Wakefield District Health & Care Partnership

Wakefield District Health and Care Partnership: our first year review

Executive summary from Jo Webster, Accountable Officer, Wakefield District Health and Care Partnership and Dr Ann Carroll, Independent non-executive chair

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

We aim to create a connected system that supports people in their homes and communities to live healthier, happier lives.

Our partnership includes NHS organisations, Wakefield Council, Healthwatch Wakefield, housing, voluntary and community sector organisations and includes mechanisms for ensuring that citizen voice and clinical and professional leadership have a strong role in our decision making. We are well connected to the broader system across West Yorkshire Health and Care Partnership and maximise the opportunity and benefits to share best practices and learning.

The Partnership carries out delegated statutory functions on behalf of the NHS West Yorkshire Integrated Care Board (ICB) and delivers key partnership aims such as those outlined in the Wakefield Health and Wellbeing Strategy. We are committed to working as one system with shared behaviours and principles governing the work we do.

From our continued recovery from the pandemic to gaining new insights into how people access local health and care services, finding solutions to some of our most complex challenges, and unlocking new ways of working, our first year has been ambitious, collaborative, and transformative.

The Wakefield District Health and Wellbeing Strategy 2022 – 2025 set out the plans to improve the health and wellbeing of all residents in four key priority areas: Giving every child the best start in life; A healthy standard of living for all; Prevention of ill health and Sustainable communities.

A range of wide-ranging initiatives demonstrate these priorities has been done to date including a sustained focus on significantly reducing the rate of smoking in pregnancy, bringing health and social care closer together, increasing the number of primary care

appointments and making remarkable strides in reducing waiting times with no patient having exceeded the 104-week wait for treatment at Mid Yorkshire Teaching NHS Trust.

This report gives a flavour of just some of the highlights of our first 12 months.

Health inequalities

Reducing health inequalities, the unfair and avoidable differences in health between different groups, is the golden thread that runs through our work.

Over the course of the year, we have focussed action on improving key determinants of health by connecting people with services and with each other. This has included work to directly support people experiencing hardship due to fuel and food costs and programmes to improve people's prospects through good housing and employment opportunities. There has been a sustained focus on driving down the rate of smoking in pregnancy and continued investment in tackling harmful alcohol consumption and problems associated with gambling addiction. One of the district's key success stories is the More Money in Your Pocket benefits campaign led by Citizens Advice, on behalf of the Residents First Group. More than 100 households were supported to access previously unclaimed benefits, grants or increases in existing benefit claims during this year, at an average of £3,251 per household.

We are using the NHS Core20Plus5 framework to address healthcare inequalities in our most deprived neighbourhoods, in the most vulnerable and marginalised groups and within five clinical areas of focus; maternity, Severe Mental Illness (SMI), chronic respiratory disease, early cancer diagnosis, and hypertension case-findings.

A number of additional local priority inclusion groups been identified for action, including:

- vulnerable migrants
- unpaid carers
- people living with severe mental illness and/or learning disabilities.
- people experiencing homelessness, contact with criminal justice system and/or drug and alcohol dependency.
- sex workers
- transgender people

Just over £2million has been invested in projects designed to benefit people at greatest risk of experiencing health inequalities in the district, aligned to our Health and Wellbeing Board and place priorities:

- A healthy standard of living for all
- Giving every child the best start in life

- Prevention of ill-health
- Sustainable communities

We are using targeted approaches based on local intelligence. Strong partnerships between local VCSE organisations and health partners are enabling us to maximise reach into communities with the highest level of need.

The largest proportion of investment has been committed to our local approach to community development, the Healthy and Sustainable Communities programme. Focus is on the coproduction of a healthy and sustainable communities model, with and for our ten most deprived communities, to identify strengths, develop new networks and build trust and sustainable solutions. This will be targeted at people who are at high risk of becoming ill, for example, because of poverty or isolation, and are not currently accessing help. The aim will be to stimulate development of voluntary and community support. Workers are being recruited to help connect people with resources in their own communities to access help with health, money, housing, employment and social contact.

Workshops have commenced in the first three areas to develop a local, co-produced approach to improving health and wellbeing. The workshops give all stakeholders, including those who live, work and contribute to the community, a chance to meet, work alongside and build links with other people who care about the area and a chance to learn useful techniques and skills relating to making change happen.

Facilitated children and young people workshops will mirror the community workshops. They will be interactive for the children and young people to contribute their thoughts and ideas. School sessions will also take place in each of the community areas.

The workshops are the beginning of a sustainable and deliberative approach; to establish and build upon effective ways of working and trusted relationships to connect and ‘walk with’ people and families to access timely support and promote self-management. Community Wellbeing Coaches will be recruited to support this programme.

Funding from the United Kingdom Shared Prosperity Fund has been provided for a Philanthropy and Investment Manager, hosted by Prosper Wakefield. This role aims to maximise community spirit and philanthropic culture to promote investment enable the Voluntary, Community and Social Enterprise (VCSE) sector to prosper. The role will develop sustainable investment opportunities and mutually beneficial social value initiatives in collaboration with partners from all different sectors, including statutory organisations, health partners, including primary care and the business sector.

Work is underway to develop an approach which rewards and recognises people for volunteering or doing social good. The approach will offer effective and consistent ways of

promoting and raising awareness about volunteering, maximising recruitment of volunteers and rewarding volunteers consistently and fairly. It will also provide a consistent way for people to evidence their volunteering activities so that they can use them for personal or professional development. The scheme will engage employers/businesses consistently in supporting volunteering in a reciprocal way. It will also enhance the information available about the people who engage in volunteering activities and capture information about the social value of volunteering.

Work is planned to develop a co-produced volunteering strategy. The Council is consulting on an Employee Assisted Volunteering policy and has undertaken a survey of staff to gain an understanding of the value that staff contribute outside of their work. This will be complemented by linking with the VCSE Volunteer Managers Network and with the Wakefield People Plan to understand what is happening across the district. The aim is to increase recognition of volunteering as social value, and its role in supporting recovery, wellbeing and contribution.

A series of workshops are taking place in communities on co-production – using local knowledge and collaborative decision making to effect sustainable change.

An Outcome Based Accountability approach will be established to assess the effectiveness of the Healthy and Sustainable Communities work and its impact on the lives of children, families and communities.

Additional projects designed to help close the gap in people's health include a health inclusion service to address the health needs of vulnerable migrants. The roving healthcare teamwork in an agile way to provide asylum seekers, refugees and vulnerable migrants in the community with fair and equal access to primary medical services and wider support. The team work to break down specific barriers to accessing prevention services and carry out health promotion. This service works in tandem with local voluntary services including Live Well Wakefield and Citizen's Advice Bureau (CAB).

Investment was also committed to the West Yorkshire Finding Independence (WY-FI) scheme, a navigation service which helps vulnerable adults with multiple and complex needs to get the right support when they need it most. The team works with people with the most entrenched complex needs who do not engage in services, revolve in and out of services, or who are excluded from services to identify any immediate healthcare and social needs and put steps in place for these needs to be met. The service aims to improve health, wellbeing, personal and social outcomes; reduce offending, anti-social behaviour, and hospital presentation; and encourage active citizenship.

Bids were invited for the remainder of the investment and funding has been awarded to 11 local projects specifically designed to improve access to services, improve health outcomes

and break down barriers for specific groups who at more risk of experiencing health inequalities. They include:

- a service providing cognitive behavioural therapy (CBT) support to victims and perpetrators of domestic abuse
- a befriender scheme for women who are new to the country and/or who speak English as a second language and are therefore at higher risk of experiencing infant mortality and poorer health outcomes
- the extension of a local scheme to address fuel poverty and housing conditions that exacerbate health inequalities and impact on health conditions
- an exercise and education programme for people living in areas of high deprivation who are experiencing debilitating breathlessness due to respiratory conditions and cardiovascular disease
- health checks for people living with severe mental illness (SMI)
- a blended approach of frontline health advocacy and community health development to increase access to healthcare for the local Gypsy and Traveller community

Children and Young People

We want local children and young people to tell us they are happy, healthy, safe, and thriving in communities where families and services work together to help them achieve their potential and dreams.

The Wakefield Family Hub model and Start for Life agenda prioritises support for children and their families from conception until they start school. There are nine family hubs across the district with the offer delivered from physical buildings and through networked community support. The Family Hub offer is growing through partnerships with health and wellbeing partners, including co-delivery of groups to families and community-based activities delivered by the voluntary and community sector and schools. Work in Family Hubs includes groups to support early years development, including speech and language development and groups for parents to support their resilience, including groups for very young parents. Each Family Hub publishes a monthly guide about What's On which is available on the Wakefield Families Together website. Youth Hubs also publish a What's On guide; activities are varied from accessible-to-all youth activities, to targeted support for young carers and LGBTQ+ young people.

Healthwatch Wakefield are developing Parent Carer panels in each Hub to ensure that the voice of parents is at the heart of the Wakefield Family Hub programme.

Harrogate and District NHS Foundation Trust has provided the Growing Healthy Wakefield 0-19 Children's Service since October 2022. The service comprises varied public health practitioners working across the 0-19 service and provides health visiting and school nursing

support - working with children, young people and their families to ensure that children have the best start in life and are able to fulfil their potential.

The Growing Healthy Wakefield 0-19 service aims to ensure they support families and young people to access the right service at the right time delivered by the most appropriate professional. The expansion of the workforce includes some innovative roles to promote co-production and ensure interventions are developed around the changing needs of communities. The delivery model holistically supports the physical and emotional wellbeing of families, whist keeping the child's lived experience at the centre.

In 2021 the number of young children attending the emergency department at Pinderfields Hospital was the seventh highest in the country. We know that by working together across the system, we can meet the health needs of those children and families better in the community. This has included support for families, positive activities for young people and advice for parents through the Family Hubs, and a targeted communication campaign designed to help families get the health care support they need in the most appropriate setting, including self care. The campaign signposts to the West Yorkshire Healthier Together website and has been delivered through leisure centre radio advertising, digital audio messaging, and organic and targeted social media messaging to reach the most relevant populations. In June 2023, whilst demand remains high, the rate of attendance is now 11th highest in the country.

The Born and Bred in Wakefield (BaBi Wakefield) research study celebrated its milestone 1000th recruit in May. Baby Orlaith, born at Pinderfields Hospital, is one of a growing number of local babies and parents whose routine health, education and social care data is being linked to create a bigger picture of local families' lives over time. The collated data will be used to investigate key questions around the health of local people to help inform the future development of services.

Wakefield Council's work to transform children's services was recognised with a national award in 2022. The LGC children's services award followed a period of transformation that saw services improve from an inadequate rating across the board in 2018, to being judged three years later as good in every area, with outstanding leadership – believed to be one of the fastest improvements of a Council maintained children's services in the country. Regular consultation, work with partners, and innovative thinking was key to the service's transformation and remains critical to its continued improvement.

In March, a Therapeutic Residential Children's Home opened in Pontefract to provide support for some of the district's most vulnerable young people. The specialist two-bed home provides a safe and therapeutic environment for young people children aged between 11-17 years who have experienced trauma in their lives. The service involves a partnership between Wakefield Council and South West Yorkshire Partnership NHS Foundation Trust (SWYFT), that sees the Child and Adolescent Mental Health Support's Enhanced Outreach Team providing the

clinical team based at the home – something that has not been done before and sets the district apart as pioneers of this specialist intervention care home.

A new service to support local children and young people's emotional health and wellbeing launched in April. The service, delivered by the Compass charity, offers a range of advice, support and education on emotional health matters using text, web-based and face-to-face methods to engage young people and families. Young people have access to a dedicated Wakefield text hotline staffed by real workers responding in real time.

The service is aligned to The Wakefield Resilience Framework and works closely with existing agencies in the district. Future in Mind Mental Health Support Teams continue to embed their work in Wakefield schools and will work in partnership with Compass and wider system partners to ensure that the pathway is integrated and easy to navigate.

The WF-ICAN website also provides self-help, health promotion and protection resources, information, advice and signposting.

More and more children and families are aware of neuro-diversity and an increasing number of children are referred for a clinical diagnosis for Autism and ADHD. We want all children to thrive and have the best experience growing up. We are promoting an approach that is not diagnosis led and supports neurodiverse children and young people, especially in education. Wakefield Council and NHS West Yorkshire Integrated Care Board deliver a jointly-funded programme of development from the Autism Education Trust in schools. We aim to train 150 schools in Wakefield to be 'autism friendly' by September 2027 so that parents, children and young people have confidence that their needs are understood and met. This training has been delivered to more than 2,400 people so far, across five secondary and 70 primary and two special schools, two early years settings and three post 16 providers.

In addition, we have delivered training to the wider system including Future in Mind and Child and Adolescent Mental Health Services (CAMHS) Reach teams, Wakefield Parent Carer Forum, and Happy Healthy Holiday providers, and at the Early Career Teacher conference and the Special Educational Needs Co-ordinator (SENCo) conference. There is also a training offer through the Learning Academy for Children and Young Peoples' Services.

Primary Care

We are working to strengthen the links between primary and community care services to create a connected system that supports people in their homes and communities to live healthier, happier lives.

General practice is under significant strain nationally, from both increasing demand and ongoing workforce pressures. Whilst Wakefield is not immune to these challenges, we are

working together across practices, primary care networks and our alliances to ensure our services are arranged in a way that is sustainable, maximises our resources, increases capacity and improves the quality of care and patient experience.

Wakefield has 34 GP practices across 52 sites and seven Primary Care Networks (PCNs). Our practices vary in size serving populations between 2,561 and 31,961. The average number of patients per practice is 11,510 in comparison to the national average of 9,596. There is good coverage of practices across the district which means that local people have a choice over which practice they can register with.

Primary care workforce data shows that, as of 31 December 2022, there were 246 full time equivalent (FTE) doctors working in general practice in Wakefield. This is an additional 22 FTE GPs compared to a baseline of 2019/20 and reflects the continued increase in GP training places. For the same period, there were 148 FTE nursing roles across the district, reduced by three FTE since 2019/20. We have significantly expanded direct patient care roles (clinical staff who are not GPs or nurses) in Wakefield. In December 2022, there were 256 FTE as part of our plans to diversify the workforce within general practice through our primary care networks. This expansion will continue throughout 2023/24.

Regular appointment statistics are now published at both individual practice, district, regional and national level as part of an ongoing government commitment to provide transparent data about general practice. In 2022/23, 1,870,260 appointments were delivered across all our practices - a 6.1 per cent increase on the previous year and a 6.9 per cent increase on overall appointments compared to pre-pandemic levels (2019/20). In December 2022, our practices provided 520 appointments for every 1000 patients in the district; this ranked us eighth across Yorkshire and the Humber and twelfth nationally for appointments provided to patients.

A total of 755,918 appointments per 1000 patients were delivered in 2022/23. In comparison to pre-pandemic levels of 2019/20 this is an increase of 6.5%, the highest in West Yorkshire.

Whilst many patients prefer to access appointments online or via telephone, we know that face-to-face appointments continue to be valued by both patients and clinicians. In March 2023, 75 percent of appointments were carried out face-to-face. This is an increase of 71 per cent in March 2022, and from 55 percent in March 2020.

Additional access to same-day support and appointments during evenings, weekends and bank holidays is provided by GP Care Wakefield. The model was designed locally by GP practices working with other urgent care partners and responding to a large-scale engagement work which saw more than 8,000 registered patients give views on what they would like to see.

GP Care Wakefield provides 9,243 extra appointments (in addition to those set out above) for

Wakefield patients per month, and 2,900 appointments per month through their urgent care contract. There are systems in place to support practices by diverting capacity to where it is most needed on the day, and to ensure the best use of same day appointments. Patient feedback is collected via text message after contact with the service. Between April and June 2023, 94 per cent of respondents said they would recommend the service.

The service has supported our overall system during recent winter pressures which has enabled more patients to receive care and help prioritise those patients who have needed urgent care in other parts of the system. One example of this is our Acute Respiratory Infection Hubs that provided an additional 3,200 face to face appointments between 3 January 2023 and the end of February 2023, for those patients who needed treatment with respiratory symptoms. Access to this service was via the patient's GP.

We know that accessing general practice is one of the biggest concerns for our population. We have taken steps to increase capacity and improve patient experience and the quality of care provided across the district. This has included a review by all practices on how patients access their service and collated responses to identify good practice and any potential gaps. Work has taken place to embed online consultations, digital appointment booking and repeat prescription requests, and improvements to telephone services to reduce dropped calls and wait times. Examples of good practices and ideas have been shared across the district, including carers champions, introducing bi-lingual reception staff, and supporting patients with complex communication difficulties.

The GP Recovery Plan has a clear focus on access improvement. The pandemic accelerated the use of online solutions and as a result, practices have worked on embedding the use of online consultation and online appointment booking, as part of their overall offer. In turn, this provides significant benefits for patients who work or wish to use digital means but also improves access for those who choose to use traditional methods. It has been noted that accessing services online is better suited to some patients who previously struggled to have their healthcare needs met. Under the GP Recovery Plan practices are being encouraged to promote the uptake of the NHS App to support overall access.

Under the Recovery Plan, practices will be supported to transition to cloud based telephony, where this is not already in use. A number of practices in Wakefield have been identified as eligible for this and will be supported to transition when the funding becomes available later this year.

Care navigation has been used within our district's practices for a number of years, supported by a training package delivered by Conexus for all reception staff. There is a focus on care navigation under the GP Recovery Plan and we are working with Conexus to develop the offer in response to this.

A service in collaboration with community pharmacy providers has been established in the form of Community Pharmacy Consultation Service (CPCS). This has enabled referral of patients with certain conditions (such as sore throat, coughs/cold, sleep difficulties, hay fever, headaches, acne, athletes foot, skin rashes) that can be treated by a pharmacist, in turn freeing up GP appointment capacity. The CPCS referral rate has significantly increased in Wakefield from 183 referrals Q4 22/23 to 1,072 referrals in Q1 23/24.

Following the success of the COVID-19 roving vaccination programme, which focused on groups of people experiencing health inequalities, our primary care networks have used lessons learnt on reducing barriers for these populations in accessing healthcare by undertaking outreach sessions in the community. Resources, training materials and facilitated workshops have been provided to educate and support primary care staff to ensure a high quality and accessible service. This has included pop-up clinics in local mosques, one-stop-shops for patients with a learning disability and outreach sessions in areas of deprivation working closely with partners in the local authority and voluntary sector.

There are further contractual focuses on access improvement for 2023/24 including through the Quality and Outcomes Framework (QOF) QI Modules, the PCN Capacity and Access Plans, the Investment and Impact Fund (IIF), the Wakefield Practice Premium Contract 2023/24, in addition to the new asks in the GP core contract.

The GP Recovery Plan has also introduced the General Practice Improvement Programme (GPIP) to support general practice to deliver change. The programme will provide support for practices and primary care networks over two years (2023-25) to make changes and improvements to how they work. GPIP provides three levels of support – universal, intermediate and intensive. Practices have been invited to participate in the intermediate and intensive programmes and our first practice has joined the first cohort of the intensive programme.

In November, a multi-million-pound investment in a new purpose-built health hub in Castleford was approved. Two existing GP practices and a new practice and council services will open in the building, allowing residents to receive a wider range of treatments closer to home, with better facilities and an improved environment for both those using and working in the building.

Live Well Wakefield social prescribing link workers are embedded across the district's primary care networks (PCNs), providing access to information, advice, and support to help people improve their health and well-being. There has been continued focus on ensuring that patients living with learning disabilities and dementia receive annual reviews, and the direct link with social prescribing, self-management, and the local voluntary, community, and social enterprise (VCSE) sector has ensured that patients now experience a more holistic personalised care assessment of all needs as part of the annual review process. Learning from this has helped shape proactive approaches to reducing unplanned admissions and

supporting people to manage long-term conditions, including proactively contacting patients with chronic obstructive pulmonary disease (COPD) over the age of 65 and living in areas of deprivation to offer a social prescribing review over the winter period.

Live Well Wakefield has also worked with Wakefield Council's employment support service Step Up to offer social prescribing and self-management support to residents identified as furthest from the labour market to overcome barriers to employment due to inequalities and wider determinants of health. More than 100 people were referred for this support in 2022, with 21 per cent going on to find long-term employment within the year.

As we transitioned from pandemic emergency response to recovery, colleagues from Mid Yorkshire Teaching NHS Trust, primary care and community pharmacy continued to support the local COVID-19 vaccination programme. During the targeted autumn booster campaign, Wakefield delivered more than 92,000 vaccinations to vulnerable cohorts and almost 2000 primary doses to people who had yet to engage with the vaccination programme. Our focus on care homes saw most of the district's residents vaccinated within the campaign's first two weeks. Our vaccination sites at the Queen Elizabeth Vaccination Centre and at Sandal Rugby Club delivered the most doses administered in West Yorkshire during each of the first six weeks of the campaign. The spring campaign has included 'pop up' and roving vaccination activity. The programme delivered its millionth dose in April.

Mental Health

Providers of mental health services have continued working together to co-ordinate services to try to meet increasing demand and to continue the recovery from the pandemic.

Wakefield Safe Space, which helps people in mental health crisis to find support and help in a non-clinical setting, has expanded to a seven day a week service. The service provides one-to-one face to face support, support via telephone and Zoom, and group social activities. Support includes the development of safety plans and 'wellbeing boxes' to support self-distraction and de-escalation at home. The service moved to Caduceus House, Wakefield in October 2022.

Funding has been provided to Men's Matters, a VCSE-led service that provides early mental health intervention for a group that has previously shown low engagement with mental health support offers. The service currently supports an average of 97 men per month.

A mental health support worker provided by our VCSE partner, Touchstone, is now working within the Complex Needs Nursing team at Mid Yorkshire Teaching NHS Trust. The support worker helps ensure patients with mental health needs are more appropriately cared for in hospital and during discharge.

Wakefield's Individual Placement and Support service is helping people with severe mental illnesses (SMI) to secure supportive employment. Sixty-nine individuals have enrolled onto the service since it launched at the end of 2022, and additional funding has been committed to increase the capacity of the service from 2023/24 onward.

Five extra members of staff for Wakefield Talking Therapies Service (formerly known as Improving Access to Psychological Therapies - IAPT) have been recruited to specifically provide employment support alongside the appropriate talking therapy support. The new team will support people to find work and support those in work.

Our ongoing community mental health transformation programme is delivering holistic, person-centred mental health care at neighbourhood level. The aim is to deliver a 'no wrong door' approach that focuses on integrated working by enhancing the existing multi-agency Connecting Care team offer, including an increased number of mental health focused roles working at primary care and community level across the two Connecting Care hubs. These roles are aiming to support people who have enduring and severe mental illness, co-morbidities and/or complex needs at an earlier stage. Highlights of the developments include co-design of referral pathways to include a new VCSE referral route, partnerships with local VCSE services, co-design of team communications and continued work to promote the changes to wider VCSE partners.

The team has worked with Insight Eating to understand the demand and needs of people in the district with lived experience of disordered eating and eating disorders, the final report reflects positive cross sector engagement from a variety of stakeholders.

Learning Disabilities

The development of the Learning Disability Alliance builds on the work of the successful Learning Disability and Autism Partnership Board (LDAPB). This Board connects a range of district partners (including ICB, SWYFT, Mid Yorkshire Teaching NHS Trust, the police, Department for Work and Pensions (DWP) and service providers along with service user and carer representatives) to share information and innovative projects which benefit those with learning disabilities and/or autism. It also provides the opportunity to engage with, and influence, new projects for example within libraries, museums, and leisure services.

The LDAPB has also worked to raise the profile of people with learning disabilities in the district, and challenge misconceptions about their skills and abilities, highlighting the significant contribution they make to our society.

The Learning Disability Alliance was set up in January 2023 to drive forward close partnership working and support innovation and transparency to improve outcomes for people with learning disabilities and their families. The development of the Learning Disability Plan 2022–

2024 was also coproduced by the LDAPB, with support from Lift Up Friends self-advocacy group and sets out four main priorities for the district:

- health services and the Council work together to plan services
- there are meaningful and enjoyable activities for people
- people have a choice over where and how they live
- there are opportunities to learn new skills or get a job

Wakefield District has a strong background of providing supported living to adults with learning disabilities - many with complex needs, in bespoke individual or shared properties. Significant work has been undertaken this year towards recommissioning a number of these services to ensure that they continue to provide high quality, and sustainable, support.

Following on from the success of the district's first online art exhibition of work by people with learning disabilities in 2022, the first 'Learning Disabilities Awards' ceremony was held for Learning Disabilities Week in June 2023. The ceremony highlighted the local, national, and personal achievements of both people with learning disabilities and their family carers in Wakefield. The idea was originally proposed by a person with a learning disability, and the event was co-produced by several people with learning disabilities alongside NHS West Yorkshire NHS Integrated Care Board (WYICB) and Wakefield Council staff.

The Adult's Autism Strategy 2023 – 2025 has been developed in partnership with autistic people, their families, and practitioners. The autism steering group will oversee development of an action plan to deliver the co-produced priorities:

- 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

There is an ongoing emphasis on ensuring appropriate support is available to respond to autistic people and those with learning disabilities who may experience crisis situations. The focus is on providing services to enable recovery at home, within Wakefield District, and therefore avoiding the need for admission to hospital for assessment and treatment.

A local supported employment scheme has been launched in the district, following a successful bid for DWP Funding. In a partnership between Wakefield Council's Day Opportunities service, Step Up and Autism Plus, the scheme offers support to autistic adults and those with learning disabilities to find jobs which match their interests, and provides work coaches to support them to gain the necessarily skills to maintain that employment.

Work is taking place across the district with various partners to prepare for the introduction of the new national “Oliver McGowan Training” which aims to ensure that the social care and health workforce has the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability.

Housing and Health

Where we live influences our physical and mental health. The partnership works to ensure that people have warm and affordable housing that is safe and secure and promotes independence.

Partnership working between Wakefield District Housing (WDH) and SWYFT is providing people being discharged from mental health inpatient services with dedicated housing support and opportunities to manage transitional tenancies, complete with wrap around support, through a housing discharge solutions model.

WDH have worked with Groundswell UK to develop a framework to support homeless and rough sleepers have better access to health care.

Wakefield Council’s Strategic Housing Home Energy Team schemes have delivered grant funded insulation, heating, and microgeneration home improvement measures for households that are on a low income and at risk of fuel poverty.

The new Healthy Housing Pathway has provided essential healthy housing support to vulnerable households, particularly through the winter months. A dedicated Warmer Homes Project Coordinator has supported 475 referrals, including emergency energy grant payments, money and debt advice, home energy efficiency improvements, emergency heaters, private rented condition hazards, food parcels and ‘cost of living’ grants.

The Strategic Housing Enforcement Team have continued to provide essential support to private rented tenants to improve housing living conditions, particularly through the cost of living crisis. The team remove hazards to health, including excess cold, damp and mould, and trips and falls issues.

Planned Care

The impact of the pandemic on waiting times for treatment are still being felt nationally. Locally, prioritisation of the planned care backlog has involved meticulous planning and strategic resource deployment, with patient care being prioritised by clinical urgency and chronological order to ensure fairness for all. Mid Yorkshire Teaching NHS Trust has made remarkable strides in reducing waiting times, and no patient has exceeded the 104-week wait

for treatment. Building on this achievement, the Trust plans to eliminate waits exceeding 65 weeks by the end of this financial year.

A ‘Waiting Well’ pilot delivered by Live Well Wakefield is proactively supporting patients who have waited more than 52 weeks for surgery through social prescribing and self-management support. The service aims to prevent decline in independence, mobility, finances, relationships, symptoms, and mental health, and reduce falls, carer related pressures and pressures on services, whilst improving post-surgical outcomes and building knowledge on local support. By the end of May 2023, 70 percent of all patients waiting over 35 weeks had been contacted. The service has been shortlisted in the 2023 HSJ Patient Safety Awards.

A simple piece of innovation known as the Shared Referral Pathway, which allows primary and secondary care clinicians to communicate about a patient before they enter the hospital, or even remove the need for them to attend hospital, has helped Mid Yorkshire Teaching NHS Trust treat up to three times as many patients as other trusts. Further information about the Shared Referral Pathway can be found in this short film.

A new ‘one-stop-shop’ community-based diagnostic testing facility will help improve access to diagnostic tests for people across the district. The Community Diagnostic Centre, based in Wakefield city centre, will provide a large range of diagnostic tests, including imaging (such as x-ray, ultrasound, CT and MRI), pathology (such as phlebotomy)
and physiological measurement tests (such as ECGs for heart conditions). Tests and checks carried out at the centre will help staff diagnose a range of conditions including cancer, heart and lung disease quicker to ensure patients get the care they need more quickly. Work will start on the Centre in 2023.

Mid Yorkshire Teaching NHS Trust’s (MYTT) theatre team completed their first cases of robotic assisted gynaecology operations in April 2023. The team successfully provided surgery for four women in theatre at Pinderfields Hospital. This type of surgery brings benefits to patients including a faster recovery time and smaller area of skin incision, as well as making more efficient use of theatre staff and supporting medics.

Following a successful bid for a share of Transformation Investment Fund monies, a brand-new Surgical Treatment and Diagnostic Hub is being developed at Dewsbury Hospital. This hub will provide an estimated 65,000 additional episodes of care for patients each year. The hub will be designed to provide a wide range of low complex diagnostic and treatment services, including surgical procedures, diagnostic imaging, and outpatient services. It will also incorporate the latest technologies and equipment to ensure that patients receive the best possible care.

Urgent and Emergency Care

Providers of urgent and emergency care have been working together to address the increasing demand for local services and ensure our population can easily access the care they need in the safest way possible when they need it.

The programme of work has been focused in three areas:

Managing need in the place you call home

This work has been focussed on embedding the urgent community response (UCR) service to meet patients' need in their own home within two hours of their call.

A joint improvement programme between Yorkshire Ambulance Service NHS Trust and MYTT A&E staff has resulted in significant and sustained improvement in ambulance handover times for our patients.

Last November, the first local patients received assessment, monitoring and treatment at home through the brand new 'frailty virtual ward'. The consultant-led model offers an alternative to hospital admission and can support an earlier discharge out of hospital and increases the overall available bed-base.

In addition to the frailty ward, people across Wakefield and North Kirklees have long benefitted from the respiratory virtual ward, where patients are supported to remain at home or helped from hospital home earlier with care delivered by specialist respiratory nurses.

The frailty and respiratory virtual wards have cared for more than 1000 people in the place they call home since November 2022.

Joyce, from Kinsley, describes how she's happier and healthier at home, thanks to the virtual ward: Virtual Ward: Joyce's story - YouTube.

Managing need when you need to leave home

Work has been taking place to review urgent care services to ensure that these services are developed and improved in line with national guidance and the changing needs of our population. A series of options have been developed that will be progressed, in line with feedback from local people, during 2023/24 resulting in a new service model in place by the end of the coming year.

The development of the same day emergency care (SDEC) service is playing a key role in helping to effectively manage demand across the system. The central principle of the service is that a substantial proportion of people who require ambulatory emergency care can be

cared for safely and appropriately on the same day, without an admission to hospital. Work has focussed on increasing the number of patients seen through the service with activity being 17 percent higher than in previous years. Increases are evident month on month with March 2023 seeing the highest number of patients accessing SDEC on record. Linking to the urgent community response service, a two-way referral process has been implemented to support community-based teams accessing specialist advice where needed. A full three-year improvement plan has been developed to continue this successful improvement journey into the coming years.

Managing ongoing needs in the place best for you
Supporting more local people to get out of hospital and back to the place they call home, faster, is one of our key priorities.

The System Discharge Oversight Group, which includes all partners across health and care, works across organisational boundaries to codesign and implement a programme of transformation to tackle this complex challenge. Our aim is to support people to go home from hospital as soon as they can and to offer them any ongoing care they need in the right place at the right time.

Initiatives include the development of the multidisciplinary Integrated Transfer of Care (ITOC) Hub, with representatives from all partners, including housing and voluntary sector, co-located at Pinderfields Hospital; the introduction of the Night Response Service which is providing enhanced support to those who need help overnight; and the complex care pathway which aims to significantly reduce length of hospital stay for people living with dementia.

Healthwatch Wakefield gathered the views and experiences of people and their families who had recently been discharged from our hospitals to ensure that the patient voice is at the centre of continued work to improve the experience of hospital discharge.

Patients are experiencing shorter hospital stays, reduced waits for domiciliary care and improved support upon discharge. Teams are enjoying more joined up processes, access to enhanced training and new ways of working.

Support for carers

Carers Wakefield is a five-day service that supports carers across the district. Carer Support and Liaison Workers from Carers Wakefield and District work across the Mid Yorkshire hospital sites and within the community to offer advice and information to those who need a little extra help while their loved one is receiving hospital care or after discharge. The team are now working within the Integrated Transfer of Care Hub in Pinderfields.

The Connect2Support website launched in early 2023 for carers and people who may need support with their social care. The site offers information to help you look after yourself or a loved one, stay independent and connect with others.

A dementia nurse specialist is providing a wraparound service for patients and their families who require additional support on discharge from hospital care. The service provides care homes and care providers with specialised support that extends to families and carers, providing signposting to local services and offering strategies and tools to help them manage and support the patient at home. Pauline from Pontefract describes how this support has helped her to care for her brother, Fred. Complex Care Pathway: Fred's story - YouTube.

Bringing health and social care together

Through new ways of working, reshaping services and deeper integration between teams, our work to bring health and social care closer together has gathered significant pace over the last 12 months. Our work was shortlisted in the Health and Social Care category of the 2023 LGC Awards, which celebrates partnership working between health and social care organisations to improve services and experiences of care for local people.

The Partnership's Accountable Officer, Jo Webster, also has responsibility for Adults and Health at Wakefield Council and Community Services at MYTT. This is one of the first appointments in England where a leader has three executive roles across one local health and care system, and means greater opportunities to prevent ill health, improve people's outcomes and care experience, and reduce variation.

The Integrated Transfer of Care Hub team have been working together, across agencies, to streamline transfers of care from hospital since March 2022. Joint coordination of all intermediate care beds across both health and social care is maximising our shared resources, which included an extra 29 Discharge to Assess (D2A) beds for winter 2022/23 and allows these beds to be used more flexibly at times of high pressures.

Teams across adult community services and adult social care, including district nursing and joint- senior leadership, business support, and performance teams are now co-located in a new Adult Community Services and Adult Social Care Unit in Normanton.

The Adult Social Care Citizen Panel is providing a forum for local people to have their say and help shape adult social care service.

The length of time people wait for a package of domiciliary care has been significantly reduced over the course of the year. Working closely with providers, adjusting contractual requirements to enable more flexible approaches, offering incentives for same day acceptance, and supporting with recruitment and retention challenges means that this support

can now be accessed very quickly, directly from hospital. The number of people waiting for a package of domiciliary care reduced from 214 in early 2022 to just 7 in March 2023.

These improvements have provided opportunities to test new ways of working to keep more people living independently. This includes a pilot of a new community recovery hub. The model aims to support early, targeted discharge from hospital into a dedicated hub for recovery and reablement, prevent hospital admission through direct referral by the social care staff based in our emergency departments, and improve patient outcomes and experience. During the eight-week pilot at Dovecote Lodge, Horbury, 30 people avoided a potential hospital stay.

The integrated care team (ICT) and reablement team have worked together on an award-winning integration project to align their services to more efficiently meet the needs of people who need nursing and reablement services. Using data from both adult social care and community services, the teams have developed a new 'one referral, one triage, one assessment' model that prevents duplication, streamlines access points and pathways, and maximises the joint available capacity across both teams. A single job description, competency framework and training schedule alongside a joint rota system will be the next step in building a fully integrated team of front-line carers working alongside one another to deliver reablement care and support to help keep people independent at home.

Listening to our communities

There are many ways we ensure that the voices of local people, staff and those who use health and care services are heard loud and clear across the Partnership.

Our Health and Wellbeing Board and Partnership Committee meet regularly in public, which means anyone can come along and listen to the discussions. Questions are welcomed on items on the meeting agenda.

The People Panel is our public assurance group and provides a single structure to oversee the delivery of public involvement, experience of care, and equality, diversity and inclusion activity. The Panel meets every six weeks and members are drawn from across Wakefield District to represent a wide range of views. This provides an opportunity for members of the public to hear developments first hand with a direct route to the Wakefield District Health and Care Partnership (WDHCP) committee.

We have ensured involvement reach into diverse communities and reported against representation and themes for equality groups, for example, ensuring diverse voices were heard regarding enhanced access to GP practices, proposals put forward by our GP practices, and developments in primary care.

Healthwatch Wakefield has gathered the views and experiences of people and their families who had recently been discharged from our hospitals to ensure that the patient voice is at the centre of continued work to improve the experience of hospital discharge.

The Adult Social Care Citizen Panel provides a forum for local people to have their say and help shape adult social care services; the Maternity Voices Partnership is a group of women and their families, commissioners, maternity staff working together to review and contribute to the development of our local maternity care; we have an active network of patient participation groups (PPGs); and organisations work together under the Build our Futures umbrella to make sure that all children and young people have their say on the things that affect them.

Our Peer Leadership group is made of members of the public who are living with a mental or physical health condition, or who are carers, and want to be part of the decision-making process in Wakefield. Members have completed NHS England's Peer Leadership Development Programme which promotes the benefits of personalised care and gives people the skills, knowledge and confidence to be able to use their lived experience to play a key part in discussions where decisions are made at a system level. Our group includes Peer Leader, Catherine Horbury, who describes how the programme has helped her to "proudly advocate for positive change to help myself but also others living with a learning disability too".

The Community Champions are individuals and community representatives who share messages with and from their community networks. Originally formed to help to reduce the rates of COVID-19 in the Wakefield District, the group still meets regularly to share information on a range of health and care topics that are important to local people as we have emerged from the pandemic.

The Experience of Care Network brings together colleagues across the partnership with a passion to improve experience of care. The network is a forum for making sure that the voice of our communities influences the work of the partnership and creates positive change.

Business Intelligence

Data has been at the heart of the first year of our Partnership, with the development of a population health and care linked data model supporting population health management and data driven decision making at an operational, transformational, and strategic level.

The linked data model will help to break down silos between healthcare providers and social care services and create a more complete picture of local health and care needs, enabling more effective coordination of care and better outcomes for patients.

Wakefield was one of the first place-based partnerships to seek approval from the Confidential Advisory Group, part of the Health Research Authority, to extract, pseudonymise and link patient level data from various services including acute hospital trusts, mental health services, community service provision, local authority and primary care. Through appropriate information sharing protocols, system partners can access the Wakefield data platform, supporting collaborative working and the integration of data analytics.

Analysis is being used to identify risk cohorts, enable transformation design and implement targeted interventions to prevent ill-health, improve care and reduce unwarranted variations in outcomes for the people of Wakefield. One of our first reports delivered through this platform was the COVID-19 vaccinations analysis, which was declared the "the gold standard" across West Yorkshire.

Using the model allowed us to identify three cohorts of people at high risk of hospital admission, long length of stay and readmission. Proactive 'stay at home' plans to support these individuals has resulted in reduced risk of admission, and for these people to have shorter stays in hospital where admission has been necessary. Interim Director for Integration, Antony Nelson, describes how data is helping us better manage the health and care needs of our communities to help people stay independent for longer: https://youtu.be/0xmT7uq1IJk

Further developments include the addition of other partner datasets such as housing, voluntary sector and other local authority data. This year will also see greater use of predictive analytics, outcome monitoring and refinement of our population segmentation model.

Our people

Like elsewhere in the country, our local health and social care system is facing significant workforce challenges. The WDHCP People Plan focuses on how we can bring workers together across professional and organisational boundaries to deliver a seamless health and social care service. It supports the integration agenda, through the development of new roles, system leadership, training and the introduction of new ways of working.

The plan incorporates six pillars around which we will develop clear programmes of work over the next five years and will support the delivery of the Adult Social Care Strategy.

The Mid Yorkshire Hospitals NHS Trust was granted teaching trust status in May 2023 in recognition of its track record in the provision of high-quality teaching and education. The status will enable the Trust to enhance its education and training capacity, grow research capability and provides a platform to enable delivery of new advances in healthcare, innovative discoveries, techniques, and medications. In addition, it will support the recruitment

and retention of first-rate staff across all professions, all of which will ultimately result in better services and outcomes for patients.

In the year ahead we want to go further and faster in building integrated health and care services and create the conditions that support our staff to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to create a connected system that that supports people in their homes and communities to live healthier, happier lives.