care Partnership - Minutes

Integrated Assurance Committee

15 September 2022, 09.00 – 11.00, Microsoft Teams

Present

| Name | Title, Organisation |
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| Richard Hindley (Chair) | Non-Executive Member, Wakefield District Health and Care Partnership |
| Stephen Hardy | Non-Executive Member, Citizen Voice & Inclusion, Wakefield District Health & Care Partnership |
| Karen Parkin | Operational Director of Finance, Wakefield District Health & Care Partnership |
| Colin Speers | Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership |
| Ruth Unwin | Director of Strategy, Wakefield District Health & Care Partnership |
| Amy Whitaker | Chief Finance Officer at MYHT, Finance Lead for Wakefield Place |
| Penny Woodhead | Director of Nursing and Quality, Kirklees, Calderdale and Wakefield Places |

In attendance

| Name | Title, Organisation |
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| Sarah Booth | Sarah Booth (Designated Nurse Safeguarding Children and Children in Care), Wakefield District Health & Care Partnership |
| Melanie Brown | Director of System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership |
| Laura Elliot | Head of Quality and Engagement, Wakefield District Health & Care Partnership |

| Name | Title, Organisation |
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| Joanne Lancaster (Minutes) | Governance Manager, Wakefield District Health & Care Partnership |
| Jenny Lingrell | Service Director, Children's Health & Wellbeing, Wakefield Council (on behalf of Victoria Schofield, Corporate Director of Children's Services) |
| Lucy O'Lone | Quality Coordinator, Wakefield District Health & Care Partnership |
| Simon Rowe | Head of Contracting and Procurement, Wakefield District Health and Care Partnership |
| Natalie Tolson | Head of Business Intelligence, Wakefield District Health and Care Partnership |

Apologies

| Name | Title, Organisation |
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| Adam Sheppard | Chair of the System Professional Leadership Group, Wakefield District Health & Care Partnership |
| Jo Webster | West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership |

Administration Items

| Agenda no | Minutes |
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| 1 | <p>Welcome and apologies</p> <p>The Chair welcomed everyone to the meeting and introductions were made. Apologies were noted as above.</p> <p>The Chair referenced events that were happening in the United Kingdom at the present time, observing that Her Majesty the Queen had started her reign when the NHS was three and a half years old and that it would be 75 years old next year. He noted that members of the Committee would reflect and contemplate the passing of Her Majesty the Queen in their own way. The current national challenges, issues and pressures were also noted.</p> |
| 2 | <p>Declarations of Interest</p> <p>There were no declarations of interest.</p> |

| Agenda no | Minutes |
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| | <p>Approval of minutes from the last meeting</p> <p>This was the first meeting of the Integrated Assurance Committee so there were no previous minutes to approve.</p> |
| | <p>Action Log</p> <p>This was the first meeting of the Integrated Assurance Committee so there were no previous action log to note.</p> |
| | <p>Matters arising</p> <p>This was the first meeting of the Integrated Assurance Committee so there were no matters arising.</p> |

Main Items

| Agenda no | Minutes |
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| 3 | <p>2022/23 Quarter 1 Quality, Safety and Experience report</p> <p>Laura Elliot (LE) explained that the report identified good practice and areas for improvement to support and improve experience of care, along with details of the key risks and assurances related to experience of care and the actions being taken to mitigate any risks.</p> <p>LE informed the Committee the structuring of the report reflected the Wakefield District Health and Care Partnership's (WDHCP) 'I' Statements enabling reporting against quality, safety and experience of care across pathways of care; included within the report was resident feedback about health and care services.</p> <p>LE highlighted three issues to the Committee:</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 ○ SWYPFT's Crisis Team ○ GP Out of Hours provided by Local Care Direct ○ YAS – 111 & 999 (this report reflects 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 comments on factual accuracies prior to publication; |

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| | <ul style="list-style-type: none"> 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>Stephen Hardy (SH) asked whether the Committee could be assured in terms of the receipt of and quality of the data from independent collaborators/providers.</p> <p>LE responded that her team were part of the quarterly contract meetings with independent sector providers where their quarterly quality reports were reviewed and discussed with them; there had been no indication from colleagues that data had not been received from any of the independent providers.</p> <p>Colin Speers (CS) asked whether these arrangements extended to smaller providers that were sub-contracted and how assurance was received from those organisations. LE advised that most sub-contractors (for example through MYHT) were already known within the system with joint contract meetings in place, including discussion on quality. Discussions were on-going regarding MYHT responsibility for quality within the sub-contracting arrangements and the processes to capture these.</p> <p>Penny Woodhead (PW) explained, as presently understood, the expectation around risk and the escalation of risks and issues would go through the governance assurance structure. She advised that there was a requirement to share emerging risks and issues to the West Yorkshire Integrated Care Board (WYICB) core team for onwards submission to the regional quality surveillance team. It was noted, along with the issues/risks reported, that this reporting period had been done outside of existing governance assurance arrangements due to timescales. The assurance route for Quality, Safety and Experience reporting was noted.</p> <p>Mel Brown (MB) asked whether the WYICB Quality Committee meetings would be in public. With discussion taking place around prior notification to providers of any issues/risks raised and the sensitivity of reporting in this regard.</p> <p>The Chair summarised the comments noting that the report was a good, accessible report and the inclusion of residents' comments made it powerful. It was noted the report would further evolve and mature to provide further assurance to the Committee.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> Members noted the current place risks and assurances relating to quality, safety and experience. There were no further actions or assurance required at this time. |

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| 4 | <p>Safeguarding Children and Adults Annual Report 2021/22</p> <p>PW advised that Karen Charlton was on leave so she would present the report alongside Sarah Booth (SB). She explained that the report was presented to the IAC as an annual report for a predecessor organisation and provided a review of the Safeguarding Adults and Safeguarding Children’s work undertaken within and on behalf of Wakefield CCG from April 2021 to March 2022. It also provided assurance that the CCG had discharged its statutory and legislative responsibilities in this regard.</p> <p>SB advised that one success from a Children’s Safeguarding perspective was the improvement in child death arrangements including publishing of the statutory duties and arrangements in Wakefield. An update was provided in terms of recruitment to key posts within Children’s Safeguarding with two posts successfully filled and delivering with one post remaining unfilled (Named GP for Safeguarding).</p> <p>Across both adults and children services there remained a high level of safeguarding referrals and this provided assurance that, through a period of high demand on services, identified concerns had not decreased and issues were recognised and referred.</p> <p>SB advised that there was an ICS Designated Professionals Forum (IDPN) across West Yorkshire and this was providing strong and visible leadership across Wakefield and West Yorkshire and this continued to meet to share good practice and identify joint areas of working.</p> <p>The meeting assurance framework for Children’s and Adult’s Safeguarding was outlined.</p> <p>Discussion took place in relation to reporting into the IAC and WYHCB with the expectation being at least an annual report or by exception should there be a significant issue/risk that needed to be escalated. As the governance arrangements under the new WYICB and Place were still in their infancy there was more work to do to on the information assurance flow.</p> <p>The Chair thanked PW and SB for the report which had been well presented and concise for a such significant subject.</p> <p>It was RESOLVED that:</p> |

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| | <ul style="list-style-type: none"> Members noted the content of the report and the assurances given regarding WCCGs safeguarding children and adults' activity 2021/22. |
| 5 | <p>Contract Activity / Performance Monitoring Report</p> <p>Natalie Tolson (NT) presented the report which was the first version of the combined performance and activity monitoring report. This provided an overview of Wakefield performance and activity against NHS constitutional standards, NHS Operating Plan, NHS Strategic Oversight Framework, Better Care Fund and other local priority indicators.</p> <p>NT explained the report was structured around four domains with a heat map, the metrics used and how these tied back to the overarching priorities of the WDHCP. As the governance structure for assurance was still being developed the team had used a combination of information to derive the metrics and these had been streamlined to avoid duplication of reporting. The report allowed a deeper dive to enable a more focused discussion around areas that required further assurance.</p> <p>NT provided the following highlights:</p> <ul style="list-style-type: none"> Pressure on waiting times mainly due to RTT, Day Case and inpatient activity; The cancer 2 week wait urgent GP referral performance had reduced for the last two months, staffing issues in dermatology was a factor and there were outsourcing plans to mitigate this; There had been a 6% growth in suspected cancer referrals from primary care compared to last year and it was noted that the imminent cancer campaigns may impact this further; RTT total number of patients waiting more than 104 weeks to start consultant led treatment had reduced to 4 patients; RTT total number of patients waiting more than 52 weeks to start consultant led treatment had increased; Day case activity was below plan and not forecasting to come in at year end, due to workforce, capacity issues and general demand; ENT had seen a reduction in the waiting list and had sought additional capacity from Nuffield; Ambulance performance had slightly improved; Emergency Department waits over 12 hours had increased in July but it was understood this reduced again in August; Cancer screening was above the national average; Covid and Flu vaccines would be reported the following month, 3,850 Covid Autumn boosters had been administered to date; |

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| | <ul style="list-style-type: none"> • Dementia diagnosis performance had reduced and the Mental Health Alliance had been asked to provide a performance update for the next report; • Day case activity was below the target of 104% of 19/20 activity; • Diagnostic activity was running 1.4% below the level delivered in 19/20 (same period) but is 17.9% below the national ambition of 120%, mitigations had been put in place; • A basket of adult social care metrics had been agreed relating to referrals to the enablement service, the number of people in long term care and discharges by pathway type; • Children’s community services were reviewed with MYHT. <p>MB provided assurance in relation to pathways 0, 1 and 3 (page 16 of the report) which highlighted a deteriorating position for discharges, advising that the System Discharge Executive Group had met the previous day and following that meeting the Connecting Care Executive would consider the ‘discharge to assess model’ and the interventions put in place this winter to improve the position for MYHT and partners; these included 24 additional community beds, consideration of a night response service and developing a domiciliary bridging team. This was a priority for winter. It was noted that MYHT had been at OPAL 4 with 225 people in the bed base who had no right to reside; this was now down to 195.</p> <p>PW welcomed the report and asked whether more narrative could be provided, particularly where there were performance and/or activity was not where it should be.</p> <p>NT responded that the report was the first iteration for the IAC and it was intended to include more narrative which would be fed in through the Transformation Programmes.</p> <p>Karen Parkin (KP) added that, once the governance structures were further matured in terms of the Alliances, that the Alliances would feed into this report to provide that detailed narrative.</p> <p>Amy Whitaker (AW) thanked NT and welcomed the format, she suggested that a narrative at the beginning or as an appendix might be useful about how to use the report and how the direction of travel was derived. She added that at MYHT the report would include a quarterly narrative with a monthly update so as not to lose the historical context and information and queried whether this report would mirror that format.</p> <p>NT responded that reports had been designed in conjunction with the MYHT report and it was hoped that future reports would include this.</p> <p>The Chair thanked NT for the comprehensive paper.</p> |

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| | <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee discussed the report, provided feedback on the structure, content and direction of travel. • Noted the latest performance and those indicators where performance was below target and the associated exception reports where provided; • There were no actions for the Committee arising from the report. |
| 6 | <p>Wakefield CCG Finance Report 2022-23 – Quarter 1</p> <p>KP presented the paper which showed the 2022-23 financial position for Wakefield CCG for the period 1 April 2022 to 30 June 2022 (Q1).</p> <p>As part of the West Yorkshire system’s financial plan Wakefield CCG, as host for the West Yorkshire ICS, submitted a £0.7m deficit position for the first 3 months of 2022-23. This was split: £0.2m surplus at Wakefield Place and £0.9m deficit for West Yorkshire ICS.</p> <p>Following submission of the actual Q1 position, NHSEI subsequently adjusted allocations to match Q1 actual spend, resulting in a breakeven position year to date. This was to enable allocations to be transferred to the ICB in 2022-23 to maintain the value of allocation over the twelve-month period in line with the system plan.</p> <p>Due to the timing of transition to West Yorkshire ICB, the closedown of the CCG and the setting up of the new Wakefield Place committee structures, the report was for information as the final finance report of Wakefield CCG.</p> <p>The CCG reported an original Q1 surplus of £10.4m against the £0.7m plan deficit, this was split £0.3m surplus for ‘Wakefield Place’, mostly caused by unspent SDF funding, which is planned to be spent in the remainder of the year and £10.1m surplus for WY ICS. Wakefield CCG’s financial position, on behalf of WY ICS, included budgets for Health Inequalities, Trust and FT Covid, Ockenden, confirmed SDF and additional system funding. The Covid and Ockenden funding was distributed to providers in Q1 but as there was little or no spend against the other budgets this resulted in a surplus position for Q1. These budgets plan to be spent in Q2 to Q4.</p> <p>The June 2022/23 plan included some specific allocations, budgets were only included in Q1 reporting where allocations had been received from NHSEI: SDF indicative allocations were not received at P3; Elective Recovery Fund (ERF) – allocations were received up to P3; and as NHSEI’s guidance referred to no clawback of ERF for NHS providers for Q1, YTD costs were included. Additional allocations issued nationally for inflation were received for Q1.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • Members noted the Month 3 finance report for Wakefield CCG. |

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| 7 | <p>Wakefield Place Finance Report 2022-23 – Month 4</p> <p>KP presented the paper which outlined the 2022-23 financial position for Wakefield Place for the period to the end of July 2022 (Month 4). Key messages within the report included the forecast positions for NHS organisations within Wakefield Place were in line with plan and across the three organisations the forecast was a surplus of £3.7m. It was noted that Wakefield Council’s Adults and Children’s Social Care were forecasting overspends and Public Health was forecasting breakeven.</p> <p>It was noted that the MYHT Elective Service Recovery Fund (ESRF) was behind target at month 4 and this remained a risk to delivering a balanced financial position as failure to hit the target resulted in no additional ERSF funding for the second half of the year. The overspends against drugs, clinical supplies and medical staff (due to bank and agency cover) were noted.</p> <p>SWYFT were reporting a surplus position at month 4 although expenditure was forecast to increase with a continued focus on recruitment and retention.</p> <p>The risks to the financial position were noted with KP advising that detailed work was taking place to analyse expenditure across the system and risks within the financial scope.</p> <p>Discussion took place in relation to the current cost of living pressures and impact on Wakefield Place organisations, pay pressures and further inflationary rises and it was noted that work was taking place at a West Yorkshire level to look at collective financial plans.</p> <p>AW suggested a more detailed paper may provide additional assurance as high-level reports could sometimes mask lower-level risks/issues.</p> <p>SH added that this was important, and that level of detail would assist in highlighting issues early in the cycle.</p> <p>The Chair thanked KP for her report, adding that papers would be further refined to offer the level of assurance the IAC required.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • Members noted the Month 4 financial positions for the Wakefield Place. |
| 8 | <p>Contract Assurance</p> <p>Simon Rowe (SR) presented the report which detailed the number of new and current contracts adding that this had been a standard report for the former Wakefield CCG.</p> <p>SH asked whether there was assurance that contracts were in place, that these were being regularly monitored and if any defaults to contracts were found that these were being actioned accordingly.</p> |

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| | <p>SR explained there was a robust system in place within the team to ensure each contract was monitored and a central register of contracts was held. He advised that contracts were scrutinised, and the team worked in partnership with providers to ensure contracts were honoured as intended.</p> <p>KP provided additional assurance that SR and team monitored contracts closely and that an annual audit took place on contract activity.</p> <p>Discussion took place as to whether the report should include information from all partners, however, it was felt that there were appropriate assurance mechanisms in place for those providers already.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> • The Committee noted the update given on the number and status of CCG/ICB contracts; • Approved receiving a contract assurance report every quarter; • The Committee noted the report was a work-in-progress and that further detail, if any, would be kept under review; • Approved the report being received in its current form with the addition of some partner contract assurance reports but not all. |
| 9 | <p>Risk Register and Board Assurance Framework Wakefield Place</p> <p>Ruth Unwin (RU) introduced the item and noted that several discussions on the agenda had related to the risk register adding that if the Committee could get to a position of reports by exception with the Board Assurance Framework (BAF) and Risk Register being clear on which risks to focus on or where controls were failing then that would inform the Committee workplan and discussions.</p> <p>It was emphasised that both the BAF and risk register were a work-in-progress pending the development of a West Yorkshire framework. The Wakefield BAF would be a sub-set of the West Yorkshire BAF.</p> <p>In terms of the West Yorkshire ICB risk register, there were three types of risk: Corporate (sitting at West Yorkshire level), Common (sat across one or more of the 5 places) and Place (local to Place). Consideration was being given to where a risk was evident in more than one place, and this was likely to be something Wakefield Place would need to consider due to the fact its major NHS providers had a wider footprint than just Wakefield.</p> |

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| | <p>RU explained that the West Yorkshire was proposing a bi-monthly risk review cycle and so dates for reporting to this committee were being considered to align. Discussions were taking place in relation to whether a risk would be managed by the alliance lead or an ICB officer. The WDHCP risk register was in development with risks submitted to West Yorkshire at the end of July; these had been legacy risks from the CCG with the next step of reviewing these in more detail. It was hoped to bring a completed version of the Wakefield risk register to the next IAC meeting.</p> <p>Discussion took place in relation to common risks across West Yorkshire with PW providing some examples of these and questioning whether these would sit at Place or West Yorkshire. RU explained that there were inconsistencies of approach and rating of risks across the 5 places and that work would be ongoing to evaluate at what level and where risks should sit within the new framework.</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 • Noted the current recorded risks. |
| 10 | <p>Wakefield District Health and Care Partnership Forward Plan 2022/23</p> <p>RU introduced the paper which explained that the WDHCP Committee required a forward plan of agenda items to enable it to manage critical business and decisions over the course of the year. The Partnership was required to submit the forward plan to the ICB. 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.</p> <p>The plan had been collated with support from Provider Alliances to identify key service, transformation and financial decisions that are likely to require determination by the Committee during 2022/23 and reference to the Scheme of Reservation and Delegation. Items 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 would be submitted to the ICB. |
| 11 | <p>Matters to escalate to WDHCP</p> <p>There were no items for escalation to WDHCP.</p> |
| 12 | <p>Items for escalation to other sub-committees</p> <p>There were no items for escalation to other sub-committees.</p> |

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| 13 | <p>Any other business There were no items under any other business.</p> |
| 14 | <p>Reflections on the Committee RU suggested that the workplan be kept under continuous review initially to ensure that the Committee received the right papers with relevant detail and assurance and change this where it was felt necessary.</p> <p>KP added that she had noted that many of the reports had been a work-in-progress, however, she believed there had been a good mixture of reports with the right content.</p> <p>PW suggested that where possible there should be triangulation of reports to enable focused discussion. She questioned whether there should be greater representation within the membership partner organisations.</p> <p>RU advised that there should be representatives from partner organisations were included in the meeting, and this would be followed up in terms of attendance at future meetings.</p> |
| 15 | <p>Date and time of next meeting: The next meeting was scheduled for 17 November 2022, 14:30 – 16:30.</p> |

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