

Wakefield District Health & Care Partnership

Partnership Committee Agenda

Thursday, 6 July 2023 – 1.30pm until 5.00pm

Hemsworth Town Council Community Centre, Bullenshaw Road, Hemsworth,

Pontefract, WF9 4NE

v = verbal, d = document, p = presentation

Administration

Time	Agenda no	Item	Purpose	Lead
1:30	1	Welcome and introductions (v)	Information	Chair
	2	Apologies and Declarations of Interest (v) <i>A register of interest of Committee members is appended. Those in attendance are asked to declare any specific interests presenting an actual/potential conflict of interest arising from matters under discussion at today's meeting.</i>	Information	Chair
1.35	3	Any other private business notified in advance of the meeting		Chair
2.25		Break		
2.30	4	Minutes from the meeting held 23 May 2023 including Matters Arising and Action Log	Approval	Chair
2.35	5	Questions from Members of the Public (v)	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.40	6	Chair's opening remarks (v)	Information	Chair
2.45	7	Report of the Place Lead (d)	Endorse	Mel Brown

Time	Agenda no	Item	Purpose	Lead
2.55	8	Report from the Chair of the Transformation and Delivery Collaborative & Wakefield Professional Leadership Group (d)	Assurance	Colin Speers
3.05	9	Public Health Profiles Local Mortality Trends (p)	Discussion	Pete Sheppard, Matt Curley
3.35		Break		
3.45	10	Wakefield Strategic Delivery Plan (d)	Approval	Becky Barwick
4.00	11	Summary of Quality Exception report (d)	Assurance	Penny Woodhead
4.10	12	Performance Exception Report (d)	Assurance	Karen Parkin
4.20	13	Finance Update (d)	Assurance	Amy Whitaker
4.30	14	Wakefield District Health and Care Partnership Terms of Reference Update (d)	Approval	Gemma Gamble
4.40	15	Wakefield Place Risk Register (d)	Assurance	Gemma Gamble

Final items

Time	Agenda no	Item	Purpose	Lead
4.50	16	Issues to alert, advise or assure the ICB Board on (v)	Discussion	Chair
	17	Issues to alert, advise or assure the WDHCP committee on from the ICB Board (v)	Endorse	Chair
	18	Items escalated from other Boards (v)	Discussion	Chair
	19	Items for escalation to other Boards (v)	Discussion	Chair
4.55	20	Receipt of minutes from the sub-committee (d) <ul style="list-style-type: none"> · Minutes of the Provider Collaborative from 16 May 2023 (d) · Minutes of the People Panel from 26 April 2023 (d) 	Endorse	Chair

Time	Agenda no	Item	Purpose	Lead
		· Minutes of the Integrated Assurance Committee from 25 April 2023		
4.58	21	Any other business (v)	Discussion	Chair
5.00	22	Date and time of next meeting: 7 September 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

Register of Interests for WY ICB Wakefield Place

At 28/06/2023 12:23:43

Role	Name	Interest Description	Interest Type	Direct/Indirect	Date From	Date To
Board/Committee Member/Advisor	Victoria Schofield	Nil Return			25/04/2023	Ongoing
	Steve Knight	Director of Conexus Healthcare	Financial	Direct	26/10/2022	Ongoing
	Steve Knight	Director of Primary Care Sheffield - - ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Serenta Homecare – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Intercare Services – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Home Alternative – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Primary Training Solutions – ceased Oct 22	Financial	Direct	26/10/2022	01/10/2022
	Steve Knight	Director of Central Care Sheffield – ceased Sep 22	Financial	Direct	26/10/2022	30/09/2022
	Stephen Hardy	Member, Wakefield Health and Wellbeing Board	Non-Financial Personal	Indirect	24/10/2022	Ongoing
	Stephen Hardy	Member, Orchard Croft PRG	Non-Financial Personal	Indirect	24/10/2022	26/10/2022
	Sean Rayner	Nil Return			03/05/2023	Ongoing
	Sarah Roxby	Provider of grant funded services from health and social care	Financial	Direct	06/10/2022	Ongoing
	Richard Hindley	Employed by Barnsley CVS as a Relationships and Partnership Manager	Financial	Direct	22/05/2023	Ongoing
	Richard Hindley	Wife employed by Sheffield Health & Social Care Trust	Non-Financial Personal	Indirect	24/10/2022	25/10/2022
	Richard Hindley	Wife employed by Clatterbridge Cancer Centre NHS Foundation Trust	Non-Financial Personal	Indirect	26/10/2022	22/05/2023
	Richard Hindley	Public member of NIHR Public Health Programme Prioritisation Committee	Non-Financial Professional	Indirect	24/10/2022	26/10/2022
	Rebecca Barwick	Nil Return			24/11/2022	Ongoing
	Phillip Marshall	Wife is employed by the Mid Yorkshire Hospitals NHS Trust	Non-Financial Personal	Indirect	26/10/2022	Ongoing
	Phil Earnshaw	Senior Partner Healthcare First - GP Independent Contractor – PMS contract	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Director and Shareholder FMC Healthcare Limited - Recent past holder of GP APMS contract	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Clinical Director Five Towns PCN, Contractor with ICB	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Vice Chair WDH - Non-profit making Housing Association	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Trustee PoW Hospice – Receives grants and contracts for ICB	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Director and Owner of Phillip Earnshaw Ltd	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Director of Conexus, GP confederation contracts with partnership	Financial	Direct	07/10/2022	Ongoing
	Phil Earnshaw	Clinical Non-Executive Director Hull Teaching NHS Foundation Trust – Paid role in NHS body outside WY	Financial	Indirect	07/10/2022	Ongoing
	Phil Earnshaw	Chair of Smawthorne Community Project, Community Charity	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Phil Earnshaw	Relative work for Partnership	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Penny Woodhead	Employed in a shared post: Calderdale Place: Director of Nursing and Quality and Board Member. Kirklees Place: Director of Nursing and Quality and Board Member	Financial	Direct	10/10/2022	Ongoing
	Paula Bee	Chief Executive of Age UK Wakefield District	Financial	Direct	15/11/2022	Ongoing
	Nichola Esmond	Nil Return			25/04/2023	Ongoing
	Mel Brown	Nil Return			08/08/2022	Ongoing
	Maureen Cummings	Nil Return			25/04/2023	Ongoing
	Mark Brooks	Trustee for Emmaus (Hull & East Riding) Homelessness Charity	Non-Financial Personal	Indirect	10/10/2022	Ongoing
	Mark Brooks	Partner member on the South Yorkshire Integrated Care Board	Non-Financial Professional	Indirect	10/10/2022	Ongoing
	Maddy Sutcliffe	Partner – current employment – Next Generation CIC/Lightwaves Community Trust	Non-Financial Personal	Indirect	07/10/2022	Ongoing
	Maddy Sutcliffe	Member of Wakefield Districts Third Sector Framework Board	Non-Financial Professional	Direct	07/10/2022	Ongoing
	Maddy Sutcliffe	Nova is a membership organisation	Non-Financial Professional	Direct	07/10/2022	Ongoing
	Lyn Hall	GP partner Crofton and Sharlston Medical Centre	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	LMC Medical Secretary	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Clinical Director of Trinity Primary Care Network	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Member of Conexus and Mental Health Lead for 16-25 for the West of Wakefield with Conexus	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Shareholder Novus	Financial	Direct	26/04/2023	Ongoing
	Lyn Hall	Labour Party Member	Non-Financial Personal	Indirect	26/04/2023	Ongoing
	Lisa Willcox	Nil Return			25/04/2023	Ongoing
	Linda Harris	Director of Spectrum a CIC company	Non-Financial Personal	Indirect	06/10/2022	Ongoing
Linda Harris	Chair Health and Justice CRG NHSE	Non-Financial Personal	Indirect	06/10/2022	Ongoing	
Linda Harris	Trustee Spectrum People	Non-Financial Personal	Indirect	07/10/2022	Ongoing	
Linda Harris	Executive in residence for UCL Global Business School for Health	Non-Financial Personal	Indirect	06/10/2022	Ongoing	
Linda Harris	Chair, Transform Research Alliance CIO	Non-Financial Personal	Indirect	06/10/2022	Ongoing	
Len Richards	Liaison Group Strategic Advisor	Financial	Indirect	23/11/2022	Ongoing	
Len Richards	Member of the West Yorkshire Association of Acute Trusts Committee in Common	Non-Financial Professional	Direct	23/11/2022	Ongoing	
Len Richards	Member of the WY Integrated Partnership Board	Non-Financial Professional	Direct	23/11/2022	Ongoing	
Len Richards	Non-Executive Director Life Sciences Hub, Wales	Non-Financial Professional	Indirect	23/11/2022	Ongoing	
Len Richards	Chair at NHS Quest	Non-Financial Professional	Indirect	23/11/2022	Ongoing	
Karen Parkin	Nil Return			11/01/2023	Ongoing	
Judith Wild	Nil Return			23/11/2022	Ongoing	
Jo Webster	Director of Adult Social Care Wakefield Local Authority	Financial	Direct	24/10/2022	Ongoing	
Jo Webster	Director of Community Services Mid-Yorkshire Foundation Trust	Financial	Direct	24/10/2022	Ongoing	
Jenny Lingrell	Nil Return			25/04/2023	Ongoing	
Gary Jevon	Nil Return			25/04/2023	Ongoing	
Colin Speers	GP Partner in Health Care First partnership, a General Practice in Wakefield District holding a PMS contract for 32,000 patients.	Financial	Direct	01/08/2022	Ongoing	

Colin Speers	Holding shares in trust on behalf of health Care First Partnership, in Connexus Community Interest Company, a General Practice Federation of all GP practices in Wakefield Distict.	Financial	Direct	01/08/2022	Ongoing
Colin Speers	Director and shareholder in C Speers Ltd, a provider of locum general medical services and clinical advice.	Financial	Direct	01/08/2022	Ongoing
Colin Speers	Medical Director function provided to Reed Wellbeing Ltd in the delivery of a low calorie diet program to eligible type 2 diabetes residents of South Yorkshire & Bassetlaw.	Financial	Direct	01/08/2022	Ongoing
Colin Speers	Director and shareholder in FMC Health Solution Ltd, a health care service company.	Financial	Direct	01/08/2022	Ongoing
Colin Speers	Holding shares in trust on behalf of Health Care First Partnership, in Novus Ltd, a provider of any qualified provider healthcare services in Wakefield district owned by the GP practices of Wakefield district.	Financial	Indirect	01/08/2022	Ongoing
Colin Speers	A business partner holds shares in trust in Lagentium Ltd.	Financial	Indirect	01/08/2022	Ongoing
Colin Speers	Chair of Governors of St Mary's C of E Primary school, Boston Spa, Wetherby.	Non-Financial Personal	Direct	01/08/2022	Ongoing
Colin Speers	Director of Wharf Valley Learning Partnership, Wetherby.	Non-Financial Personal	Direct	01/08/2022	Ongoing
Clive Harries	GP partner at Chapelthorpe Medical Centre	Financial	Direct	24/10/2022	Ongoing
Clive Harries	GP Practice is a member of Wakefield Health Alliance Central	Financial	Direct	24/10/2022	Ongoing
Clive Harries	GP Practice holds <5% share in Novus Health Ltd	Financial	Direct	24/10/2022	Ongoing
Clive Harries	Clinical Director for West Wakefield PCN	Financial	Direct	11/10/2022	22/05/2023
Clive Harries	Close relative is a senior lecturer in nursing at Leeds Beckett University and sits on RCN Education Forum	Non-Financial Personal	Indirect	24/10/2022	Ongoing
Clare Offer	Nil Return			25/04/2023	Ongoing
Claire Barnsley	Independent Medical Consultant Wakefield District Housing	Financial	Direct	07/10/2022	Ongoing
Claire Barnsley	Salaried GP Friarwood	Financial	Direct	07/10/2022	Ongoing
Claire Barnsley	Previously a partner at Middlestown with shares in Novus (shares now being passed over)	Financial	Direct	07/10/2022	Ongoing
Anna Hartley	Nil Return			11/01/2023	Ongoing
Ann Carroll	Nil Return			11/01/2023	Ongoing
Amy Whitaker	Wakefield Place Finance Lead alongside Chief Finance Officer at Mid Yorkshire Hospitals	Non-Financial Professional	Direct	07/10/2022	Ongoing
Adam Sheppard	Non-Executive Director of Local Care Direct	Financial	Direct	28/06/2023	Ongoing
Adam Sheppard	Director of Revitalise Me	Financial	Indirect	24/10/2022	Ongoing
Adam Sheppard	Director of Angel Properties	Financial	Indirect	24/10/2022	Ongoing
Adam Sheppard	Close family member works for Specsavers	Non-Financial Personal	Indirect	24/10/2022	Ongoing
Adam Sheppard	Director at Niteowl productions ltd	Non-Financial Personal	Indirect	24/10/2022	Ongoing
Adam Sheppard	Director at Niteowl Charters Ltd	Non-Financial Personal	Indirect	24/10/2022	Ongoing
Adam Sheppard	Family member works for WYICS as ICS programme Manager	Non-Financial Professional	Indirect	24/10/2022	Ongoing
Adam Sheppard	Member of Health and Wellbeing Board	Non-Financial Professional	Indirect	24/10/2022	Ongoing
Adam Sheppard	Member of BMA and MDU	Non-Financial Professional	Indirect	24/10/2022	Ongoing

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Thursday, 23 May 2023, 14.40 – 17.00

St Swithun's Community Centre, Arncliffe Road, WF1 4RR

Present

Name	Title, Organisation
Dr Ann Carroll (Chair) (AC)	Independent chair, Wakefield District Health & Care Partnership
Richard Hindley (RH)	Independent Member, Wakefield District Health & Care Partnership
Stephen Hardy (SH)	Independent 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
Gary Jevon (GJ)	Chief Executive, Healthwatch Wakefield
Penny Woodhead (PW)	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
Darren Dooler (DD)	Voluntary Community and Social Enterprise Representative
Dr Clive Harries (CH)	GP Member, Primary Care Network Clinical Directors
Dr Phil Earnshaw (PE)	GP Member, Primary Care Network Clinical Director
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Steven Knight (SK)	Managing Director, Connexus

In Attendance

Name	Title, Organisation
Gemma Gamble (GG)	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Joanne Lancaster (JLa)	Governance Manager, Wakefield District Health & Care Partnership (Minutes)
Clare Offer (CO)	Public Health Consultant, Wakefield Council
Claire Vodden (CV)	Communications Manager, Wakefield Place
Jane Madeley (JM)	Non-Executive, West Yorkshire ICB
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust
Karen Parkin (KP)	Operational Director of Finance, Wakefield Place
Lucy Beeley (LB)	System Programme Lead – Unplanned Care, Wakefield District Health & Care Partnership (Item 7)
Kerry Stott (KS)	Senior Programme Manager, Wakefield District Health & Care Partnership (Item 7)

Apologies

Name	Title, Organisation
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
Anna Hartley (AH)	Director of Public Health – Wakefield Council
Dr Colin Speers (CS)	Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership, Chair of Provider Collaborative
Cllr Maureen Cummings (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Linda Harris (LHa)	SRO (Co Lead Workforce)
Sarah Roxby (SRo)	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Ruth Unwin (RU)	Director for Strategy, Wakefield District Health & Care Partnership
Rebecca Barwick (RB)	Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership
Lynn Hall (LH)	LMC Representative

Administration Items

no	Minutes
40/23	<p>Welcome & Introductions</p> <p>The Chair welcomed everyone to the meeting and introduced Darren Dooler who was the new representative for the Voluntary, Community and Social Enterprise Sector for Wakefield as Maddy Sutcliffe would focus on her role within the Health and Wellbeing Board.</p>
41/23	<p>Apologies & Declarations of Interest</p> <p>Apologies were noted as listed above.</p> <p>It was noted that the Register of Interests had been included in the meeting pack and would continue to be so in the future. The Chair reminded everyone to ensure their declarations of interests were up to date.</p>
42/23	<p>Any Other private business notified in advance of the meeting.</p> <p>The Chair noted that there were no public present and the Committee went into Private Session 13.35.</p> <p>The Public session reconvened at 14.40 pm.</p>
43/23	<p>Approval of minutes from the last meeting, action log and matters arising</p> <p>The minutes of the meeting of the 23 March 2023 were agreed as a true and fair representation of the meeting.</p> <p>There were no outstanding actions on the action log.</p>
44/23	<p>Questions from members of the public</p> <p>There were no questions submitted by members of the public.</p>

Main Items

	Minutes
45/23	<p>Chairs Opening Remarks</p> <p>The Chair welcomed everyone to the public session of the Wakefield District Health and Care Partnership Committee meeting.</p> <p>She opened by congratulating Mid Yorkshire Hospitals Trust on securing its ambition of teaching status and would now be called Mid Yorkshire Teaching NHS Trust. This was a huge achievement which was long overdue and highlighted the quality of teaching across the Trust for a number of years.</p>

Minutes	
	<p>The Chair referred to The Place Leaders report which highlighted the number of transformation programmes across the system and innovative solutions to make improvements for patients and residents.</p> <p>She referenced JW's unique position across three key roles in the system which was seeing changes to move services to communities. Particular note was made of the Home First Model (Dovecote Recovery Hub) which takes a multi-disciplinary approach to improve flow, patient outcomes and experience. The Chair suggested that a patient story from this or other successes across the system could be showcased at a future Committee meeting.</p> <p>Action: Consider Patient Stories for future meetings.</p> <p>Finally, the Chair advised she would be retiring and stepping down as Chair of the Committee. A recruitment process was underway with the role having been advertised. She advised that she had agreed to stay until an appointment had been made so she expected to be at the July meeting.</p>
46/23	<p>Relocation of the Wakefield Walk-in Service Presented by Mel Brown (MB), Lucy Beeley (LB) and Kerry Stott (KS)</p> <p>MB introduced the item which had been discussed extensively in other forums and had been brought to the Committee that day to support the recommendation to relocate the Walk-in service currently located within King Street within a location in the Wakefield City Centre. This was necessary due to the current lease expiring in June 2024 and to seek alternative accommodation. In November 2020, the former NHS Wakefield CCG and partner provider organisations began a review of urgent care services to ensure that these services were developed and improved in line with national guidance and changing population needs.</p> <p>It was noted that regionally and nationally there were considerable demands on urgent care and as such a requirement to make improvements. Work had been underway across the system, led by the Urgent and Emergency Care Transformation Board, to consider the optimum location for walk-in provision, taking into account the location of other urgent and primary care services across the district, patterns of use and public expectations. Based on analysis of patterns of use of the current walk-in service at King Street, in Wakefield, and extensive engagement carried out in recent years to understand people's experience and aspirations for walk-in services, the Urgent and Emergency Care Transformation Board concluded that the service should be relocated within the Wakefield city centre.</p>

	Minutes
	<p>MB explained that the Urgent and Emergency Care Transformation Board would carry out formal evaluation of the options that were currently available to assess the potential premises against a range of criteria based on service and access requirements.</p> <p>MB advised that subject to the committee's agreement to pursue a city centre location, there would be discussion with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee to agree any further public engagement and/or communications that might be required to support the relocation.</p> <p>It was RESOLVED that:</p> <p>The Wakefield District Health & Care Partnership (WDHCP) Committee is asked to:</p> <ul style="list-style-type: none"> · Approve the proposal to relocate the Walk-in service currently located within King Street within a location in the Wakefield City Centre · Mandate the Urgent and Emergency Care Transformation Board to undertake further work to identify suitable premises. · Mandate representatives of the Partnership to engage with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee to agree arrangements for further public engagement and/or communications.
47/23	<p>Report of the Place Lead Presented by Jo Webster (JW)</p> <p>JW presented the paper which provided an update to 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 referenced the Operating Model and Running Cost Allowances work which was currently on-going to reduce costs by 20% by 2024 and a further 10% in 2025. The Senior Responsible Officer for this was Tim Ryley and he was leading a programme board with Ruth Unwin being the Wakefield Place representative on that Board. JW outlined the initial model which encompassed three areas, those functions that could be centralised and led by a single West Yorkshire ICB Director, those functions that sat between both core activities and place activities and those functions that were solely place based. The future intention being that place-based functions could be hosted by partner organisations in each place system. The next stage was staff engagement and to determine the detail of the proposals. JW believed Wakefield was in a strong position as there were already a number of shared posts and hosted posts within our system. JW reiterated the Chair's congratulations to Mid Yorkshire Hospitals Trust on their teaching status.</p>

	Minutes
	<p>At the previous WDHCP meeting the committee endorsed support for an application by Public Health colleagues to the Health Determinants Research Collaboration (HDRC) and shortlisted submissions would be announced in July.</p> <p>JW emphasised the Chair's words in relation to the number of transformation programmes taking place across the system with The Integrated Care Team/Reablement Integration Plan and the Dovecote Lodge Recovery Hub being highlighted.</p> <p>JW advised that the Wakefield system was well represented at the next stage of the 2023 LGC Awards last month and was in the running for two awards – firstly, in the Integrated Health and Care category for our work to improve transfers of care across the district, and the Big Conversation team is up for the 'Big Team of the Year' award.</p> <p>LR expressed his thanks for the recognition of teaching status which he believed was testament to the first-class teaching throughout the Mid Yorkshire Teaching NHS Trust, not only within the medical profession but also nursing, midwifery, healthcare assistants and other roles.</p> <p>It was RESOLVED that:</p> <ul style="list-style-type: none"> · The Committee considered and noted the contents of the report.
48/23	<p>Report from the Chair of the Provider Collaborative Presented by Mel Brown (MB)</p> <p>In the absence of the CS, Chair of the Provider Collaborative, MB updated the committee.</p> <p>MB advised that the Provider Collaborative had a Development Session in April and the proposals from those discussions would be considered at the WDHCP development session. The Provider Collaborative would have a greater focus on transformation and delivery of the Wakefield Strategic Delivery Plan. Work was on-going to provide clarity around Alliances and programmes recognising that they were all at different stages of maturity.</p> <p>JM asked a question in relation to the relationship between the Integrated Assurance Committee and transformation.</p> <p>MB explained that there was some connectivity with members sitting on both groups but acknowledged this could be strengthened.</p> <p>JW referred to previous discussions around the number of meetings and the need to simplify governance structures whilst improving the effectiveness of assurance. The Strategic Delivery Plan should aid with this.</p>

Minutes

Professional Leadership Group Update

AS provided an update in the absence of CS. He advised that the group were building on a strong history of professional and clinical voices within the system. He outlined the key areas which the group had focused on and advised that ongoing discussions were taking place in relation to the group and its purpose going forward.

It was RESOLVED that:

- The Committee noted the reports of the Provider Collaborative and the Professional Leadership Group.

49/23 Maternity and Neonatal Discussion

Presented by Penny Woodhead (PW), Ann-Marie Henshaw (AMH) and Tracy Morton (TM)

PW introduced the item and colleagues AMH, Director of Midwifery and Women's Health at Mid Yorkshire Hospital Trust and TM, Senior Commissioning Manager Maternity and Children's Services, Wakefield Place. She thanked the Committee for the opportunity to showcase the significant amount of work being undertaken in maternity services within Wakefield District.

AMH and TM outlined the details of the presentation which highlighted our local ambition to transform maternity services was in line with a number of local, regional and national strategies. AMH emphasised that monitoring of safety and quality continued to be a key priority and this was undertaken by the Maternity Quality Surveillance Group (MQSG), alongside an enhanced maternity dashboard, and executive, NHSE and LMS oversight.

She advised that the service user voice was gathered through the "Friends and Family" survey and via the Wakefield Healthwatch Wakefield-hosted Maternity and Neonatal Voices Partnership (MNVP) which was well embedded.

AMH reported that the most significant risk was maternity staffing, with midwifery vacancy rates at 25.8 whole time equivalents and sickness rates at 8.3%. A detailed recruitment and retention plan was in place, with a strong focus on staff wellbeing. The development of a wellbeing app asking staff to rate their shift had been beneficial in allowing real time information and issues to be sorted with staff very quickly.

It was noted that preparation was underway for an anticipated CQC visit before July 2023 as part of a national programme of assessment.

TM highlighted the Maternity and Neonatal Voices Partnership which was hosted by Healthwatch Wakefield and embedded locally. This was a great success with lots of engagement.

TM outlined the vast amount of maternity transformation work in taking place across Wakefield that links with the wider system, including the family hubs and Start for Life, reducing health inequalities and more recently work has started on supporting the pathway with primary care.

PW thanked AMH and TM for their informative presentation and asked the Committee to note the overview of work, the workforce challenges and the short and long term actions to mitigate these. She advised that there would be two further reports coming to WDHCP Committee in the future, one on the Pontefract Midwife Led Unit and the other around Health Inequalities Dashboard and JNSA data.

LR thanked the team for the paper and emphasised the work the service was doing on staff engagement by really listening and responding to staff and with real transparency and openness.

JW thanked AMH for her work and commented that she was a credit to the service bringing an extra dimension and connecting with other system partners.

Discussion took place in relation to different data systems and their interface, for example the system the GPs used did not interface with that used by maternity services. It was noted that work was being undertaken by Humber Coast and Vale ICB on interfacing systems this would be shared.

The Committee noted the transformation and progress made by maternity services, as well as the mitigations in place to address the workforce challenges.

AC thanked the team for a comprehensive and informative report and presentation.

It was RESOLVED that:

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

- Note the overview of maternity services and work happening across the whole partnership to transform services while putting quality and safety at the forefront.
- Note the current workforce challenges faced by maternity services and the short- and long-term actions being taken to address these and mitigate risks.
- Agree that further maternity reports are presented to the Board as follows:
- July 2023 - to present the recommendations for Pontefract MLU.
- Later in 2023 or early 2024 (when work is finalised) on the maternity Joint Strategic Needs Assessment (JSNA) and Health Inequalities Dashboard to give the Board an understanding of the needs of our local population

Minutes	
50/23	<p>Final Operational and Financial Plan Presented by Gemma Gamble (GG) and Amy Whitaker (AW)</p> <p>GG outlined the details of the paper which summarised progress on the development of the Wakefield place-based operational plan for 2023-24, responding to the key priorities outlined by NHS England in the current Planning Guidance.</p> <p>It was noted that planning guidance for 2023 -24 was issued on 23 December 2022. Wakefield place worked together to create a unified, place-based submission which included finance, data on activity, performance and workforce projections, and narrative which described the recovery our core services. The decision to sign-off the draft submission had been delegated to AC, JW and AW.</p> <p>JW advised that the work on the operational plan and the work being undertaken on the strategic delivery plan for Wakefield would come together and the strategic delivery plan would be brought to the committee for approval. She thanked GG and Becky Barwick for their hard work on the planning.</p> <p>Discussion took place in relation to any impact of future industrial action by junior doctors; learning from previous industrial action was being utilised to mitigate issues.</p> <p>JW referred to the waiting lists and understanding what was happening with the numbers. LE responded that waiting time is reducing for people on the waiting list however numbers were growing. It was noted this would be discussed at the Integrated Assurance Committee on 28 June 2023.</p> <p>It was RESOLVED that: The Wakefield District Health and Care partnership is asked to:</p> <ul style="list-style-type: none"> · Note the approach and progress made with the development of the Wakefield place-based plan.
51/23	<p>Summary of 2022/23 Quarter 4 Quality, Safety and Experience report Presented by Penny Woodhead (PW)</p> <p>PW introduced the item advising this was a summary version of a more in-depth report that had been received by the Integrated Assurance Committee in April.</p> <p>The report included the latest CQC ratings for the district's health and care providers; enhanced quality surveillance activity information; summaries of various service visits; updates on the two learning networks (Experience of Care and Patient Safety) which were established as part of the Quality at Place workstream; and feedback on what local people tell us about health and care services.</p>

Minutes

PW informed the committee that information on Children's Services and the outcomes from CQC inspections for our jointly funded Children's Residential Homes had been included for the first time as part of an aim to broaden reporting across the Partnership.

PW referenced a discussion which had taken place at the April Integrated Assurance Committee in terms of the risk register and we that was used and triangulated with other information to inform deep dives for consideration and assurance. Some of this was beginning to happen with a deep dive into Waiting Well due to take place at the 28 June meeting.

PW advised that the CQC was introducing a new assessment framework which would be rolled out later this year. This would be a slightly different approach and as it was rolled out there would be further insights and intelligence into how this would work.

VS highlighted that local preparations for the new Ofsted and CQC inspection framework for the experiences and outcomes of children and young people who have special educational needs and/or disabilities (SEND) were taking place in Children's Services.

It was RESOLVED that:

The Wakefield District Health and Care Partnership was asked to:

- Note the current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel; and
- Note the updates and discussions from the Integrated Assurance Committee on 25 April 2023.

52/23 Performance Exception Report

Presented by Karen Parkin (KP).

KP advised that the report was a summary version of the detailed report which was received by the Integrated Assurance Committee in April. The full report monitors performance against the NHS Operating Plan, NHS Oversight Framework, Better Care Fund and other local transformation metrics that align to the delivery of the wider Health and Wellbeing priorities.

The report presented was the interim solution whilst the Partnership Performance and Outcomes Framework was being designed. The new framework was on track to be approved and implemented from the end of June.

KP highlighted the following:

- The dementia gap between diagnosis rates and the target continued to grow. (63% compared to a target of 66.7%).

Minutes

- Breast screening performance had fallen below the national average for the last three periods. This was largely due to a particular GP practice and a timing issue associated with the screening process.
- There continued to be an increase in the prescribing of antibiotics in primary care, this was due to an Invasive Group A Streptococcus (iGAS) outbreak. The antibiotics for treating Group A Strep were a narrow spectrum antibiotic (such as phenoxymethylpenicillin). As such it was expected the % of broad-spectrum antibiotics dispensed to be diluted by this, which the figures reflected.
- The Urgent Community Response (UCR) team within Mid Yorkshire Hospitals Trust (MYHT) Adult Community Services had achieved above target with 83% delivery of 0–2-hour referrals within 0-2 hours during March 2023 against the national target of 70%. 95% of those patients remained at home up to 7 days following the intervention.
- For Cancer performance at MYHT, 2-week waiting time reported below target for April by less than 5%. This was driven by Ears, Nose and Throat (ENT) capacity and was being reviewed internally.
- The cancer 62-day referral to treatment target was below target, with the backlog increasing following a rise in 2-week referrals during February and March 2023.

CO referred to the breast screening metric and advises that following a discussion at Integrated Assurance Committee on this topic a subsequent conversation with the Cancer Alliance had taken place. Some work was being undertaken to improve take-up in those areas.

PW referred to the Learning Disability health checks asking whether the target had been achieved in quarter 4 with MB responding that the number achieved had been 83.1% against a 75% target.

JW suggested that future reports incorporate mitigations for those areas performing under target.

Action:

Consideration to be given to incorporating mitigations for under-performing areas within the report.

AC thanked KP for the report which she felt was very clear and concise.

It was RESOLVED that:

The Committee noted the:

- Note the latest performance and those indicators where performance is below target and the associated exception information where provided.

Minutes

53/23

Finance Update

Presented by Amy Whitaker (AW)

AW advised the report provided the financial position for organisations within the Wakefield Place as at the end of March 2023. Wakefield delegated Integrated Care Board (ICB) reported in line with its control total. Both Wakefield Place NHS organisations reported in line with their control totals. As of February 2023, the Council was currently reporting a £3.1m adverse variance for social care and public health, driven by higher placement costs and activity increases.

AW asked the Committee to recognise the significant amount of work undertaken by colleagues to achieve that position.

It was RESOLVED that:

The Committee:

- Note that NHS organisations have reported their year-end within their target control values, thereby managing the financial risks previously noted.

54/23

End of Year Governance

- **Wakefield District Health and Care Partnership Committee End of Year Annual Report 2022/23 (d)**
- **Committee Workplan 23/24 (d)**
- **Committee Effectiveness Review**

Presented by Gemma Gamble (GG)

Wakefield District Health and Care Partnership Committee End of Year Annual Report 2022/23

GG advised that this was the contribution to the overall West Yorkshire ICB Annual Report as the Statutory Body. It was noted that Wakefield would produce an Annual Partnership Report which would be brought to the July meeting.

It was RESOLVED that:

The Committee:

- Approved the Wakefield Annual Committee Report for inclusion in the West Yorkshire ICB Annual Report.

Committee Workplan 23/24

GG presented the Committee workplan for 2023/24.

MB asked that the following items be put on the workplan:

- Pontefract LMU
- Mental Health update

Minutes	
	<p>It was RESOLVED that: The Committee:</p> <ul style="list-style-type: none"> Approved the Wakefield District Health and Care Partnership Committee Workplan 2023/24 with the additions as requested. <p>Committee Effectiveness Review GG presented this item advising that the survey had been undertaken by WDHCP members and attendees anonymously in March. The report informs ongoing development discussions.</p> <p>It was RESOLVED that: The Committee:</p> <ul style="list-style-type: none"> Noted the contents of the report.
55/23	<p>Wakefield Place Risk Register Presented by Gemma Gamble (GG)</p> <p>GG provided an overview of the report which presented the Wakefield Place Risk Register including those risks rated 12 and above, there were currently 20 risks on the Wakefield Place Risk Register, four of which were marked for closure, leaving a total of 16 open risks. Three risks had decreased in score.</p> <p>GG advised that a mapping exercise had taken place with Core and Place colleagues to establish common risks across places. This was presented to the West Yorkshire Integrated Care Board (WYICB) on 16 May 2023.</p> <p>GG updated the committee on the Risk Management Workshop which had taken place on 17 May 2023 with colleagues at Wakefield Place. The workshop had provided an overview on the risk process, explored a risk escalation process and reviewed the current risk register including suggestions for new risks.</p> <p>GG explained that due to the risk cycle, updates and amendments were currently taking place and therefore the risk register would look different when presented at the July meeting.</p> <p>LR suggested that a financial risk for the system should be included in terms of the number of financial risks carried with the current financial plan.</p> <p>Action: Consideration to be given to a Wakefield system financial risk.</p>

Minutes	
	<p>JW referred to the WYICB meeting discussion on risk where concerns had been expressed in relation to the number of risks remaining static. She also emphasised the need to use the risk register to identify themes for deep dives to inform discussions.</p> <p>RH added that this had reflected discussions at the last Integrated Assurance Committee and how this risk register could be used to inform thematic discussions.</p> <p>JM referred to discussions at WH ICB in relation to the reporting of risk, with an ask to WY colleagues to bring through themes for focused discussions.</p> <p>Discussion took place in relation to a workforce risk although it was noted that workforce was on the corporate risk register.</p> <p>It was RESOLVED that: The Committee:</p> <ul style="list-style-type: none"> · RECEIVE and NOTE the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. · CONSIDER whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
56/23	<p>Issues to alert, advise or assure the ICB Board on No issues were raised.</p>
57/23	<p>Issues to alert, advise or assure the WDHCP committee on from the ICB Board No items had been received.</p>
58/23	<p>Items escalated from other Boards No items had been received.</p>
59/23	<p>Items for escalation to other Boards There were no items to escalate to other Boards.</p>
60/23	<p>Receipt of minutes from the Sub Committee The minutes of the Provider Collaborative from 7 March 2022, the Minutes of the People Panel from 2 February 2023 and the Minutes of the Integrated Assurance Committee from 22 February 23 were all noted.</p>
61/23	<p>Any Other Business There were no items for discussion. The meeting ended at 16.58 hours.</p>

**Date and time of next meeting: 14 June 2023 – Extraordinary Meeting – 1230 – 13.40 hours.
6 July 2023, 1400 – 1700 hours.**

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DRAFT

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 23 May 2023

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status
45/23	Chairs Opening Remarks	Consider Patient Stories for future meetings.	R Unwin/ Communications Team	September 2023	Communications Team concluded filming some patient stories on 27 June. Some of these will be embedded in the Wakefield District Health and Care Partnership Annual Report and others will be used for future meetings.	Closed
52/23	Performance Exception Report	Consideration to be given to incorporating mitigations for under-performing areas within the report.	K Parkin	September 2023	The report is constantly evolving and where mitigations are in place we will look to include them in future reports. However as the report is changing to reporting performance on the	Closed

					new outcomes framework this will change the whole dynamics of reporting performance and mitigations.	
55/23	Wakefield Risk Register	Consideration to be given to a Wakefield system financial risk	K Parkin	July 2023	This has been included for this risk cycle.	Closed

Report of the Wakefield District Health & Care Partnership Wakefield Place Integrated Care System (ICS) Health and Care Leader Thursday 06 July 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.

West Yorkshire Integrated Health and Care Partnership

NHS West Yorkshire Integrated Care Board - The NHS West Yorkshire Integrated Care Board (ICB) met in public for the sixth time on Tuesday 16 May at The Shay Stadium, Halifax. The papers can be found by following the link [NHS West Yorkshire ICB Board meeting - Tuesday 16 May 2023 :: West Yorkshire Health & Care Partnership](#). The meeting included a focused item on dental and oral health engagement where the Board held an engagement session which provided members with an opportunity to hear about local people's experiences of dental care and the service improvements required shared via Healthwatch. This enabled an open discussion between the ICB Board and Healthwatch about the challenges facing people when accessing dental care. Reports on health system performance and the development of the ICB's Joint Forward Plan were also discussed. The plan sets out the ambitions and delivery of NHS care as part of West Yorkshire's Integrated Care Strategy published in March. The plan will be published by the 30 June 2023. The Board next meets in public on Tuesday 18 July.

West Yorkshire Partnership Board West Yorkshire Health and Care Partnership's Partnership Board met on Tuesday 6 June at 1.30pm via digital technology. The meeting was chaired by Cllr Tim Swift, Deputy Leader of Calderdale Council. The papers can be found by following the link - <https://www.wypartnership.co.uk/meetings/partnershipboard>

Developing a Partnership Agreement between the West Yorkshire Combined Authority and the NHS West Yorkshire Integrated Care Board - The NHS West Yorkshire Integrated Care Board (ICB) and West Yorkshire Combined Authority (WYCA) are developing a Partnership Agreement that sets out our shared commitment to working together on the factors that affect population health: fair economic growth, climate, tackling inequality. The draft agreement sets out how we can further collaborate and move from mutually beneficial but separate work to a greater level of more strategic investment in shared capacity and shared work programmes. The aim of the agreement is to codify the existing strong relationships between our two bodies at West Yorkshire level, describe our relationship more formally and set out the framework for greater partnership working

Wakefield Place

Wakefield District Health & Care Partnership Health & Care for the Future Event – took place virtually on Thursday 22 June where over 90 people joined to hear reflections from colleagues who have been working together over last year on transformation programmes which help to deliver the partnership vision. Colleagues also had chance to comment on the WDHCP Strategic Delivery plan and heard how enabling projects will help transformation in the coming years. Thank you to all the presenters and to everyone who took time to attend the event.

Wakefield 2023-25 Better Care Fund Plan - Following the publication of the Better Care Fund Planning Requirements 2023/25 earlier this year a system wide group was established to develop the Wakefield 2023-25 Better Care Fund Plan. Relevant leads have been consulted with and have provided information which has contributed to the overall development of the plan. The final plan was submitted to regional colleagues on 28 June 2023 and will now be taken through an assurance process where the outcome of this will be communicated later in the year.

Health and Social Care Working Arrangements and Neighbourhood Model - The commitment to another integrated role in Wakefield has seen further opportunities to develop our unified leadership model with the appointment of our Director of Health and Care Operations and Quality across Health and Social Care. This role continues to demonstrate the Trusts and Wakefield partnership's dedication to connecting more care for our population. Peta Stross, alongside colleagues within the partnership, will lead the development of a model for Integrated Neighbourhood Teams in Wakefield. Our ambition is to develop a multi-provider, proactive and responsive care at a localised level to deliver ambitions within the Wakefield Health and District Care Partnership plan and support people to live healthier, happier lives.

Joint working is at the heart of the Integrated Adult Community Transformation Programme and their work will support proactive care; enhanced care at home to support those with acute/sub-acute needs closer to and within their homes; and co-design and deliver a comprehensive intermediate care provision. More detail of the work programme will be shared in the coming weeks. Engagement events involving all parties generate great discussions, and full staff engagements are planned to ensure the model is co-produced. This work will build on and respond to the voice of residents through the "Big Conversation" across Wakefield Place and connect to the Building Sustainable Communities programme and Connecting Care hubs.

Community Liaison Nurse in the Acute Hospital - An initial 8-week pilot commenced on 5th June 2023 where an experienced community nurse is based at Pinderfields Hospital and will focus on working with the Multi-disciplinary Team on the wards where our high intensity users reside. They are offering advice and options to expediate discharge and advise hospital-based teams about services in the community to facilitate early discharge. The post holder is linking in with the existing discharge infrastructure in the Trust and Key Performance Indicators are being developed so we can assess the impact of this post and look at how we build on this role going forward.

Wakefield District Learning Disabilities Awards - Our first ever **Wakefield District Learning Disabilities Awards** took place on 22nd June 2023, with people coming together at Sandal Rugby Club to celebrate the differences people with learning disabilities and their families have made in their communities. Over 70 nominations were made across six categories - Making a Difference; Contribution to the Community; Promoting Learning Disability Awareness; Promoting Change; Most Creative; and Celebrating Achievements. The awards were handed out by Wakefield Trinity players Kelepi Tanginoa and Lewis Murphy. There are a series of winners' [case studies](#) on the Wakefield District Health and Care Partnership website that aim to celebrate achievements and smash misconceptions about what people with a learning disability can do - shining a light on the stigma many still face every day.

LGC Awards - Huge congratulations to the teams who represented Wakefield at this year's LGC Awards. We were in the running for two awards; Large Team of the Year for the Big Conversation, and in the Health and Care category for the system discharge programme. While there was no trophy for Wakefield on the night, getting to the final is an achievement in itself and we are very proud the work has been recognised in this way. Both these pieces of work are examples of our new ways of working – being ambitious, trying something different, identifying issues and developing solutions together.

Autism Strategy – The National Strategy for autistic children, young people and adults: 2021 to 2026 includes developments that will impact on what we need to deliver at place in order to meet statutory guidance. The Wakefield Adult Autism Strategy encompasses the key priorities and embraces a partnership working approach to removing historical barriers that have prevented joined-up patient care across primary, community, mental health, social care and acute services. We are committed to applying these integrated care principles to the delivery of autism services for adults in Wakefield following a recent engagement highlighting that this is important to everyone. A copy of the strategy can be found at appendix 1.

SEND & AP Change Programme – Wakefield has been chosen to be the lead local authority for the **Regional Expert Partnership in West Yorkshire** to test the delivery of the [Special Educational Needs and Disabilities \(SEND\) and Alternative Provision \(AP\) Improvement Plan](#). The improvement plan was published in response to a number of reforms to the special educational needs and disabilities (SEND) and alternative provision (AP) system. A network of Regional Expert Partnerships (REPs) is being created to play a key role in the implementation of these reforms. As lead for the West Yorkshire REP, we will test the proposals and help guard against unintended consequences and build a strong evidence base to inform future funding and legislation. We will share what we learn with other places in West Yorkshire who are part of the programme. The work of the SEND Strategic Partnership Board, the Children's Alliance and our strong connections to the West Yorkshire Children, Young People and Families Programme will help us to shape and deliver this work. This is testament to the strength of our local partnership and I'm looking forward to updating you all in the future.

Proud to be part of West Yorkshire Health and Care Partnership



Wakefield District Health & Care Partnership

Adult Autism Strategy

April 2023 – March 2025

Our ambition is to improve public understanding and acceptance of autism, and that autistic people feel more included in their communities and less lonely and/or isolated.

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FOREWORD

As the Place Leads for Wakefield District Health and Care Partnership we are delighted to share with you our Adult Autism Strategy for the Wakefield district, which describes how we will deliver the vision for autistic people.

Wakefield District Health and Care Partnership works to improve the health and wellbeing of local people, by reducing health inequalities, providing continuity of care and improving our services. Our priorities, overseen by the Health and Wellbeing Board, are based on what we know makes the biggest difference to improving people's health:

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

The Adult Autism Strategy encompasses these key priorities and embraces a partnership working approach to removing historical barriers that have prevented joined-up patient care across primary, community, mental health, social care and acute services. We are committed to applying these integrated care principles to the delivery of autism services for adults in Wakefield following a recent engagement highlighting that this is important to everyone.

Jo Webster
Corporate Director
Adults & Health
Wakefield Council

Councillor Maureen Cummings
Portfolio Holder, Communities, Poverty and Health

1. Introduction

The National Strategy for autistic children, young people and adults: 2021 to 2026 includes developments that will impact on what we need to deliver at place in order to meet statutory guidance. This includes roll out of the Oliver McGowan training for learning disabilities and autism and the introduction of health checks for autistic adults. A crucial part of our work in 2022-2024 is supporting an all-age Autism and ADHD deep dive across West Yorkshire. This two-year project that brings together partners and people who use services across the integrated care service to identify areas to work on collaboratively. Development of this strategy allows us to meet these national and regional challenges in a co-ordinated way as well as reflecting the improvements that local people want to see made to our services.

It is estimated that over 695,000 people in the UK may be on the autistic spectrum: that's around 1 in every 100 people. There isn't an official register or record of people on the autistic spectrum so it's hard to know exactly how many people have autism. Nationally referrals for adult autism assessments are on the rise and the current average monthly referral rates to the Wakefield adults autism assessment pathway have increased by 67% since 19/20

The strategy has been strongly influenced by the views of autistic adults, their families and those who support them. The ideas and priorities contained in this strategy have evolved from conversations and engagement events that have taken place over the last 12 months. As our commitment to co-produce this strategy, Wakefield Council seconded a neurodiverse individual to co-facilitate the engagement and consultation. Survey's, questionnaires and conversation sessions were used to gather people's views about what was working, what was not working so well and what we needed to do to address the challenges.

By working alongside autistic people, we hope to develop services which meet their needs. We will continue with this approach, building on the feedback we have already received, and will continue to make sure that the development and implementation of our Autism Strategy reflects the views of autistic people and their families.

A bi-monthly autism steering group has been set up to oversee development of action plans based on the priorities within this strategy. A range of quantitative and qualitative measures will be used to demonstrate the impact of projects. The autism steering group will report progress into the Learning Disability and Autism Partnership Board.

2. Our Vision

Autistic people are an important part of the Wakefield community. Our vision for the future is for autistic adults to:

Live life to the full

Feel accepted

Be understood

Make the most of their talents and abilities

Be treated as individuals and with respect and dignity

3. What is autism?

Autism is a congenital, lifelong development condition that affects how a person communicates with, relates to, and understands people, social cues and the environment around them.

Autism is a spectrum condition because a person may experience differing levels of traits associated with autism. People from any nationality, religion, race or sex can be autistic, although at present there appear to be more males than females diagnosed with the condition. The reasons for this are not yet fully understood.

Difficulty with social communication

Autistic people have difficulty with verbal and non-verbal communication, such as gestures, facial expressions and tone of voice. Some might not speak or may have limited speech.

Some are very articulate but find it difficult to engage in a two-way conversation or may lack a

depth of understanding of the conversation. Some people may understand what a person says to them but may prefer to use another form of communication in response.

Many people with autism display delays in processing information and/or repetitive behaviours, such as Echolalia and 'hand flapping'.

Difficulty with social interaction

Autistic people find it difficult to recognise and understand other people's emotions and can find it challenging to manage their own emotions. This can make it hard for autistic people to establish relationships, leading to social isolation, increased risk of poor mental health and conflict with others.

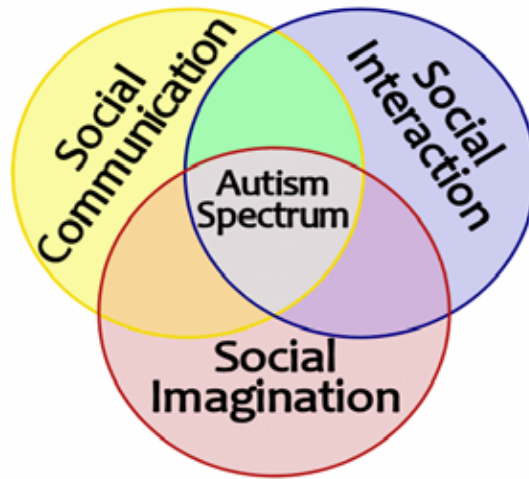
Autistic people may also struggle to understand the 'rules' of social interaction, resulting in perceived inappropriate behaviours, such as staring, standing too close, or touching another individual. These behaviours may also lead to conflict.

Difficulty with social imagination

Autistic people have difficulty understanding and predicting other people's intentions and behaviours and imagining situations. They also often display a lack of 'Theory of Mind', meaning that an autistic person is often unable to perceive that other people's thoughts and intentions may differ from their own.

Due to the traits associated with Autism, people on the spectrum are more likely to rely on routines to help them understand the environment around them and 'predict' other people's behaviours. This can lead to perceived inflexibility and result in challenging behaviours when these routines are disturbed.

Diagram 1 – Triad of Impairments



Other difficulties

Autistic people may also experience hypersensitivity or lack of sensitivity to sound, touch, taste, smell, lights or colours. This can have an impact on how people cope with different environments. They are also more likely to have associated mental and physical disorders and are more predisposed to self-harm and suicidal thoughts and actions.

However, despite these commonalities it is important to note that autistic people are individuals, and each will experience differing autistic behaviours, impacting their lives in differing ways.

It is estimated that over 695,000 people in the UK may be on the autistic spectrum: that's around 1 in every 100 people. There isn't an official register or record of people on the autistic spectrum so it's hard to know exactly how many people have autism. Estimates of the prevalence of autism are generally made on studies, although information about people accessing services and support may also be used.

"If you've met one person with autism, you've met one person with autism" Stephen Shore

4. The National Policy Framework

There is a range of legislation and guidance which provides a framework for services aimed at supporting autistic people, underpinned by the Autism Act 2009 and strengthened by the 2021 National Strategy for autistic children, young people and adults: 2021 to 2026.

Transitioning from childhood to adulthood

Local authorities have a duty under both the Children and Families Act 2014 and the Care Act 2014 to carry out an assessment for all children with Autism and an EHC Plan going into further education or training. Where a Transition Plan is required, it will be tailored to the needs and wishes of each individual and should be reviewed and updated each year.

Improving opportunities for adults with autism

The Autism Act (2009), which only applies to adults, was enacted over ten years ago to address the multiple social disadvantages and health and care inequalities that the autistic population have faced. Since then, the government have published two adult autism strategies, resulting in greater awareness of autism across society and significant improvements in the priority placed on autism across-government.

‘Fulfilling and Rewarding Lives’, published in 2010, provided further direction, and ‘Think Autism’, published in April 2014, shared research into the views of people with autism and their families on how progress has been made in implementing the 2009 Autism Act.

In 2021 the Government published a new national autism strategy. This strategy builds on and replaces the preceding adult autism strategy; it extends the scope of the strategy to children and young people for the first time, recognising the importance of ensuring that they are diagnosed and receive the right support as early as possible across their lifetime.

This new strategy aligns with the existing statutory guidance on implementing the Autism Act for local authorities and NHS organisations. This sets out local authorities and NHS organisations’ duties to support autistic adults and remains in force. This means that local systems should continue to deliver on existing requirements, including having active Autism Partnership Boards in local areas.

Diagnosis

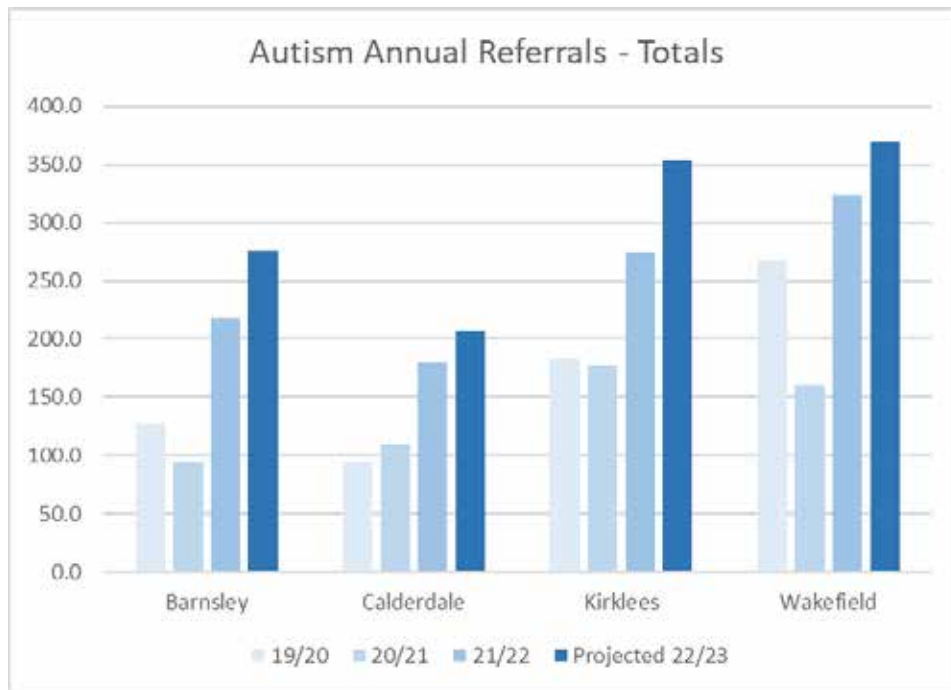
There are NICE guidelines in place for adults who did not get an autism diagnosis in childhood. Autism; recognition, referral, diagnosis and management of adults on the autism spectrum: NICE Clinical Guideline 142 (2012), covers the care provided by primary, community, secondary, tertiary and other health and social care professionals who have direct contact with and make decisions concerning the care of adults with autism.

5. Local Context

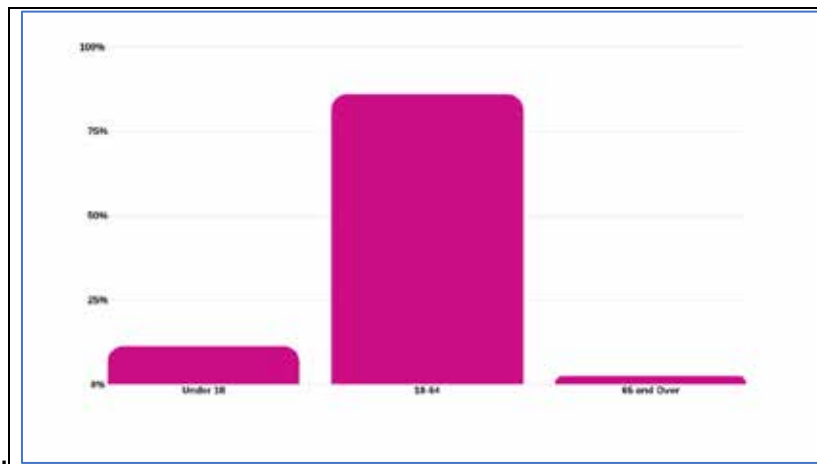
The number of referrals for adult Autism assessments in 2021-22 ranged from 22 to 39 per month, with 31 being the average. The accepted referrals rate is much higher in children's referrals than in adults. The adult Service has adopted a clinical triage approach to referrals. The conversion rate of assessment to diagnosis is similar across children and adults.

There has been an increase in the number of referrals across West Yorkshire since pre-pandemic.

"autism is not a disability, it's a different ability" Stuart Duncan



The table below shows the percentage of people across the three age bands diagnosed with Autism in 2019 and known to Wakefield Council. The true number of residents who have an Autistic Spectrum Disorder is greater, as not all families will choose to have a social care assessment for their child. However, it is reasonable to assume that the age representation of this is not skewed in any way.



Source: Wakefield Council Social Care

The Autism Service in Wakefield follows a health intervention pathway post-diagnosis. This provides individuals with access to a range of psychological, occupational therapy, speech and language therapy and health care support. There is a social worker dedicated to the service who will provide information, advise and signposting as well as a care act assessment for those individuals with eligible social care needs.

For those autistic adults with social care needs, they could be supported across a range of adult social care services such as learning disability, transitions, community teams and mental health. Wakefield Council does not have a specialist autism team.

Work is being undertaken across the West Yorkshire Integrated Care System to review services and support for people with autism. Within Wakefield, this will be taken forward through the Wakefield Learning Disability and Autism Partnership Board.

A crucial part of our work in 2022-2024 is supporting an all-age Autism and ADHD deep dive across West Yorkshire. This two-year project that brings together partners and people who use services across the integrated care service to identify areas to work on collaboratively.

We will be working with people with lived experience and our partners across all sectors to:

- understand the current experience of users and families of Autism services.

- map existing Autism provision, capture data and information.

- assess initiatives and ways of working to see if these could improve how the system works and the impact on individuals and families. Identify projected future gaps and issues to address and explore options to proactively address future projected need/areas of work.

“People on the autism spectrum don’t think the same way you do. In my life, people who made a difference were those who didn’t see labels, who believed in building on what was there. These were people who didn’t try to drag me into their world, but came into mine instead.” ~ Temple Grandin

The deep dive will use the information and data captured along with people's views and experiences to produce a report and recommendation to present to the Regional Mental Health, Learning Disability and Autism Partnership Board. This deep dive offers the opportunity to benchmark services across the region and gather evidence about any gaps.

Currently services for Autism are designed and delivered in each of our places, and the deep dive will provide the learning to help our places do this in more sustainable ways or to consider whether there are opportunities to collaborate across West Yorkshire in providing specialist support, that interfaces with strengthened primary care and local authority provision within each place.

Wakefield Adult Autism Strategy will evolve in line with the findings of this deep dive.

In addition to the West Yorkshire project, the Regional ADASS led LD, MH & Autism Network is undertaking work around autism strategy and implementation plans, through a task & finish group. Wakefield will be participating in this work.

6. How we have Developed the Strategy

This strategy has been developed in partnership with autistic people, their families, and practitioners. It is informed by questionnaires, surveys, and co-designed engagement conversations where we asked adults what needs to change to make the necessary changes.

Adults with autism shared their experiences with Autism Plus through a survey in 2020. Appendix 2 summarises the feedback we have received on the Autism Plus survey.

We have used the findings from this survey to formulate conversation sessions with a number of key stakeholders to share information and listen to autistic adults. These conversations and survey findings outline how we intend to respond to these issues as part of the strategy.

As our commitment to co-produce this strategy, Wakefield Council seconded a neurodiverse individual to co-facilitate our engagement and consultation. These can be seen at appendix 3.

This engagement was to gather people's views initially and for them to have the opportunity to offer their opinions about what was working, what was not working so well and what we needed to do to address the challenges. It was following this stage that a broad set of principles and outcomes were agreed on which would be applied throughout the entirety of the development and delivery of the strategy.

This engagement involved a comprehensive public consultation process was conducted during the autumn of 2022 and provided an ideal opportunity for the people of Wakefield to put forward their initial views on a series of themes, ranging from inclusion, education, employment, health and accessing community facilities.

67 people in total completed the questionnaire used in the consultation. A copy of the questionnaire from this consultation can be seen in appendix 4 to this strategy.

We recognise we need to continue to engage with autistic people. Together-UK will facilitate continued engagement with autistic people through Wakefield Autism Voice for Everyone (WAVE), a dedicated support group in Wakefield for autistic people, to help us to develop services and the Autism Strategy as well as understand if we have made a difference to autistic people with the delivery of this strategy.

As part of the two-year project to improve the lives of neurodivergent people in West Yorkshire we are bringing together Autistic people along with parents and carers to help understand where, how, and why Autistic people might be disadvantaged. One aim is to understand experiences of the Autism assessment process better, any learning from this will be reflected in a review of this strategy.

7. Our Key Priorities

Our priority areas are related to the need to build on the areas of strength and develop the areas of significant weakness. These areas have been defined in the strategy and are based on the National Strategy, engagement with autistic people and the outcome of discussions with professionals across the local authority, health and provider sector.

Priority 1: People in Wakefield understand autism

- ü We want to make sure more people across the district of Wakefield understand autism so that autistic people:
feel more included and less lonely
are treated better by people in their community.
- ü We want more organisations, businesses and services to understand autistic

Priority 2: Autistic people get help in their communities

- ü We want to reduce the number of autistic people in mental health hospitals.
- ü We only want autistic people to be in these hospitals if they really need to be.
- ü We want autistic people to get help with their mental health in their local area, so they don't have to go to hospital.
- ü We want to make social care and help with housing better for autistic people

Priority 3: There is help for autistic people to find jobs

- ü We want to help autistic people who have jobs, to keep them.
- ü We want to improve the help autistic people can get to find and stay in jobs.
- ü We want to improve help for autistic people who can't work, so they can live well.

Priority 4: Health and care services support autistic people

- ü We want autistic people to live healthier lives and live longer.
- ü We want to get better at recognising autism in young children, so they can get the help they need from an early age.
- ü They say that people should only wait up to 13 weeks before they see a healthcare worker, to see if they are autistic. Too many people are waiting longer than 13 weeks and we want to stop that happening.

Priority 5: There is help for autistic children and young people at school

- ü We want autistic children and young people to get the help they need at school and colleges.
- ü We want to make sure teachers and education staff understand how to help autistic children and young people.
- ü We want to make sure there is no bullying of autistic children and young people at school.
- ü We want to help autistic young people as they become adults, so that they:
 - can live in their communities
 - can find work
 - can get higher education, for example in university, if they want to
 - are less likely to have mental health problems.

Priority 6: There is help for autistic people in the justice system

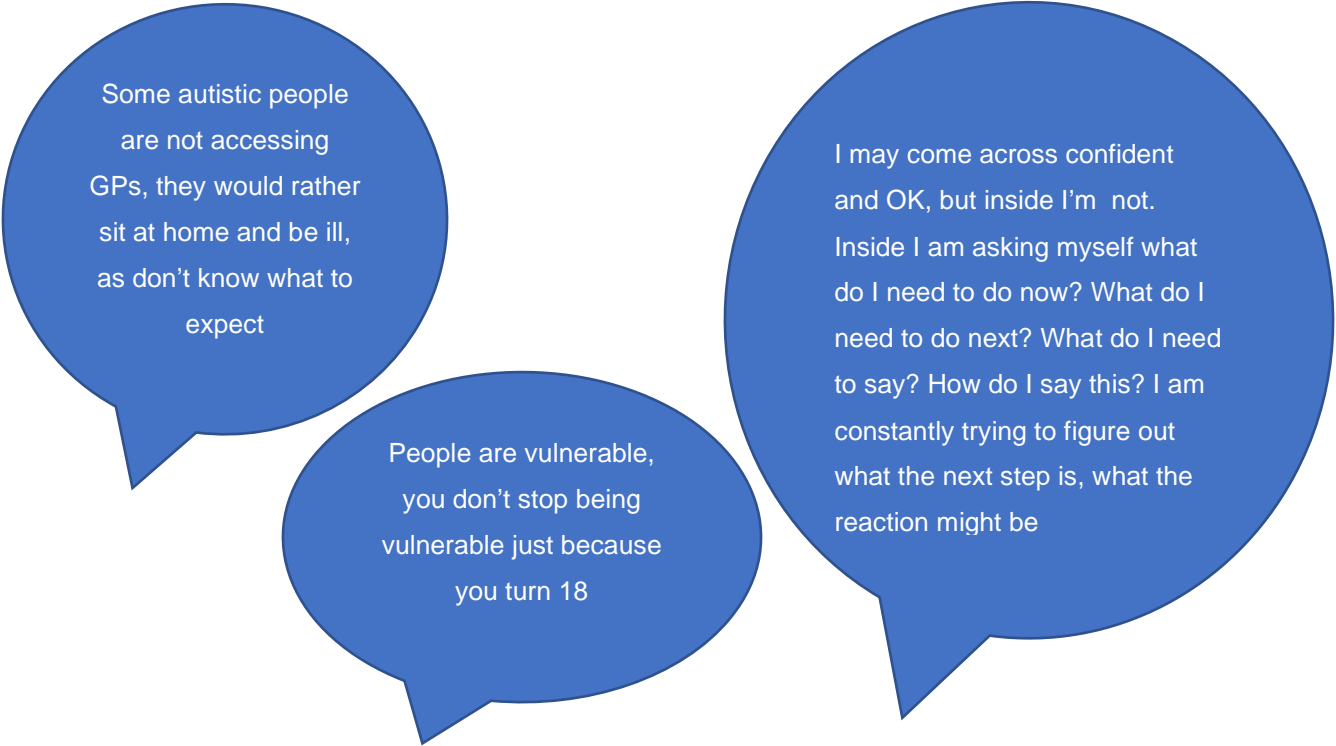
- ü We want to make sure justice system staff understand autistic people and know how to help them. We want the justice system to support autistic people and make autistic people feel safe.
- ü We want the justice system to treat autistic people in the same way as other people.

8. Engagement, support and recommendations

A series of Engagement Surveys and Conversations have provided valuable feedback from autistic people, families, citizens, providers and partners about the areas we need to prioritise in our Autism Strategy and has provided the opportunity to co-produce our plans and continue to gather feedback and views from autistic people and families.

These conversations have provided insight into the services and support currently available within Wakefield and areas for further development or improvement.

We have heard many positive stories, some individuals continue to struggle to get the support they need.



Some autistic people are not accessing GPs, they would rather sit at home and be ill, as don't know what to expect

People are vulnerable, you don't stop being vulnerable just because you turn 18

I may come across confident and OK, but inside I'm not. Inside I am asking myself what do I need to do now? What do I need to do next? What do I need to say? How do I say this? I am constantly trying to figure out what the next step is, what the reaction might be

People in Wakefield understand autism

What you told us

- Ø There needs to be an Autism awareness programme for health and social care staff, criminal justice staff, job centre staff and all professionals working with the public
- Ø Work with Employers to encourage inclusion through autism awareness training and awareness of government financial incentives
- Ø Information about both the Autism Alert Card and the Sunflower lanyard should be included in autism awareness training
- Ø Services need to ensure their environments, facilities, and support meet the needs of autistic people
- Ø It is essential to have special interests and not be shunned for that
- Ø There are many myths about what autism is
- Ø We are not Rainman
- Ø You can have autism as an older adult
- Ø You can have autism as a woman

What we are already doing in Wakefield

- Ø An Autism Awareness Leaflet has been developed and distributed to all Wakefield Council employees
- Ø We worked with autistic people to produce a myth buster
- Ø Leisure services offer a range of support programmes for children, adults and families
- Ø Wakefield Autism, Voices for Everyone, are a small support group that meet in Wakefield
- Ø Wakefield Live Well Team, social prescribing is able to offer support and advise
- Ø A training package including strength-based training is currently being reviewed and will be offered to Social Workers, offering a preventative approach.
- Ø Oliver McGowen Training is being considered across West Yorkshire
- Ø West Yorkshire Police offer autism awareness training to all employees
- Ø Mid Yorkshire Hospital NHS Trust are in the process of autism accreditation
- Ø South West Yorkshire NHS Trust ADHD & Autism Assessment Service is the first to receive Royal College of Psychiatrists accreditation for community health services in the UK
- Ø South West Yorkshire NHS Trust has produced an friendly autism-friendly environment checklist
- Ø Several provider services provide training for their staff through care skills academy and BILD
- Ø Services are encouraged to review environments to ensure autism friendly and accessible

How we will achieve this objective

- Ø Once published, we will work to the code of practice to ensure the Oliver McGowen training package is made widely available and reviewed each year.
- Ø Continue to develop strong links with all professions and organisations to increase understanding and skills to support autistic adults.
- Ø Ensure that autism training and learning opportunities are publicised to health and social care staff and other stakeholders, including autistic adults, their families, and carers.
- Ø Develop links with local employers to develop a ,more comprehensive understanding and awareness of autism
- Ø Monitor CQC registered services in Wakefield to ensure staff receive learning and training around autism
- Ø Leisure services offer a supported access day to their facilities for autistic people to see and try out the facilities
- Ø Leisure services to consider producing a range of posters and short films involving autistic adults to highlight access to leisure facilities
- Ø Consider commissioning an outreach connection service to support familiarity, confidence, and a buddy to access services for the first time alone – a low-level befriending scheme
- Ø Staff new to health and social care to spend time as part of their work induction with autistic adults, like the WAVE group, to support better awareness and understanding.
- Ø Hold a one-stop shop event with a wide range of information, services, and resources
- Ø Educate People that autistic adults exist and what that looks like

Autistic people get help in their communities

What you told us

- Ø You did not always have access to advocates
- Ø You would like to see the autism partnership board reinstated
- Ø You cannot always get an assessment if you do not meet the criteria
- Ø Information is not always accessible to autistic adults, and current resources are not easy to navigate
- Ø You would like one source of information for adults
- Ø Services are not available for autistic adults to meet peers and develop relationships
- Ø Workers in community services were not informed about autism
- Ø Autistic people want to be included, especially in decisions that affect them
- Ø There is not much support for people who receive a diagnosis later in life
- Ø There is not much support for people who do not have a formal diagnosis

What we are already doing in Wakefield

- Ø Wakefield Council commissions and work in partnership with voluntary and other third-sector organisations to develop services that improve community accessibility for autistic adults
- Ø This strategy has enabled a project group to be formed, which will support the implementation plan
- Ø Wakefield commission advocacy support for those autistic people who do not have family or friends who can advocate for them
- Ø Together-UK is a commissioned advocacy service that also provide support to the Wakefield Autism Support Group (WAVE)
- Ø West Yorkshire ICS are undertaking a neurodiversity review, of which Wakefield is part
- Ø Autistic people were commissioned to provide Top 10 Tips to make it easier for autistic people to attend GP surgery
- Ø Autistic people registered on Homeseach can approach the housing needs service for support if where they live isn't meeting their needs
- Ø Wakefield Autism Leisure Club is a sports club for children and young people
- Ø There is a friendship and relationship service called Luv2meetU for adults with learning disabilities and autistic adults
- Ø South West Yorkshire Foundation Trust has developed an autism-friendly environment checklist for assistancethis is endorsed by the National Autistic Society
- Ø The Wakefield Learning Disability & Autism Partnership Board meets regularly and invites and encourages autistic representation
- Ø Wakefield Council's Connect to Support website has information regards the autism pathway and diagnosis
- Ø Autistic people have presented at the Co-production event to share top tips on involving people in services

How will we achieve this objective

- Ø Review the Learning Disability & Autism Partnership Board to support the development of autism awareness and understanding in organisations and staff who provide social and leisure activities. Work with the Partnership Board, partners, and other organisations, to explore ways for local autism social and support groups to be further developed, possibly through a dedicated Autism Partnership Board
- Ø Ensure that autistic adults, eligible for adult social care, have their social needs assessed and supported.
- Ø Explore using assistive technology to help autistic adults become more socially independent.
- Ø Develop a voluntary sector hub which will offer support, signposting and opportunities for social interaction for autistic adults through a buddy scheme
- Ø Support community resources to identify a champion for hidden disabilities, to support raising awareness
- Ø Consider an autism charter for businesses, where businesses can display, they are autism friendly
- Ø Hold a one-stop shop event for services, community, public and autistic people and families
- Ø Ensure that people with lived experience are involved more in services
- Ø Consider commissioning WAVE as mystery shoppers around GP and primary healthcare services
- Ø Adult social care consideration of a dedicated autism care management team or autistic champions in wider community hubs

There is help for autistic people to find jobs

What you told us

- Ø You did not get the support you needed to find employment
- Ø You would like responsive and supportive Employment Services
- Ø You faced prejudice in the workplace from potential employers and employers were reluctant to employ autistic adults
- Ø Your employers were not aware of the needs of autistic adults and did not make reasonable adjustments
- Ø There were not enough job opportunities, volunteering opportunities or training courses for autistic adults
- Ø There need to be better links between education and employment, with bespoke employment advice and greater work experience opportunities for young adults to access across Wakefield
- Ø Autistic people have as much right to a fulfilling and successful career as anyone else

What we are already doing in Wakefield

- Ø Wakefield Council are developing a Supported Employment Service, which will offer a range of services to enable autistic adults to be supported in employment
- Ø Various local groups offer support with the completion of application forms, getting job-ready and advice for career decisions
- Ø The Department for Work and Pensions currently has several disability employment advisors based at local job centres who can assist autistic adults in finding work
- Ø Autism Plus run multiple programs designed to support people into employment and awareness sessions for anyone looking to employ autistic people
- Ø There are a number of supported internships through project search available for young people
- Ø Access to work scheme is available to offer training and support for individuals starting in work or in work to assist employers in providing reasonable adjustments
- Ø Ring-fenced apprenticeship employment opportunities across leisure and street scene

How we will achieve this objective

- Ø Ensure that autistic adults get information about employment programmes and benefits advice.
- Ø Ensure that services address employment issues for autistic adults. This includes transition reviews and person-centred planning in schools.
- Ø Work with mental health services to ensure that employment for autistic adults is planned for.
- Ø Ensure that the Supported Employment Service supports adults who have autism into employment and continues to develop their staff 's autism awareness.
- Ø Work with partners in Wakefield to lead by example in the employment of autistic adults
- Ø Expand the current supported internships to include more employment opportunities
- Ø Engage with colleagues in the Job Centre to use reasonable adjustments for individual appointments and autistic friendly environments
- Ø Engage with employers to support them with reasonable adjustments allowing autistic adults to be employed
- Ø Seek to expand volunteering opportunities and support the voluntary sector to retain autistic volunteers

Health and care services support autistic people

What you told us

- Ø Many adults who have autistic spectrum disorders often have multiple health concerns
- Ø There needs to be improvements in our joined-up working to minimise people being sent to different departments and having to tell their story many times.
- Ø There is a high number of adults with ASD who also have mental health needs, but only half receive the support they require
- Ø You were not always aware of what services were available
- Ø If you have autism and a learning disability, services seem to be available, but if you have just autism, you fall through a gap
- Ø You needed support to access healthcare services
- Ø Non face-to-face GP surgeries were difficult for you to manage
- Ø GPs need a better understanding of autism to help them with autistic patients and to help diagnose Autism
- Ø There needs to be support for people before they reach a crisis point

What we are already doing in Wakefield

- Ø The Mid Yorkshire Hospital NHS Trust employs a Learning Disability and Autism Liaison Nurse who supports autistic adults when being admitted to the hospital, outpatients, enhanced care and with reasonable adjustments
- Ø There is a new liaison nurse to support children
- Ø The Trust offers electronic flagging; this flag states 'autism', and agreement is made for all newly diagnosed children to be flagged by the ASD assessment pathway
- Ø A Complex Needs Delivery Group has been recently established, which involves members from WAVE; information from this is taken to the Mid Yorkshire Hospital NHS Trust Senior Leadership
- Ø Wakefield Healthwatch is the independent consumer champion for health and social care.
- Ø Wakefield Council commission and work alongside voluntary and private organisations that offer support with understanding healthcare and accessing services.
- Ø The Autism & ADHD Service is multi-disciplinary, with access to psychology, occupational therapy and social work
- Ø 8 support sessions are offered post-diagnosis, including information, advice and sign-posting where an individual does not have eligible adult social care needs in line with the Care Act
- Ø There is no current waiting list for an autism assessment, and this is well managed through a triage process

What we are already doing in Wakefield

- Ø GPs have access to guidance to support them when considering making a referral to the ADHD & Autism Service
- Ø NHSE have published guidance for the development of a dynamic risk register for autism, Wakefield have produced plans to implement this guidance
- Ø Care (education) and treatment reviews are in place to support people at risk of hospital admission, or to support those already in hospital to ensure people don't remain there longer the necessary
- Ø Changes to the LeDeR national policy that is already in place for learning disability and autism, this change now ensures a review the deaths of autistic adults (where there is no learning disability)
- Ø Autistic people have access to MY Hospital Passport

How we will achieve this objective

- Ø Ensure that all health service staff are aware of their need to have knowledge and understanding of autism and are provided with opportunities to access learning resources.
- Ø Encourage commissioners and providers to explore how health services can be supported to make the necessary adjustments to enable autistic adults to access all health services.
- Ø Work with mental health services to improve the response to autistic adults who may also have mental health difficulties.
- Ø Ensure that the pathway from diagnosis to post diagnosis support is clear and communicated to autistic adults, health professionals and health organisations.
- Ø Improve our partnership working to enable services to share information
- Ø Work with NHSE to introduce health checks for autistic people
- Ø Put in place a pathway for flagging of newly diagnosed adults
- Ø Work with West Yorkshire autism and ADHD review to improve the assessment pathway, pre and post diagnostic support
- Ø Develop the autistic adult DSR (dynamic risk register) in line with the recently published CTR and DSR policy refresh
- Ø Invite Autistic Champions across all the social care management teams
- Ø Review the guidance for GPs on the autism assessment pathway
- Ø Work with GPs to ensure a wider understanding of autism and how to support people who present as needing an assessment
- Ø Produce a leaflet for people who feel they may be autistic, in terms of how to approach the conversation with their GP, how to prepare and what to expect

There is help for autistic children and young people at school

What you told us

- Ø Education offers a safety net; its once people leave education, there is a need for support
- Ø Post-16 education staff do not have the same level of awareness or understanding of autism
- Ø There is a lack of timely information for post-education options
- Ø Autistic adults are not given the right support to help them succeed
- Ø Young autistic people want the same information their peers receive
- Ø There are not enough training courses that lead to employment for autistic adults
- Ø Aspirations of children and young adults should be raised with an expectation that children and young adults with autism will move from education into work or to continue onto higher education
- Ø There needs to be more focus on life skills, independence and friendships

What we are already doing in Wakefield

- Ø Wakefield Council commissions services that support families with their everyday needs including navigating care services, benefits, and signposting to other services
- Ø SEND engage with children 0-25 years and their families to enable their voice to be heard
- Ø The inclusion service is not diagnosis led and is included in the ASD pathway to support communication
- Ø The service has recently signed up as an Autism Education Trust Partner to deliver accredited training across the schools
- Ø Direct Payments can be offered to carers, and they are supported to use these flexibly to empower the adults they support and enable them to have an improved balance of home life and caring responsibilities
- Ø Carers Assessments identify creative ways of helping carers to continue in their caring role
- Ø Children's services have a joint autism strategy group with health
- Ø Post-16 education worked with autistic young adults to produce literature about post-16 options

What we are already doing in Wakefield

- Ø There is a coordinator dedicated to preparing for adulthood
- Ø There is an engagement officer dedicated to NEET (not in education, employment or training)
- Ø Wakefield college offer supported internships
- Ø Wakefield Carers offers good support for parents, families and carers
- Ø Adult social care transition team offer early support from age 16yrs
- Ø Advisory inclusion teachers who have a specialism in autism and communication and interaction needs, support schools and professionals with the right strategies to support autistic children

How we will achieve this objective

- Ø Improve our data collection to identify carers/families of autistic adults
- Ø We will work in partnership with our health colleagues to ensure that the work to improve pre and post diagnosis support services will consider carers' needs for ongoing information, advice, and support.
- Ø Work in partnership with Children's Services to ensure that young carers and siblings of autistic adults are supported.
- Ø Continue to develop Wakefield Partnership Board and support it to contribute to the work of the implementation of the strategy
- Ø Continue to develop and improve support through a smoother transition with a focus on preparing for adulthood

There is help for autistic people in the justice system

What you told us

- Ø Low level support such as neighbourhood policing teams and hate crime were not always supportive and understanding of autism
- Ø Criminal Justice service staff were not always aware of your autism or understood your needs
- Ø No autism pathways within prison
- Ø Prison environment does not meet sensory needs
- Ø Within the Prison system and on release information can get lost, diagnosis is not always known
- Ø You felt that staff in safeguarding situations did not always understand your autism and any needs you have

What we are already doing in Wakefield

- Ø West Yorkshire Police have invested time and money in training their staff in autism awareness.
- Ø Autistic adults in Wakefield have access to the autism awareness card, and this has been made more accessible to anyone requiring it
- Ø This strategy has been co-produced to ensure that the things that matter to you have been included
- Ø Voluntary organisations commissioned by Wakefield Council maintain good links with West Yorkshire Police
- Ø West Yorkshire Police have relaunched their own Police Disability Association for police officers and staff with disabilities or caring responsibilities.
- Ø Wakefield has a Hate Crime Officer available to support people , and this officer attends the Learning Disability & Autism Partnership Board
- Ø If an individual identifies they have autism in custody, appropriate support is made available
- Ø Custody suites intend introducing 'sensory items' to into the suites and receive input on neurodiversity within a training settings
- Ø West Yorkshire Police are working on piloting an autism alert card in Leeds that will then be rolled out across the force
- Ø Autistic male criminals are referred to HMP Wakefield Prison Mulberry Unit, dedicated to supporting autistic people, Wakefield Prison is the first category A prison to have autism accreditation.
- Ø There is a learning disability and autism nurse within the Prison

"the greatest prison people live in is the fear of what other people think." David Icke

How we will achieve this objective

- Ø Work with the Safeguarding Adults Board to ensure that autism is embedded in any training.
- Ø Develop the local Safer Places schemes and ensure autistic adults to use this if they wish.
- Ø Continue to work in partnership to promote autism training opportunities to those working in the criminal justice system within Wakefield.
- Ø Work to develop a clear pathway and support for autistic adults in the criminal justice system.
- Ø Improve communication with services, including custody, probation services, neighbourhood police, environmental health, anti-social behaviour and hate crime for a more consistent approach
- Ø Consider a charter of standards
- Ø Support the roll out of the Autism Alert card in Wakefield, with the possibility of a phone app too
- Ø Schedule regular coffee mornings in local community centres so police and autistic people can have the opportunity to talk together
- Ø Consider another Police Conference with a focus on autism to raise awareness and explore reasonable adjustments

9. Governance

Appendix 1: Autism Strategy – local data



Autism Referral Data
- Appendix 1.docx

Appendix 2: Autism Plus Survey



Wakefield Autism
Plus Survey - Append

Figure 1

Appendix 3: Autism Strategy – Conversation briefs



Updated Questions to support conversatio Updated Questions to support conversatio Updated Questions for conversation with support conversation Updated Question to support conversation Updated Question to support conversation Question to key stakeholders around c

Appendix 4: Autism strategy – Engagement Survey Feedback Summary



Summary data Adult
Autism strategy.htm

Wakefield District Health and Care Partnership Committee Wakefield Provider Collaborative Chair's Report 06 July 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.

Wakefield District Health and Care Partnership – Place Plan

Over the past few months members of the Provider Collaborative have engaged with and welcomed the development of the Wakefield District Health and Care Partnership's three year plan. Members have had engaging discussions around the shaping of the Partnership's Strategic Delivery Plan and the Transformation Delivery Plan from thinking about our investment and design priorities, our concepts for models of care and delivery assurance areas to how we effectively deliver our priorities to transform health and care locally.

Part of the those discussions have been around how we organise ourselves. A new Transformation and Delivery Collaborative will replace the Provider Collaborative from July 2023 and will be responsible for the oversight and implementation of the Wakefield District Health and Care Partnership 3-year Transformation Delivery Plan

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

Highlights from recent Provider Collaborative meetings

Autism Strategy – The Autism Strategy for the Wakefield District and the action plans that sit underneath it reflect and support delivery of 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.

There are 6 key priorities in the plan:

- People in Wakefield understand autism
- Autistic people get help in their communities
- There is help for autistic people to find jobs
- Health and care services support autistic people
- There is help for autistic children and young people at school
- There is help for autistic people in the justice system

The strategy has been strongly influenced by the views of autistic adults, their families and those who support them. The ideas and priorities contained in this strategy have evolved from conversations and engagement events that have taken place over the last 12 months.

Adult ADHD – There has been increasing demand for Adult ADHD assessment over the past two years which has resulted in a long waiting list. This is also being seen across West Yorkshire and Nationally. The service for Wakefield District had been commissioned based on 110 referrals per annum but referral rates are significantly higher.

It was not known at this stage what was driving the increase in referrals whether this had been a natural growth in the incidence of Adult ADHD (and if so was it likely to continue) or whether a percentage of those cases referred were not likely to receive a diagnosis and would benefit from other support.

A number of mitigations are being put in place in relation to the purchase of additional capacity from the SWYPFT Adult ADHD Service, the introduction of an improved process for the clinical scrutiny of referrals, the introduction of an AI diagnostic tool and on-going monitoring of referral numbers and conversion rates to better understand future demand.

The Provider Collaborative agreed this issue should be escalated to the Wakefield District Health and Care Partnership Committee.

Harnessing the Power of Communities Programme – VCSE Funding Proposal - NHS West Yorkshire ICB has allocated £1m of funding to support the VCSE sector with an emphasis on tackling health inequalities and building capacity of the VCSE sector across West Yorkshire. This funding is being split to enable working at System, Place and Neighbourhood levels where it makes sense to do so.

Funding was allocated to each place on a per capita basis. Wakefield's share is: £161,387. The plan to utilise this funding locally includes;

- **Third Sector Strategy** – to support the re-establishment of the Third Sector Strategy Board and undertake work to review the Strategy. This work will lead to further development and resilience of the VCSE Sector. This will promote access and reduce inequalities, enabling residents and communities to have more of their health needs met and addressed in their local communities.
- **Small grants Programme** - Wakefield District will benefit from an amount of unrestricted small grants. A minimum of 50% will be allocated to organisations in the top 10% highest decile in the deprivation index or will be awarded to projects/organisations working with specific groups or in postcodes experiencing significant health inequalities. Wakefield District's Third Sector Framework will be utilised to support the distribution of funds.
- **Community Anchor Network** - In addition to this Wakefield District would like to continue to support the Community Anchor Network.

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health and Care Partnership Committee Wakefield Professional Leadership Chair's Report July 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 Professional Leadership.

The term 'professional' is an inclusive term that includes those with clinical and professional registrations across health and social care. This includes, but is not limited to; doctors, nurses, social workers, psychiatrists, physiotherapists, pharmacists, occupational therapists, mental health practitioners, public health consultants.

Joint working with the People Alliance & Programme Management Office

On 16 May the Wakefield Professional Leadership and the People Plan Programme Management Office (PMO) held a joint development session to explore how they can work more closely together. Professional leaders within the Partnership continually express workforce capacity as a signification challenge. We therefore we wanted to create the opportunity for these leaders to learn more about the People Plan and to consider how the WPL and professional leaders can become more involved in shaping the delivery of short term and long term outcomes.

The WPL was pleased to hear about a recent multi-year workforce modelling event. Colleagues from the People Plan PMO provided details on national staffing turnover trends since 2010/2011, stability of the current workforce, national data on reasons for staff leaving, main reasons for voluntary resignations, growth and development of the workforce and current placement distribution. This led to valuable discussions which included the desire to listen to the younger voices in the workforce and creating environments to allow staff to operate more effectively.

At the development session the Wakefield Professional Leadership was invited to nominate professional leads to become involved and work alongside the People Plan pillar leads to ensure the professional voice is embedded. There is also the opportunity for professional colleagues to be involved in particular projects they may be interested in. We have identified professional leads for four of the six pillars so far.

It was agreed that the Wakefield Professional Leadership would receive quarterly updates around the People Plan and there would also opportunity to deep dive into areas that members would like to contribute.

There was a commitment to have a second joint development session later in the year.

Highlights from the Wakefield Professional Leadership

Workforce planning tool

Members were pleased to receive a demonstration of and be engaged with on an example workforce planning tool by colleagues from the People Plan PMO and KPMG.

Wakefield Professional Collaborative Forum

Members received an update from the Chair of the Professional Collaborative Forum on progress of this new group and were pleased to hear about the diversity of items being presented.

WY Clinical & Care Professional Forum

Colleagues continue to engage within with partners across West Yorkshire within the Integrated Care System and feed back key activities and news to local professionals.

Highlights from the Professional Collaborative Forum

The Professional Collaborative Forum continues to receive a wide range of items that can largely fall into one the three categories below;

1. To gain support to changes to existing pathways of care or review processes.
2. To engage with professionals on new and innovative ways of working.
3. To discuss hot topics and areas which may require further investigation.

Changes to care pathways

Within this category the Forum has reviewed and provided advice and guidance on revised pathways for Cough and Breathlessness. The Forum has also provided professional input into the two year plan to review Musculoskeletal pathways.

New and innovative ways of working

Within this category the Forum has provided input into the use of technology enabled care and the expansion of assisted technology within adult social care. Professionals welcomed the potential of the Linked Data Model and Population Insights Tool to produced actual intelligence so support our planning of care.

More recently the Forum supported the clinical evidence for supporting people experiencing palpitations differently within the community. This was escalated to the Provider Collaborative to explore the management case and financial case for change.

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Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	9
Meeting date:	6 July 2023
Report title:	Report into Local Mortality Trends
Report presented by:	Pete Shepherd and Matt Curley
Report approved by:	Paul Jaques
Report prepared by:	Pete Shepherd and Matt Curley

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:			
None			
Executive summary and points for discussion:			
<p>Following the Covid-19 pandemic, where all parts of the country experienced heightened levels of mortality, the public health intelligence team have carried out some analysis of local mortality trends to identify any potential impacts on mortality rates both during and after the pandemic, looking into specific causes of death and whether there have been any periods where mortality has been higher than would be expected in a usual year.</p> <p>This presentation looks at mortality trends from 2010 to 2022 and covers the following key discussion points:</p> <ul style="list-style-type: none"> • Cardiovascular disease mortality trends • Respiratory disease mortality trends • Cancer mortality trends • The effects of sustained heat periods • Inequalities in mortality rates between resident who live in areas with different levels of deprivation 			
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)
This presentation is for information and discussion purposes and does not make any recommendations at this stage.
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. N/A
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	To provide an understanding into mortality trends across the Wakefield District.
Quality and Safety	N/A
Equality, Diversity and Inclusion	To understand whether there are any trends relating to protected characteristics
Finances and Use of Resources	N/A
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	Data is anonymised.
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	N/A

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	10
Meeting date:	6 July 2023
Report title:	Wakefield District Health and Care Partnership Strategic Delivery Plan 2023-2026
Report presented by:	Becky Barwick, Associate Director Partnerships and System Development
Report approved by:	Mel Brown, Director of System Reform and Transformation
Report prepared by:	Becky Barwick, Associate Director Partnerships and System Development

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:			
This plan has been developed over a period of several months. A wide range of stakeholders have been involved in the development of the plan. Considered at the Wakefield Provider Collaborative agenda item 27/06/23			
Executive summary and points for discussion:			
<p>A strategic delivery plan has been developed for the Wakefield District Health and Care Partnership. The plan sets out:</p> <ul style="list-style-type: none"> • The WDHCP vision and purpose, based on the health and wellbeing needs of our residents • Our place within our wider system of partners • Our health and care priorities • How we will work to transform health and care • How we will organise ourselves to deliver our plan • How we will know that we are making a difference <p>The WDHCP strategic delivery plan will become a chapter of the statutory NHS West Yorkshire Integrated Care Board Joint Forward Plan. However the focus of this plan is very much on the specific needs of our local population and how we will contribute to improving health and wellbeing outcomes for them as party of our Wakefield District system.</p> <p>The WDHCP strategic delivery plan is very much aimed at partners, stakeholders and staff and is designed to be a detailed description of the way that we will work. Once the strategic delivery plan has been approved by the committee it will be shared with a wide range of stakeholders in a range of ways.</p>			

A public facing version of the plan will be produced that sets out what are aiming to achieve and why in a condensed and simply stated way for anyone who prefers to access this information in that way.

Annex 1 of the plan is a range of outcomes linked to the design and delivery priorities described in the plan. Oversight of these indicators will allow the WDHCP committee to monitor progress towards delivery of our priorities at the appropriate level.

Annex 2 of the plan is a set of actions intended as a link between the design and delivery outcomes and the activities of our local WDHCP priorities and programmes.

This framework of outcomes oversight, monitoring and delivery is a relatively new development, and the intention is that it will be refined over the coming weeks and months.

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

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

Recommendation(s)

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

1. Approve the strategic delivery plan for Wakefield District Health and Care Partnership 2023-2026

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. Wakefield District Health and Care Partnership Strategic Delivery Plan 2023-2026

Acronyms and Abbreviations explained

1. WDHCP – Wakefield District Health and Care Partnership
2. ICB – Integrated Care Board
3. ICS – Integrated Care System
4. WY – West Yorkshire
5. NHSE – NHS England
6. CYP – Children and Young People
7. MYTT – Mid Yorkshire Hospitals NHS Teaching Trust
8. SWYPFT – South West Yorkshire Partnership NHS Foundation Trust
9. YAS – Yorkshire Ambulance Service
10. GP – General Practitioner
11. CDC – Community Diagnostic Centre
12. GIRFT – Get it Right First Time

13. PIFU – Patient Initiated Follow Up
14. SEND – Special Educational Needs and Disabilities
15. VCSE – Voluntary, Community and Social Enterprise sector
16. AQP – Any Qualified Provider
17. IS – Independent Sector
18. IPT – Inter- Provider Transfers
19. ED – Emergency Department
20. MECC – Making Every Contact Count
21. SMI – Serious Mental Illness
22. PCN – Primary Care Network
23. MSK – Musculoskeletal
24. NHSI – NHS Improvement
25. NICE – National Institute for Clinical Excellence
26. MDT – Multi-disciplinary Team
27. UEC – Urgent and Emergency Care
28. INT – Integrated Neighbourhood Team
29. EBI – Evidence Based Interventions

What are the implications for?

Residents and Communities	The plan describes our vision for health and care and our structure for working towards it. The plans take into account the needs of residents and communities and a central part of the vision is to improve health and care for all.
Quality and Safety	The plan outlines our approach to ensuring quality and safety
Equality, Diversity and Inclusion	The plan outlines our approach to Equality, Diversity and Inclusion
Finances and Use of Resources	The plan outlines our approach to finances and use of resources.
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	The plan outlines our key priorities for transformation.
Environmental and Climate Change	The plan outlines our commitment to addressing environmental and climate change in our work.
Future Decisions and Policy Making	The plan outlines our key priorities and structure for decision making.

Citizen and Stakeholder Engagement	The plan outlines our approach to clinical, stakeholder and public engagement and involvement.
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Wakefield District Health & Care Partnership

Strategic Delivery Plan 2023-2026

Start Well, Live Well, Age Well

Proud to be part of West Yorkshire Health and Care Partnership

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Foreword

This is Wakefield District Health and Care Partnership's strategic delivery plan for the next three years. This plan provides an opportunity for us to set out our ambitions for what we can achieve together as a partnership. It aims to outline, at a high level, the difference we can make by working in an integrated way. It doesn't seek to replace or duplicate existing strategies and activity that is already underway in the system – instead it seeks to link them together by providing an overarching narrative about what it is that we are all trying to change and improve together.

Our first plan helped us develop our place-based working. We established strong provider collaborations across secondary, primary, mental health and social care. We established an expansive clinical and professional network, and we progressed improvements and innovation in mental health, extended access in primary care and significant improvements in social care and community services provision.

We work hard in Wakefield to build the relationships needed to deliver better health and care locally. These relationships have enabled us to use our collective resources differently to tackle health inequalities, to innovate and to integrate teams that made sense locally to us.

Despite the progress we made, too many people living in the Wakefield District still spend far too much of their lives in poor health and severe inequalities remain. The pandemic set back our progress in tackling these challenges. Its impact means that the backlog of people waiting for care and support in the Wakefield District has reached levels that we would never have wished to see. This has a profound effect on people's ability to get on with their lives, exacerbating poverty and inequalities across our district. Looking ahead, the impact of the current cost of living crisis is likely to last well into this decade. We must harness the power of innovation and technology in the cause of population health improvement.

We must accelerate our work to bring the NHS, public services, and the wider community together to deliver a neighbourhood based, integrated, preventative, person-centred model of care and support that enables people to live a good life. We must work as equal partners with communities across the Wakefield District and empower people to be much more active participants in their own health and well-being.

By working together to deliver our plan, we will achieve our vision of the people of Wakefield District living longer, healthier lives.



Dr Ann Carroll
Independent Chair
Wakefield District Health & Care Partnership Committee

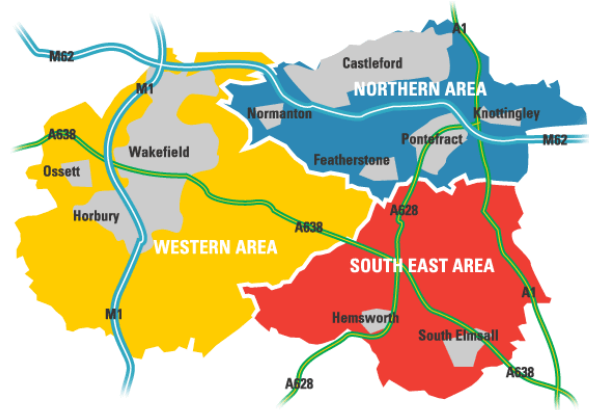


Jo Webster
Wakefield Place Accountable Officer,
Director of Adult Social Care and
Executive Director of Community Services

Section 1: About Wakefield District Health and Care Partnership

Wakefield is a district covering over 300 square kilometres (or 247 acres). It is made up of a Cathedral city, as well as towns and villages with plenty of history and heritage, surrounded by almost 70 percent of green belt landscape.

Wakefield is expected to encounter a large population structure change within the next five years, with the older persons grouping (aged 65+) growing by 10 per cent by 2026 (75,443 people). By 2041, the older population (aged 65+) is expected to have grown by 38 per cent, representing a population close to 100,000. Additionally, the working age population (aged 16-64) is predicted to grow by approximately 7.5 per cent by 2041. Implications of an ageing population are wide in terms of people living longer into older age with a higher burden of chronic disease, an increased demand for health and well-being services, a reduction in working aged people (aged 16-64), a reduced contribution to the economy and lower incomes, and increased human resources for care services (paid and unpaid carers).



FIVE FACTS ABOUT THE HEALTH OF PEOPLE IN WAKEFIELD DISTRICT

1. An ageing, ailing population
2. Health outcomes are not experienced equally
3. Obesity a growing problem
4. Smoking is an ongoing issue
5. Mental health matters

Access to health and care is not the most important determinant of health in Wakefield poverty, inequality, education, work, family life and other determinants have a greater effect. A people-centred primary health and care system with general practice playing its full part can make a significant contribution to health improvement especially when economic resources are constrained.

Wakefield District Health and Care Partnership (WDHCP) works to improve the health and wellbeing of the local people of Wakefield, by reducing health inequalities, providing continuity of care, and improving our services. We want to support our residents to start well, live well and age well.

Our district has a progressive and forward-thinking approach to integrated working across health and care, led by the Wakefield Health and Wellbeing Board and delivered through the Wakefield District Health and Care Partnership. Our partnership includes NHS organisations, Wakefield Council, Healthwatch Wakefield, housing, voluntary and community sector organisations.

The place leader for WDHCP is also The Corporate Director for Adults and Health and the Executive Director of Adult Community Services for Mid Yorkshire Teaching Trust. This unique and important role provides more opportunities to join up our health and care system

creating the conditions for Wakefield as a place to move further and faster with ambitions to create a connected system that supports people in their homes and communities to live healthier, happier lives.

Local relationships with the Council and the Health community are strong, strengthened by joint leadership appointments, alongside our integrated leadership business support working arrangements and shared accommodation.

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

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

Our place within the wider health and care system

The Wakefield District Health and Care Partnership works for our local population together with local partners, health and care providers and stakeholders

We work to align the strategies and priorities of our partners around the health and care needs of our population

We are part of the West Yorkshire Health and Care Partnership which is made up of partners from across the NHS, local government, voluntary, social enterprise and community sectors. It is an integrated care system that is governed by a Partnership Board and incorporates a statutory organisation within it – the West Yorkshire integrated care board. West Yorkshire Integrated Care Board delegate some of its statutory functions to us to be delivered within Wakefield District alongside our key partners.

We have a significant role in delivering our local health and wellbeing strategy, including a primary role in delivering the 'preventing ill health' priority.

We are part of the West Yorkshire Health and Care Partnership

West Yorkshire Health and Care Partnership Principles

The West Yorkshire Health and Care Partnership has identified a set of guiding principles that shape everything we do. The Wakefield District Health and Care Partnership will work within these guiding principles:

- We will be ambitious for the people we serve and the staff we employ.

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

West Yorkshire Health and Care Partnership Mission, Values and Behaviours

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

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

West Yorkshire Health and Care Partnership Principles - approach to decision making

The West Yorkshire Integrated Care Board delegate most functions to its five place partnerships to plan and deliver services in response to local people’s needs and to ensure that health and care is joined up at the local level. Where we need to, we work at scale with West Yorkshire and three tests guide our choices on where work is undertaken, and decisions taken. It is necessary to work at a bigger scale in order to:

- achieve a critical mass in order to achieve the best outcomes for our population
- share best practice and reduce variation
- achieve better outcomes for people overall by tackling wicked issues (i.e., complex and / or intractable problems)

The West Yorkshire Integrated Care Board has delegated to the Wakefield District Health and Care Partnership the matters set out in the Integrated Care Board scheme of reservation and delegation. These functions are described in the diagram below.



Health and Wellbeing in Wakefield District

The Wakefield Health and Wellbeing Board aims to help people across the district to live longer, healthier, happier lives. Our Health and Wellbeing strategy describes how organisations will work together with people and local communities to improve the health of the population overall, as well as closing the gap between the health of people in the most well-off areas of the district and people who live in poorer areas. [Health and Wellbeing Board Wakefield Council](#)

Wakefield District Health and Care Partnership will take a lead role in delivering the ‘preventing ill health’ priority outlined in the image on the right. We will also have a significant contributory role in delivering the other three priorities.

Our priorities for health and wellbeing are based on what we know makes the biggest difference to improving people’s health.

They are taken from the Marmot Review, a national, evidence-based framework, which looks at what keeps us healthy, from before we are born and as we grow, live, work and get older.

‘Fair Society Healthy Lives’ was published in February 2010 and concluded that reducing health inequalities would require action on six policy objectives, which are woven into our health and wellbeing priorities:



- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Our Vision for Health and Care in Wakefield District

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

We have adopted the vision from the Wakefield Health and Wellbeing Strategy. This reflects our commitment to delivering the Health and Wellbeing strategy and our significant

contribution to the four priorities identified for Wakefield District. The Health and Wellbeing Strategy is the umbrella that unites our partnership and demonstrates our key role in improving population health.

We have also developed a purpose statement and a strap line. Our purpose reflects our commitment to improving population health through connecting care and supporting people in their homes and communities where possible.

Vision (from Wakefield Health and Wellbeing Strategy):

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

Purpose statement:

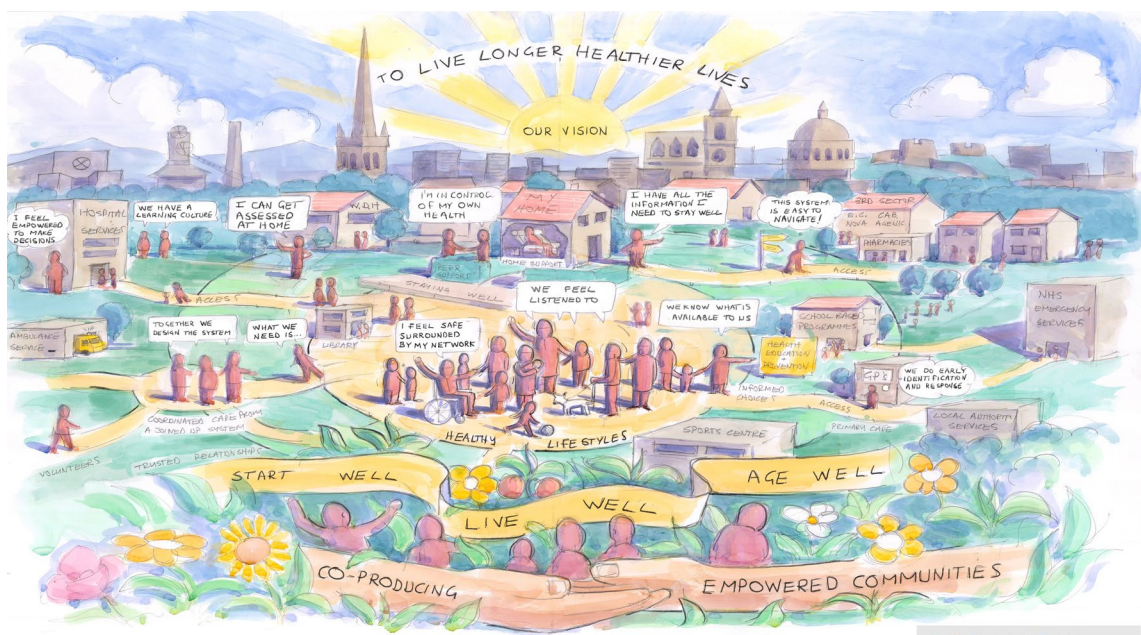
Together, we will work with the people of Wakefield district to create a connected system that supports people in their homes and communities to live healthier, happier lives

Strapline:

Start well, live well, age well

The future

We have committed to working together to deliver our shared Health and Wellbeing Strategy vision with a focus on our specific purpose. We have developed a visual image of how health and care will look and feel for people living in Wakefield District in the future. This image helps us to explain our purpose, maintain focus and drive our decision making.



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



What people have told us about health and care

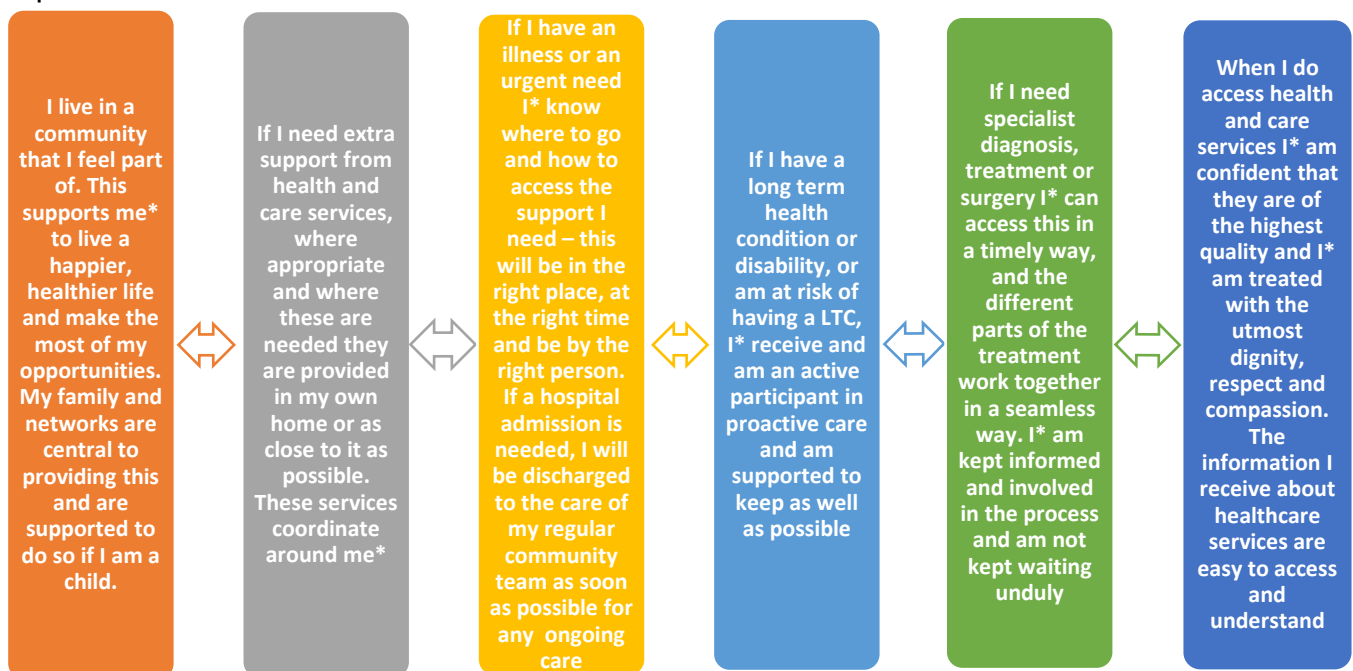
A range of involvement activities have taken place with our residents over the past year. Details of engagement and consultation can be found here [Engagement and consultation - Wakefield District Health & Care Partnership \(wakefielddistricthcp.co.uk\)](https://wakefielddistricthcp.co.uk). There are a number of themes which have consistently been raised. We have taken these themes into account when developing our priorities and plans. Areas of concern include:

- Access to General Practice
- Access to dentistry
- Accessing support for mental health for adults and children
- Waiting lists and delays in treatment
- Ensuring that digital access is inclusive
- Poorer experiences of quality of care and care that is not joined-up
- Cost-of-living crisis and poverty

A significant proportion of what we hear from residents is about accessing services and our detailed delivery plans demonstrate that we are committed to working to improve access to services for everyone. And at the same time, we must also remain focused on reforming health and care services for the future, ensuring that we have the fairest, most effective, and efficient services possible that deliver what future generations need.

I Statements

We have developed a set of I Statements to describe our vision for health and care from our residents' perspective. When we are successful in achieving our vision, this is how people will experience it.



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

Our Partners

We work with a range of partners as Wakefield District Health and Care Partnership to achieve our aims, carry out the functions delegated to us by the West Yorkshire Integrated Care Board and to transform health and care locally. Our partners include:

Housing

To tackle the wider determinants of health Wakefield District Health and Care Partnership work in collaboration with Housing Providers in the district. Housing is a health asset that supports sustainability through prevention, tackling health inequalities and the delivery of integrated care.

The main housing provider Wakefield District Housing house a third of the Wakefield population, they ensure that tenants and customers are at the heart of everything they do. Wakefield District Housing vision 'to create confident communities' means that they deliver over and above the role of a traditional landlord. Wakefield District Housing's 2025 milestone 'making real change through social outcomes,' mean they continue to build on strong foundations and deliver quality, inclusive services that will have a positive impact by continuing to work in partnership across the district.

Voluntary, Community and Social Enterprise Sector

Voluntary, Community and Social Enterprise (VCSE) organisations contribute significantly to our health and care partnership. The Voluntary, Community and Social Enterprise sector includes 'not for profit independent, voluntary and community groups or organisations formed by local people, or those with a local interest, which seek to improve the quality of lives for themselves and/or fellow citizens'.

It is estimated that across Wakefield District there are approximately 1343 Third Sector organisations, of which 772 are registered charities. Together these organisations have an annual turnover of around £180m. It is estimated that there are 12,500 volunteers in the district.

There are important opportunities for growth of the Third Sector which might better serve the needs and develop the potential of the population. Our Third Sector Strategy sets out our commitment to supporting this. [Wakefield District Third Sector Strategy 2020-23 \(nova-wd.org.uk\)](https://www.wakefield.gov.uk/3rd-sector-strategy-2020-23)

We are also committed locally to implementing the recommendations in the recent report that was considered by the West Yorkshire Integrated Care Board '[Maximising the role of the VCSE Sector](#)'.

Hospices

The hospices in Wakefield District work in a collaborative way with hospices across West Yorkshire and partners across Wakefield District Health and Care Partnership. Their aim is to provide the very best palliative and end of life care for the population of West Yorkshire, which will be personalised, holistic, accessible, a good life to the end of life and a good death. We want to make sure that hospices are working in a seamless way with the NHS and palliative end of life care system, to meet the needs of patients, reduce unnecessary hospital admissions and enable patients to be discharged home or to the setting of their choice.

Healthwatch

Healthwatch Wakefield is our local health and social care champion who make sure NHS leaders and other decision-makers hear the voices of Wakefield and use feedback to improve care. Healthwatch are made up of locally appointed people, including paid staff and volunteers, who have a passion for improving health and social care for communities in Wakefield District.

Adult Social Care

Wakefield Council lead our Adult Social Care services, which are provided by a range of organisations and individuals. Adult Social Care is personal and practical support for adults who need extra support to live a long and healthy life, one they can live free from harm, with independence, dignity, and respect at home. Their strategy [asc-living-better-lives-strategy-2022-25.pdf \(wakefield.gov.uk\)](#) sets out their commitment to working in partnership to achieving this.

Public Health

Our public health partners are based in Wakefield Council and working in partnership is at the heart of their ethos. Public health supports individuals, organisations, and society to tackle preventable disease, mortality and disability using: Prevention: reducing the incidence of ill health supporting healthier lifestyle; Protection: surveillance and monitoring of infectious disease, emergency response and immunisation and; Promotion: health education and commissioning services to meet specific health needs. [Health and advice - Wakefield Council](#)

Children and Young People's Partnership

Through the Children and Young People's Partnership, partners work together to improve the lives of children and young people in Wakefield. The partnership provides the strategic direction for decision-making about services and provides the strategic leadership across relevant organisations to make progress against agreed ambitions, priorities and outcomes. The partnership has developed a plan and priorities that sets this out. [CYP Plan 2022-25 - 1 \(pagetiger.com\)](#)

Conexus

Conexus Healthcare is the federation (a group of GP practices) for all the practices across the Wakefield District in West Yorkshire. Collectively, they provide a platform for the voice of general practice across the district.

Work includes:

- Health and wellbeing services
- Supporting our practices and primary care networks
- Training, development, and consultancy
- Back-office support and infrastructure for our Practices
- Voice and influence for primary care

General Practice: Wakefield has 34 GP practices operating across the district. Our GP practices work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as Primary Care Networks (PCNs). There are seven PCNs in Wakefield District

NHS Organisations

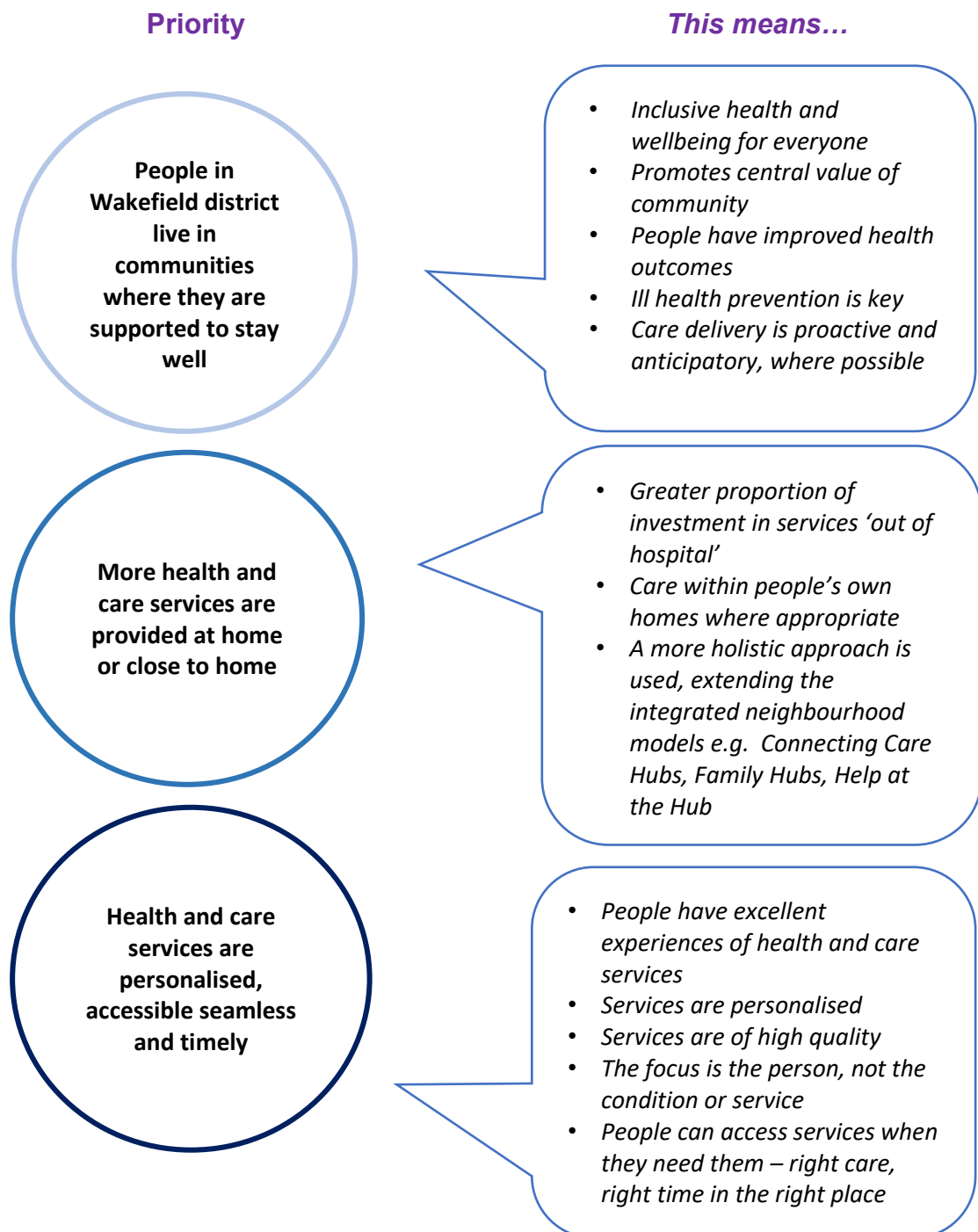
Mid Yorkshire Teaching NHS Trust (MYTT) who provide services to people in their own homes and at their hospital sites, Pinderfields, Pontefract and Dewsbury, which is in the neighbouring North Kirklees area. Mid Yorkshire Teaching NHS Trust have set out their strategy [Our strategies | Mid Yorks](#) which includes their commitment to working in partnership to deliver improved care for the local population.

South-West Yorkshire Partnership NHS Foundation Trust (SWYFT) are a specialist NHS Foundation Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. South-West Yorkshire Partnership NHS Foundation Trust have set out their commitment to help people live well in their communities understanding that services need to be joined up, responsive and delivered as close to people's homes as possible. [Why we're here - South West Yorkshire Partnership NHS Foundation Trust](#)

Section 2: Our Health and Care Priorities for Wakefield District

Our Investment and Design Priorities

We have identified a set of investment and design priorities that will support the decision-making we need to work towards the vision described above. These priorities will be used to organise how we monitor progress and success and identify risk so that it is clear how all our work programmes are progressing towards our overarching vision. The investment and design principles have been used to design a framework for measuring success so that we know where we are making progress towards our vision and purpose and where we need to pay closer attention.



Our Model of Care Concept

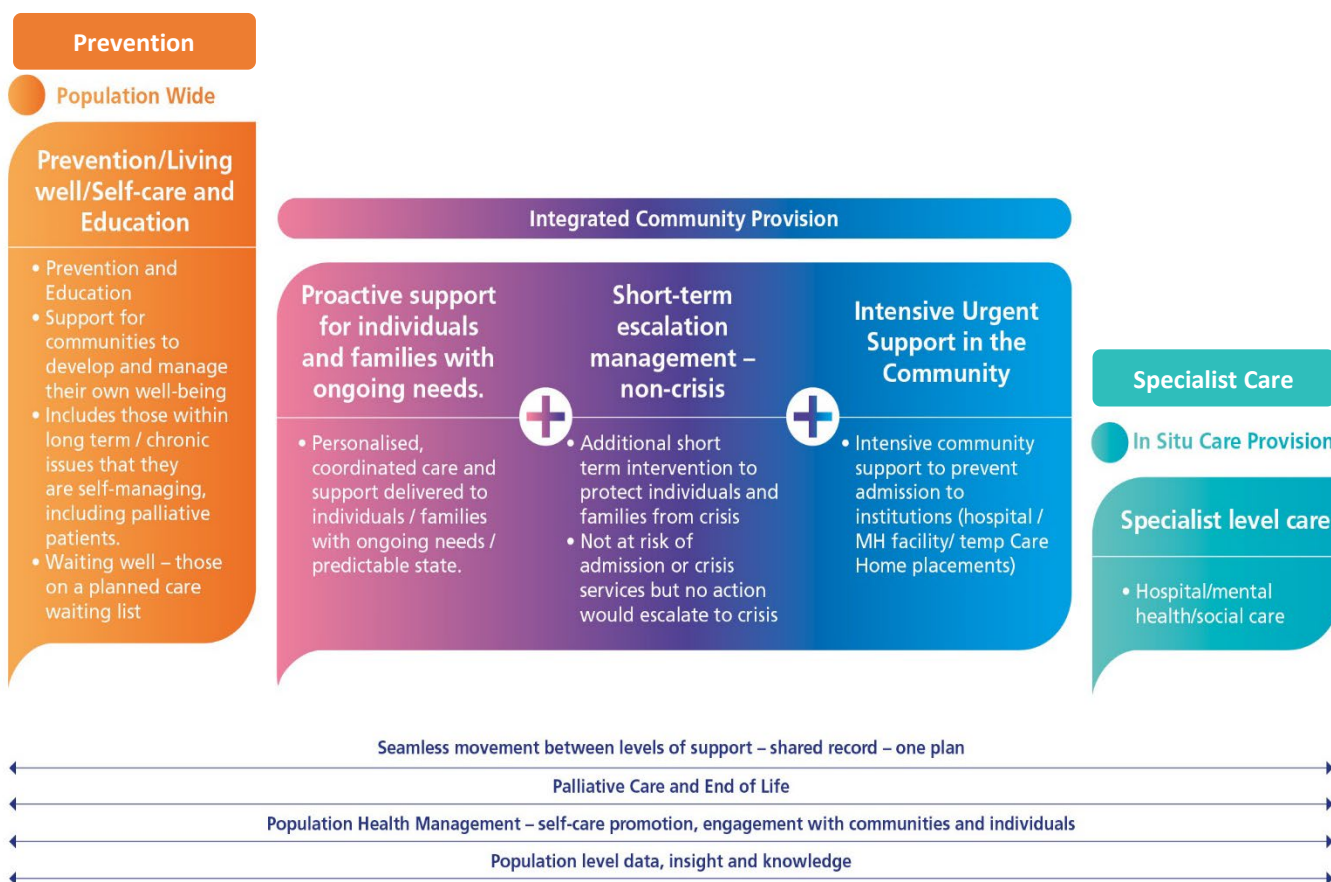
At the heart of our vision are our people and communities. We know that people thrive best and live healthier lives when they live in connected communities. Our vision for health and care in Wakefield is to work towards this vision through implementation of our model of care concept.

The model is a way of looking at the health and care needs of the population not by service or sector, but by need and the nature of response that a person will receive when we have achieved our vision. The sizes of each coloured block is a visual representation of the proportion of the population each applies to.

Moving through the blocks from left to right represents an increase in complexity and intensity. Teams would work together around those needs no matter what their employing organisation, just like the Connecting Care ethos that has been part of Wakefield District’s integration journey for many years.

This model is a lens for all the health and care transformation activities to be delivered through. This is how we will ensure that our resources will be focused to work towards our vision.

Supporting people in our communities



Delivery assurance areas

In order to deliver the model of care concept above we will organise our work around three key cross-programme delivery assurance areas. There are a number of existing, thriving programmes and alliances carrying out transformation and service improvement within Wakefield District Health and Care Partnership.

Each of these programme and alliance is contributing to the overarching objectives of Wakefield District Health and Care Partnership through three key interdependent transformation programme areas. These assurance areas have been synthesised from the investment and design principles and model of care concept.



Each of these assurance areas will have a Champion/Senior Responsible Officer identified who will be a member of the Wakefield District Health and Care Partnership committee and also sit on the Transformation and Delivery Collaborative. These Champions will be responsible for collating and reporting delivery against each area to demonstrate progress towards the model of care through the programmes and alliances.

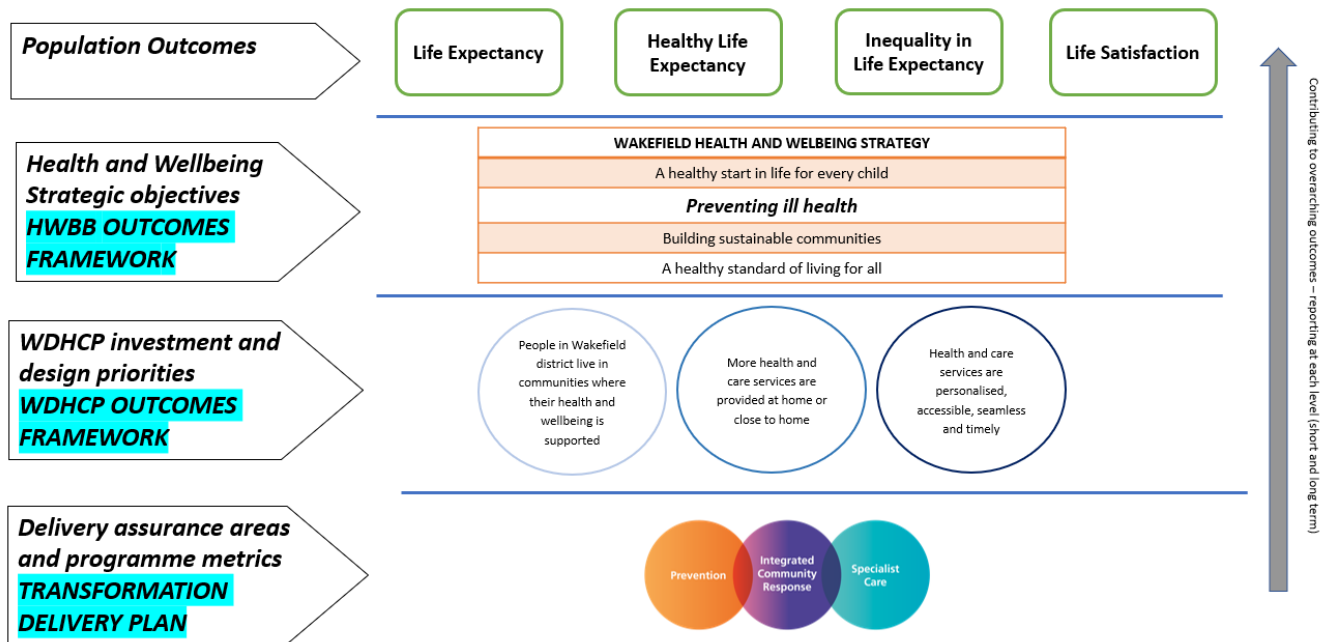
Each programme and alliance will contribute to each of these delivery assurance areas (see Annex 2 below) and will also work to deliver against key national and local metrics.

This will allow us to organise ourselves in a way that delivers the model of care that will work best for our population and allow us to demonstrate progress. Working in this way will also promote integration between sector specific and population level programmes and alliances and help to avoid silo working.

Outcomes Framework

Our Wakefield District Health and Care Partnership outcomes framework will be the way that our committee will have oversight and monitor progress towards our vision, based on the components described above. Monitoring progress against our outcomes framework will also support us to demonstrate impact to stakeholders. The basic structure of our outcomes framework is described below, including how this flows from our Health and Wellbeing

Strategy outcomes framework which we contribute to. The basket of indicators for each of our investment and design priorities can be found in Annex 1.



Section 3: Transforming Health and Care in West Yorkshire and Wakefield District

Working at scale across West Yorkshire Health and Care Partnership to transform health and care – Joint Forward Plan

Where we need to, we work at scale across West Yorkshire and three tests guide our choices on where work is undertaken, and decisions taken. It is necessary to work at a bigger scale in order to:

- achieve a critical mass in order to achieve the best outcomes for our population
- share best practice and reduce variation
- achieve better outcomes for people overall by tackling wicked issues (i.e. complex and / or intractable problems)

There are a number of key programme areas that are delivered at scale across West Yorkshire because it makes most sense to do so. These areas are described in detail in the West Yorkshire Health and Care Partnership Joint Forward Plan. Some of these programmes have specific elements delivered at place and there are descriptions of these in the local transformation programme chapter below.

West Yorkshire Integrated Care Partnership – 10 big ambitions

As West Yorkshire Health and Care Partnership we have set out our shared '10 big ambitions'. These are collectively synthesised from our local health and wellbeing strategies and are key priorities across our region. Our local transformation programmes and alliances work to contribute to these ambitions and we also work in partnership locally and at scale to make a collective difference where it makes most sense to do so.

Our 10 big ambitions

- 1 We will **increase the years of life that people live in good health** in West Yorkshire
- 2 We will **increase our early diagnosis rates** for cancer
- 3 We will **reduce suicide rates**
- 4 We will **reduce antimicrobial resistant infections**
- 5 We will **reduce stillbirths, neonatal deaths, brain injuries and maternal mortality**
- 6 We will **reduce the gap in life expectancy** between people with mental health conditions, learning disabilities and/or autism and the rest of the population
- 7 We will **address the health inequality gap** for children living in households with the lowest incomes
- 8 We will have a **more diverse leadership**
- 9 We will **tackle climate change**
- 10 We will **strengthen the local economy**



Our Wakefield District Health and Care Partnership alliances and transformation programmes

We have also established a number of local transformation programmes and alliances working at a place level. These programmes and alliances are

- Children's Alliance
- Integrated Community Services
- Housing and Health
- Mental Health Alliance
- Learning Disability Alliance
- Planned Care Transformation Programme
- Unplanned Care Transformation Programme

Our programmes and alliances are underpinned and supported by a number of key enablers:

- Wakefield People Alliance
- Digital and Business Intelligence
- Health Inequalities Community of Practice
- Personalised Care Programme

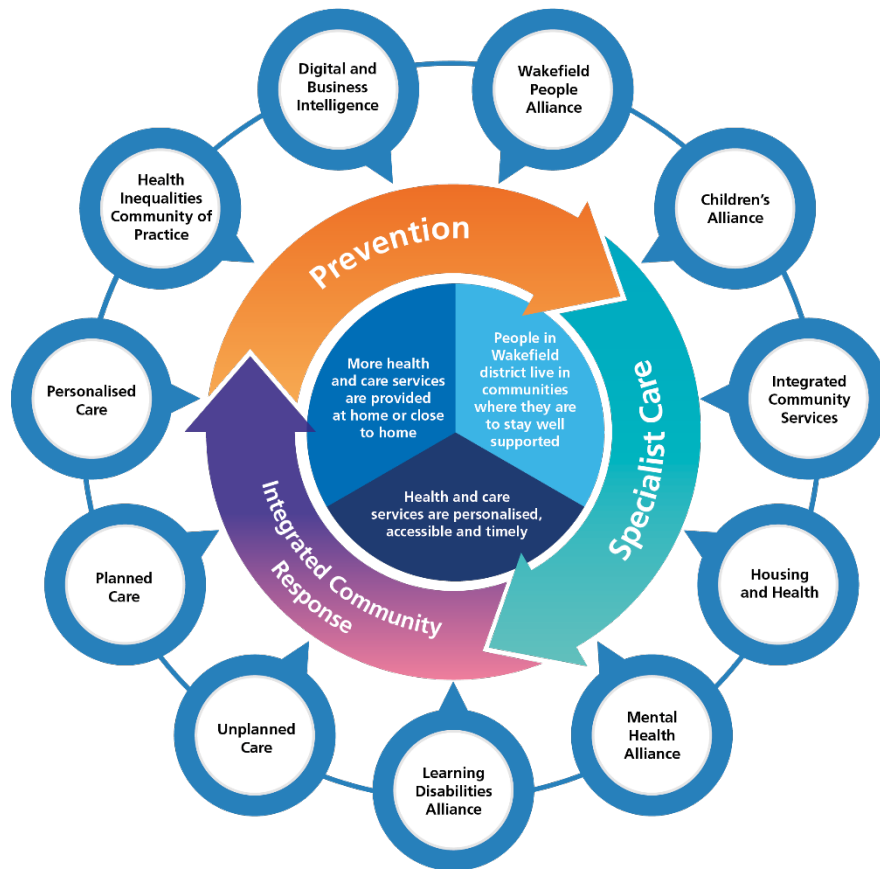
Our programmes and alliances are at various stages of maturity. It is envisaged that the most mature will carry out the following functions:

- Transformation (delivery of place plan)
- Delivery of national and local metrics
- Performance management
- Management of a defined budget
- Prioritisation of investment and disinvestment
- Market development

All programmes have improving quality as a central commitment and will work to have the views of our residents at their heart through involvement and co-production.

Section 4: How We Will Work Together in Wakefield District Strategic Delivery Framework

The diagram below demonstrates how our alliances and programmes work to deliver our vision through our key delivery assurance areas and investment and design priorities.

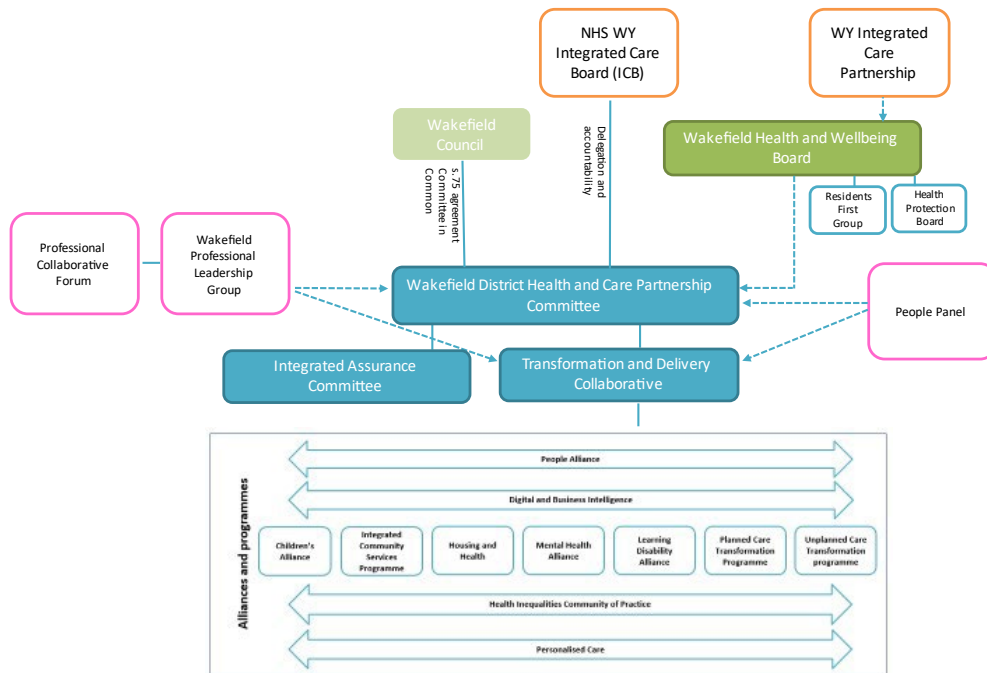


How we will organise ourselves

With the introduction of the new statutory arrangements following the Health and Care Act 2022, we have developed a new set of arrangements through which, we can ensure that we deliver our work for Wakefield people and communities. The Partnership is supported by five key committees / groups in discharging its functions, vision, values and principles.

- Wakefield Transformation and Delivery Collaborative
- Integrated Assurance Committee
- Wakefield Professional Leadership Group
- Wakefield Professional Collaborative Forum
- People Panel

An illustration of how these arrangements work and how the different elements of our Partnership fit together is shown in the diagram below:



Wakefield Transformation and Delivery Collaborative

The foundations of the Wakefield Transformation and Delivery Collaborative (TDC) support the work that takes place at neighbourhood level, as it is here that the biggest impact on people’s lives are made. The Transformation and Delivery Collaborative builds on and considers the relationships, networks and provider alliances that already exist in the system. The members embed a cultural approach within organisations making sure every contact count is being exhibited alongside the Health and Wellbeing priorities. We know working together will make the biggest improvements possible as we can achieve more together.

The Transformation and Delivery Collaborative work together to agree and deliver plans to achieve inclusive service recovery, restoration, and transformation across the Wakefield ‘place’ system, and to ensure our services are arranged in a way that is sustainable and in the best interests of our workforce and the population. The Transformation and Delivery Collaborative works to continuously improve quality, efficiency and health and care outcomes for our population, ensuring shared ownership of objectives and plans across all parties.

The Transformation and Delivery Collaborative is responsible for delivering the strategic aims and objectives of the Wakefield District Health and Care Partnership Committee and overseeing the delivery of the Place Plan on behalf of the Wakefield District Health and Care Partnership Committee. The plan and priorities of the Transformation and Delivery Collaborative are based upon several strategic drivers including the strategy of the Wakefield Health & Wellbeing Board, priorities of the Wakefield District Health and Care Partnership and priorities of the West Yorkshire & Harrogate Integrated Care System, advice from the Wakefield Professional Leadership Group and priorities based upon our local knowledge and

our service model evolution. The Transformation and Delivery Collaborative also identifies, establishes, and develops specialist/programme specific provider alliances and clinical networks, as necessary, aligned to the needs of the population that deliver our local transformation priorities.

Integrated Assurance Committee

The Integrated Assurance sub-committee is established as a sub-committee of the Wakefield District Health and Care Partnership Committee. The role of the sub-committee is to advise and support the Wakefield District Health and Care Partnership to maintain an oversight of quality, performance and resource management across the Wakefield health and care system, to provide challenge and to seek assurance on delivery of key national and local priorities, outcomes, and targets and to facilitate collaborative solutions.

The sub-committee will support the Wakefield District Health and Care Partnership's work to achieve continuous improvement in the quality of services commissioned for the Wakefield place. The committee aims to ensure that quality sits at the heart of everything the Partnership does, and that evidence from quality assurance processes drives the quality improvement agenda across the Wakefield health and care system. The sub-committee will also be responsible for assuring quality, performance and financial sustainability in relation to functions that have been delegated to the Wakefield Health and Care Partnership by the West Yorkshire Integrated Care Board.

How we involve our people and communities

We are committed to meaningful conversations with local people. Involving the public, partners and stakeholders in the planning, design and delivery is essential in helping us to achieve our vision. Wherever and whenever possible we will include meaningful involvement as part of our work. We want people to help us design, develop and improve services by sharing their views and experiences.

Our approach to involvement is aligned to the West Yorkshire Health and Care Partnership's involvement framework and NHS England's ten principles of partnership involvement set out in the [Integrated Care Systems: working with people and communities](#). This framework also includes the involvement principles which have been contributed to and adopted locally.

How we will **embed and reflect the voice of local people and communities within our work**. Our principles include:

- Assuring that patient and public involvement taking place in our transformation work programmes.
- Avoid duplication and enabling mutual support in seeking patient and public feedback
- Assessment of impacts of proposals and plans.
- The approach to public involvement will be transparent, accountable, and evoking trust from the public.

Our public assurance group, **the People Panel**, will oversee and assure this area of work.

We have established a Wakefield District Health and Care Partnership Equality Diversity and Inclusion (EDI) Group to build alignment across all our organisations on this important agenda. The membership has specialist focus on Equality Diversity and Inclusion or related expertise from across the district and has come together with the aim of creating an approach to Equality Diversity and Inclusion that builds on partners’ strengths and aligns our activity to improve and drive Equality Diversity and Inclusion forward across the partnership, supporting each other and avoiding duplication. This group will develop an Equality Diversity and Inclusion framework for the Partnership and will work collaboratively on delivery of actions.

During 2023-24 we plan to continue to support our transformation programmes to further embed involvement and ensure that the voice of local people and communities is reflected and included in their planning, design and delivery of services.

Clinical and Professional Leadership

Wakefield has a strong track record for strong professional leadership across health and social care and professionally led decision making. A recent mapping exercise undertaken by the Wakefield Professional Leadership shows that professionals, at all levels, are engaged within our Partnership advising on key areas of strategy, transformation, and operational pathways. The term ‘professional’ is an inclusive term that includes those with clinical and professional registrations across health and social care. This includes, but is not limited to, doctors, nurses, social workers, psychiatrists, physiotherapists, pharmacists, occupational therapists, mental health practitioners, public health consultants.

We embed the professional voice at all levels within the partnership.

Strategic Professional Leadership	
<p>The Wakefield Professional Leadership is made up of the most senior professional leaders within our Partnership. It includes roles like Chief Medical Officers, Chief Nurses and Directors for Allied Healthcare Professionals from NHS organisations alongside lead social workers, pharmacists and public health consultants. Those who are lead professionals within their organisations.</p> <p>The Wakefield Professional Leadership is accountable to the Committee of the Partnership. The Wakefield Professional Leadership members have committed to a series of development sessions to assist in formalising its priorities.</p>	
Professional voice in transformation	Professional voice in operational pathways
<p>Professional leadership, advice and input is strongly embedded within the Alliances and Programmes which report into the Provider Collaborative.</p> <p>There are a number of Clinical Advisor roles within the Partnership who work within the Alliances and Programmes, for example, planned care, unplanned care, Children’s.</p>	<p>The Professional Collaborative Forum brings together a wide range of professionals to advise on operational pathways and transformation. The Forum intends to have a more comprehensive oversight of transformation to prevent any silo working within Alliances and Programmes.</p> <p>The Professional Collaborative Forum is accountable to the Transformation and Delivery Collaborative.</p>

Linking with the West Yorkshire Clinical and Care Professional Forum

It is important that we not only align with the West Yorkshire Clinical and Care Professional Forum but that we share locally the ambitions and outputs of work taking place. We need to make sure that what we do in Wakefield does not duplicate work taking place at West Yorkshire. Where it makes sense to do so we will manage within our local Partnership and where it would benefit from the wider West Yorkshire view we will raise at the West Yorkshire forum.

Ensuring our services are of good quality

We have been streamlining our approach to quality at place across the partnership since January 2021. It is guided by relevant national, system and local drivers, including the National Quality Board's: Shared Commitment to Quality; Improving Experience of Care; and Quality Risk Response and Escalation for Integrated Care Boards' guidance and the national Patient Safety Strategy. These documents advocate the vital role of place-based partnerships to quality planning, assurance, and improvement. We have developed robust processes to ensure the public voice informs the work of the partnership; we transparently share intelligence on risks, emerging concerns and celebrate improvement in our new quarterly integrated quality report; and we have established two vibrant learning networks across the partnership focussed on Experience of Care and Patient Safety respectively.

During 2023-24 we plan to build on this approach by supporting our transformation programmes to further embed quality in their place priority programmes / alliances. As part of this, we will continue to strengthen our relationships with the alliances and transformation and delivery collaborative to help develop a consistent approach to quality improvement, ensuring transformation is evidence-based and person-centred, championing co-production with people and communities to improve experience of care and quality outcomes for the people of Wakefield district. We have been discussing and testing this with a number of alliances and are now having cross-alliance conversations to develop collective principles and a Quality Improvement approach that we can adapt and adopt for each programme to provide consistency in how we embed quality into the planning, delivery and evaluation of programme workstreams.

How we will use buildings and estates

To deliver joined up health care and new ways of working together we also need to look at how we make the most of our buildings (our estates). The way in which we work as organisations together across our Partnership helps us make the most of both our buildings and other assets available to us. We will look to use our estates effectively as an organisation and support new ways of working. Planning for future changes as more and more people become flexible and take positive advantages of hybrid working.

How we will allocate resources to deliver the plan

In West Yorkshire, we have worked to a set of guiding values and behaviours which have ensured that decisions around how we allocate monies and manage financial risk have been made collectively together. We know that the budgets of all organisations within our partnership are going to be challenging over the coming years. All these pressures run alongside the cost-of-living issues that people are facing across West Yorkshire, and the unequal impact on poorer communities and that this will be felt at both system, organisation and individual level. We know that demand for services is likely to increase across all ages. The impact on some sectors such

as our VCSE has also been noticeable and has threatened their sustainability whether through reductions in grant funding or charity donations from the public alongside increased demand.

As the financial governance arrangements in Wakefield have been delegated to the Wakefield District Health and Care Partnership we have been working together on an open-book approach to gain a clearer understanding of underlying costs, clinically-led and data-driven approach to productivity and efficiency, and a framework for partnership decision-making that delivers on outcomes, improving population health and wellbeing, and reducing health inequalities.

Maximising our opportunities – risk appetite

Our partnership gives us the opportunity to act as joint custodians of the total health and care resources for our population and to make collective decisions that enable us to achieve our key priorities more effectively that we would be able to do as individual organisations or sectors.

In order to maximise this opportunity we know that we will need to be clear on the level of risk we are able and prepared to take as a partnership. We will do this with the following points and potential polarities in mind:

- How we approach decisions that disadvantage one partner whilst at the same time progress us towards partnership priorities
- How we address short-term priorities whilst maintaining due focus on the longer-term objectives for our population
- How we implement processes that effectively assess and balance risks to finance, quality, organisation and reputation
- How we support our partners to focus on their individual organisations at the same time as effectively contributing to the partnership, harnessing the additional benefits to the population that working in this way can bring.

How will we know we are making a difference?

Each alliance and programme will have their own set of national and local metrics that they are accountable for delivering. These metrics are reported in a set of dashboards on a regular basis.

Additionally, to support our work towards our vision, we have developed an outcomes framework, described above, which is made up of several layers. It will allow programme level metrics, which will typically be measured in the shorter terms to feed through to delivery of the strategic objectives of the Health and Wellbeing Strategy and West Yorkshire Health and Care Partnership, and ultimately through to a set of overarching population level outcomes – designed to support our aims and objectives as a health and care partnership.

Annex 1: WDHCP Outcomes Framework




**People in
Wakefield district
live in
communities
where they are
supported to stay
well**

We will support every child to have the best start in life by:

- a) Reducing the proportion of mothers who smoke at the time of delivery.
- b) Reducing the proportion of mothers who are alcohol dependent at the time of delivery.
- c) Increase child immunisations and vaccination uptake rates.
- d) Increase the rates of successful births with positive outcomes for mothers and babies.
- e) Increase the proportion of babies' breast fed.
- f) Increase the proportion of children who receive timely and appropriate early intervention services (speech and language therapy, occupational therapy, ASD pathway)
- g) Reducing the prevalence of obesity among children.


We will prevent ill health and support the people of Wakefield to live happier, healthier lives by:

- a. Reducing the number of high-risk adults in Wakefield.
- b. Increase targeted case finding in the prevention of cardiovascular disease.
- c. Support people with preventable diseases and conditions, including heart disease, diabetes, and respiratory illnesses to manage their conditions.
- d. Reduce the proportion of adults who have an unhealthy weight.
- e. Increase immunisation rates for preventable infectious diseases (including influenza, pneumonia, measles, polio, diphtheria, hepatitis)
- f. Reduce the proportion of individuals who smoke or use tobacco products
- g. Reduce in the proportion of individuals who are dependent on alcohol.
- h. Increase in the proportion of individuals who receive regular health screenings/checks and preventive care (cancer screening, annual health checks), particularly amongst hard-to-reach groups.
- i. Increase the proportion of individuals who report good mental health and well-being.
- j. Reduce the prevalence of mental health conditions, such as depression and anxiety.
- k. Increase in the proportion of individuals who report feeling socially connected and supported.
- l. Reduce the amount of time patients spend in hospital.



More health and care services are provided at home or close to home

- a. Increase the number of people who receive acute care in the place they call home
- b. Increase the average age of those living in a care home setting.
- c. Reduce the proportion of activity that is unplanned.
- d. Reduce the number of emergency admissions for those with an end-of-life diagnosis.



Health and care services are personalised, accessible seamless and timely

- a. Increase the delivery of healthcare services in a timely manner.
- b. Support older people to access appropriate support and care when needed, including support for social isolation and loneliness.
- c. Increase the proportion of people with a preferred place of death and the proportion of people who die at their preferred place of death.
- d. Ensure people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff.

Annex 2: Key Delivery Assurance Areas - Action Plan

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
Prevention	Integrated Neighbourhood Teams (INT)	INTs to develop an anticipatory care model. Under this model, each Neighbourhood utilised data to identify a 'key cohort' of individuals as being as the highest risk of needing to access specialist/acute services. For each of these individuals the NH team will develop a personalised care plan focused on allowing them to remain well and living in a place they call home.	The current rate at which the 'key cohort' cohort access acute services. Average length of stay for 'high risk' individuals.	High risk group to be defined.	10% reduction (half year programme)	20% Reduction (review for third year predictions)
	Integrated Neighbourhood Teams (INT)	INT to support people to engage with existing social prescribing, voluntary sector and community organisations that promote health and wellbeing. A specific focus to be placed on ensuring that people supported by Adult Community Services and Adult Social Care are signposted to these organisations.	Number of individuals accessing these services. Percentage of Adult Community Services/ Adult Social Care cohort who access these services.	The INTs should be in place for 5-6 months 23/24 and therefore will provide baseline data for year 2/3 predictions.		
	Integrated Neighbourhood Teams	INTs to build strong working links with the Building Health and Sustainable Communities Champions.	Number of individuals supported by this service.	The INTs should be in place for 5-6 months 23/24 and therefore will provide baseline data for year 2/3 predictions.		

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Enhanced Care at Home	Develop technological solutions to proactively identify those at risk of falls in order to put in place preventative measures.	Number of people on the Falls Prevention Pathway. Admissions as a result of falls in the community. Number of repeat falls after discharge.	BCF metrics – over 65s: 22/23 admissions; 1301	Admissions: reduce admissions by 5% (part year effect of programme) Success to be reviewed and yr2/3 trajectories set at 04/24	
	Enhanced Care at Home	Develop remote monitoring technologies to increase the efficiency of services and to reduce relapse and readmission rates.	Number of people being remotely monitored. Number of people relapsing and readmitted while being remotely monitored.	Remote monitoring will be implemented with part year effect. Impacts will be reviewed and trajectories set for yr2/3		
	Planned Care Redesign Programme	Review services such as Pain, MSK and Weight Management to work more collaboratively with providers across the footprint and establish opportunities for preventative care to right size demand into specialist care.	Current service provision	Mapped pathways, consensus approach and agreed objectives with NHSI, NICE etc guidance.	Delivery of transformation with establish consensus pathway* *Time scale dependant on speciality	
	Planned Care Redesign Programme	Enhance the patient portal to allow people to access their health record, provide better information on health and care services in accessible formats and language, and to allow them to upload their own information to clinicians to personal their care pathway.	Current portal 120k users registered	Increase registrations, enhance functionality, allow joint data upload		

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target	
	Planned Care Redesign Programme	Implement personalised care with training on making every contact count, waiting well and social prescribing made available to all users of provider services as part of pathway.	Four MECC sessions courses run. Pilot waiting well service	MECC webinar available to all staff across WKF			
	Primary Care	Increasing number of patients referred to the National Diabetes Prevention Programme.					
	Primary Care	Continual increase and uptake of the Learning Disabilities Health Check.	2021/22 data 79% completed annual health checks completed	80% Improve the uptake and quality of annual health checks	82%	83%	
	Mental Health Alliance	Annual SMI Health Checks- improve uptake of checks so we can proactively manage the general health of the cohort population. We are adopting a two-pronged approach – linking in with the system SMI Steering group and developing local strategies with our PCNs. The ambition is to improve the number by 10% until we reach the national target of 2403	1840	2024	2226	2403	
	Urgent and Emergency Care Transformation Programme	Access to Social Work staff at the front door of Emergency Department to prevent unnecessary attendances to Emergency Department or admissions and ensure more prevention support is offered within the wider community	Impact on 4 hour waiting time for ED performance target which was 62% 22/23 Target is 76%	March 2024	76%	76%	76%
	Urgent and Emergency Care Transformation Programme	Developing Communication Campaign for Paediatrics- Develop & deliver a communications campaign to re-direct demand to more appropriate settings & promote the website Healthier Together		November 2023			
	Housing & Health Alliance	Enhanced Health and Care Services within supported independent living schemes (2.3.2) (c) - Enhance Social activities across WDH Independent Living portfolio utilising VCSE.	3290	3355	3422	3490	

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Children's Alliance	<p>Strong public health offer to support the best start in life</p> <ul style="list-style-type: none"> • Transform the 0-19 Service to ensure full integration as part of the Growing Up Well in Wakefield offer. • Continued development and promotion of the West Yorkshire Healthier Together website. • Develop our understanding of the Wakefield child population through BaBi. • Deliver the Infant Feeding Action Plan to increase rates of breast feeding. • Continue with the development and delivery of an integrated pathway to promote healthy eating and lifestyle including Health, Exercise, Nutrition for the Really Young (HENRY) pilot. • Support the work of the Maternity Quality Surveillance Group, aligning the offer of the 0-19 service and in Family Hubs to support the maternity transformation programme. • Deliver the Oral Health Action Plan including promotion of toothbrushing habits in the early years. • Deliver activity to reduce rates of smoking in pregnancy. • Deliver Speech, Language and Communications Strategy, including the ongoing delivery of the Imagination Library 				

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
Integrated Community Response	Integrated Neighbourhood Teams	<u>Predictable Need</u> INT to develop an MDT and joint care coordination model to support individuals with multiple care needs. This model would encourage Adult Community Services and Adult Social Care to develop personalised care plans, pulling from the joint expertise of the entire NH team.	The number of individuals 'cross supported' by different organisations to best meet their needs. Reduction in the duplication of visits and increased efficiency in the use of resources.	The INTs should be in place for 5-6 months 23/24 and therefore will provide baseline data for year 2/3 predictions.		
	Integrated Neighbourhood Teams	<u>Predictable Need</u> INT to develop a model where knowledge and expertise is freely shared amongst members in order to support organisations to provide care for people who they may otherwise be unable to support or require acute services. <i>E.g. a social worker to accompany a District Nurse on a visit to provide advice, without the need for a full referral to ASC.</i>	Number of people accessing ED for support that could have been provided by the community. Number of referrals to ASC for support that could have been provided by other community services.	The INTs should be in place for 5-6 months 23/24 and therefore will provide baseline data for year 2/3 predictions.		
	Integrated Neighbourhood Teams	<u>Short Term Urgent Escalation of Need</u> INT to develop a joint response model where urgent/unplanned care needs are met by a MDT approach made up of health, social care and the VCS.	Number of people supported by UCR who have a joint care plan.	The INTs should be in place for 5-6 months 23/24 and therefore will provide baseline data for year 2/3 predictions.		
	Enhanced Care at Home	Develop Enhanced Care at Home team that will incorporate the urgent/unplanned care teams from across Adult Community Services and Adult Social Care. Continue to develop services to manage acute care needs in a place a person calls home.	Number of patients supported at home. National UCR target of 70% of 0-2hour referrals being seen within 0-2 hours Number of patients remaining at home up to 7 days post intervention	70% national target 85% Wakefield (22/23)	Maintain above national target	Maintain above national target
	Enhanced Care at Home	Ensure that all who provide enhanced care at home are linked in with technological innovations to better anticipate peoples needs and address them remotely where appropriate.				

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Enhanced Care at Home	Develop a model to allow spare capacity in the system to be more effectively redistributed at a community level.	Utilisation of capacity vs demand from across the system as a whole.			
	Planned Care Redesign Programme	Support Shared Referral Pathway (SRP) to establish within appropriate specialties, right size referral demand for outpatients and diagnostics by providing an eConsultation service and develop further opportunities	SRP established and available.	Further roll out to specialties with clinical referral support in the interface of primary and secondary care		
	Planned Care Redesign Programme	Establish Patient Initiated Follow Up as the main approach to offering follow up and apply retrospectively to follow up backlog of outpatient appointment. Use 'Get it Right First Time' (GIRFT) recommended pathways.	PIFU established with 1500 patients added per month	Increased PIFU uptake with application for reduction in follow up backlog		
	Planned Care Redesign Programme	Operationalise the new Community Diagnostic Centre (CDC) in Wakefield city centre	Business case approved	CDC operational from December 2023		
	Planned Care Redesign Programme	Based on the Delivery plan for recovering access to primary care (NHSE, May 2023) to undertake a review of the interface between general practice and secondary care to establish opportunities for more consensus working.	Consensus discussions commenced	Agree the opportunity for more improved interface and implement changes		
	Planned Care Redesign Programme	Develop support for system change through care pathways across primary, secondary and VCSE care that are collaboratively agreed, accessible at the point of care and easily updatable with the latest clinical guidelines.	Survey undertaken across place on potential for improving system working through care pathways. Business case constructed to purchase appropriate tool	Business case taken through governance for sign off. If approved, commence with adoption of tool and localisation of 50 care pathways	Additional care pathways added	

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Planned Care Redesign Programme	Collaboratively review the 1) referral triage process to establish best use of Clinical and Referral Assessment and ensure choice is offered to people. 2) the Inter Provider Transfer and Independent Sector usage approach	Review of current triage approach and compare best practice. Established current IPT approach	Pilot external triage of current waiting list. Identify and share learning. Determine best use of IPT via IS / AQP		
	Primary Care	Increase in the number of Community Pharmacy Consultations that take place under the Community Pharmacy Consultation Service.				
	Primary Care	Increase the number of Blood Pressure Checks undertaken by Community Pharmacy.				
	Community Mental Health Transformation	Increasing access to support for people with enduring and severe mental illness directly within primary and community care settings. Enhancement of mental health focused roles working from the connecting care hubs and mental health practitioners based within GP surgeries. Enhancement of roles includes pharmacists, advanced clinical practitioners, and peer support workers. Creation of co-produced targeted comms to explain our service offer, developing referral pathways for VCSE, engagement with VCSE stakeholders who we know support people in the community, engagement with primary care, integration with the Recovery college offer to support and promote self-management and sustained wellbeing.		Q1 – 3220 Q2 – 3260 Q3 – 3300 Q4 – 3340		
	Urgent and Emergency Care Transformation Programme	Re-location of the Walk in Service to new suitable premises and accommodation within Wakefield City Centre			June 2025	

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Urgent and Emergency Care Transformation Programme	Locally the Mid-Yorkshire system is committed to redesigning an Integrated Urgent Emergency Care Service for both Wakefield and Kirklees populations. To do this a new model of Urgent Emergency Care Service care needs to be developed, a business case needs developing and the new Urgent Care service needs identifying and progressing so the service can be mobilised.	Current service reconfigurations	Business Case development and approve of the model of care for UEC services	Phase 2 mobilisation of services to include other services wider than the Walk in Service	End of financial year 2025/26 for UEC service to be fully mobilised
	Housing & Health Alliance	Delivering mental health and wellbeing support for residents linked with GP social prescribing services (2.3.4) (d) - Implement Mental Health discharge solutions project providing temporary transitional tenancies and wrap around support services.	Baseline 0 – New Project	4 Properties		
	Children's Alliance	<p>Development of Family/Youth Hubs</p> <ul style="list-style-type: none"> ○ Evidence-based parenting offer, including peer support and outreach ○ Parent-infant relationship support offer ○ Mild-moderate perinatal mental health support offer, including support for fathers and co-parents ○ Home Learning Environment support for parents of disadvantaged 3-4 year olds ○ Expand availability of breastfeeding peer support, targeting neighbourhoods with the lowest breastfeeding rates 				
	Children's Alliance	Provision of accessible, good mental health provision/support for children and the whole family				
	Children's Alliance	School Attendance and Inclusion (including emotionally based school avoidance)				

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Children's Alliance	Strengthen response to prevention of and recovery from domestic abuse				
	Children's Alliance	Ensure right partnerships, commissioning and pathways in place to support CYP with SEND				
	Children's Alliance	Develop a Children's Observation Unit by September 2023		Unit open September 2023		
Specialist Care	Integrated Neighbourhood Teams	When someone on the INT 'key cohort' list is admitted to hospital, work closely with the ITOCH and Connecting Care Hubs to develop a proactive plan to support their discharge from hospital in as timely as manner as possible.	Average length of stay in hospital for people on the 'key cohort' list. Re-admittance figures for people on the 'key cohort' list.	The INTs should be in place for 5-6 months 23/24 and therefore will provide baseline data for year 2/3 predictions.		
	Enhanced Care at Home	Develop an MDT 'turn around' team based within the acute trust that will assist in the triage of patients at ED and will support those for whom it is identified that their needs could be met in the community rather than through admission to hospital.	Number of patients admitted after attending ED.			
	Enhanced Care at Home	Develop step down service as a continuation of acute care, but in the place a person calls home. This is to include a proactive tech enabled approach to ensuring that people's needs can continue to be met at home.	Average length of stay for target cohorts/ wards. Number of acute patients receiving care in a place they call home.			
	Enhanced Care at Home	Continue to build relationships and knowledge within the acute trust to ensure that acute colleagues are aware of the capabilities of community services and consider discharge into the community as early as possible in a patient's care.	Average length of stay for target cohorts/ wards. Number of acute patients receiving care in a place they call home.			

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Planned Care Redesign Programme	Construct an outpatient strategy for specialist outpatient clinics that improves efficiency and supports personalised care.	Draft strategy complete. Review of existing services.	Where appropriate fix current practice to support transformation Compare opportunity to adopt new practice and digital opportunities		
	Planned Care Redesign Programme	Review and revise access policies to ensure they support equity of access to specialist care and reduce health inequalities including DNAs.	WY ICS Access Policy agreed. DNA project established.			
	Planned Care Redesign Programme	Across West Yorkshire, support the harmonisation of the commissioning of services approach and application of the Evidenced Based Interventions guidance.	WY ICS harmonisation of commissioning policies commenced (90% complete). EBI activity baseline available.	Finalise remaining policies and continue to support the working group. Operationalise the criteria in the policy and other best practice such as EBI.		
	Primary Care	Increased health and care provisions for migrants living or temporarily housed within the district.		Mobilise access to Primary Care healthcare services for this population		

Assurance Area	Alliance or Transformation Programme	Action	Baseline	Year 1 target	Year 2 target	Year 3 target
	Mental Health Alliance	Dementia Diagnosis - The diagnosis performance is impacted by the demand on services for people aged under 65 which is about 25% higher than the national average. These patients are not counted by the current target. There are plans to increase the memory clinic capacity, so we have the right support post diagnosis for individuals. We are currently reviewing the service to engage the target cohort better and exploring funding opportunities to support these actions. The national target is 66.7% and the local target 62%	61.9%	63%	65%	66.7%
	Urgent and Emergency Care Transformation Programme	Rapid Access to Drug & Alcohol Recovery specialist support for patients presenting with these needs with Mid-Yorkshire Teaching Hospital at Pinderfields Hospital site		Expanded Service launched by March 2024		
	Housing & Health Alliance	Delivering mental health and wellbeing support for residents linked with GP social prescribing services (2.3.4) – (c - Housing Coordinator) - Implement Housing Coordination services across West Yorkshire for patients with diagnosed Learning Disability and/or Autism.	Baseline 0 – New Project	25	35	45
	Children's Alliance	Ensure that there is an integrated health and care offer for Children in Care including: <ul style="list-style-type: none"> ○ Timely access to health assessments and reviews ○ Timely access to emotional wellbeing and mental health support 		Delivery in year 1		
	Children's Alliance	Help for children and young people following a loss or bereavement Commission a Tier 3 offer to support complex bereavement		Delivery in year 1		

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	6 July 2023
Report title:	Summary of Quality Exception report
Report presented by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report prepared by:	Members of the West Yorkshire Integrated Care Board (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:			
None			
Executive summary and points for discussion:			
<p>The Quarter 1 Quality, Safety and Experience report is due to be presented to the Integrated Assurance Committee in August 2023. A Quality Exception report is being presented to the Committee on 28 June 2023. Its purpose is to inform and provide early intelligence about key quality issues, and to highlight any significant findings from Care Quality Commission (CQC) inspections.</p> <p>The report includes:</p> <ul style="list-style-type: none"> • Updates and actions to support adult social care providers rated Inadequate • Summary from our visit to Urban House Initial Accommodation Centre • Information about waits of over 12 hours in Emergency Departments in May 2023 • Update on the development of the ICB's approach to Quality Impact Assessments and alignment with Wakefield place processes <p>This paper is a summary of that report and contains additional updates since the report was written including notice of CQC inspections of three GP Practices in the district.</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)
The Wakefield District Health and Care Partnership Committee is asked to: 1. Note the summary of the quality update report for information and assurance; and 2. Receive a verbal update on relevant discussions from Integrated Assurance Committee.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Any risks identified to quality, safety or experience of care are reflected in the ICB risk register for Wakefield place.
Appendices
None
Acronyms and Abbreviations explained
All acronyms and abbreviations in the report are explained or written in full before they are abbreviated.

What are the implications for?

Residents and Communities	The report is informed by information from partner organisations, and feedback from people of Wakefield district on their experience of care.
Quality and Safety	Any quality and safety implications are described within the report.
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	Not applicable
Regulation and Legal Requirements	Meeting the requirements described in Health and Social Care Bill 2022
Conflicts of Interest	Information contained in the report may present a conflict of interest to individual Partnership Board members.
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	The report is informed by information from partner organisations, and feedback from people of Wakefield district on their experience of care.

1. Quality Exception Report

- 1.1 The Integrated Assurance Committee was presented with a Quality Exception report when it met on 28 June 2023, as the Quarter 1 Quality, Safety and Experience report is due to be presented in August 2023. The purpose of the report was to inform and provide timely intelligence to the Committee on a key quality issues.
- 1.2 Where areas for improvement are identified the report includes actions being taken to improve quality outcomes, reduce harm and improve experience of care.
- 1.3 This paper is a summary of that report and contains additional updates since the report was written. The following items are included in the report:
 - 1.3.1 Updates and actions to support three adult social care providers rated Inadequate by the CQC and the people who receive their services – including one care home which has taken the decision to close.
 - iCare Solutions Wakefield Ltd. – The latest CQC inspection was undertaken to confirm whether the domiciliary care service is meeting legal requirements by addressing regulatory actions identified in previous CQC reports. The service remains rated **Inadequate** overall and in special measures with enforcement actions ongoing. A full contract monitoring exercise is ongoing with the latest visit taking place on 24 May 2023. Contract management meetings are continuing to be held on a frequent basis. A resident safety walkabout (RSW) is planned to take place in July. A voluntary suspension on new care packages remains in place. This is based on not increasing the number of hours delivered by the service, and only picking up any new care packages if this is to replace hours / care packages lost.
 - New Haven Care Home was rated **Inadequate** overall and for the Safe, Effective and Well-led domains In January 2023. New Haven received a Notice of Decision from CQC dated 12 May 2023. On 17 May 2023 the Council received notification from the Provider that they were declining the option to appeal the Notice of Decision and have taken the decision to close the home. There were 31 residents living in the home – including 1 Continuing Health Care fast track patient. The home, social work and CHC team worked together with oversight from the commissioning team to move all residents to new places – the last residents moved on 16 June 2023 and the home has now closed.

- Pennine Camphill Community provides accommodation and personal care for up to 28 students with learning disabilities, some of whom are living with autism. It is a specialist residential college of further education. In April 2023 the service was rated **Inadequate** overall and for the Safe, Effective and Well-led domains and was found to be in breach of a number of regulations and placed in Special Measures. The Integrated Quality team has visited the service and is arranging a resident safety walkabout in the near future. A meeting with other commissioning authorities took place on 12 May 2023, and a further meeting will be arranged following the walkabout.

Pennine Camphill was also judged **Inadequate** from an educational perspective following an Ofsted inspection in June 2022. Case conferences and monthly meetings are taking place to monitor progress. The Education and Skills officer is providing support to Pennine Camphill to develop employment, life after college and partnership programmes. An update report was published by Ofsted and notes reasonable progress in most areas that required improvement

- 1.4 Urban House Initial Accommodation Centre – in May colleagues visited the Health and Care Facility at Urban House. This was as a result of quality concerns expressed by a number of partners across the system around inconsistencies in the level of care provided on different sites for asylum seekers in Wakefield, standards of cleanliness and suitability of accommodation.

The health and care facility is provided by South West Yorkshire Partnership Foundation Trust (SWYPFT). Overall, the team found the staff within the centre, were passionate about their roles and were true champions on behalf of the residents of Urban House. All areas of the health and care facility appeared clean and tidy. There is a strong person-centred approach to each individual's needs which appears to be appreciated by residents in the warm and friendly relationship with staff.

- 1.5 Emergency Department (ED) waits over 12 hours - in May 2023 the Mid Yorkshire Teaching Trust (MYTT) reported 12 occasions when patients waited longer than 12 hours from the decision to admit (there were no occasions in April 2023 and just 1 in March 2023). The two main reasons for the delays were waiting for a mental health placement and availability of overnight transport from Dewsbury ED to an acute ward at Pinderfields Hospital.

A cluster review of the breaches is being undertaken to identify themes and optimise learning. All breaches relating to mental health are subject to a multi-disciplinary team review with senior leaders from MYTT and the relevant

Mental Health Trusts. Actions from these reviews are shared with the system Mental Health group looking at alternatives to ED.

The Acute Care Division has an associated Care Quality Commission action related to reducing the time taken to transfer patients from Dewsbury ED to Pinderfields which is monitored through the MYTT Quality Committee.

- 1.6 Quality Impact Assessment (QIA) Update - the Quality Team is preparing a paper on the principles and processes for undertaking Quality Impact Assessment (QIA) for West Yorkshire programmes, plus efficiency and waste reduction programmes for our place quality governance arrangements. The paper will also include a section from each provider providing assurance that:
- their organisation has a robust mechanism in place for the assessment of impact on quality of any proposals, including an outline of their process
 - quality impact assessments and the assessment process are reviewed and signed off by their Executive Medical and Nursing Directors
 - they have highlighted any current assessments that have been rated as high risk that may have an impact on any other system partner.
- 1.7 CQC inspections of GP Practices – three GP Practices are being inspected in June and early July. A verbal update about these will be given at the meeting and the outcome of the inspections will be included in future reports.

2. Next Steps

- 2.1 Next steps and actions are described within the relevant sections of the report.

3. Recommendations

- 3.1 The Wakefield District Health and Care Partnership Committee is asked to:
- Note the summary of the quality update report for information and assurance; and
 - Receive a verbal update on relevant discussions from Integrated Assurance Committee.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	12
Meeting date:	6 July 2023
Report title:	Performance Update
Report presented by:	Karen Parkin, Operational Director of Finance
Report approved by:	Karen Parkin, Operational Director of Finance
Report prepared by:	Sarah Redmond Flack, Performance & System Intelligence Manager

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>A detailed activity and performance report is shared and discussed with the Integrated Assurance Committee. The full report monitors performance against the NHS Operating Plan, NHS Oversight Framework, Better Care Fund and other local transformation metrics that align to the delivery of the wider Health and Wellbeing priorities.</p> <p>A shorter version of this report, highlighting key areas of focus is presented to the Wakefield District Health and Care Partnership. The latest position reported is April/ May 2023.</p> <p>The report presented is the interim solution whilst the Partnership Performance and Outcomes Framework is being designed.</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 checked="" type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			
Recommendation(s)			
<p>It is recommended that the Wakefield District Health and Care Partnership Committee:</p> <ol style="list-style-type: none"> Note the latest performance and those indicators where performance is below target and the associated exception information where provided. 			
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:			

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
Performance Report – June 2023
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	Access to care and prolonged waiting times impacts on patient care and experience
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	The delivery of elective activity is linked to the achievement of the elective recovery fund.
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Not applicable
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



Performance Report

For the Wakefield District Health and Care Partnership

June 2023

Latest published performance for April 2023

Proud to be part of

West Yorkshire Health and Care Partnership



Performance Reporting Framework

The performance framework provides the foundation for continuous performance improvement and system integration. Recognising that the governance and supporting performance and outcomes framework for the Wakefield District Health and Care Partnership (WDHCP) is still being established, this framework brings together a number of measures which indicate progress against key deliverables that are integral to delivering the strategic objectives of the WDHCP, West Yorkshire 10 big ambitions, NHS constitutional performance and other locally defined priorities.

The framework consists of four domains with identified themes to describe delivery and a basket of measures to track performance. The domains are currently aligned to the Wakefield District Health and Care Partnership Business Plan and NHS Strategic Oversight Framework.

The long-term objective is to work with the Alliances and system partners to devise a single reporting outcomes framework. A draft version has been created and is being discussed at the Partnership meeting in July. Once approved, this report will be reworked and replaced with the new Outcomes Framework.

How performance is measured

Performance is measured against national or local trajectory. Where no target exists, a previous year baseline comparator is used. We use statistical process control to understand variation and trend. SPC icons are displayed in the domain tables as a substitute for an SPC chart. These icons demonstrate if any variation in trend is normal, where performance is off-track and pinpoint the areas where focus is needed.

Statistical Control Process (SPC) Key

Perform	Assure	Description
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will FAIL the target without system change.
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or worse performance. However despite deterioration the system is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or worse performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly LOWER . This occurs where there is deteriorating performance. This system is not capable. It will FAIL the target without system change.
		Special cause of a concerning nature where the measure is significantly LOWER . This occurs where there is deteriorating performance. However the system is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly LOWER . This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This system is not reliably capable. It will FAIL to consistently meet target without system change.
		Common cause variation, no significant change. The system is capable and will consistently PASS the target.
		Common cause variation, no significant change. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).

Variation shows the trend
Assurance shows delivery against target/baseline

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target



Promoting improved population health

Health and care resources are used to promote improved population health

KPI Scorecard										
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
Health initiatives	Dementia diagnosis rate	Wakefield	M	High	Apr 23	62.0%	63.2%			
	Number of referrals to NHS digital weight management services per 100k head of population	Wakefield	Q	High	Q4 22/23	-	19.2			
Best start in life	Reduce % of babies born to mothers who was a smoker at birth	Wakefield	Q	Low	Q4 22/23	6.0%	14.2%			
	Increase % of babies who are breast fed at 6-8 week check	Wakefield	Q	High	Q1 22/23	-	35.5%			
Personalised care	Proportion of people with severe mental illness receiving a full annual physical health check and follow-up interventions	Wakefield	Q (YTD)	High	Q4 22/23	60.0%	61.2%			
	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	Wakefield	M (YTD)	High	Mar 23	75.0%	60.5%			
	Rate of personalised care interventions (rate per 1,000)	Wakefield	Q	High	Q2 22/23	-	275.7			
	Proportion of diabetes patients that have received all eight diabetes care processes	Wakefield	M (YTD)	High	Mar 23	60.0%	63.2%			

Supporting Information

- Performance against the Dementia diagnosis measure has improved with the local trajectory being achieved in April.
- There are discrepancies with the NHSE learning disability health check data and these are still being worked through. There is variation between the NHSE reported 22/23 year-end figure which suggests that we have not achieved the target of 75% and data extracted directly from GP clinical systems that shows Wakefield has achieved 83%. This is being reviewed by the Data Quality Team. An update on the data quality issue will be feedback into the Integrated Governance Committee.



Supporting people to stay well

People in Wakefield district live in communities where they are supported to stay well

KPI Scorecard										
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual	Variation	Assurance	Refreshed
Screening	Bowel screening coverage - % patients aged 60 - 74 screened in the last 30 months	Wakefield	M	High	Oct 22	75.1%	73.7%			
	Breast screening coverage - % females aged 50 - 70 screened in the last 36 months	Wakefield	M	High	Oct 22	72.5%	60.7%			
	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	Wakefield	M	High	Feb 23	79.8%	73.4%			
Vaccinations	Immunisations Early Years - MMR for two doses (2-30 years)	Wakefield	A	High	2021/22	-	83.2%			
	Immunisations Early Years - 6 in 1 three doses (0-6mths)	Wakefield	M	High	Jan 23	-	85.6%			
	Immunisations Early Years - DTaP/IPV Booster (5 years)	Wakefield	M	High	Jan 23	-	86.1%			
Child health	Reduce volume of A&E attendances for children and young people aged 17 years and under (rate per 1,000)	Wakefield	M	Low	Apr 23	37.00	32.71			
	Fewer children 2 - 4 years will be admitted to hospital with any respiratory condition (all admissions)	Wakefield	M	Low	Apr 23	512	418			
	Fewer children 4 years and under will be subject to a child protection plan	Wakefield	M	Low	Mar 23	-	154			
Medicines	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care (rolling 12 mths)	Wakefield	M	Low	Feb 23	87.1%	117.1%			
	Antimicrobial resistance: appropriate prescribing of broad-spectrum antibiotics in primary care (rolling 12 mths)	Wakefield	M	Low	Feb 23	10.0%	5.8%			

Supporting Information

- The Covid19 Spring Vaccinations campaign runs until 30th June, targeting older adult care home residents and those over 75 or with immunosuppression. Wakefield's uptake data is currently the highest in the NHS North East and Yorkshire region. By 11th June over 63% of eligible patients had received their booster (over 26,650 patients) against a national target of 70% uptake. Over 70% of Care Home residents have accepted a booster. A 'big push' campaign is now running until 18th June with promotion of both appointments and walk-in capacity.

- During July and August, vaccinations will pause apart from patients newly immunosuppressed. JCVI are expected to provide guidance during July on seasonal (Autumn) boosters.
- Screening coverage performance has fallen and this is due to how the data is reported and the time period for inviting patients for screening. To support the delivery of performance in Wakefield and to review any variation amongst GP practices, a Screening and Prevention Programme has been set up in Wakefield with the Cancer Screening Team and Public Health. This group will scrutinise the performance on a regular basis.



Care closer to home

More health and care services are provided at home or close to home

KPI Scorecard								Variation	Assurance	Refreshed
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual			
UCR	% of UCR referrals reached within two hours	Wakefield	M	High	May 23	70.0%	89.4%			
	% of patients stayed at home for 7 days following referral	MYTT	M	High	May 23	-	94.5%			
Virtual Ward	Number of admissions	MYTT	M	High	May 23	-	181			
Supported discharge	% of patients discharged from hospital to their usual place of residence	Wakefield	M	High	May 23	92.0%	92.3%			
	% of all patients discharged - pathway 0 (simple discharge, no input from health / social care)	MYTT	M	High	May 23	50.0%	45.1%			
	MYTT Bed occupancy	MYTT	M	Low	May 23	96.9%	96.1%			
	Number of patients with no reason to reside, occupying an acute bed	MYTT	M	Low	May 23	-	188			
	% of NEL admissions with a LOS >21 days	Wakefield	M	Low	May 23	4.9%	6.7%			
End of life	% with a PPD (Preferred place of death)	Wakefield	Q	High	Q3 2022/23	-	81.2%			
	% died at the PPD (Preferred place of death)	<i>New measure to follow</i>		-						
	% with an ACP (Advanced Care Plan)	Wakefield	Q	High	Q3 2022/23	-	72.6%			

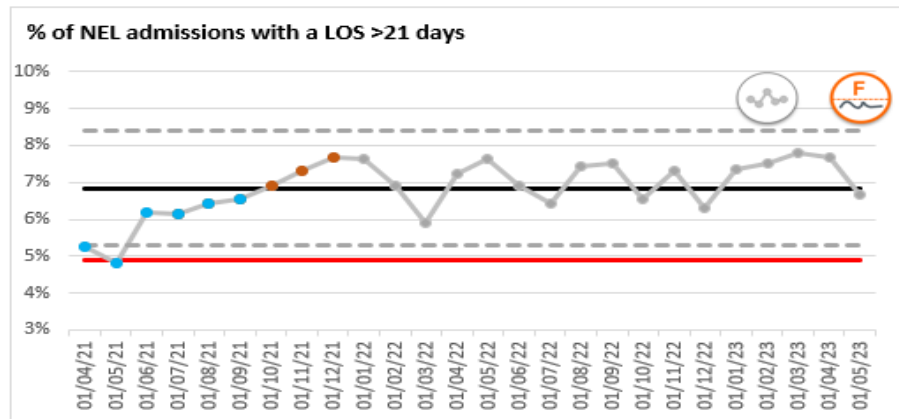


Care closer to home

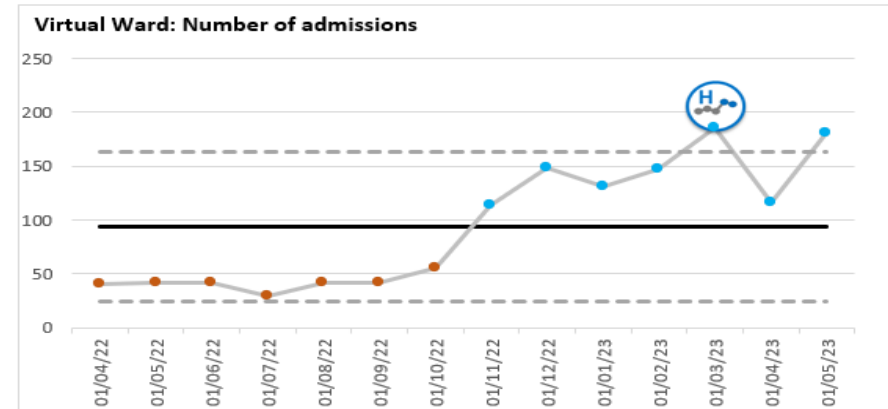
More health and care services are provided at home or close to home

KPIs in focus

% of NEL admissions with a LOS >21 days



Virtual ward: number of admissions



Supporting Information

- The month of May has seen a fluctuation in the number of patients for whom their average LOS exceeds 21 days. The number of patients with no reason to reside increased slightly in May to an average of 190. Work is ongoing on the Work as One programme with a specific set of actions and outcome metrics being targeted.
- The Frailty and Respiratory Virtual Ward teams had a successful month in May - managing 181 (+65 people compared with April) people during May 2023. There were 40 Virtual Ward beds open (+14 beds compared with April's performance) on average during May, against a target of 50 (this means that we achieved 80%, which is the NHSE target for bed occupancy for against trajectory).
- The UCR team within MYACS has achieved above target with 89% (+2% increase in performance compared with April) delivery of 0–2-hour referrals within 0-2 hours during May 2023 (national target 70%) with 914 referrals (+36 referrals compared with April) received and 817 people being seen within the target timeframe. 95% (+2% compared with April performance) of those patients remained at home up to 7 days following the intervention.



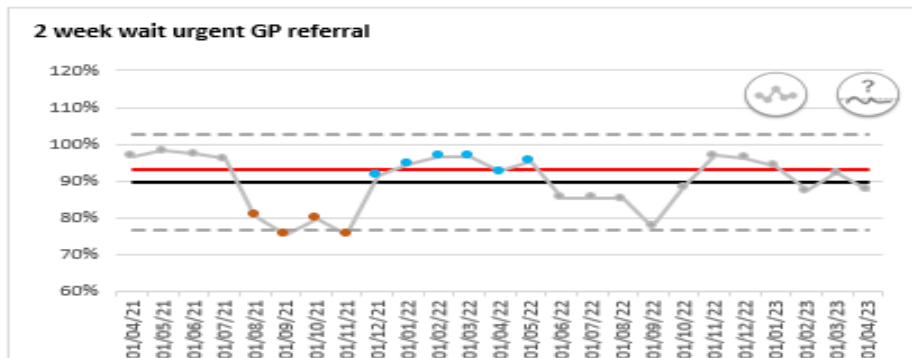
Right care, right place, right time

Health and care services are personalised, accessible, seamless and timely

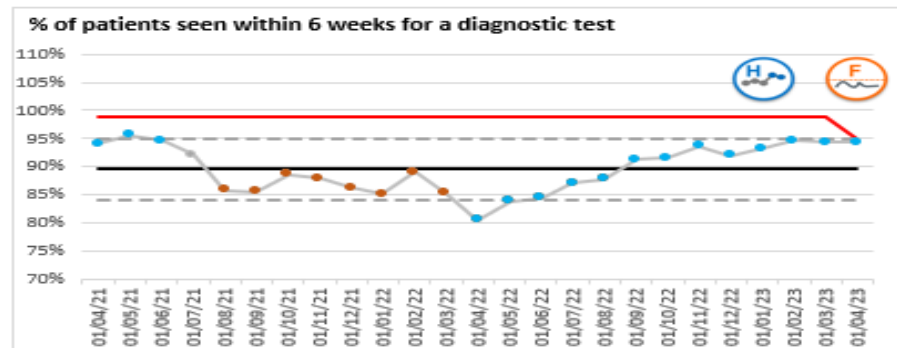
KPI Scorecard									Variation	Assurance	Refreshed
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual				
Cancer	2 week wait urgent GP referral	Wakefield	M	High	Apr 23	93.0%	87.7%				
	62 day wait from an urgent GP referral having first definitive treatment for cancer	Wakefield	M	High	Apr 23	85.0%	66.7%				
Diagnostics	% of patients seen within 6 weeks for a diagnostic test	Wakefield	M	High	Apr 23	95.0%	94.4%				
RTT	Incomplete pathways	Wakefield	M	Low	Apr 23	44346	47592				
	Patients waiting more than 52 weeks to start consultant-led treatment	Wakefield	M	Low	Apr 23	1038	1228				
	Patients waiting more than 65 weeks to start consultant-led treatment	Wakefield	M	Low	Apr 23	230	270				
	Patients waiting more than 78 weeks to start consultant-led treatment	Wakefield	M	Low	Apr 23	0	55				
	Patients waiting more than 104 weeks to start consultant-led treatment	Wakefield	M	Low	Apr 23	0	26				
Urgent care	% of patients seen within 4 hours in ED	MYTT	M	High	May 23	66.6%	73.3%				
	% of patients spending more than 12 hours in ED	MYTT	M	Low	Apr 23	2.0%	2.3%				

KPIs in focus

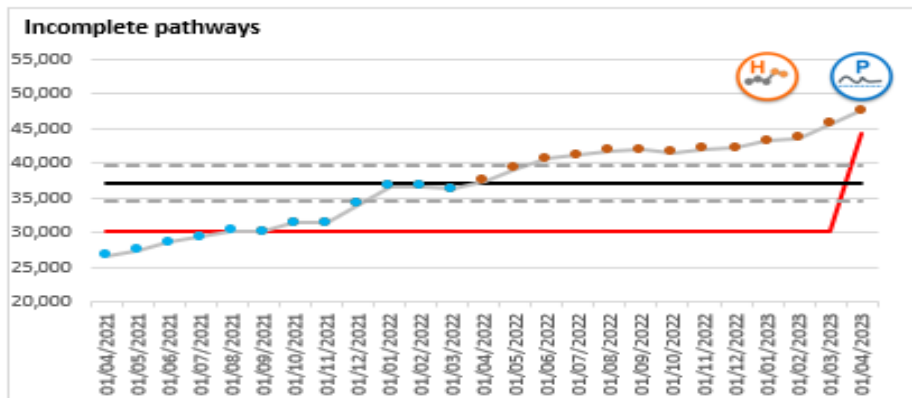
2 week wait urgent GP referral



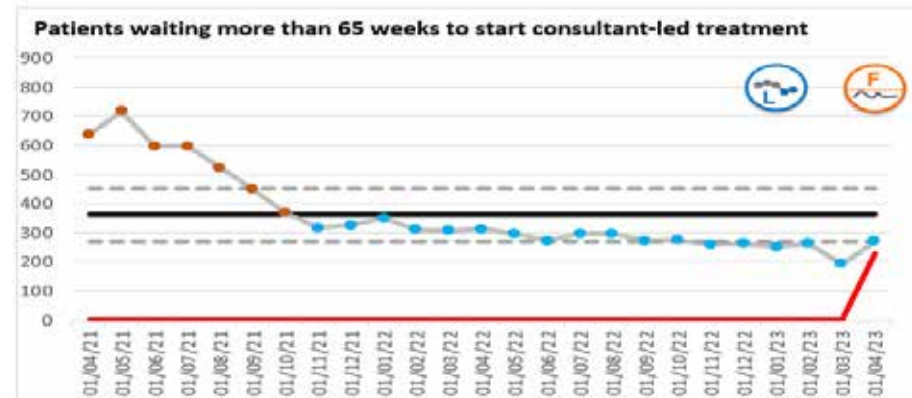
% of patients seen within 6 weeks for a diagnostic test



RTT Incomplete pathways



RTT Patients waiting over 65 weeks for treatment



Supporting Information

Urgent and Emergency Care

- Performance against the 4 hour waiting time standard at the end of May reported at 73.3% for all patients, 83% for non-admitted patients and 30% for admitted patients.
- Challenges remain within the admitted patient pathway with this being an area of focus with service improvement work being undertaken as we continue to see Emergency Department waits remaining high with extended waits for inpatient beds.
- Ambulance handover remains a high priority with continuing strong performance in May against two of the standards with 15 minutes handover being achieved in 80.8% against a target of 65% and 30 minute handover target being achieved in 93.4% against a target 95%. There were 2 reported 60 minute handover breaches, which both occurred during a period of extreme pressure.

- MYTT reported 13, 12 hour nationally declarable breaches during May. 10 of these breaches were attributable to delays caused by interfacility transfers and 3 were linked to delays in accessing inpatient mental health beds.

Planned Care

What is driving the performance?

- The incomplete WL continues to grow, and the number of long patient waits increased in April. Validated data for April shows deterioration against the 78-week waiting time performance. However, 26 over 78-week waits were coding errors with Operose. The contract with Operose ceased on 31 May 23 and these reporting errors will be rectified when the patients are transferred to the new provider. The issue has been escalated to Operose and we have received assurance that the issue will be rectified as soon as possible.
- Current 78 weeks for treatment are spread across several specialties, but mostly Ophthalmology, T&O and ENT with patients waiting for treatment at Leeds, Mid Yorkshire and Sheffield. There are no patients waiting over 78 weeks for treatment with the independent sector.
- GP referrals at MYTT are above previous levels, specifically within ENT, Gynecology and Oral Surgery.
- The volume of activity delivered across the Wakefield system fell below plan in May as industrial action continues. Day case activity reported 2% below plan in May.

What are the actions being taken?

- MYTT is working to bring down the number of active patients on the total waiting list to less than 50,000 by March 2024. The position at the end of April reported at 54,000. Individual service targets have been agreed to support this and productivity measures are in place to ensure more patients are treated sooner.
- MYTT is centralising elective Orthopaedic Surgery to Pontefract Theatres where more planned surgery will take place through the newly commissioned clean air system that was installed to two theatres. This investment will enable the service to progress to Centre of Excellence status and will provide increased capacity throughout the year. Pontefract is a cold elective site and as such, will not be exposed to acute bed pressures through the winter months and this will enable more operating to take place. The service will recruit four new Consultant Surgeons and four new Registrar posts to support increased activity levels from this financial year.
- Tools for reducing inappropriate demand and improving capacity such as Advice and Guidance via the Shared Referral Pathway, PIFU and remote consultations are all being applied in specialties for support. Our use of Patient Initiated Follow Up continues to grow across the Trust with over 1500 patients added to a pathway last month.
- In terms of 62 day cancer performance, the trust continues to work through its backlog of patients. Tumour site groups have developed a monthly trajectory to reduce the number of >62 day patients.
- For Cancer performance at MYTT the 2-week wait performance has increased on the previous month. The Trust is close to achieving the 93% standard and teams are working closely to validate all breaches to ensure the standard is met

Update on actions

- The Planned Care Redesign programme remains focussed on reducing the total incomplete waiting list, ensuring safety while waiting and aiming to reduce the total waiting list through innovation and transformation of services. A waiting list validation is in progress, and this has shown early success with around 5% of patients removed through patient choice. The programme also involves all patients being asked to confirm if their appointment and/or treatment is still required.
- In terms of ENT, which is a pressured speciality, current recovery is supported by extensive use of the independent sector but there have been some challenges to this as patients would need to travel outside of Wakefield to where the theatres were located. This makes it difficult to offer treatment where necessary and with direct access without triage some patients are not suitable and cannot proceed. This has led to approximately 30% return rate to MYTT and impacting on capacity. To deal with this the team are working collaboratively to review the current approach.
- The waiting well collaborative project with Wakefield Live Well to provide social prescribing for long waiting patients has been completed. Approximately, a third of patients took up the offer and positive feedback has been received, with a 100% of patients stating that their wellbeing has improved as a result and 75% felt better prepared for their surgery. Patients have been referred on to several services including Age UK, Citizens Advice and Social Care for additional support. We are now looking at more analytical data to see if the interventions lead to better health and care outcomes.

KPI Scorecard								Variation	Assurance	Refreshed
Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target	Actual			
Mental health	Number of women accessing specialist perinatal mental health services	Wakefield	Q	High	Q4 22/23	102	59			✓
	IAPT Recovery	Wakefield	M	High	Apr 23	50.0%	54.4%			✓
	IAPT Access	Wakefield	M	High	Apr 23	783	802			✓
	Access to community mental health services for adult and older adults with severe mental illness	Wakefield	Q	High	Q3 22/23	3360	3175			
	Early Intervention Psychosis (EIP) 2 weeks (NICE approved care package)	Wakefield	M	High	Apr 23	60.0%	95.8%			✓
	Out of Area Placements	Wakefield	M	Low	May 23	0	4			✓
CYP	Waiting times for urgent referrals to CYP eating disorder service	Wakefield	Q	High	Q1 22/23	95.0%	94.4%			
	Waiting times for routine referrals to CYP eating disorder service	Wakefield	Q	High	Q1 22/23	95.0%	95.3%			
	Number of autism spectrum disorder (ASD) referrals	Wakefield	M	Low	May 23	114	109			✓
	Number of children on the ASD waiting list at month end	Wakefield	M	Low	May 23	-	1360			✓
	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact	Wakefield	M	High	Jan 23	7500	5470			

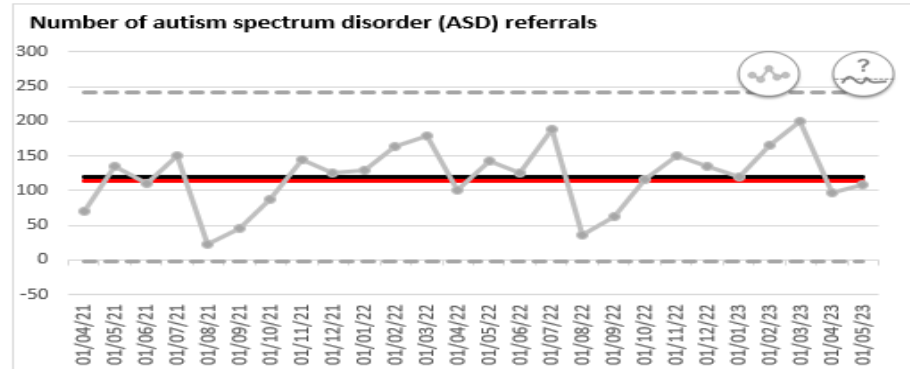


Right care, right place, right time

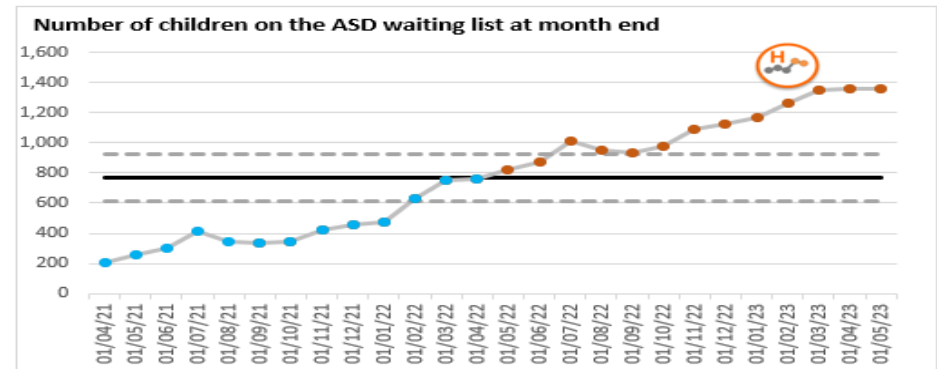
Health and care services are personalised, accessible, seamless and timely

KPIs in focus

Number of ASD referrals



Number of children on the ASD waiting list



Supporting Information

Mental Health & CYP

- Wakefield is consistently above target for rates of Early Intervention in Psychosis.
- In April there were 3 patient requiring adult acute mental health inpatient care that spent time admitted to a unit outside of SWYPFT because no bed was available locally.
- SWYPFT continues to deliver above the 95% target of admissions to the trust's acute wards meaning that all patients were assessed by a crisis resolution team prior to admission who then gave input to the decision making for the individual to be admitted.
- The Psychiatric Liaison Team continues to achieve its targets of seeing patients in the ED within 1 hour and patients on the wards within 24 hours, supporting system working with MYTT.
- Waiting times for CYP with urgent referrals for eating disorders remains at 100% CYP seen within one week in referral, a significant success for the service.
- The waiting list for Children's ASD remains high and a detailed review will take place in the Integrated Assurance Committee in June.
- The waiting list for Adult ADHD remains high. Continued support at WY level is welcomed.
- Talking therapies continues to exceed local access target numbers and achieve the over 50% recovery rate.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	13
Meeting date:	6 July 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:	Karen Parkin, Operational Director of Finance, Wakefield ICB

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 of May 2023, apart from the Council which is unable to share M2 until approval at Cabinet on 25th July.</p> <p>Wakefield delegated ICB reported £4m adverse to its control total in line with the agreed reporting position of the WY ICS with NHS England.</p> <p>Both Wakefield Place NHS organisations have reported in line with their break-even control totals.</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"> Note the month 2 year-end forecast position. Understand the financial risks contained within the forecast numbers, and the actions being taken in Integrated Assurance Group to mitigate these risks. 			

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
No.
Appendices
N/A
Acronyms and Abbreviations explained
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	Reporting an adverse financial position for NHS organisations, with potential risk in Children's 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 the end of month 2 (31 May 2023) for NHS organisations and disclosing plan only for the Council.
- 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 The figures presented for the Council reflect the plan of Social Care and Public Health only (the forecast is matched to plan until approved reporting becomes available after 25 July)
- 1.4 The summary forecast position for M2 (Plan for Wakefield Council) is as follows:

	YTD income / budgets £m	YTD costs £m	YTD Surplus (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	128.1	127.8	0.3	1.0
Mid Yorkshire Teaching NHS Trust	117.4	122.9	(5.5)	0.0
South West Yorkshire Partnership NHS Foundation Trust	66.0	66.0	0.0	0.4
Wakefield Place - Total	311.5	316.7	(5.2)	1.4

	Full Year income / budgets £m	Full Year costs £m	Full Year Surplus / (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	768.9	767.0	1.9	5.9
Mid Yorkshire Teaching NHS Trust	671.6	671.6	0.0	0.0
South West Yorkshire Partnership NHS Foundation Trust	399.7	399.7	0.0	0.0
Wakefield Place - Total	1,840.2	1,838.3	1.9	5.9

Wakefield Council - Social Care and Public Health	Annual budgets	Forecast costs	Forecast Surplus / (Deficit)
	£m	£m	£m
Adults Social Care	108.8	108.8	0.0
Childrens Social Care	55.7	55.7	0.0
Public Health	22.6	22.6	0.0
Wakefield Council - Total	187.1	187.1	0.0

- 1.5 Both NHS Trust organisations reported within budget. The delegated ICB position is £4m adverse to plan due to release of the system pressure in line with the agreement with NHSE. It is however expected that mitigations will be found.
- 1.6 The Council will only be able to report M2 once it is approved at the 25 July Cabinet meeting. However, the Council has provisionally advised it is experiencing financial pressure, mainly within Children’s social care.
- 1.7 The key risks that need to be managed or mitigated during 2023-24 include:
- Solution to mitigate the £4m pressure arising from Wakefield’s share of the £25m WY ICS system challenge.
 - Delivery of the combined £63m efficiency / Waste Reduction Programme across the Wakefield NHS organisations.
 - The increasing demand on all services across Place, and out of area placements
 - Increasing vacancies and the subsequent impact of adverse spending on temporary staffing costs
 - Increasing acuity of our patients
 - Prescribing cost pressures over and above planning assumptions but as of reporting there was insufficient data to confirm this.
 - Elective recovery under-performance within NHS providers partially offset by over-performance in the independent sector budgets held by the commissioner. However, there is a risk of a cost pressure to the commissioner if insufficient Elective Recovery funding is earned. (Estimated as maximum £5.9m risk at current trading).
 - Further cost inflation
 - Cost of strike action

2. Next Steps

- 2.1 Wakefield Place NHS organisations submitted their 2023-24 financial plans on 3 May. The overall WY ICS provider plans was a £25m deficit but was offset by a £25m surplus for the total WY ICB. The delivery of the £25m surplus is a risk to the ICB, with Wakefield having a £4m share.
- 2.2 Within the plans there are risks of unidentified efficiency accompanied by a high value of risks with no identified mitigations.
- 2.3 The Wakefield Integrated Assurance Committee will therefore continue to review the reported positions through 2023-24 and escalate risk to the delivery of control totals when appropriate, noting that Wakefield delegated ICB has already moved £4m off plan at M2.
- 2.4 All partners should continue to work together to manage financial risk through 2023-24, alongside our partners in the wider Integrated Care System.

3. West Yorkshire Integrated Care System

- 3.1 For the WY ICS (adding together the ICB and NHS provider positions) at M2 (May) there was a year-end forecast position of £25m deficit against the total break-even target. This is in line with the expected deficit at the time of submitting the plan.
- 3.2 Although the final submitted 2023-24 WYICS plan was to achieve a balanced position, it assumed a high level of efficiency and unmitigated risk, resulting in the actual forecast position of £25m deficit. Within the plan is significant financial risk in relation to the delivery of the Waste Reduction Programmes, coupled with the operational risk around funding the high levels of capacity to deliver the levels of productivity required.

4. Recommendations

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

- 4.1 Note the month 2 year-end forecast position.
- 4.2 Understand the financial risks contained within the forecast numbers, and the actions being taken in Integrated Assurance Group to mitigate these risks.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	6 July 2023
Report title:	Wakefield District Health & Care Partnership Terms of Reference
Report presented by:	Gemma Gamble Senior Strategy and Planning Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Gemma Gamble Senior Strategy and Planning Manager

Purpose and Action			
Assurance <input checked="" 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:			
Not applicable			
Executive summary and points for discussion:			
<p>The Wakefield District Health and Care Partnership (WDHCP) committee conducted an end of year effectiveness self-assessments during March. The assessment provided a helpful way to assess performance and evaluate the committee's ability to discharge its respective duties and responsibilities effectively.</p> <p>The outcomes have also been used to inform the committee's annual review of its terms of reference (TOR). The WDHCP is asked to approve changes to WDHCP committee terms of reference.</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 checked="" type="checkbox"/> Enhance productivity and value for money <input checked="" type="checkbox"/> Support broader social and economic development			
Recommendation(s)			
It is recommended that the Wakefield District Health and Care Partnership Committee: <ol style="list-style-type: none"> To APPROVE the amendments to the WDHCP committee's TOR. 			
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:			
Not applicable			

Appendices
WDHCP Committee Terms of Reference
Acronyms and Abbreviations explained
Not applicable – all acronyms and abbreviations are explained in the report

What are the implications for?

Residents and Communities	Not applicable
Quality and Safety	Not applicable
Equality, Diversity and Inclusion	The Board and its committees must consider the equality and diversity implications of all decisions.
Finances and Use of Resources	Not applicable
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Not applicable
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	The proposed changes have resulted from engagement with committee members

1. Introduction

- 1.1 All of the West Yorkshire's Integrated Care Board (ICB) committees have been undertaking end of year effectiveness self-assessments during March-May. The assessments provide a helpful way to assess performance and evaluate each committee's ability to discharge its respective duties and responsibilities effectively. The outcomes have been used to inform each committee's annual review of its terms of reference.
- 1.2 The Wakefield District Health and Care Partnership (WDHCP) committee is asked to approve changes to committee terms of reference 2023-24. The terms of reference for place committees will be presented to the July 2023 ICB Board.

2. Terms of Reference

- 2.1 All of the ICB Board's committees are required to review their terms of reference annually to ensure they remain fit for purpose.
- 2.2 Each committee has undertaken this review and the terms of reference (TOR) for the WDHCP are appended for approval (flagged with tracked changes). Once approved, the terms of reference will be presented to the July 2023 ICB Board, updated on the ICB's website, and included within the Governance Handbook.
- 2.3 Summary of main changes:
 - Updates to membership and appointments to bring in line with WY ICB
 - Changes to updating two clinical members to voting members and
 - Changes to paragraph 4, bullet point 3 to reflect national terminology.

3. Next Steps

The Committee's terms of reference will be presented to the July 2023 meeting of the ICB board and updated on the ICB's website.

4. Recommendations

To APPROVE the amendments to the Committee terms of reference.

5. Appendices

Appendix 1 – Committee Terms of Reference

Wakefield District Health & Care Partnership Title

Wakefield District Health and Care Partnership Committee Terms of Reference

Version control

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

Change history

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

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<u>0.8</u>	<u>Updated to final version following ICB approval</u>	<u>Becky Barwick</u>	<u>13.07.22</u>
<u>0.9</u>	<u>Updated following committee effectiveness review</u>	<u>Gemma Gamble</u>	<u>29.06.23</u>



1. Introduction

~~4.1~~ The Wakefield District Health and Care Partnership Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

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~~4.2~~ These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, ~~membership~~membership, and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

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~~4.3~~ The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

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

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~~4.4~~ The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

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

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

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

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2. Membership & attendees

2.1 Members & appointment process

Sector	Organisation/role	Member/in attendance	Deputy
Independent members	Independent Chair	Member (voting)	One of Independent Members to be nominated as deputy
	Independent member - assurance	Member (voting)	No
	Independent member – citizen voice and inclusion	Member (voting)	No
Statutory NHS organisations	ICB Place lead	Member (voting)	Nominated by place lead. Approved by WDHCP Committee
	Mid Yorkshire Hospitals-Teaching NHS Trust Chief Executive	Member (voting)	Nominated by Chief Executive
	South West Yorkshire Partnership Foundation Trust Chief Executive	Member (voting)	Nominated by Chief Executive

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Sector	Organisation/role	Member/in attendance	Deputy
Healthwatch	Healthwatch	Member (voting)	Nominated by Healthwatch
Local authority	Wakefield Council Director of Adult Social Care	Member (voting)	Nominated by Director of Adult Social Care
	Wakefield Council Director of Children's Services	Member (voting)	Nominated by Director Children's services
	Director of Public Health (DPH)	Member (voting)	Nominated by DPH
Primary Care Networks	Two representatives	Member (one voting/shared vote)	<u>Chair of the LMC</u> Nomination process by Conexus. Confirmation by Chair.
VCSE	Two representatives	Member – (one voting/shared vote)	Nominated by NOVA (x2)
Housing	One representative	Member (voting)	Nominated by Wakefield District Housing
<u>Provider collaborative</u>	<u>Chair of Provider Collaborative</u>	<u>Member (voting)</u>	<u>Nominated by Provider Collaborative</u>

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

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

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

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

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3. Arrangements for the conduct of business

3.1 Chairing meetings

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

3.2 Quoracy

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

For the sake of clarity:

• No person can act in more than one capacity when determining the quorum.

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• An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

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

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

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

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

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3.3 Voting

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

- All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 2.1. Deputies attending on behalf of a committee member will be able to vote. Attendees and observers do not have voting rights.)

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- Absent members may not vote by proxy. Absence is defined as being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

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- A resolution will be passed if more votes are cast for the resolution than against it.

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- If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.

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- Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

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

3.4 Frequency of meetings

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

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

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

3.5 Urgent decisions

3.5

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

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

3.6 Admission of the press and public

Meetings of the Committee will be open to the public.

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

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

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

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

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

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

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

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

3.61.1 Admission of the press and public

~~Meetings of the Committee will be open to the public.~~

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

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

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

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

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

3.7 Declarations of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy.

Subject to any previously agreed arrangements for managing a conflict of interest, the

chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

3.8 Support to the Committee

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

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

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

4. Remit and responsibilities of the committee

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

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

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

- To provide strategic direction and leadership to ensure that the vision and objectives of the Partnership are successfully delivered
- To extend the years that people live in good health and improve health outcomes for the Wakefield district population through preventative programmes and investment to address social determinants of health

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- To target activities of the partnership to narrow the health inequalities gap between the poorest and wealthiest neighbourhoods and different populations in the district, ensuring additional needs of people from diverse communities and others with protected characteristics are reflected in service design.
- To work together to develop comprehensive care in community and hospitals settings, to reduce avoidable hospital admissions and re-admissions and facilitate timely discharge
- Collaborate on initiatives that reduce people's likelihood of developing long term conditions, cancer and cardiovascular disease and ensure effective treatment and care for people with these conditions.
- Design and implement programmes to tackle anxiety and depression and reduce the number of suicides and incidence of mental ill health in the district.
- Deliver integrated care and support for older and vulnerable people and those at the end of life to enable them to live safe and fulfilled lives.
- Ensure effective support to informal and unpaid carers that recognises and maximises their contribution to the health and care system.
- Actively promote community engagement and ensure decisions of the partnership are shaped by the citizen voice.
- Adopt a collaborative approach to continuous quality improvement that delivers greater flexibility, financial sustainability and system resilience.
- Adopt a robust and balanced approach to risk and opportunity.

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

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

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

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

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

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

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

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Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15
Meeting date:	6 July 2023
Report title:	Wakefield Place Risk register
Report presented by:	Gemma Gamble, Senior Strategy & Planning Manager
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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:			
Integrated Assurance Committee – 28 June 2023			
Executive summary and points for discussion:			
<p>This paper presents the Wakefield Place Risk Report including those risks rated 12 and above, risks which have been flagged for closure, new risks and risks which have decreased or increased in score. The full Wakefield Place Risk Register is attached at Appendix 1.</p> <p>There are currently 18 risks on the Wakefield Place Risk Register, two of which are marked for closure, leaving a total of 16 open risks.</p> <p>A Risk Management Workshop took place on 17 May 2023 with colleagues at Wakefield Place including an update on the Risk Management process, review and escalation, a review of the Risk Register for Wakefield Place and proposals for next steps. Following this workshop, meetings have been arranged with partnership risk colleagues to consider how we could triangulate information and provide visibility of system partners high scoring risks.</p> <p>This report was presented to the Wakefield Integrated Assurance Committee (IAC) on 28 June 2023.</p> <p>At the IAC on 28 June 2023 there were two deep dive agenda items undertaken on the following (with more detail in the main body of the report):</p> <ul style="list-style-type: none"> • Children’s Autism Diagnosis Pathway (Risk 2128) • Waiting Well Support for those on MYTT Planned Care Waiting Lists (Risk 2129) 			

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

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

Recommendation(s)

The Wakefield Health and Care Partnership Committee is asked to:

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield.
2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in 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:

The report provides assurance that the Partnership is working in an integrated way to address the wider determinants of health.

Appendices

1. Wakefield place risk register

Acronyms and Abbreviations explained

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

What are the implications for?

Residents and Communities	The risk register highlights potential risks to health and care for residents and communities
Quality and Safety	The risk register highlights risks to quality and safety
Equality, Diversity and Inclusion	The risk register highlights equality, diversity and inclusion risks

Finances and Use of Resources	The risk register highlights risks associated with finance and resources
Regulation and Legal Requirements	The risk register highlights risks to compliance with regulatory and legal duties
Conflicts of Interest	No specific conflicts of interest are identified in this paper
Data Protection	The risk register highlights risks relating to data protection
Transformation and Innovation	The risk register helps the partnership to prioritise transformation and innovation
Environmental and Climate Change	The risk register identifies environmental risks
Future Decisions and Policy Making	The risk framework informs decision making and policy development
Citizen and Stakeholder Engagement	The risk register identifies risks associated with citizen and stakeholder engagement

1. Introduction

- 1.1 The report sets out the process for review of the Wakefield Place risks during the current review cycle (Cycle 2 of 2023/24) which commenced on 17 May and ends after the West Yorkshire ICB Board (WY ICB) meeting on 18 July.
- 1.2 The report shows all high-scoring risks (scoring 12 and above) recorded on the Wakefield Place risk register. Details of all Wakefield Place risks are provided in Appendix 1.

2. Wakefield Place Risk Register

- 2.1 The West Yorkshire Integrated Care Board (ICB) risk management arrangements categorise risks as follows:
 - Place – a risk that affects and is managed at place
 - Common – common to more than one place but not a corporate risk
 - Corporate – a risk that cannot be managed at place and is managed centrally
- 2.2 The [West Yorkshire Risk Management Policy and Framework](#) was approved at the West Yorkshire ICB Board on 21 March 2023.
- 2.3 All high scoring place risks and all risks common to more than one place are reported to the ICB Board. The Risk Management Operational Group have met and identified common risks across places for this cycle; these will be reported to the WY ICB in July.
- 2.4 The Place Risk Register will not capture risks which are owned by ICS System Partners, that they are accountable for via their individual statutory organisations.

A Risk Management Workshop took place on 17 May 2023 with colleagues at Wakefield Place. The workshop covered the risk management process including identifying risks, scoring of risks, controls and assurances. Consideration is being given to understand how we can work with system partners to triangulate information and provide visibility of system partners high scoring risks with meetings set up with partner organisations in the coming weeks to determine the best reporting options.

- 2.5 This cycle work has been undertaken with risk owners to update their risks, review the risk score and ensure that additional information is complete. This more focused and supportive approach will continue.

2.6 At the IAC on 28 June 2023 there were two deep dive agenda items undertaken on the following:

- Children’s Autism Diagnosis Pathway (Risk 2128)
- Waiting Well Support for those on MYTT Planned Care Waiting Lists (Risk 2129)

Children’s Autism Diagnosis Pathway (Risk 2128) - where it was noted that since August 2020 there had been a significant increase in referrals for children and young people requiring autism assessment. The main reasons for referral increase are the growing family population around the Wakefield area, the increased awareness of autistic traits in children and the need for additional support in an educational setting. Discussion took place around the complexities and sensitivities of this issue and the IAC noted the activity that is underway to mitigate the high demand high demand from children for an autism diagnosis and to support children who are neuro diverse and their families. However, it was noted that the activity being undertaken did not fully mitigate the risk identified on the risk register. It was proposed that the ASD Diagnosis Business Case be brought forward to go through the newly developed Framework for Investment Decisions.

Waiting Well Support for those on MYTT Planned Care Waiting Lists (Risk 2129) – where it was noted that Wakefield Place continues to have long waits for outpatient appointments and treatment, although the waiting list size has started to plateau. There were specific specialities that have the majority of long waits. The number of interventions which have taken place was discussed with a proposal to bring this back to a future meeting for a more enhanced discussion. The Waiting Well project was presented with the system wide collaborative approach to tackling the impact of long elective waiting lists noted and the aim to embed personalised care approaches within planned care to support a waiting well approach to address the physical and mental health needs of the longest waiters at Mid Yorkshire Teaching Trust (MYTT).

It was further proposed to identify other high rated risks on the Wakefield Place Risk Register for future deep dives at IAC.

2.7 There are currently **18 risks** on the Wakefield Place Risk Register, two of which are marked for closure, leaving a total of **16 open risks**.

The following risks are marked for closure both due to reaching tolerance levels:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Risk Status
2207	Healthy standard of living for all	6	There is a risk that public health and health and care providers will not be able to respond in a timely way to address health needs of asylum seekers due to not being	Closed - Reached tolerance

			given sufficient notice by the Home Office of people being moved into temporary accommodation in the district.	
2134	Healthy standard of living for all	4	There is a risk that older people with mental health problems do not receive optimum care due to the current configuration of inpatient services, resulting in extended length of stay and poorer outcomes	Closed - Reached tolerance

2.8 New Risks this Cycle

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Risk Status
2329	Healthy standard of living for all	16	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited.	New
2297	Improve healthcare outcomes for residents	9	Capacity and workforce pressures within the CHC contracting team could result in delays in commissioning patient care, dealing with provider issues and processing payments.	New

2.9 High Scoring Risks

The following risks provide an update on our high scoring risks at this cycle:

Risk ID	Strategic Objective	Risk Rating	Principal Risk
2329	Healthy standard of living for all	16	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited.

2142	Healthy standard of living for all	16	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.
2132	Healthy standard of living for all	16	There is a risk to the overall sustainability of the urgent care services within Wakefield due to the impending end of the lease for the King Street Walk In Centre. This service plays a vital role in the delivery of services at a place level. .
2128	Giving every child the best start in life	15	Children and young people aged 0-19 years will be waiting for over 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals. The time taken for a full diagnostic assessment for ASD for children and young people is continuing to increase due to the exceptionally and unpredicted number of referrals. The number of referrals remain much higher and above the capacity planning which was part of the business case for investment. The numbers of Patient Choice referrals for assessment has risen in the last 3 months which increases financial pressure on the organisation
2182	Prevention of ill health	12	There is a risk that the WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to a significant number of the cases having no previous health or social care interventions, resulting in failure to meet the requirements of the NHS Long Term Plan.
2129	Healthy standard of living for all	12	There is a risk of delays in people accessing planned acute care due to higher demand and the legacy impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.

2.10 Increasing scores

The following risks have increased following review by risk owners.

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2142	Healthy standard	16	There is a risk that the national capital regime and arrangements for the allocation of funding will mean	Risk reviewed and it was felt the score should be increased

	of living for all		there is insufficient resource within Wakefield place to support necessary service transformations.	to reflect the current national pressures for capital funding.
2132	Healthy standard of living for all	16	There is a risk to the overall sustainability of the urgent care services within Wakefield due to the impending end of the lease for the King Street Walk In Centre. This service plays a vital role in the delivery of services at a place level.	Risk reviewed and updated and score increased due to the timescales of the programme.
2128	Giving every child the best start in life	15	Children and young people aged 0-19 years will be waiting for over 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals. The time taken for a full diagnostic assessment for ASD for children and young people is continuing to increase due to the exceptionally and unpredicted number of referrals. The number of referrals remain much higher and above the capacity planning which was part of the business case for investment.	The numbers have begun to settle at this high rate and have maintained a monthly referral rate of 150 per month but the rapid rate increase in referral numbers is slowing. However because of the increased waiting times and pressure/publicity in neighbouring areas the numbers of Patient Choice referrals for assessment has risen in the last 3 months which increases financial pressure on the organisation.

2.11 Decreasing scores

The following risks have decreased following review by risk owners:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2129	Healthy standard	12	There is a risk of delays in people accessing planned acute care due to higher	Focused work is taking place on patient flow to ensure timely discharge

	of living for all		demand and the legacy impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.	and optimise use of bed capacity. The Planned Care Redesign programme remains focussed on reducing the total incomplete waiting list and it aiming to reduce the total waiting list through innovation and transformation of services including validation exercises which are underway.
2145	Healthy standard of living for all	9	There is a risk of patients waiting to be contacted beyond the initially assessed period by Local Care Direct (out of hours primary care delivery) due to high number of patient referrals resulting in a potential risk to patient safety and experience.	Text and scoring aligned to risk within Kirklees Place risk Register.

3. Next Steps

- 3.1 The risks will be carried forward to the next risk review cycle which will commence after the WY ICB Board meeting on 18 July 2023.
- 3.2 Work will continue to develop partnership and system risk management arrangements.

4. Recommendations

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

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield.
2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Final Reviewer	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
2329	13/06/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	10	(4xL4)		6 (12xL3)	Adam Robertshaw	Karen Parkin	Karen Parkin	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited.	1. Regular financial reporting to partnership committee including whole ICS reporting; 2. Risks openly and transparently shared; 3. Efficiency saving schemes are reported and risks; 4. Any changes to investment funding reported through Alliances / programme boards; 5. Financial plans approved at partnership committee	1. Joint efficiency schemes - Trust and ICB needs developing; 2. Investment decision making framework required; 3. All business cases should consider how schemes are funded and show a ROI.	1. Integrated Assurance Comm scrutinises detail and instigates deep dives where required.; 2. Audit check financial reporting controls and processes	Presentation to Partnership Committee - feedback on financial plan and high level of risk is clear and understood	Work programme for IAC - what do they want to concentrate on for deep dives			New - Open
2142	04/10/2022	Wakefield Integrated Assurance Committee	Healthy standard of living for all	10	(4xL4)		4 (14xL1)	Adam Robertshaw	Karen Parkin	Karen Parkin	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.	1. business cases contain sufficient detail on capital; 2. Capital is identified prior to any transformation schemes being implemented; 3. capital decisions are taken at Partnership Committee	tbc	1. Integrated Assurance explores options for Capital	bid submitted to NHSE	NHSE bid unsuccessful. Other options currently being explored, no solutions identified yet			Increasing
2132	04/10/2022	WDHCP	Healthy standard of living for all	10	(4xL4)		8 (14xL2)	Lucy Beeley	Melanie Brown	Melanie Brown	There is a risk to the overall sustainability of the urgent care services within Wakefield due to the impending end of the lease for the King Street Walk in Centre. This service plays a vital role in the delivery of services at a place level.	Unplanned Care programme has been reviewing the service and developing a business case for the future of this service. The programme is working to develop and provide a sustainable service that is able to meet the needs of the Wakefield population in a new location before the end of the lease.	Proposals for alternative service model and business case has been drafted and will be considered in private WDHCP at 23rd May 2023 meeting	Unplanned Care Alliance receives regular update reports - reported via minutes to WDHCP Committee Business case to be presented to WDHCP Committee in private 23rd May 2023 and July 2023 in public committee Progress reports to WDHCP Committee in May 2023 and planned for July 2023 WDHCP committee EIA and mitigation plans OSC review of proposals and arrangements for engagement and consultation, including assurance on actions to mitigate impact for affected groups planned for June 2023	Additional investment agreed in WDHCP committee in March 2023 for out of hours general practice capacity to address the gaps of the national NHSE contract which didn't cover PC access on Sunday's and Bank Holidays and beyond 8pm during the week- this provides capacity to reduce risk of patients presenting at A&E with Primary Care issues. The Mid Yorkshire Teaching NHS Hospitals Trust was previously part of the national pilot on emergency care standards and was not required to report its position against the four-hour standard during their collaboration with the pilot work. This will change from April and in preparation the trust has undertaken work to model the occupancy level that would be required to achieve and maintain a minimum level of 76% A&E performance. This has been worked through across the system with operational, performance and clinical colleagues to ensure robustness of the modelling used. The month end position for April 2023 in our first formal reporting on the 76% A&E performance for the Trust demonstrated that we are above local trajectory at 77.3% for all patients. This is positive assurance on this risk.	None identified		Increasing	
2128	04/10/2022	WDHCP	Giving every child the best start in life	10	(13xL5)		2 (11xL2)	Joanne Rooney	Jenny Lingrell	Melanie Brown	Children and young people aged 0-19 years will be waiting for over 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals. The time taken for a full diagnostic assessment for ASD for children and young people is continuing to increase due to the exceptionally and unpredicted number of referrals. The number of referrals remain much higher and above the capacity planning which was part of the business case for investment.	Current - The pathway is continuing to face unprecedented referrals numbers which means that MYTH are unable to flex sufficient suitably qualified Paediatricians to undertake the 1st initial appointment within 8-10 weeks. There has been a vacancy for a Community paediatrician with MYTH which have been out to advert and locum services for a considerable time, there is a national shortfall in Community Paediatricians - due to low numbers applying to access training pathways. This has been partially resolved however, the next element of the pathway due to insufficient staff capacity to assess the numbers which are initially referred and subsequently move through the pathway which is above the pre covid numbers and our historical referral patterns. Currently 1. Additional resource has been allocated to Mid Yorks to support the pathway - they are considering how best to support the pathway whether its paediatrician or a CYP Psychiatrist 2. A survey with parents was undertaken to understand the reason a diagnosis is sought which highlights concerns around support in school. 3. LA and health are jointly funding Autism Education Trust Training which is being delivered across all schools in Wakefield, currently its been delivered to over 2000 individuals. 4. Expanding on the work above to develop an accreditation for schools and ASD School Champions 5. A business case was prepared and shared, there is a multi-agency group who have attended the Spread and Scale Academy to look at how we can develop support which could reduce the demand for a diagnosis assessment. 6. To undertake further engagement with parents/carers and other stakeholders 7. Mid Yorks to continue to consider how to streamline the clinical pathway.	If unable to recruit - there is a low supply of suitably qualified staff - if the paediatrician element was resolved the waiting times in the next element of the pathway would increase due to insufficient capacity to meet the numbers who are because of the patient flow would be A sustained rise in referrals beyond the additional capacity which was factored into the additional investment. There have been temporary mitigations which maintained an element of the pathway at previous timescales However now there is pressure across all elements of the pathway from the 1st appointment to the different assessment elements and final appointment. Resulting in an increase in waiting times for ASD diagnosis for 0-19 year olds which have risen to over 52 weeks for a full assessment to be completed from date of referral. Additionally there is a new framework and operational guidance from NH SE to deliver improved outcomes in all-age ASD assessment pathways which increases the oversight and therefore the reputational risk in relation to this pathway. However because of the increased waiting times and pressure/publicity in neighbouring areas the numbers of Patient Choice referrals for assessment has risen in the last 3 months which increases financial pressure on the organisation	Monthly monitoring of the the service through data reports and the Multi-agency ASD Strategy Group (regular agenda and minutes) Oversight by the Children's Alliance. Reporting the SEND Strategic Board Reporting and to the MH Provider Alliance	Monthly data and information on the performance and actions taken Trajectories are regularly updated by MYTH and shared with the CYP commissioner Engagement to look at the pathway and possible support - to reduce the need for referrals.	None recorded		Increasing	
2182	28/10/2022	Wakefield Integrated Assurance Committee	Prevention of ill health	12	(4xL3)		9 (13xL3)	Jane O'Donnell	Laura Elliott	Penny Woodhead	There is a risk that the WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to a significant number of the cases having no previous health or social care interventions, resulting in failure to meet the requirements of the NHS Long Term Plan.	1. An Executive level lead for Gram Negative Blood Stream Infections identified - CKW Chief Nurse. 2. Implementation of UKHSA guidance on Gram Negative Blood Stream Infections. 3. The IPC team review all cases monthly and using the NHS terminology to categorise healthcare associated GNSI where they are detected (community or hospital) and their relationship to healthcare (healthcare vs non healthcare associate data capture system by community IPC team. 4. Sepsis and Hydration is included in IPC Audit and Training for GP Practices and Care Homes. Resources being refreshed with additional IPC funding from NHSE (April 2023) 5. NHSE funding secured for a hydration project supporting care homes 6. Antimicrobial Stewardship included within the IPC Audit Tool for care homes. 7. E.Coli Patient information leaflet developed, and shared catheter record updated. 8. Treat Antibiotics Responsibly, Guidance, Education, Tools (TARGET) leaflet promoted with GP practices 9. Shared all current data with NHS England Regional Project Lead for AMR and the AMR Data Subgroup 10. Attend WY& H AMR Data subgroup 11. Working collaboratively with WY Antimicrobial Lead 12. UKHSA/NHS published thresholds for 2022/23 includes thresholds for Klebsiella and Pseudomonas, and now include thresholds for Acute Trusts (May 23).	1. HCAI Thresholds for 2023/24 not yet published	1. CKW gram negative reduction plan to be refreshed following the NE & Y GNBSI Evt (March 2023). 2. An Executive level lead for GNBSI identified. 3. Exceptions reported to Integrated Assurance Committee in Performance report 4. Six-monthly IPC report to Integrated Assurance Committee - latest December 2022 5. Monthly data from UKHSA mandatory enhanced surveillance system 6. Standing item at monthly HCAI Operational Co-ordination Group. 7. LAMP initiative provides specific information on GP antimicrobial prescribing. Working with LAMP to compare prescribing and gram negative BS data 8. Attendance and participation at WY ICS for AMR/HCAI 9. Lead nurse chair for WY AMR HCAI Subgroup 10. Participation in the WDHCP IPC DIPC meeting	1. Six monthly IPC report to Integrated Assurance Committee - latest December 2022 2. SystemOne and EMIS template rolled out to primary care. 3. IPC Board Assurance Framework completed and regularly updated by providers 4. Funding secured for a hydration project supporting care homes initially with plans in place for furthering support to social care 5. Pilot of oral hygiene best practice in care homes to start May 2023.	1. Development of an approach to post infection review processes across Primary Care to aid in delivery of improvements in GNBSI 2. Planned refresh for CKW gram negative reduction in 2023		Static - 2 Archive(s)	

2129	04/10/2022	WDHCP	Healthy standard of living for all	12 (13xL4)	9 (13xL3)	Grace Owen	Melanie Brown	Melanie Brown	There is a risk of delays in people accessing planned acute care due to higher demand and the legacy impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.	Planned care alliance is revising its terms of reference to have a established to lead on development of solutions. Shared care arrangements for patients whose treatment is delayed to be proactively managed in primary care. Independent sector contracts in place to increase capacity. The Shared Referral Pathway (SRP) is a fully collaborative programme of work involving primary and secondary care and includes independent providers. The patient remains at the heart of this programme and as a result, since April 2022, has resulted in over 2,000 patients that would have historically been referred into the trust for secondary care support are receiving this support within days, without needing a referral and a potentially long wait to be seen in clinic. Around 2,000 clinically unnecessary cardiac investigations have been avoided. In addition, over 7,000 patients have now been referred into the trust through the new Central Referral Hub, taking weeks off patient referral pathways and creating admin efficiencies across both primary and secondary care. The Planned Care system leads work closely with WYAAT programmes to optimise capacity across West Yorkshire. Focused work on patient flow to ensure timely discharge and optimise use of bed capacity.	None currently identified	Performance report to Integrated Assurance Committee quarterly Performance report to WDHCP Committee bi-monthly CQC inspections/reports Audit reports commissioned as required	Performance report IAC Performance report WDHCP Committee 78 week RTT breaches - published data for March reported an improved position for Wakefield, with 19 (Feb 23 data had been 25 breaches) 7 of these have been identified as coding errors at Operose. Wakefield reported 3 over 104 week breaches but again these were coding errors at Operose. Provisional RTT data for April is showing a further improvement. The Planned Care Redesign programme remains focussed on reducing the total incomplete waiting list and it aiming to reduce the total waiting list through innovation and transformation of services including validation exercises which are underway. A waiting list validation is in progress, and this has shown early success with around 5% of patients removed through patient choice after validation of 4 specialities, with 3 more specialities starting process in May 23 of the validation process. The programme also involves all patients being asked to confirm if their appointment and/or treatment is still required	None currently identified			Decreasing
2297	10/05/2023	Wakefield Connecting Care Alliance	Improve healthcare outcomes for residents	9 (13xL3)	4 (12xL2)	Chris McWilliams	Judith Wild	Penny Woodhead	Capacity and workforce pressures within the CHC contracting team could result in delays in commissioning patient care, dealing with provider issues and processing payments.	Enacted BCP, initiated help from the main contracting team and interim agency staff member on a short term basis to support this element of the service.	Contacting the WY CHC Heads of Service for specialist CHC contracting support.	Monitoring the brokerage of care packages to prevent delays and highlight any hotspots. Support within the CHC contracting team.	Monitoring against the Quality metrics for CHC.	A further planned period of absence will impact this aspect of the service still further.			Static - 1 Archive(s)
2186	24/11/2022	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	9 (13xL3)	6 (13xL2)	Laura Elliott	Laura Elliott	Penny Woodhead	There is a risk to patient safety and experience of care due to specific concerns about quality of and access to care for patients Resulting in the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement' overall (inspection March/April 2022)	* CQC inspection undertaken in March/April 2022 - overall Trust rating remains unchanged as 'requires improvement', however the Trust level rating against the Well-led domain improved to 'good' * ICB Quality team from Wakefield/Kirklees place attend MYHT Quality Committee * MYHT Nurse and midwifery governance framework identifies when focused improvement work on specific wards is required * Commissioner Patient safety walkabouts to departments/wards resumed in July 2021 following the pandemic * Robust CQC action plan developed to address Must and Should Do actions - presented to MYHT Quality Committee (February 2023) * CQC action plan monitored and reported through MYHT Quality Committee every two months * New 5 year MYHT Quality Strategy for Delivering Outstanding Quality produced with specific quality	None	* CQC inspection report published in November 2022 * Presentation to WDHCP Integrated Assurance Committee and Partnership Committee on CQC's findings (November/December 2022) * Outcome of inspection presented to ICB Quality Committee (December 2022) * CQC action plan to be monitored through MYHT Quality Committee and reported to Integrated Assurance Committee through quarterly quality report * Outcome of commissioner Patient safety walkabouts reported to Integrated Assurance Committee in quarterly quality report	* No Inadequate ratings across the Trust, hospital sites and core services * No breaches in regulations identified, therefore no enforcement action taken or warning notices issued by CQC * Improvement in ratings for Well-led for Trust and Maternity services at Pinderfields * Improvements in the culture of the Trust; engagement with patients, staff and partners to plan services; active encouragement of staff to voice concerns; and well being support offered to staff. * Patient safety walkabouts recognise positive progress, acknowledging impact of system pressures and patient flow * CQC action plan monitored and reported through MYHT Quality Committee and into Integrated Assurance Committee	None		Static - 1 Archive(s)	
2146	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	9 (13xL3)	4 (12xL2)	Jeremy Wainman	Michele Ezro	Melanie Brown	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	Developing a business case to propose a alternative to private assessment	Business case to be considered in March 2023 at appropriate place meetings	Business case captured in forward plans of place meetings	Business case is underdevelopment, scheduled into meetings	Local place committees haven't yet considered the solutions proposed as planned in March 2023			Static - 2 Archive(s)
2145	04/10/2022	Wakefield Urgent care alliance	Healthy standard of living for all	9 (13xL3)	6 (13xL2)	James Neale	Penny Woodhead	Penny Woodhead	There is a risk of patients waiting to be contacted beyond the initially assessed period by Local Care Direct (out of hours primary care delivery) due to high number of patient referrals resulting in a potential risk to patient safety and experience.	1. Embargo of appointments (peak times) to promote availability for the most urgent cases. 2. 'Refusal of Disposition' Standard Operating Procedure (SOP) utilised within the service to close referrals where the patient does not accept the offered appointment. This releases clinical capacity within the service. 3. 'Comfort calling' including 'worsening advice' provided by LCD. SMS usage for new referrals Acknowledging the referral, possible delay and provision of remote cancellation (if appropriate). Safety netting and 'worsening advice' also provided by the referring service (NHS 111). 4. Internal escalation - utilising OPTEL - to manage actions according to misaligned capacity with demand. This incorporated linking with NHS 111. 5. Revised workforce model within the LCD Hub to support MDT remote review of incoming referrals / calls.	Potential future alterations to NHS Pathways are not managed by the service can impact on demand level the service. The service is supported by sessional staff and operate within a wage competitive environment, this can effect staff resource availability.	QUALITY MONITORING a. West Yorkshire ICB UEC Clinical Quality Meeting monitors quality concerns related to the service. b. Escalation of performance / contractual issues via the Partner Relationship Management Team (Kirklees) c. Monitoring (via West Yorkshire ICB Clinical Quality Meeting) includes: - Review of incidents (and Serious Incidents) - Patient Satisfaction via patient surveys. - Complaints - monitored and reported. - Care Quality Commission Visits / assessments - (Rated 'good' in the most recent inspection, and further positive commentary via the 'system review'. CONTRACTUAL MONITORING a. Contract Management - the service is also monitored in conjunction with the Partner Relationship Management Team (Kirklees) b. Easter and Christmas plans are produced by the provider. Summary of capacity requirements linked with anticipated demand. c. Demand and Performance - reported on a daily, weekly and monthly basis.	1. Commissioner assurance visits, the outcome of commissioner visits is reported via the West Yorkshire ICB Clinical Quality Meeting (further visit being arranged). 2. Incidents - the overall level of incidents remains stable 3. Complaints - on a reducing trajectory. 4. Audit - following revised closure procedures for 12 and 24 hr dispositions (based upon OPTEL), audits have demonstrated very limited system impact and appropriate actions (if any) taken by patients. Further audits to be reported to WY ICB UEC Clinical Quality Meeting. 5. CQC Report (May 2020) - all domains received a 'good' rating, with an overall 'good' rating. A further focused CQC inspection did not alter the original ratings. Further inspection reported August 2022 - no concerns identified.	The service has reported continued large numbers of patients within the clinical queue (500 plus).		Decreasing	
2138	04/10/2022	Wakefield Connecting Care Alliance	Healthy standard of living for all	9 (13xL3)	3 (13xL1)	Melanie Brown	Melanie Brown	Melanie Brown	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	Adult social care strategy Quality monitoring arrangements in adult social care Safety visits QIG experience of care reports	none identified	Quality and experience reports to Integrated Assurance Committee and WDHCP Committee	Quality and Experience reports to IAC and WDHCP Committee. New frameworks contracted with domiciliary care sector in Q3 of 2022/23 have reduced the waiting list for packages of care and increased the capacity of this sector to respond to demand for care at home. This has significantly reduced the numbers of hours of care awaiting allocation. The plan to move to integrated frameworks for social care and health has commenced. Both the LA and ICB have agreed 2023/24 contractual uplifts with the independent sector to support market sustainability in a time of rising costs. Discharge funding for 23/24 supports the home first realignment and domiciliary care model alongside commissioning of 25 care home sector beds to support discharge and our residents in the district. EOI went out to all care home providers and by having this scheme available all year this provides 5 care homes in Wakefield with the opportunity to stabilise the workforce needed to deliver this service and also generates income for 5 care home providers during 2023/24. There is an integrated approach to dealing with quality of care by recruiting to jointly funded posts across the LA and ICB.	none identified		Static - 1 Archive(s)	

2135	04/10/2022	WDHCP	Giving every child the best start in life	9 (13xL3)	3 (13xL1)	Joanne Rooney	Jenny Lingrell	Melanie Brown	There is a risk of delays for children and young people requiring access to CAMHS, including admission for Tier 4 beds due to increased referrals and CYP presenting in crisis, resulting in more children and young people being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.	1. SWYPFT are flexing their capacity from different elements of the whole service offer to support the increase in referrals. The number of referrals to CAMHS has remained high with an average of 448 referrals a month, on average 100 referrals a month are referred to alternative types of support. The response times for a first early intervention response is averaging around 40 days and the numbers of emergency and urgent referrals remain steady at around 23 per month, 100% of emergency referrals have contact from the service with 4 hours. 2. Additional investment into supporting CAMHS patients within the acute setting has been agreed and this model is being developed across Weekly ED Task and finish group - looking at alternatives to A&E and supporting A&E as needed. 2. b. CYP specific issues raised with CAMHS service manager and CYP Senior Commissioning manager at WCCG - separate workstream - no actions or timelines yet. 2. c. West Yorkshire wide Night OWLs service launched 5th July. Overnight support line for CYP and parents. 3. a. Support provided by CAMHS as in-reach to acute trust. 3. b. NHS E - aware of the issues and attempting to reopen beds. WCCG involved in ICS development/NHS E escalation.	tbc	tbc	tbc	tbc	Static - 2 Archive(s)
2207	03/01/2023	Wakefield Urgent care alliance	Healthy standard of living for all	6 (13xL2)	6 (13xL2)	Christopher Skelton	Christopher Skelton	Melanie Brown	There is a risk that public health and health care providers will not be able to respond in a timely way to address health needs of asylum seekers due to not being given sufficient notice by the Home Office of people being moved into temporary accommodation in the district.	We have worked with practices to allocate and register patients. We have also worked with practices in carrying out initial health checks and catch up immunisations. We are in the process of obtaining specialist service support to provide wrap around provision to support General Practice in the delivery of healthcare. We are having regular migrant health meetings with partners including Public Health, Council Colleagues, General Practice etc. We are also working with the hotel and service users on how the NHS works and healthcare pathways such as 111. And will engage with VCS organisations to support clear and timely pathways into healthcare which are appropriate. Commissioning arrangements in process of being finalised to support dedicated capacity and clarity on the role of general practice. Wider commissioning arrangements are now in place to support asylum seekers across the whole Wakefield District including additional staffing resources.	None currently	The actions are effective in providing Primary Care to the service users and reducing the burden on service users attending A&E. We are also aiming to vaccinate service users with catch up immunisations to reduce the risk of infectious diseases Regular operational meetings around Castleford Hotel will allow better planning as the hotel becomes established. No further outbreaks or incidents	Number of Asylum seekers receiving support/healthcare provision.	Formal reporting arrangements to ICB to be confirmed	Closed - Reached tolerance
2203	08/12/2022	Wakefield Connecting Care Alliance	Improve healthcare outcomes for residents	6 (13xL2)	1 (11xL1)	Christopher Skelton	Christopher Skelton	Melanie Brown	There is a risk that the GP workforce challenges across some GP Practices are not effectively managed which means that leads to demand across system partners and poor patient experience.	Comprehensive Engagement plan in place System support in place including engagement with UTC and additional capacity through PCN and GP Care Wakefield. Weekly ICB and Practice briefing. Regular touch points with the practice - positive recruitment plans in place * Practice remains enhanced quality surveillance in line with the Wakefield General Practice Quality Assurance Framework. * Quality Risk meetings re-established in August 2022 - next meeting after CQC re-inspection * Independent review and audit to seek clarity and evidence around the quality concerns identified, September 2022. * A quality risk profile completed and shared with the practice. * Remedial notice issued 17 November 2022 in breach of Personal Medical Services Contract dated 1st April 2016 (approved by Core Leadership Team) * The practice is receiving additional support from the WY ICB Quality Support Manager * CQC not received any significant complaints or concerns recently * WY ICB team undertook Remedial notice assurance visit on 5 January 2023 with further visit planned for June 2023. * CQC announced inspection on 14th June * Quality Visit completed in practice on 24th May to provide support to practice to prepare for visit - much improved working relationships & clinical capacity noted. * Quality review meeting planned for 27th June, including CQC & NHSE colleagues, to discuss inspection	Longer term workforce plan. Ongoing staff wellbeing and support.	Performance reporting Patient experience feedback Positive patient experience is being reported. Activity levels are being met/managed by the practice. Evidence of positive morale within staff team.	GP Practice submitted detailed performance review and action plan. Updated action plan provided by Practice.	Evidence of patient satisfaction and appointment numbers.	Static - 2 Archive(s)
2155	11/10/2022	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	6 (13xL2)	4 (12xL2)	Victoria Holmes	Laura Elliott	Penny Woodhead	There is a risk to the delivery of primary medical services from a specific GP practice due to a failure to demonstrate improvements since March 2022 and evidence of further deterioration in quality and access identified which may result in further contractual action	* CQC not been into practice since January 2022 when rated Requires Improvement - inspection planned for January 2023 has been postponed due to national pause on inspections during exceptional winter pressures * Remedial notice assurance visit identified some further areas for improvement * Routine visit with practice manager in February 2023 - limited progress on areas identified at remedial notice assurance visit. Encouraged to share with broader practice team for action.	* Oversight via Quality Risk Meeting with CQC and NHSE - reporting to Core Leadership Team and Primary Care Performance and Operational Group * Remedial notice assurance visit - 5 January 2023 * Improved CQC rating in early 2022 - practice no longer rated inadequate or in special measures * Quarterly update reports to Integrated Assurance Committee	* Updates reported to Integrated Assurance committee via quarterly Quality report * Remedial notice assurance visit January 2023 - substantial evidence submitted by practice prior to visit indicating improvements; significant number of positive changes evidenced including clinical capacity, HR, clinical and administrative processes, clinical supervision, morale and culture, improved delegation and leadership by partners. End of Life processes and administrative management evidenced by marked reduction in coroner referrals. * Quality Visit 24th May showed good HR structure in place for recording & monitoring of training, professional registrations etc. Various practice meetings taking place regularly with minutes available. Incident reporting occurring and learning shared. Staff relationships much improved, a lot of positivity from staff & noted good visibility from leadership team. IPC practitioner attending visit noted number of improvements made from visit approx. 3 years previous, and some minor recommendations made.	* CQC inspection postponed - expected March/April 2023 - CONFIRMED FOR 14TH JUNE * Remedial notice assurance visit in January 2023 - some further areas of improvement (Long term conditions management; Reliance on locums; Quality of clinical audit; Friends and Family Test submissions and use of information for improvement) * Routine visit with practice manager in February 2023 - limited progress on areas identified at remedial notice assurance visit. Encouraged to share with broader practice team for action. * Quality Visit 24th May - Minor surgeries still not being offered due to skill mix available - senior nurse to complete training. PM unable to confirm that clinical supervision is being completed comprehensively & formally documented - fed back to DR Sree to ensure in place. PPG not effective & taking place 6 monthly - given ideas on how to improve this & will link in with engagement team. Identified improvements to staff facilities needed	Static - 2 Archive(s)	
2133	04/10/2022	WDHCP	Healthy standard of living for all	6 (13xL2)	4 (12xL2)	Melanie Brown	Melanie Brown	Melanie Brown	There is a risk that national social care funding policy decisions on funding available for adult social care costs will lead to increased financial burden on social care and instability of providers resulting in insufficient resource to cover demand, placing pressure on other services	Joint strategic approach to understanding, supporting and developing the market. Contract monitoring, evaluation, quality support and due diligence processes in place. Care home provider failure protocol reviewed, closure protocols in place and used for the strategic response to social care provider failure. Support to providers during pandemic has increased stability Living wage uplift funded through highest possible fee uplift in 2022/23 Retention incentive paid to front line care workers Council paying a fuel supplement to domiciliary care providers, acknowledging the higher costs to this sector (to be paid to frontline carers	tbc	Provider collaborative receives reports on system effectiveness (minutes presented to WDHCP committee) New Adult Social Care Discharge Funding announced in November 2022 and also available for financial year 2023/24 to support discharge will provide funding for ASC support and other system discharge support	New frameworks have been contracted with domiciliary care sector in Q3 of 2022/23 which has reduced the waiting list for packages of care and increased the capacity of this sector to respond to demand for care at home. This has significantly reduced the numbers of hours of care awaiting allocation. The LA has agreed 2023/24 contractual uplifts with independent sector which is one mitigation of this risk. Adult Social Care Discharge funding is being utilised to support our system with commissioning of 25 care home sector beds to support our residents. EDI went out to all care home providers and by having this scheme available all year this provides 5 care homes in Wakefield with the opportunity to stabilise the workforce needed to deliver this service and also generates income for 5 care homes during 2022/23. Financial resources have been allocated to both care home and domiciliary care providers in March 2023 to support the sector with rising costs this was non recurrent and has been funded from 2022-23 ASC Discharge Funding	tbc	Static - 1 Archive(s)
2134	04/10/2022	WDHCP	Healthy standard of living for all	6 (14xL1)	4 (14xL1)	Jeremy Wainman	Michele Ero	Melanie Brown	There is a risk that older people with mental health problems do not receive optimum care due to the current configuration of inpatient services, resulting in extended length of stay and poorer outcomes	Mental Health Alliance is leading a programme of work to review configuration of older people's inpatient mental health services	Preferred option not yet confirmed Capital, revenue and workforce solutions to be developed Public engagement, equality impact assessment and formal consultation required	Report on progress to Mental Health Alliance Mental Health Alliance reports to WDHCP committee Clinical Senate review of potential solutions Business case presented to WDHCP committee (due Spring 2023) for approval Progress reports on development of new service model to WDHCP committee (frequency) Audit of impact of changes in terms of quality of care, outcomes and experience OSC review of	Reports to Mental Health Alliance - included in minutes which are reported to WDHCP Committee	WDHCP Assurance committee has not yet received assurance on progress to address this issue	Closed - Reached tolerance

2181	27/10/2022	WDHCP	Giving every child the best start in life	3 (13x1)	2 (12x1)	Jackie Backhouse	Judith Wild	Penny Woodhead	There is a risk of delayed response to changes in healthcare needs or discharge from hospital for children requiring Continuing Healthcare packages due to MYHT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract resulting in the additional costs to the ICB associated with commissioning of external providers.	Review of fitness for purpose of service provided by MY Children's continuing care team given their lack of capacity to deliver care (either short term to support discharges or long term as an in-house provision), their lack of support our children's continuing care cohort during Covid including the provision of PPE and additional support to those families shielding their child	tbc	tbc	tbc	tbc	Static - 2 Archive(s)
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Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Tuesday 16 May 2023, 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Colin Speers	Chair
Peta Stross	Director of Integrated Health & Care Operations and Quality
Emma Hall	Chief Officer of Planning and Partnership
Sarah Roxby	Housing and Health Partnerships Chair
Lisa Willcox	Chair of Learning Disability Alliance
Amanda Miller	South West Yorkshire Partnership Trust
Karen Parkin	Representing Finance and Contracting
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Matt England	Planned Care Alliance representative
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Michala James	Senior Manager - Partnerships and System Development
Pravin Jayakumar	Connecting Care Alliance representative
James Brownjohn	Programme Manager Planned Care – Mid Yorkshire
Tilly Poole	Programme Lead for Community Transformation
Abdul Mustafa	PCN Representative
Sally Pruss	Quality Manager
Dr Adam Shepperd	Chair of Professional Collaborative Forum
Sean Rayner	Chair of Mental Health Alliance
Lucy Beeley	System Programme Lead – Unplanned Care
Gemma Gamble	Senior Strategy and Partnerships Manager
Abby Trainer	Adult Community Services
Caroline Gullery	Interim Chief Operating Officer MYHT
Clare Offer	Public Health Consultant
Rebecca Bibbs	Conexus Healthcare

Apologies

Name	Organisation
Jo Webster	Wakefield Place Director
Mel Brown	Representing Wakefield Place Director – Deputy Chair
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative

Name	Organisation
Phillip Marshall	Joint SRO Workforce
Steve Knight	Conexus Health Care
Michele Ezro	Mental Health Alliance
Catherine Breadmore	Third Sector Strategy Group
Nichola Esmond	Service Director Adult's Social Care
Becky Barwick	Associate Director of Partnerships and System Development
Linda Harris	Joint SRO Workforce

Administration

Agenda No	Minutes
1	<p>Welcome and apologies CS welcomed everyone to the meeting and apologies were noted as above.</p>
2	<p>Declarations of Interest There were no declarations of interests.</p>
3	<p>Approval of minutes from the last meeting The minutes of the meeting of 7 March 2023 were agreed as a true and fair representation of the meeting.</p>
4	<p>Action log from the last meeting It was noted that there were no outstanding actions on the action log.</p>
5	<p>Development Session: Reflections, Outcomes and Next Steps Colin Speers (CS), Michala James (MJ) and Gemma Gamble (GG) presented this item</p> <p>MJ commenced the presentation with an overview of the Provider Collaborative Development Session which had taken place on 18 April 2023. At the session colleagues had considered a number of topics including how the Provider Collaborative was working, the strategic context, Terms of Reference, what was working well and what could be improved, the Alliances and work programmes and an outcomes framework. Themes from the discussions were also shared.</p> <p>GG advised that she was attending on behalf of Becky Berwick whom she had been supporting to develop the Wakefield District Health and Care Partnership Place (WDHCP) Plan 2023-26. She outlined the ethos of ways of working within the WDHCP Place Plan, emphasising co-production, distributed leadership, breaking down barriers to silo-working and building cross-functional relationships.</p>

Agenda No	Minutes
	<p>The proposed future model of care was shared which was broken down into three main areas:</p> <ul style="list-style-type: none"> · Prevention; · Integrated Community Provision; · Specialist Care <p>GG advised that the model looked to have a left shift to prevention so that more people were living well and did not require community provision or specialist care, freeing up those more dedicated resources for those in need. It was noted that colleagues were working on Investment and Design Principles to aid with decision making for programmes and projects.</p> <p>GG advised that it was intended there would be a champion or SRO for each of the three areas who would sit on the WDHCP Committee and Transformation and Delivery Committee. A visual representation of the interface of the delivery was shared with the People Alliance, Digital and Business intelligence and Health Inequalities Community of Practice forums being aligned to all of the Alliances as they would all have an element of each of these within their remit.</p> <p>It was noted that an Outcomes Framework was under development.</p> <p>Discussion took place in relation to the three Champions/SROs and whether all the other Alliances reported to all three. CS advised that Champion was probably the best way to describe the role rather than SRO, and it was acknowledged that some of the Alliances would have an input into all three of those areas. The Champion for each area would be advocate in meetings and provide challenge back to Alliances. Further discussion took place in relation to consistency of reporting, the purpose of each Alliance/Programme and clear and concise governance arrangements reducing the need for duplication.</p> <p>CS concluded the presentation for this item outlining proposals to change the name of the Provider Collaborative to Transformation and Delivery Collaborative with an overview of the expected oversight the group would have which included transformation (delivery of the place plan), alignment between programmes and assessment and escalation of risks. It was noted that a review of the alliances would take place including the scope of the alliances and the expectations of their part in the delivery of the transformation across the system. It was acknowledged that not all Alliances were in the same stage of development or maturity.</p>

Agenda No	Minutes
	<p>Discussion took place in relation to performance management with the group noting that the Transformation and Delivery Collaborative would have oversight of the outcomes framework and that individual Alliances would escalate risks and areas of concern up to the Transformation and Delivery Collaborative. There was a question around performance management of business as usual work and where this sat.</p> <p>It was acknowledged that as the Outcome Framework was developed and the Transformation and Delivery Collaborative moved forward that things would become clearer for the Alliances and how the governance structure flowed.</p> <p>MJ advised that she would circulate the proposed updated Terms of Reference for the Transformation and Delivery Collaborative for the group to consider.</p> <p>It was RESOLVED that: The Provider Collaborative noted the contents of the presentation.</p>
6	<p>Escalations from alliances / programmes</p> <ul style="list-style-type: none"> · Urgent Care – Walk In Centre <p>LB advised that a paper was going to the WDHCP Committee on 23 May in Public and Private in relation to plans around the location of the King Street Walk-in Centre. This was slightly out of sync of the governance arrangements as the Urgent Care Transformation Board was not until Thursday but the sequence of meetings had necessitated this.</p> <p>It was RESOLVED that: The Provider Collaborative noted the update.</p>
7	<p>Autism Strategy</p> <p>Lisa Willcox (LW) and Charlotte Winter (CW) presented this item</p> <p>LW introduced the item advising that the National Strategy for autistic children, young people and adults: 2021 to 2026 included developments that will impact on what is needed to deliver at place in order to meet statutory guidance. Wakefield Place have developed an Autism Strategy which contains six key priority areas:</p> <ul style="list-style-type: none"> · People in Wakefield understand autism · Autistic people get help in their communities · There is help for autistic people to find jobs · Health and care services support autistic people · There is help for autistic children and young people at school · There is help for autistic people in the justice system

Agenda No	Minutes
	<p>CW advised that the strategy had been strongly influenced by the views of autistic adults, their families and those who support them. The ideas and priorities contained in the strategy had evolved from conversations and engagement events that had taken place over the last 12 months. A bi-monthly autism steering group had been established to oversee development of action plans based on the priorities within this strategy. A range of quantitative and qualitative measures would be used to demonstrate the impact of projects. The autism steering group would report progress into the Learning Disability and Autism Partnership Board.</p> <p>LW advised it was estimated that over 695,000 people in the UK might be on the autistic spectrum which equated to around 1 in every 100 people. There was not an official register or record of people on the autistic spectrum so it was hard to know exactly the number of people who had autism.</p> <p>Discussion took place in relation to recruitment processes at organisations which were not helpful to autistic people and how recruitment practices could be reasonably adjusted to support autistic people through that process. Project-Search was referenced as a supported employment opportunity for people with learning disabilities to provide them with meaningful work experience to enable them to fulfil their aspirations of paid employment.</p> <p>Accessibility of services was also discussed. It was noted that some services could be loud and chaotic and not particularly well designed for neurodiverse people. Members discussed the individuality of people and how raising awareness around autism and neurodiversity was key to supporting individuals on a range of issues which they may need assistance with.</p> <p>The Provider Collaborative welcomed the Autism Strategy and looked forward to supporting the priorities within it through their work.</p> <p>It was RESOLVED that: The Provider Collaborative noted and welcomed the Autism Strategy.</p>
8	<p>Healthy Weight Programme: Weight Management Service Findings Liz Blenkinsop (LB) attended for this item</p> <p>LB outlined the details of the presentation advising that the Healthy Weight Programme had been requested by the Wakefield District Health and Care Partnership and was a multi-agency approach looking at all aspects of healthy weight with a transformational aspiration to include prevention as well as treatment.</p>

Agenda No	Minutes
	<p>It was noted that the percentage of people in Wakefield District who are overweight or obese was increasing across all age groups. There were approximately 35,000 obese adults and 37% adults classed as overweight.</p> <p>LB outlined the treatment services within Wakefield Place with an overview of the existing weight management pathway. It was noted that currently there was not a fully commissioned tier 3 weight management service that meets NICE guidance. There was an increased demand for tier 2 services which was beyond the current contract with a large number on the waiting list who required tier 3 services.</p> <p>An overview of current and future demand was presented and it was noted that there was a discrepancy between current budget and the significant demand. LB shared a proposal for a compliant pathway which had tier 2 services focused on lifestyle with community services delivery and the speciality tier 3 and 4 services which would be a medically supervised service. The actions taken to date were noted.</p> <p>Discussion took place around healthy weight management with other factors highlighted that contributed to a healthy population, such as: Licensing Policies for Takeaway/Fast Food Outlets, Active Policies, Green Space, School Meals and Travel options/policies. It was noted that once a person reached a BMI of 35-40 a lot of support and intervention was usually required, therefore preventative measures for weight gain were key.</p> <p>The Provider Collaborative discussed the balance between preventative measures and ensuring that there was an integrated tier 3 and 4 provision. Preventative measures in terms of population education and behaviours often took years for the benefits to materialise, so there was the need to deal with the current issues alongside plans to reduce the need for services in the future.</p> <p>It was noted that often adults who required interventions for weight management often had children who followed their parents patterns and there was a need for that whole family approach. At tier 2 level services the family element was captured but it wasn't clear whether this was the same at tier 3 and 4.</p> <p>Discussion took place in relation to funding and investment with the Provider Collaborative noting that proposals on an Investment Prioritisation Framework was being developed.</p> <p>The Provider Collaborative suggested that the Healthy Weight Programme be taken to a future Wakefield District Health and Care Partnership Committee for awareness and consideration.</p>

Agenda No	Minutes
	<p>It was RESOLVED that:</p> <ul style="list-style-type: none"> The Provider Collaborative supported the recommendations and it was noted that discussions are taking place around historic funding arrangements
9	<p>Professional Collaborative Forum update Adam Shepperd (AS) presented this item</p> <p>AS presented an update on the Professional Collaborative Forum where it was noted that the form was the clinical and professional voice supporting the Provider Collaborative. The forum included professionals from clinical, social and health services with the Chair being AS and deputies being Clive Harries (GP) and Lisa Willcox (social worker) and is designed to bring together professional voices to provide input into the design of operational pathways.</p> <p>The Terms of Reference for the group were shared along with the highlights of work from the forum and future items the group would consider. It was noted there did not appear to be a nursing representative on the group and AM would speak with MJ outside of the meeting.</p> <p>Discussion took place around the forum and the various different governance meetings where updates were taken and clarity around what was taken where and when. It was clarified that the Professional Collaborative did not have a formal sign-off role but was established to ensure that the professional voice could be considered when looking at pathways of care.</p> <p>It was RESOLVED that: The Provider Collaborative noted the update on the Professional Collaborative Forum.</p>
10	<p>Adult ADHD Paper Jeremy Wainman (JW) presented this item</p> <p>JW referred to the increasing demand in relation to Adult ADHD assessment over the past two years which has resulted in an excessively long waiting list with at least 700 people. This was replicated at West Yorkshire and national level. The service for Wakefield District had been commissioned based on 110 referrals per annum but referral rates were significantly higher.</p> <p>It was not known at this stage what was driving the increase in referrals whether this had been a natural growth in the incidence of Adult ADHD (and if so was it likely to</p>

Agenda No	Minutes
	<p>continue) or whether a percentage of those cases referred were not likely to receive a diagnosis and would benefit from other support.</p> <p>There was a significant cost pressure associated as everyone on the waiting list had the right to choose an out of area non-NHS Trust provider for diagnosis and aftercare (if applicable). If every person on the waiting list chose this route there would be a financial risk of £857k.</p> <p>In addition to this there had been a BBC Panorama programme which had aired the previous evening in relation the Adult ADHD assessments by private providers (within the NHS supplier Framework), however the programme had highlighted that the quality of assessments could be questionable in some instances and the administration of medicine not always appropriate or required.</p> <p>The combination of all of these factors meant that there was a risk of patient experience, quality and safety alongside the financial risk to the system.</p> <p>JW explained that mitigations were being put in place in relation to the purchase of additional capacity from the SWYPFT Adult ADHD Service, the introduction of an improved process for the clinical scrutiny of referrals, the introduction of an AI diagnostic tool and on-going monitoring of referral numbers and conversion rates to better understand future demand.</p> <p>Discussion took place in relation to the increase in referrals with GP colleagues advising that the numbers seeking a diagnosis had increased and likely ended up in a referral. It was noted that social media had also raised the profile of Adult ADHD.</p> <p>It was noted that the mitigations were trying to reduce the backlog of people waiting for assessments and then the service might be in a better position going forward although that did depend on demand subsiding.</p> <p>The Provider Collaborative agreed that due to the financial risk and the potential for questionable private provision assessments that the issue should be escalated to the Wakefield District Health and Care Partnership Committee.</p> <p>It was RESOLVED that: The Provider Collaborative discussed the issues within the report and agreed to escalate concerns to the Wakefield District Health and Care Partnership.</p>
11	Items for escalation to Wakefield District Health & Care Partnership Committee

Agenda No	Minutes
	Adult ADHD - The Provider Collaborative agreed that due to the financial risk and the potential for questionable private provision assessments that the issue should be escalated to the Wakefield District Health and Care Partnership Committee.
12	<p>Any other business No other business was discussed.</p> <p>The meeting finished at 16.57 hours.</p>
<p>Date and time of next meeting: Tuesday, 27 June 2023, 14:00 – 17:00</p>	

Proud to be part of West Yorkshire Health and Care Partnership

PEOPLE PANEL MEETING

Time/Date: 10:00 on Thursday 27 April 2023

Venue: White Rose House, Wakefield and Microsoft Teams

(Hybrid meeting)

MINUTES

Attendees: Dasa Farmer (DF), Stephen Hardy (SH), Sandra Cheseldine (SC), Paulette Huntington (PH), Ruth Unwin (RU), Laura Elliott (LE), Lucy O'Lone (LOL), Janet Witty (JW), Joanne Lancaster (minute taker), Axsas Nazar (AN), Hilary Rowbottom (HR), Ross Grant (RG), Zahida Mallard (ZM), Gemma Gamble (Item 7)

Apologies: Robert Ince (RI), Gary Jevon (GJ), Mavis Harrison (MH)

	AGENDA ITEM
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 and Action Log of meeting held on 2 February 2023
	The minutes of the meeting on 2 February 2023 were agreed as an accurate record. It was noted that all actions had been completed.
4.	Matters arising
	There were no matters arising.
5.	Experience of Care
	Laura Elliott (LE) and Lucy O'Lone (LOL) presented this item LOL shared the presentation on Experience of Care information from Quarter 4 highlighting the following points: <ul style="list-style-type: none"> · Quality Intelligence Group (QIG) themes from quarter 4 with the number of times the theme had occurred in the last 12 months, ongoing themes centred around

negatives for Pinderfields PALS Service, long waits on the phone for GP appointments, negatives for CAMHS and positives for General Practice.

- An outline of the last three QIG 'So what' guest speaker sessions - Ambulance handovers, addressing health inequalities in primary care networks and update and update on the Extended Access Service.
- The results of the 2022 Maternity Services Survey were shared.
- Patient Safety walkabouts at Mid Yorkshire Hospitals Trust (MYHT) were noted.
- Four quality visits to GP practices were undertaken in Quarter 4 with feedback overwhelmingly positive.
- Details from the Experience of Care Network were shared and noted.

In response to a question from SC relating to how the maternity survey was communicated and advertised and from RG on how accessible the maternity survey was, LE advised that she would need to contact colleagues and clarify although it was noted that this was a national survey and not local. Discussion took place around different methods of engagement for completion of the survey with panel members suggesting that physically handing someone the survey and asking them to complete it could often get better results.

RG suggested the voluntary, community and social enterprise sector, such as AGE UK, could be utilised to help people unfamiliar with technology, to aid with digital inclusion.

Action:

LE to contact team responsible for the maternity survey in Wakefield to ask questions in relation to promotion and accessibility of the survey.

It was noted that Healthwatch volunteers contributed to the walkabouts and had helped colleagues reword some of the questions asked to patients at these.

HR asked whether Patient Participation Groups (PPG) were invited to the GP walkabouts.

LE responded that at present GP practices were volunteering for the walkabout visits and so could advise the PPG when one was taking place to enable them to attend.

JW referred to a piece of engagement the PPG for New Southgate Surgery had undertaken on the practice boundary changes. The feedback received had been overwhelmingly positive with many patients having enormous affection for the practice.

SC asked a question in relation to the stroke care pathway asking whether services such as physio, speech and language therapy (S<) and occupational therapy (OT) were

	<p>available on a weekend, if not then patients admitted into hospital on a Friday could have a delay in their care with those services.</p> <p>LE responded that she believed that S&LT was a seven day a week service although she could not confirm whether physio or OT were; it was expected that nurses and healthcare assistants could do this aspect of stroke care on a weekend although it was acknowledged this might not always be the case.</p> <p>RG added that it was important that early access to these services was crucial to a person's long-term outcomes. He referenced access to interpreters, particularly British Sign Language (BSL) which could often delay care or in some cases result in poor care. He referenced a case where a BSL interpreter had not been sought resulting in incorrect medication dosage being taken by a patient once at home with a fatal result for the patient.</p> <p>AN detailed an experience of care she was personally aware of on the stroke care pathway which had resulted in an extremely poor outcome and experience for the patient.</p> <p>Discussion took place in relation to this example with different routes of escalation for poor care being advised and how different parts of the health and care system fed into the system.</p> <p>LE advised the Panel that where they knew about such incidents occurring it was always best to refer through the correct complaint channels. That way concerns could be addressed in a timely manner and common themes could be identified.</p>
<p>6.</p>	<p>Experience of Care Week</p> <p>Dasa Farmer (DF) and Laura Elliott (LE) presented this item</p> <p>LE outlined the presentation advising that Picker and the King's Fund had been working with NHSE/I on how Integrated Care Systems could listen and learn from people and communities. Often people's experiences are considered by individual services and it is not always known whether these services were working well together to meet the needs of the population; it also emphasises that people often experience care and support across a number of services and that there can be a lack of coordination between them impacting on the overall experience. This lack of coordination often disproportionately impacts those with the greatest needs and have the poorest outcome.</p> <p>LE explained the three principles of improving experience of care outlined in the National Quality Board document:</p> <ul style="list-style-type: none"> · Co-production as default – including people with lived experience;

- Using insight and feedback – The Quality Intelligence Group (QIG) within Wakefield Place met monthly focusing on experience of care and what residents are telling us;
- Improving experience of care at the core of priority programmes – system priority improvement and transformation work should explicitly aim to improve the experience of care.

DF outlined the journey of the experience of care network within Wakefield District from November 2021 starting with initial discussions, to using insight to inform access to GP services, transfers of care and a Show and Tell event in November 2022 to celebrate the first year. Some of the achievements of the Experience of Care were shared including:

- ‘How to Guide’ for people on ‘Getting the most out of your GP appointment’ - <https://www.healthwatchwakefield.co.uk/home/information-and-advice/how-to-guides/>

LE added that the insight provided at the experience of care network had been a crucial part in the journey.

ZM questioned whether information was always accessible enough in terms of providing easy read and different languages and whether equality monitoring took place; emphasising that if we did not collect data consistently how did we know who we were engaging with.

LE responded that equality monitoring did take place but acknowledged this could be inconsistent.

DF added that listening events did take place within communities with links to community groups and with primary care networks.

LE advised in terms of the items that were brought to the People Panel that these were challenged by members to look how the work/programmes etc improved experience of care. That would provide scrutiny and challenge to presenters that it was within the ethos on what they were working on.

It was noted that Experience of Care week was taking place that week and at the last Wakefield District Health and Care Partnership Committee meeting members of the committee had made pledges and some of these were shown on the presentation. Pledge cards were available that day for members of the People Panel should they also wish to make a pledge. A video was shown around Experience of Care within Wakefield District. It was noted that a Patient Experience Foundation course was available for colleagues to undertake.

DF referred to the [Born and Bred in Wakefield](#) project which had just finished its first year and had followed a similar project Born and Bred in Bradford. The Born and Bred in Wakefield was an exciting initiative which aimed to link existing data across health, education, and social care to create a picture of families' lives over time.

Discussion took place in relation to a joint pledge from the People Panel with ideas being put forward by panel members. The following pledge was suggested from a combination of people's ideas:

"The People Panel pledge to constructively challenge the partnership to ensure the views of the people of Wakefield district are central to decision making and influence improvements in care pathways."

7. Wakefield District Health and Care Partnership Plan Development

Gemma Gamble (GG) presented this item

GG outlined the ongoing developments of the Wakefield District Health and Care Partnership (WDHCP) Plan. She referred to the People Panel meeting in February 2023 where Becky Berwick, Associate Director of Partnerships and System Development had presented the emerging policies in terms of producing a West Yorkshire Integrated Care Board (WYICB) Strategy, WYICB Joint 5 Year Forward Plan alongside a Place Delivery Plan. Extensive engagement had taken place on the Joint 5 Year Forward Plan.

Work had been ongoing to develop a Wakefield Delivery Plan which had included feedback from discussions from a range of sources and building on the partnership work from many years. An emerging model of care for Supporting People in Our Communities was in development and this would be further refined as the process matured. It was aimed to take in the WDHCP Committee meeting within the next couple of months.

GG described the model emphasising that it was about helping achieve the vision to work with the people of Wakefield District to create a connected system that supports people in their homes and communities to live healthier, happier lives. The priority themes were noted.

Discussion took place around the model how this would be co-produced and how it would work in practice. It was noted that it worked on a neighbourhood approach wrapping services around neighbourhoods.

DF outlined some of the existing forums, such as Maternity Voices and the People Panel, could be involved in shaping of the delivery plan and the supporting outcomes framework.

	<p>PH welcomed the model however she questioned whether the funding was available to enable it to be a reality.</p> <p>GG explained that discussions were taking place across the partnership in terms of prioritising funding with a framework for investment decisions being developed.</p>
8.	<p>Update on involvement activities and plans</p> <p>DF provided an update on involvement activities and plans including:</p> <ul style="list-style-type: none"> · Engagement around the boundary change at New Southgate Surgery; · Engagement with Henry Moore Clinic and possible relocation; · Harmonisation of Commissioning Policies for the West Yorkshire ICB; · Public Health Needs Assessment for Migrant populations · Planned engagement in hotel accommodation settings to support service specification
9.	<p>Any Other Business</p> <p>It was agreed that the hybrid meeting had worked well for those who wished to attend face to face and for those who would rather join via Teams.</p> <p>The meeting finished at 12.16 hours.</p>
10.	<p>Date and time of next meeting</p> <p>8 June 2023</p>

Wakefield District Health & Care Partnership - Minutes

Integrated Assurance Committee

25 April 2023, 15.00 – 17.00, Microsoft Teams

Present

Name	Title, Organisation
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
Penny Woodhead	Director of Nursing and Quality, Kirklees, Calderdale and Wakefield Places
Dr Colin Speers	Chair of the Provider Collaborative, Wakefield District Health & Care Partnership
Jenny Lingrell	Service Director, Children's Health & Wellbeing, Wakefield Council
Clare Offer	Public Health Consultant, Wakefield Council
Maddy Sutcliffe	Voluntary Community and Social Enterprise representative
Darryl Thompson	Chief Nurse and Director of Quality and Professions, South West Yorkshire Foundation Trust

In attendance

Name	Title, Organisation
Laura Elliott	Head of Quality, Wakefield District Health & Care Partnership
Joanne Lancaster (Minutes)	Governance Manager, Wakefield District Health & Care Partnership
Natalie Tolson	Head of Business Intelligence, Wakefield District Health and Care Partnership

Name	Title, Organisation
Gemma Gamble	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Katie Puplett	Chief Allied Health Professional, South West Yorkshire Foundation Trust

Apologies

Name	Title, Organisation
Vicky Schofield	Director of Children's Services, Wakefield Council
Ruth Unwin	Director of Strategy, Wakefield District Health & Care Partnership
Anna Hartley	Director of Public Health, Wakefield Council
Amy Whitaker	Chief Finance Officer at MYHT, Finance Lead for Wakefield Place
Jo Webster	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Dr Adam Shepperd	Chair of the System Professional Leadership Group, Wakefield District Health & Care Partnership
Melanie Brown	Director of System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership

Administration Items

Agenda no	Minutes
1	<p>Welcome and apologies</p> <p>The Chair welcomed everyone.</p> <p>Apologies were noted as above.</p>
2	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
1	<p>Approval of minutes from the last meeting</p> <p>The minutes of the meeting of 22 February 2023 were agreed as a true and accurate representation of the meeting.</p>

Agenda no	Minutes
2	<p>Action Log</p> <p>It was noted that all actions were closed on the action log with the exception of the action relating to principles for investment prioritisation. KP provided an update on work progressed so far and would bring a further update back to the June meeting. The presentation relating to data on GP referrals was noted.</p>
3	<p>Matters arising</p> <p>There were no matters arising.</p>

Main Items

Agenda no	Minutes
4	<p>Performance and Activity Report</p> <p>Natalie Tolson (NT) presented this report.</p> <p>NT explained that the report presented the latest performance and activity including delivery against the NHS Strategic Oversight Framework, NHS constitutional standards, local transformation indicators and the better care fund. The activity section of the report provides an overview of our position against the NHS Operating Activity Plan, system level activity and demand and shadow contract activity and financial monitoring.</p> <p>It was noted that the report was under-review as part of the wider objective to develop a shared system performance framework for the Wakefield District Health and Care Partnership. The new framework was due to be implemented for 2023/24 reporting.</p> <p>NT highlighted the following:</p> <ul style="list-style-type: none"> For health checks for people with SMI (severe mental illness), there remains a shortfall against the national target, but the shortfall reduced in Q3 to 928 (against a target of 1020). People with LD (learning disability) receiving their full AHC (annual health check) data for Q3 performance (1265) narrowly missed the target (1279). Breast screening performance had fallen below the national average for the last two periods. The reduction in performance is largely attributed to West Wakefield. The West Yorkshire Cancer Team had been notified to increase coverage in that area. The number of admissions to a virtual ward continued to increase, with a total of 185 in March 23 - 91 admissions in frailty and 94 admissions in PERT (diseases of the respiratory system). The number of patients with no reason to reside remained just above 200. During March Mid Yorkshire Hospitals Trust (MYHT) relaunched the

Agenda no	Minutes
	<p>Work as One programme with a specific set of actions and outcome metrics being targeted to deliver the trajectory.</p> <ul style="list-style-type: none"> • For Cancer, the 2-week waiting time standard fell below target in February. MYHT had also confirmed that under-performance was further expected in March. This was mainly attributed to ENT and plans for recovery were being formulated. • The cancer 62-day referral to treatment target remained below target, but performance improved in February and a further improvement was expected for March. • In terms of the 52-week target for waiting lists this had improved and MYHT continued to aim for an overall end of year position of 1000 patients. However, the impact from the cancellations due to Industrial Action may mean it was not achievable. The Trust was maintaining as much elective activity as possible during Industrial Action with those services not providing acute care and this would help treat as many patients as was safely possible. • Mid Yorkshire declared zero 78-week non-admitted and diagnostic breaches at the end of March despite significant winter operational pressures in December (OPEL4), and a system decision to reduce elective work to support unplanned care. The admitted position finished with five declared +78 week breaches. Three were due to patient choice, one was due to surgeon availability after a previous cancellation and one patient converted from the non-admitted pathway at month end. • The waiting list for Children’s ASD remained high and a detailed review is underway, which will be presented to the Integrated Assurance Committee in June. • In line with the planning guidance from the from 1 April 2023, patients will need to be seen, admitted, or discharged within 4 hours of arriving at the MYHT emergency departments. The re-implementation of the 4-hour standard represents a significant change for MYHT in terms of patient flows, reporting compliance and associated performance. The standard we need to achieve is more than 76% of patients attending our Emergency Departments are discharged or admitted within 4 hours of arrival by March 2024 • Ambulance handover remains a high priority with continuing excellent performance in March against all three standards. • Mid Yorkshire reported zero 12 hour nationally declarable breaches during March. <p>SH asked whether the system was agile in terms of cancer referrals. CS responded advising that patients were not keen on travel and waiting times were challenging at other Trusts across the region. NT added that benchmarking work showed that</p>

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	<p>Wakefield ranked at 56 out of 104 so although improvements could be made, we were not an outlier.</p> <p>CO asked in relation to breast cancer statistics over the last 36 months and whether some of this could be attributed to the pandemic. NT advised it was over a rolling period, using a range of metrics and would need further investigation to determine the reason.</p> <p>NT highlighted the following in relation to activity:</p> <ul style="list-style-type: none"> · Day Case activity performance for 22/23 was forecasted to report at 93.6% (which was against 19/20 plus 4% growth). Outpatient first activity was forecasted to report above plan at 105.9% and this was due to increased levels of activity within the independent sector. · Outpatient follow-up appointments was at 106% where plans had been to reduce activity to 75% delivery rate of 19/20 by the end of March. Private provision was being used and this had been worked into planning assumptions. <p>It was RESOLVED that:</p> <p>The Integrated Assurance Committee was asked to:</p> <ul style="list-style-type: none"> · Discuss the report, providing any further feedback on the structure, content and direction of travel. · Note the latest performance and those indicators where performance is below target and the associated exception reports where provided. · Discuss and agree any recommended actions for the Committee.
5	<p>Wakefield Place Finance Report 2022-2023</p> <p>Karen Parkin (KP) presented the paper.</p> <p>KP advised the paper presented the 2022-23 financial position at month 11 ending February 2023 for both NHS organisations and Wakefield Council. KP highlighted the following:</p> <ul style="list-style-type: none"> · The forecasted positions for NHS organisations within Wakefield Place were in line with plan. Across the three organisations the forecast was a surplus of £3.7m. · Wakefield Council's Adult's Social Care was forecasting an underspend of £0.2m, Children's Social Care services an overspend of £3.3m and Public Health a balanced position. <p>It was expected that those positions would be achieved at month 12 with for NHS organisations auditors having until 30 June to review when the final accounts being</p>

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	<p>submitted and published. Wakefield Council had a slightly different financial cycle, so month 12 figures were currently unavailable.</p> <p>KP updated on the West Yorkshire ICS position at month 12 as reported at the Finance and Investment Committee that morning which was a favourable overall position of £0.7m over plan.</p> <p>KP provided an update on the 2023/24 financial planning round with a draft submission to NHS England on 30 March. The West Yorkshire ICS had submitted a deficit plan of £109.4m; it was noted this was a similar picture for other ICS' across the country. NHSE had requested further improvement to that plan to reduce the deficit by £50m across the ICS. Wakefield Place had reviewed plans and had managed to contribute towards decreasing the overall West Yorkshire ICS deficit; it was noted that work was still on-going across the ICS with regard to financial planning and the final submission to NHS England.</p> <p>RH asked whether with current system pressures across the system was there confidence that the updated position could be held.</p> <p>KP responded that place financial leads would work together with the West Yorkshire team to deliver the financial plan although it was acknowledged that there would be some challenging decisions to make going forwards.</p> <p>Discussion took place in relation to Equality, Quality Impact Assessments and whether there was oversight across the places and the ICS on detrimental impacts and unintended consequences.</p> <p>Action: It was agreed that any updates to be shared with the Integrated Assurance Committee and for an update on the final planning submission to be brought back to the next meeting.</p> <p>It was RESOLVED that: Wakefield Place Integrated Assurance Committee was asked to:</p> <ul style="list-style-type: none"> · Note the Month 11 financial positions for the Wakefield Place and the verbal updated position for Month 12. · Note the update regarding the Financial Planning Submission for 2023/24.
6	<p>Primary Care Safeguarding Standards Self-Assessment 2022 Chantell Manson (CM) presented the paper.</p>

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	<p>CM outlined the details of the paper which provided the findings of the GP Provider Safeguarding Standards for Adults and Children self-assessment. The set of standards were developed by Named GPs across the West Yorkshire region, combined from GP Standards Documents that were previously in existence from Leeds, Bradford, Wakefield, Calderdale and Kirklees Clinical Commissioning Groups (CCGs).</p> <p>The Safeguarding Standards document was circulated to all practices within the Wakefield District in June 2022. All 35 Practices completed and returned the self-assessment by January 2023.</p> <p>As part of the self-assessment, practices were asked to assess each section using a RAG Rating (Red, Amber, Green).</p> <p>The findings were</p> <ul style="list-style-type: none"> · Fully compliant – 14% (n=5), · Partial compliant – 54% (n=19), · Not fully compliant– 31% (n=11). <p>CM explained that full compliance meant that the practice had met all the standards fully, partial compliance meant the practice had some areas of partial compliance and full compliance but no areas of non-compliance. Not fully compliant meant the practice had at least one area in which they had declared non-compliance but was compliant / partially compliant in other areas.</p> <p>It was noted that the audit demonstrated a high level of assurance across the thirty-five GP practices in the Wakefield district although it had also identified some areas for development. The ICB Wakefield Place safeguarding team would be supporting practices to achieve improved compliance supported by the action plan; it was noted that the overall responsibility to achieve full compliance was with each individual GP practice.</p> <p>RH thanked CM for the comprehensive report.</p> <p>It was RESOLVED that: The Integrated Assurance Committee was asked to:</p> <ul style="list-style-type: none"> · Note the contents of the report and to approve the actions therein.
7	<p>2022/23 Q4 Quality, Safety and Experience Report Laura Elliot (LE) presented the report.</p> <p>Laura Elliott (LE) explained that the report presented information from various sources including regulators, commissioners, service providers and our population. The</p>

Agenda no	Minutes
	<p>reported included actions where areas of improvement had been identified. The report continued to evolve to reflect the wider partnership. LE highlighted the following points:</p> <ul style="list-style-type: none"> · Information on Children’s Services and the outcomes from CQC inspections for our jointly funded Children’s Residential Homes had been included for the first time as part of our aim to broaden reporting across the Partnership. · CQC reports published for adult social care services showed improved ratings for three services, with two care homes rated Inadequate. · The Mid Yorkshire Hospitals Trust (MYHT) results for the 2022 Maternity Survey highlighted one question scoring much better than expected and one question somewhat better than expected compared to the national results. · MYHT reported a never event in January 2023 – a joint investigation was being undertaken with SWYPFT. · As part of strengthening quality surveillance of independent providers a positive visit to Newmedica took place in Q4, and the report outlined quality monitoring arrangements for independent providers going into 2023/24. · Care provider Choice Support had created VIP bags to support people with a learning disability with health appointments and hospital admissions. · Host commissioner responsibility for the Horizon Centre at Fieldhead Hospital transferred to Wakefield place from 1 April 2023. · Key themes from Quality Intelligence Group include long waits on the phone for General Practice appointments, negatives for Pinderfields PALS Service and negatives for CAMHS. <p>LE advised that the report included a section on Waiting Well following discussion at the Integrated Assurance Committee in February and the Wakefield District Health and Care Partnership Committee in March where members were keen to understand more whether people on elective waiting lists were accessing urgent and emergency care services due to a deterioration in their condition.</p> <p>It was noted that the Planned Care Alliance had a specific personalisation workstream with a focus on supporting people while they were on an elective waiting list. The data analysis on page 32 of the report was noted.</p> <p>Action: A representative from the Planned Care Alliance would be invited to the next Integrated Assurance Committee to discuss this work.</p> <p>LE provided an update on maternity services with Mid Yorkshire Hospitals Trust (MYHT) continuing to report openly at the Maternity and Neonatal Quality Surveillance Group which was attended by the West Yorkshire Local Maternity and Neonatal</p>

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	<p>System (LMNS), ICB Quality leads, Maternity Voices Partnership (MVP) and senior Trust maternity safety champions overseen by the Trust Chief Nurse. Updates on activity, clinical outcomes, service user feedback, CQC action plan progress, staffing and workforce challenges were presented at the meeting in March 2023.</p> <p>It was noted that a deep dive into maternity and neonatal services would be provided to the Wakefield District Health and Care Partnership in May 2023.</p> <p>Discussion took place in relation to the assurance provided by the report and whether the IAC was comfortable with the report. LE responded that information was presented through to the West Yorkshire Quality Committee, the AAA ICB report was sent bi-monthly and top risks within this realm were escalated to Quality Committee through the Quality Group. PW added that the makeup of place quality arrangements could be through a single organisation and learning from that as a system, self-regulation, learning and improvement and to try and avoid duplication where possible.</p> <p>LE outlined plans for Experience of Care week which was taking place that week advising that some members of the Wakefield District Health and Care Partnership Committee had made pledges and encouraged members of the Integrated Assurance Committee to do similar. It was noted that the People Panel agenda taking place on 27 April would have an experience of care theme.</p> <p>PH thanked LE and team for the comprehensive report.</p> <p>It was RESOLVED that:</p> <p>The Integrated Assurance Committee was asked to:</p> <ul style="list-style-type: none"> · Note the current place risks and assurances relating to quality, safety and experience; · Identify any further actions or assurance required; and · Approve the proposal that the Planned Care Provider Alliance be invited to bring a focused report about Waiting Well to the next meeting in June 2023.
8	<p>Wakefield Risk Register</p> <p>Gemma Gamble (GG) presented this paper.</p> <p>GG outlined the paper which presented the Wakefield Place Risk Report, highlighting that there were currently 20 risks on the Wakefield Place Risk Register, four of which were marked for closure, leaving a total of 16 open risks. Three risks had a decreased score.</p>

Agenda no	Minutes
	<p>GG advised that a Risk Management workshop had been scheduled for 17 May with invites to risk owners, managers and other interested parties. The workshop would aim to refresh the risk management approach, review cycles and process with follow on work to include capturing system risks and escalation of risks through formal structures.</p> <p>GG suggested that future Integrated Assurance Committee agendas could include a deep dive into high scoring risks so that the committee could be assured in relation to the risk, controls and mitigations in place and offer appropriate challenge back.</p> <p>Discussion took place in relation to risks, including place, common and core risks and the need to avoid duplication in the risk management process.</p> <p>It was noted that the risk register required some updating and refreshing including an update on some of the terminology used; the workshop should help the register get into a better position with further work to ensure wider system impact risks were captured.</p> <p>GG advised that the risk register was still a work in progress although it was hoped to present a more robust register at the June committee.</p> <p>It was RESOLVED that:</p> <p>The Integrated Assurance Committee was asked to:</p> <ul style="list-style-type: none"> · RECEIVE and NOTE the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. · CONSIDER whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
9	<p>Matters to escalate to WDHCP There were no items for escalation to WDHCP.</p>
10	<p>Items for escalation to other sub-committees There were no items for escalation to other sub-committees.</p>
11	<p>Any other business There were no items under any other business.</p>
12	<p>Reflections on the Committee</p>

Agenda no	Minutes
	RH commented that there had been some really useful discussions and as reports evolved appropriate assurance was being provided to the Committee.
13	Date and time of next meeting: The next meeting was scheduled for 28 June 2023, 3.00 – 5.00 pm

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