Wakefield District Health & Care Partnership

Partnership Committee Agenda

Thursday, 7 September 2023 – 1.00pm until 5.00pm

St Swithun's Centre, Eastmoor, Arncliffe Road, Wakefield, WF1 4RR

v = verbal, d = document, p = presentation

Administration

Time	Agenda no	Item	Purpose	Lead
1:00	**1**	**Welcome and introductions (v)**	Information	Chair
	2	**Apologies and Declarations of Interest (v)** *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.*	Information	Chair
1.05	**3**	**Any other private business notified in advance of the meeting**		Chair
2.30		**Break**		
2.45	**4**	**Minutes from the meeting held 6 July 2023 including Matters Arising and Action Log**	Approval	Chair
2.50	**5**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.55	**6**	**Chair's opening remarks (v)**	Information	Chair
3.00	**7**	**Report of the Place Lead (d)**	Endorse	Mel Brown
3.10	**8**	**Report from the Chair of the Transformation and Delivery Collaborative (d)**	Assurance	Mel Brown

Time	Agenda no	Item	Purpose	Lead
3.20	**9**	**High Risk Adult Update**	Assurance	Carolyn Gullery
3.40	**10**	**Mental Health Inpatient Service – CKW Joint Committee**	Discussion	Vicky Dutchburn
3.50	**11**	**Winter Resilience 2023**	Assurance	Mel Brown / Ram Sumbramniam
4.10	**12**	**Summary of 2022/23 Quarter 1 Quality, Safety and Experience report (d)**	Assurance	Penny Woodhead
4.20	**13**	**Performance Exception Report (d)**	Assurance	Natalie Tolson
4.30	**14**	**Finance Update (d)**	Assurance	Amy Whitaker
4.35	**15**	**Wakefield Place Risk Register (d)**	Assurance	Ruth Unwin

Final items

Time	Agenda no	Item	Purpose	Lead
4.45	**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
4.50	**20**	**Receipt of minutes from the sub-committee (d)** • **Minutes of the Provider Collaborative from 27 June 2023 (d)** • **Minutes of the Transformation and Delivery Collaborative 25 July 2023 (d)** • **Minutes of the People Panel from 8 June 2023 (d)**	Endorse	Chair

Time	Agenda no	Item	Purpose	Lead
		• **Minutes of the Integrated Assurance Committee from 28 June 2023 (d)**		
4.55	**21**	**Any other business (v)**	Discussion	Chair
5.00	**22**	**Date and time of next meeting:** 2 November 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.

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, 6 July 2023, 14.30 – 17.00

Hemsworth Town Council Community Centre, Bullenshaw Road, Hemsworth,

Pontefract, WF9 4NE

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)
Sarah Roxby (SRo)	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance
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
Penny Woodhead (PW)	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
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
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
Lynn Hall (LH)	LMC Representative
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
Simon Gaskill	Senior Communications Officer, Wakefield Place
Cllr Maureen Cummings (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Linda Harris (LHa)	SRO (Co Lead Workforce)
Karen Parkin (KP)	Operational Director of Finance, Wakefield Place
Ruth Unwin (RU)	Director for Strategy, Wakefield District Health & Care Partnership
Paul Jacques	Public Health Intelligence Manager, Wakefield Council (Item 9)
Matt Curley	Public Health Analyst, Wakefield Council (Item 9)

Apologies

Name	Title, Organisation
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Rebecca Barwick (RB)	Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership
Jo Webster (JW)	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Gary Jevon (GJ)	Chief Executive, Healthwatch Wakefield
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
Jane Madeley (JM)	Non-Executive, West Yorkshire ICB
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust

Administration Items

no	Minutes
62/23	**Welcome & Introductions** The Chair welcomed everyone to the meeting and advised that the meeting would shortly go into private session.
63/23	**Apologies & Declarations of Interest** Apologies were noted as listed above. The Register of Interests was noted. The Chair reminded everyone to ensure their declarations of interests were up to date.
64/23	**Any Other private business notified in advance of the meeting.** The Chair noted that there were no public present and the Committee went into Private Session 13.35. The Public session reconvened at 14.30 pm.
65/23	**Approval of minutes from the last meeting, action log and matters arising** The minutes of the meeting of the 23 May 2023 were agreed as a true and fair representation of the meeting. There were no outstanding actions on the action log.
66/23	**Questions from members of the public** There were no questions submitted by members of the public.

Main Items

	Minutes
67/23	**Chairs Opening Remarks** The Chair welcomed everyone to the public session of the Wakefield District Health and Care Partnership Committee meeting and highlighted that the NHS had celebrated its 75th birthday on 5 July. She commented on the media focus and the huge amount of public goodwill for the NHS whilst acknowledging the challenges the service faced. Two patient stories were shown to the committee which highlighted the Virtual Ward Hospital at Home initiative and the Integrated Transfer of Care Hub based at Mid Yorkshire Teaching NHS Trust (MYTT) and the positive impact they were having on patients and families: Virtual Ward: https://www.youtube.com/watch?v=QGohIKwhQr8 Complex Care Pathway: https://www.youtube.com/watch?v=GijQT1RFqRI

	Minutes
	MB commented on how powerful the patient stories were adding how important it was to share stories in relation to experience of care.
68/23	**Report of the Place Lead** Presented by Mel Brown (MB) MB 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. MB referred to the Wakefield District Health & Care Partnership Health & Care for the Future Event which had taken place on 22 June and had brought together virtually more than 90 stakeholders to listen to reflections from colleagues who had worked on transformation programmes to help deliver the partnership vision. MB suggested that similar positive and uplifting events be held in the future. MB reported that Joe Hendron, Chair of the Wakefield Dental Committee, had attended a meeting with West Yorkshire Integrated Care Board (WYICB) colleagues to discuss the challenges faced by dental services and how the ICB and Dental Committee could work together to address some of the issues. Joe had been invited to some of the internal forums of the ICB; this would be extended to Pharmacy and Optometry. MB highlighted that following the publication of the Better Care Fund (BCF) 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 had been consulted with and had provided information which had contributed to the overall development of the plan. The final plan was submitted to regional colleagues on 28 June 2023 and would now be taken through an assurance process the outcome of which would be communicated later in the year. Colleagues were thanked for their hard work in producing BCF plans. **It was RESOLVED that:** • The Committee considered and noted the contents of the report.
69/23	**Report from the Chair of the Transformation and Delivery Collaborative** Presented by Colin Speers (CS) CS informed the committee that the Provider Collaborative would be replaced by the Transformation and Delivery Collaborative from July 2023 and will be responsible for the oversight and implementation of the Wakefield District Health and Care Partnership three-year Transformation Delivery Plan. The Transformation and Delivery Collaborative would

have a new chair by way of MB. CS would be vice-Chair alongside a colleague from Adult Social Services.

The collaborative had received an item on the Autism strategy which reflected and supported the delivery of national priorities alongside the priorities important to local people. The plan had been produced following engagement with autistic people, families, carers and other stakeholders.

CS referred to an item received in relation to the increasing demand for adult ADHD assessment over the past two years which had resulted in a long waiting list. This was also an issue across West Yorkshire and nationally. A number of mitigations were being put in place and it had been agreed this issue should be escalated to the WDHCP Committee which had been done in the private session of the Wakefield District Health and Care Partnership committee meeting on 23 May.

At the last meeting the collaborative heard about the Harnessing the Power of Communities Programme. This included a VCSE Funding Proposal; NHS West Yorkshire ICB has allocated £1m of funding to support the VCSE sector with an emphasis on tackling health inequalities which would be allocated across the five West Yorkshire districts.

Professional Leadership Group Update
CS advised that on 16 May the Wakefield Professional Leadership and the People Plan Programme Management Office (PMO) held a joint development session. Professional leads were nominated to work alongside the People Plan pillar leads to ensure the professional voice was embedded. Professional leads for four of the six pillars had been identified so far. There was a commitment to have a second joint development session later in the year.

It was RESOLVED that:

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

70/23 **Public Health Profiles – Local Mortality Trends**

Presented by Anna Hartley (AH), Paul Jaques (PJ) and Matt Curley (MC)

PJ introduced the item advising that analysis had been undertaken following data from the Office for Health Improvement and Disparities (OHID) being published which had showed that in late 2022 Wakefield District had experienced higher than expected deaths. This had also been reflected at a national level. The public health team carried out initial analysis of local mortality trends to identify any particular causes and had gone back to 2010 to get a rounded picture of whether the data was typical or expected.

MC advised that the analysis showed that neoplasms had been the category with the greatest number of deaths and diseases of the circulatory system had been the category with the most excess deaths (59). It was noted that there had been a prolonged period from the back end of 2020 to the start of 2022 where there had been less than expected respiratory deaths; this was referred to as mortality displacement whereby people who would have died during that period may have died slightly earlier because of the pandemic. It was also felt that with less flu circulating due to strict prevention controls during the pandemic might also have been a factor.

The analysis also suggested heightened levels of deaths during extreme periods of heat. The breakdown of where deaths were occurring and deaths by deprivation quintile did not show much variation between a reference period of 2015 to 2019 and 2022.

AH provided an overview of some of the existing work which was taking place in prevention to address health and health inequalities. She particularly highlighted the deaths during extreme heat commenting that generally people understood the impact of cold weather on health but she wasn't sure that extreme heat health impact was as understood.

In response to a question PJ reiterated that the excess deaths had been a national pattern.

Discussion took place in relation to other factors which may have contributed to excess deaths including increased alcohol intake. It might be possible to extract data which linked alcohol to death even if it was not the primary cause. The impact of deprivation was also discussed and it was noted that Wakefield District did have areas where deprivation was a huge factor.

It was noted that screening programmes and vaccination programmes played their part in terms of preventative measures. AH emphasised that current declining vaccination trends in the district were a cause for concern, particular vaccinations for babies and toddlers and there was a lot of work to address this taking place across the district.

Action:
Bring a paper back to a future meeting about vaccination rates in Wakefield district.

MB referenced the significant amount of planning which went into winter resilience and she would pick up planning around extreme heat to see what further could be done in this regard.

Action:
Consideration to be given to extreme heat resilience planning.

	Minutes
	It was RESOLVED that: The Wakefield District Health and Care Partnership Committee is asked to: • Note the contents of the presentation.
71/23	**Wakefield Strategic Delivery Plan** Presented by Becky Barwick (BB) BB introduced the item and explained that a strategic delivery plan had been developed for the Wakefield District Health and Care Partnership. The plan sets out: • 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 BB advised that the WDHCP strategic delivery plan would become a chapter of the statutory NHS West Yorkshire Integrated Care Board Joint Forward Plan. Although the focus of this plan was very much on the specific needs of the Wakefield district local population and how the partnership would contribute to improving health and wellbeing outcomes local residents. The strategic delivery plan was aimed at partners, stakeholders and staff and was designed to be a detailed description of the way that the partnership would work. Once the strategic delivery plan was approved by the committee it would be shared with a wide range of stakeholders in different formats including a public facing version. BB highlighted Annex 1 of the plan which was a range of outcomes linked to the design and delivery priorities described in the plan. Oversight of these indicators would allow the WDHCP committee to monitor progress towards delivery of the priorities at the appropriate level. Annex 2 of the plan set the actions intended as a link between the design and delivery outcomes and the activities of the local WDHCP priorities and programmes. This framework of outcomes oversight, monitoring and delivery was a relatively new development, and the intention was that it would be refined over the coming weeks and months. Discussion took place in relation to how the Transformation and Delivery Collaborative and the Integrated Assurance Committee would work with/oversee this with BB explaining that work on scope of the various meetings would be worked through with the aim of avoiding duplication within the governance arrangements for the strategy.

	Minutes
	DD asked whether the VCSE Strategy had been developed. It was noted that NOVA were leading on this ad work was on-going to refresh the strategy with arrangements for a development session with a focus on the VCSE sector to be arranged, possibly in October. **It was RESOLVED that:** The **Wakefield District Health and Care partnership** is asked to: • Approve the strategic delivery plan for Wakefield District Health and Care Partnership 2023-2026.
72/23	**Summary of the Quality Exception report** Presented by Penny Woodhead (PW) PW introduced the item explaining that the timings of the meeting meant that this report was a summary as full quarter 1 information was not available until the August Integrated Assurance Committee. The paper provided a summary of the exceptions which included: • Updates and actions to support adult social care providers rated Inadequate • Summary from the 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 It was noted that there had been a deep dive on the Waiting Well Initiative at Mid Yorkshire Teaching NHS Trust at the Integrated Assurance Committee on 25 June which had been well received by the committee. PW highlighted that the initiative had been shortlisted for the Health Service Journal (HSJ) Awards for Patient Safety for Personalised Care and the winners would be announced in October. Discussion took place in relation to the Waiting Well Initiative and the experience of patients whilst on waiting lists. It was noted that there were CQC inspections of three GP Practices in June and early July and an update on these would be provided at a future meeting. **It was RESOLVED that**: The Wakefield District Health and Care Partnership was asked to: • Note the summary of the quality update report for information and assurance; • Receive a verbal update on relevant discussions from Integrated Assurance Committee.

	Minutes
73/23	**Performance Exception Report** Presented by Karen Parkin (KP) KP explained that a detailed activity and performance report was shared and discussed with the Integrated Assurance Committee on 25 June. The full report monitored performance against the NHS Operating Plan, NHS Oversight Framework, Better Care Fund and other local transformation metrics that aligned to the delivery of the wider Health and Wellbeing priorities. This was a shorter version of this report, highlighting key areas of focus for the Wakefield District Health and Care Partnership. The latest position reported was April/ May 2023. The report presented was the interim solution whilst the Partnership Performance and Outcomes Framework was being designed. KP highlighted that waiting times and lists were increasing and referred to the waiting well and other work within planned care which was taking place to address and mitigate against this. It was noted that there was a coding error in the over 78 week wait figures from Operose, Operose were working through this and this should reduce next month once the coding error was resolved. KP referenced Children and Young People (CYP) ASD referrals increasing waiting times and it was noted that a deep dive had taken place in Integrated Assurance Committee on 25 June where the mitigations had been described in detail. The Integrated Assurance Committee had suggested taking the existing ASD business case through the newly developed Investment Priorities Framework to see whether any additional funding could be determined to help reduce waiting lists. Discussion took place in relation to whether there was an understanding what was happening to children and young people on an individual basis whilst on the waiting list. MB provided oversight on the range of services available to children and young people whilst they were waiting for assessment. It was noted that the waiting lists for ASD referrals for children and young people was replicated across West Yorkshire and that nationally Wakefield was not an outlier. It was confirmed that the referral assessment process for this was clinically led. It was noted that although there was lots of work to reduce and expediate the waiting for ASD waiting lists that the pace of referrals was currently outweighing capacity within the system. In terms of waiting lists across all pathways it was noted that all waits had patient impact. **It was RESOLVED that:** The Wakefield District Health and Care Partnership Committee was asked to: • Note the latest performance and those indicators where performance is below target and the associated exception information where provided.

	Minutes
74/23	**Finance Update** Presented by Karen Parkin (KP) KP presented the financial position for the three NHS organisations in the Wakefield Place – Mid Yorkshire Teaching Trust (MYTT), South West Yorkshire Foundation Trust (SWYFT) and Wakefield ICB. She highlighted that as at the end of May 2023 there was a combined overspend of £5.2m which mainly relates to the risks within MYTT. At this moment in time the forecast for the year end position was an overall £1.9m surplus against a plan of £5.9m surplus (so adverse by £4m) which was in line with the agreed reporting position of the WY ICS and NHS England. The Council positions for social care and public health would be available following approval at Cabinet on 25 July. It was noted that it was a challenging plan which had been submitted to NHSE with significant risk attached but it was aimed to find mitigations by the end of the year for these. KP updated the committee on a letter received from NHSE which detailed expectations relating to expenditure controls meaning that there would be additional controls around things such as vacancy panels, agency spend and consultancy spend. It would result in additional work and scrutiny relating to expenditure. Once the detail and been worked through an update would be brought to the committee. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • Noted 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
75/23	**Wakefield District Health and Care Partnership Terms of Reference Update** Gemma Gamble (GG) presented this item GG introduced the paper which outlined proposed changes to the Wakefield District Health and Care Partnership (WDHCP) committee's Terms of Reference (ToR). This followed the end of year effectiveness self-assessments during March which had provided a helpful way to assess performance and evaluate the committee's ability to discharge its respective duties and responsibilities effectively. The outcomes had been used to inform the annual review of the ToR. GG advised that there were minimal changes proposed adding that AC had invited CS and PW to become voting members of the committee to strengthen clinical expertise. Pending agreement of these they would go to the WYICB for final sign-off and approval. **It was RESOLVED that:**

	Minutes
	The Wakefield District Health and Care Partnership Committee: • To APPROVE the amendments to the WDHCP committee's TOR
76/23	**Wakefield Place Risk Register** Presented by Gemma Gamble (GG) GG presented the Wakefield Place Risk Register advising that work had been undertaken to cleanse the data. There were currently 18 risks on the Wakefield Place Risk Register, two of which were marked for closure, leaving a total of 16 open risks. Following the Risk Management Workshop on 17 May and suggestions by Integrated Assurance Committee and Wakefield District Health and Care Partnership, meetings had been scheduled with risk colleagues at partner organisations to triangulate information to ensure that all system risks were captured. GG advised that there had been two deep dives undertaken at the Integrated Assurance Committee on 28 June; Children and Young People ASD Pathways and Planned Care and Waiting Well Initiative which had both been referenced at various times during the meeting. PW referred to the WYICB Quality Committee where there had been a discussion in relation to access to specialist services and tier 4 beds for children and young people asking whether this was a risk on the Wakefield Place register. *Post Meeting Note – this risk was on the Wakefield Place Risk Register at risk number 2135.* SR confirmed this was a risk on the SWYFT risk register. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee is asked to:** • **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.
77/23	**Issues to alert, advise or assure the ICB Board on** No issues were raised.
78/23	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** No items had been received.
79/23	**Items escalated from other Boards** No items had been received.

	Minutes
80/23	**Items for escalation to other Boards** There were no items to escalate to other Boards.
81/23	**Receipt of minutes from the Sub Committee** The minutes of the Provider Collaborative from 16 May 2022, the Minutes of the People Panel from 26 April 2023 and the Minutes of the Integrated Assurance Committee from 25 April 23 were all noted.
82/23	**Any Other Business** There were no items for discussion. **The meeting ended at 16.52 hours.**

Date and time of next meeting: 7 September 2023, 14.00 – 17.00 hours.

Wakefield District Health & Care Partnership

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 6 July 2023

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status
70/23	Public Health Profiles – Local Mortality Trends	Bring a paper back to a future meeting about vaccination rates in Wakefield district.	Anna Hartley / Clare Offer	November 2023	To be put on a future WDHCP agenda	Closed
70/23	Public Health Profiles – Local Mortality Trends	Consideration to be given to extreme heat resilience planning.	Anna Hartley / Clare Offer	September 2023	A meeting was convened to pull our plans together plans for heat resilience and colleagues have shared what they have put in place at organisational level.	Closed

Report of the Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Thursday 07 September 2023

Purpose
This paper aims 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 seventh time on 18 July. The meeting included a pre-engagement session with people who access and deliver community care. The session was led by Thea Stein, CEO for Leeds Community Healthcare NHS Trust and Rob Aitchison, Calderdale and Huddersfield NHS Foundation Trust, with other colleagues joining the session from organisations across the care provider collaborative. People shared their stories on community dental services, unplanned care and the urgent community response. You can find a copy of the papers here: http://www.wypartnership.co.uk/meetings/integrated-care-board

NHS West Yorkshire partnership meets in public for first Annual General Meeting. The NHS West Yorkshire Integrated Care Board (ICB) will meet in public for the eighth time on Tuesday, 19 September, at The LIFE Centre, Wapping Rd, Bradford, BD3 0EQ. It will hold its first Annual General Meeting (AGM) on the same day. Public members are invited to join Board members for refreshments from 11.15 am before the AGM meeting starts at 12.30 pm. The ICB Board meeting will immediately follow the AGM – also held publicly.

Launch of our integrated care strategy and joint forward plan Building on people's views on how our Partnership's ambitions will be achieved, our Five-year Integrated Care Strategy and the NHS Joint Forward Plan are now available to view on the Partnership's website https://www.wypartnership.co.uk/publications Co-produced in partnership with colleagues from across all health and care sectors in West Yorkshire, they have been developed from Healthwatch engagement, local involvement activities, views from meetings held in public via the local health and wellbeing boards, West Yorkshire Joint Health Overview and Scrutiny Committee, the NHS WY ICB and WY HCP Board. A public consultation between January and March this year highlighted the importance of access to care, including GPs and dentists, and breaking down health inequalities, better joined-up care, workforce recruitment, and 'getting the basics right'.

NHS West Yorkshire Integrated Care Board operating model and running cost allowance (RCA) We are currently in the following phase of work to develop our new ICB

operating model. In July, our ICB Executive Management Team (EMT) shared the outcome of the staff engagement work to develop the revised model. During August, staff were given further opportunities to comment on our operating model's revised and more detailed development for every function, programme, and place. During late August and early September, EMT members will individually and collectively sign off the formal proposal of revised structures at an EMT meeting on 15 September.

NHS West Yorkshire Integrated Care Board – Freedom to Speak Up On Friday 18 August, neonatal nurse Lucy Letby was found guilty of seven counts of murder and six counts of attempted murder for her actions at the Countess of Chester Hospital. There has been blanket media coverage of these appalling crimes and Dame Ruth May, Chief Nursing Officer for NHS England, has expressed the shock and sorrow of the nursing profession and the wider healthcare community with an apology to the families affected. Everyone in our organisation knows that they have the freedom to speak up, that they will be supported in doing so and that we will act on what we have heard. This is essential to the delivery of safe care and entirely within our control. It is our collective experience that major failings in care are accompanied by evidence that emerges later which suggests people were not listened to at crucial points. We seek to have a culture of positive reporting of incidents and issues, where it is the norm for teams to report issues to their line manager and professional leads. This should be happening regularly and be part of a learning culture. The approach is built on our values as a Partnership and one of the reasons we focus on these issues at recruitment, induction, and appraisal.

Wakefield Place

All the very best to Anna, Director of Public Health who is set to leave us this autumn to take up a new position as Executive Director of Public Health and Communities at Barnsley Council. Anna has shown outstanding commitment while in Wakefield, supporting the district through various challenges. She most prominently guided the public health response through the COVID-19 pandemic, demonstrating tireless and determined leadership. We wish Anna every success in her new role on behalf of the partnership.

I am pleased to announce that Steve Turnbull has been appointed Interim Director of Public Health for Wakefield District. Steve has worked as a Consultant in Public Health in Wakefield since 2019 and became Deputy Director of Public Health in 2021. Before specialising in public health, Steve's career spanned hospital management, community development, and NHS commissioning. Steve's appointment follows a robust selection process overseen by the Advisory Appointment Committee of the National Faculty of Public Health. The interim arrangements will begin shortly to ensure a seamless handover from our outgoing Director of Public Health, Anna Hartley. I hope you will join me in congratulating Steve on his appointment.

The Big Conversation report has now been published and highlights The Big Conversation journey. It delves into the Appreciative Inquiry theory and, most importantly, celebrates what people love about the district and reveals aspirations for the future. The report findings are here - Report Findings - Big Conversation Wakefield.

The Proud to Be You campaign was developed by the People Alliance's Belonging group. It is a toolkit to help all partner organisations explain to colleagues why they should update their

Equalities information on their HR systems and what this data is used for. The resources will include case study templates, email banners, and posters, all to share the message about why you should provide your Equalities information and how it is used to support work in our organisations.

Wakefield District Safeguarding Adults Board (WDSAB) are delighted to share the WDSAB Annual Report for 2022-23. A copy of the report can be found at Appendix 1.

Wakefield District Health and Care Partnership launches People Plan. You may have seen our brand-new People Plan on social media recently. We are excited to announce that the plan is now available to view on our website: https://www.wakefielddistricthcp.co.uk/wp-content/uploads/2023/07/WDHCP-People-Plan-ONLINE.pdf Our Wakefield District Health and Care Partnership People Plan has been developed to reinvigorate our workforce by bringing staff together, developing new ways of working, and making health and social care the chosen career for people in Wakefield District. We are also in the process of developing the Our People https://www.wakefielddistricthcp.co.uk/our-people/ section of the Wakefield District Health and Care Partnership website to include more information about the plan and the good work that is happening across the system. Keep an eye out for some exciting updates and opportunities to get involved in.

Nova has published their Staff Survey results for 2023. Nova has achieved 100% for every staff survey going back to 2016, which is remarkable. The infographic below shows some of the feedback from staff.

Support for local people waiting for surgery nominated for national award: A project supporting local people waiting for surgery at Mid Yorkshire Teaching NHS Trust has been shortlisted for a national award. The 'Waiting Well' project uses social prescribing and self-management to support patients across Wakefield who have waited more than 52 weeks for surgery requiring an overnight hospital stay. It has been shortlisted in the 2023 HSJ Patient Safety Awards in the 'patient safety in elective recovery' category. Waiting Well uses a social prescribing link worker to support people on waiting lists to maintain their independence, mobility, finances, relationships, and mental health, as well as helping to reduce falls, support carers, and reduce pressure on local health and care services. By the end of May 2023, all

patients waiting over 52 weeks and 70 per cent waiting over 35 weeks had been contacted and offered support. Eighty people are now accessing support through Waiting Well. Waiting Well is a pilot project across Wakefield District Health and Care Partnership (WDHCP), Live Well Wakefield (Nova Wakefield District, and South West Yorkshire Partnership NHS Foundation Trust) and Mid Yorkshire Teaching NHS Trust.

Industrial Action – We know this summer period has been challenging for staff with pressures remaining at the Hospital Trust, along with the Industrial Action. A huge thankyou to those who were on shift and delivering care over the bank holiday weekend and to everyone who has worked differently to support the system during the latest round of industrial action.

Children's National Specialist Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan and Inspection Framework

SEND services nationally have seen significant increases in the number of children and young people being identified as requiring an "education, health and care plan" since the most recent reforms in 2014 and Wakefield's data reflects this trend. Given the national challenges around SEND, in March 2022, the Green Paper "Right Support, Right Place, Right Time" was published. Following consultation, the SEND and Alternative Provision (SENDAP) Improvement Plan was published earlier this year. The SENDAP plan proposes several changes to the SEND system nationally. During April 2023, OFSTED / CQC published the new SEND Inspection Framework. The framework introduces a new methodology for inspection of partnership wide SEND arrangements, with an increased focus on case tracking and qualitative impact, requiring a more extensive evidence library to support inspection outcomes and a graded judgement (for the first time). These changes mean that partners need to be aware of and prepared for the new requirements brought about by the new approach to inspection of SEND services. Wakefield has recently been selected as one of nine local authorities nationally to lead our "Regional Change Partnership". We expect to receive additional funding over a 2-year period, to support the testing / development of the new approaches outlined in the SENDAP Improvement Plan and to work with other regional local authorities to embed successful developments. We will be working closely with Leeds, Calderdale and Bradford to do this work as well as engaging across the broader SEND partnership with education and health providers as well as children and young people and parents / carers. In Wakefield, the strategic arrangements for children with SEND are led by the SEND Partnership Board; the Children's Alliance and the Maternity, Children and Young People's Transformation Oversight Group provide strategic leadership to ensure the right health arrangements are in place.

Wakefield and District Safeguarding Adults Board

Annual Report
1st April 2022 – 31st March 2023

WAKEFIELD & DISTRICT safeguarding adults board

Contents

1. Foreword from the Safeguarding Adults Board Chair

In October 2021, I was asked to take on the role of Chair of the Wakefield and District Safeguarding Adults Board (SAB) where previously I had been Interim Chair. This change and several other key changes throughout 2022 have enabled us to continue to refresh our approach. You may recall we set out our Annual Report for April 2021- March 2022 as a 'pathway to ambition'.

This report focuses on the work carried out by the board and its partners between April 2022- March 2023 and shows our continued ambition.

As Chair I wanted to highlight that we have commenced work (January 2023) on a totally refreshed Safeguarding Strategic Plan. This is being done together with Board members, safeguarding partners and practitioner input. More importantly, it is being done with the input from citizens of Wakefield and District and individuals who have lived experience of adult safeguarding.

The strategy due to be completed by July 2023 will guide the Board on its safeguarding journey over the next three years and it will highlight our future priorities. (See Section 7)

Throughout April 2022- March 2023 the Board has had a key focus on Safeguarding Adults Reviews (SARs), holding a workshop for practitioners led by a national expert in this field. This work is resulting in a number of cases being raised with the Board which in turn will enable us to learn lessons from case reviews. (See Section 4).

Over the past year, the Board has strengthened its relationships with regional and national safeguarding experts which is enabling it to learn from our peers and leaders in the safeguarding field. We hope to continue to build on this.

I invite you to read the Wakefield and District Safeguarding Adults Board Annual Report and I also want to thank all of the practitioners working hard within the district to safeguard individuals from harm.

Safeguarding is everyone's responsibility.

Diane Hampshire
Independent Chair
March 2023

2. Wakefield & District Safeguarding Adult Board (WDSAB)

Board Membership

The Care Act (2014) outlines the requirements for the statutory membership of every Safeguarding Adults Board (SAB). On the WDSAB are senior representatives from:

- Wakefield Local Authority.
- NHS West Yorkshire Integrated Care Board (ICB) – Wakefield Place (who also represent Yorkshire Ambulance Service & NHS England).
- West Yorkshire Police (Wakefield).

The WDSAB greatly benefits from the attendance of senior representatives from each of the required statutory organisations.

Currently, non-statutory members of the WDSAB are representatives from the organisations listed below:

- West Yorkshire Fire and Rescue Service.
- Private Sector Providers of Services Representatives.
- Mid Yorkshire Hospitals Trust.
- South West Yorkshire Partnership Foundation Trust.
- Spectrum Community Health CIC.
- Healthwatch.
- Elected member for Adult Services.
- Prison representative.
- Voluntary and community sector representative.
- Advocacy representation.
- National Probation Service.

Beyond its formal membership, this year the WDSAB has begun to develop strategic links with a wide range of relevant partners, including colleagues from housing and homelessness services, drug and alcohol service, public health and relevant third sector organisations.

Links to Other Partnerships

The WDSAB does not work in isolation and requires both strategic and operational co-operation with other boards and risk management processes such as the:

- Safeguarding Children's Partnership Board.
- Health and Wellbeing Board.
- Community Safety Partnership.
- Domestic Abuse Management Board.

In an advisory capacity, the following are co-opted non-voting members of the board:

- Safeguarding Adult Board Business Manager.
- Local Authority Legal Services.

Other agencies/organisations may become members of the board as appropriate.

Responsibilities of the Board

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The WDSAB has a focus on adults:

- Who have care and support needs (whether or not the authority is meeting any of those needs).
- Is experiencing or is at risk from abuse or neglect.
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

The development of a strategy for the prevention of abuse and neglect is a core responsibility of the SAB. This report provides an update on the Board's current strategy and the exciting and ambitious progress being made to developing our future strategic plan.

The Board has worked closely with other boards and partnerships to ensure that they are sighted on vulnerable groups and that they are not at risk of abuse.

The WDSAB is also interested in feedback from the community, particularly those adults who have been involved in a safeguarding enquiry.

Examples of Board Meeting Topics

The Board currently meets 4 times a year. At each meeting, the Board is keen to receive presentations that help board members stay grounded in safeguarding work, provide continuous development, and give the members the opportunity to challenge key safeguarding issues. Below are some of the areas that the board considered in 2022/2023:

- **Cuckooing:** in May 2022, the Board's police representative provided an introductory presentation on cuckooing, which also detailed a local case which ended with a positive conviction, thanks to partners successfully working together.
- **Cost of living:** in November 2022, Wakefield's Citizen Advice Bureau gave Board members a timely and comprehensive briefing on the impact of the cost of living crisis in the area, and the implications this may have for adults at risk of abuse or neglect.
- **Making Safeguarding Personal:** in August 2022, colleagues from Mid-Yorkshire Hospitals NHS Trust presented the outcomes of their Making Safeguarding Personal audit, which demonstrated a significant increase in the number of clinical teams listening to the voice of the adult at risk.
- **Multi-Agency Case File Audits:** in January 2023, the Chair of the Multi-Agency Case File Audit (MACFA) gave an update on this workstream and challenged Board members to consider how to integrate and embed its findings into practice.

Executive

In 2022, The Board established an Executive, which is attended by the senior statutory board partners. The Executive meets between Board meetings and can act on behalf of the full Board, where appropriate. The minutes of Executive meetings are shared with the Board and contain details of any decisions made. The Executive was established to ensure that the work of the Board could take place in a timely and efficient way.

3. WDSAB Sub-Groups

Introduction

The WDSAB has 4 sub-groups (Prison, Quality and Performance, Learning and Development, Quality Intelligence Group). There are 2 additional groups: the Safeguarding Adults Review (SAR) Panel and the Multi Agency Case File Audit (MACFA) group. The sub-groups meet on a quarterly basis and report into each board meeting. Work is governed by their terms of reference and lead areas as identified in the strategic plan.

Prison Sub-Group

The WDSAB has a Prison sub-group which is considered a unique position. The last 12 months has seen a number of changes in personnel from the prison and health care teams in the 2 prisons in our geographical area. As a sub-group it has made significant progress which has increased its membership to include colleagues from probation and secure accommodation. A workshop has been held to gain a shared understanding on purpose, functions, support available and to gain a shared understanding of the language we use and how safeguarding means something very different in a prison setting compared to how we might use the same word in the meaning of the Care Act 2014.

Going forward the sub-group aspires to work collectively to ensure that the sub-group members support each Prison to safeguard vulnerable people in prison. This will be achieved by sharing information with partner agencies and community teams when a person is being released. Discussing complex cases, sharing ideas, making sure timely referrals are made for assessment and that we have assurance sought around against the support plans that are being commissioned.

It was wonderful to see senior partners from the Prison engaging in the development work of the Safeguarding Adults Board strategy.

Anne Howgate
Chair – Prison Sub-Group
Service Manager, Mental Health Services
Wakefield Council

Learning and Development (L&D) Sub-Group

The L&D sub-group has delegated responsibility for safeguarding awareness raising and all aspects of training with a preventative focus in mind, ensuring staff know how to deal with concerns when they arise. The L&D sub-group continued to meet virtually on a quarterly basis and during 2022/23 the meetings were well attended. Partner organisations continued to report good compliance rates for safeguarding adults training and new and innovative ways of providing training were described such as voiced over PowerPoint presentations. This helped to provide assurance that the competence of professionals around safeguarding adults was being maintained across the district. Further work is required to ensure we are able to access a broader range of training data from all partners with regard to safeguarding.

The L&D group is currently in the process of developing a learning and development training strategy which will be used to underpin the learning ethos in Wakefield and District and the commitment of the Board and partners in regards to safeguarding adults training and learning. Development has currently been paused to allow for development of the overall Board strategy with the intention of then aligning the two strategies.

May 2022 saw the first rapid read produced and distributed. These reads are short (one page) guides around topics related to safeguarding adults and have been produced monthly since then. These reads have proved very popular and have been used by organisations to enhance their own safeguarding learning offer.

March 2023 saw the first face to face safeguarding conference, held in the District by the Learning and Development sub-group, since June 2019. The focus was on financial abuse and the cost-of-living crisis.

The conference was in response to evidence highlighting practitioner concern around these two key areas impacting on service users. It was a very well attended event supported by a wide range of professionals with excellent post conference feedback.

Karen Charlton
Chair – L&D Sub-Group
Designated Professional for Safeguarding Adults
NHS West Yorkshire Integrated Care Board (ICB)
Wakefield Place Team

> **96% rated the session as 'very good' or 'excellent'**

> **98% felt the format and language used was easy to understand**

> **96% felt the content met their expectations**

Quality and Performance (Q&P) Sub-Group

The Q&P sub-group of the board has had a very busy 12 months. There have been a number of task and finish groups and it has been fabulous to see different organisations taking the lead role of these groups. The sub-group have been working on gathering safeguarding data from different organisations. The Local Authority is the lead organisation for safeguarding but we want to maximise the use of all data that is routinely collected and showcase this at the Board. As a consortium with regional colleagues, our joint policies and procedures are now available as an online resource. We have had a task and finish group to improve consistency in PIPOT (Person in Position of Trust) referrals, we are investigating how Making Safeguarding Personal can be improved and we have also increased the joint working with the police.

We have brought Multi Agency Case File Audits (MACFA) back to life with regular meetings taking place, themes are decided based on what the data is telling us providing an opportunity to gain a greater insight into the journey a person experiences. The findings and learning opportunities are shared with relevant organisations and the Board.

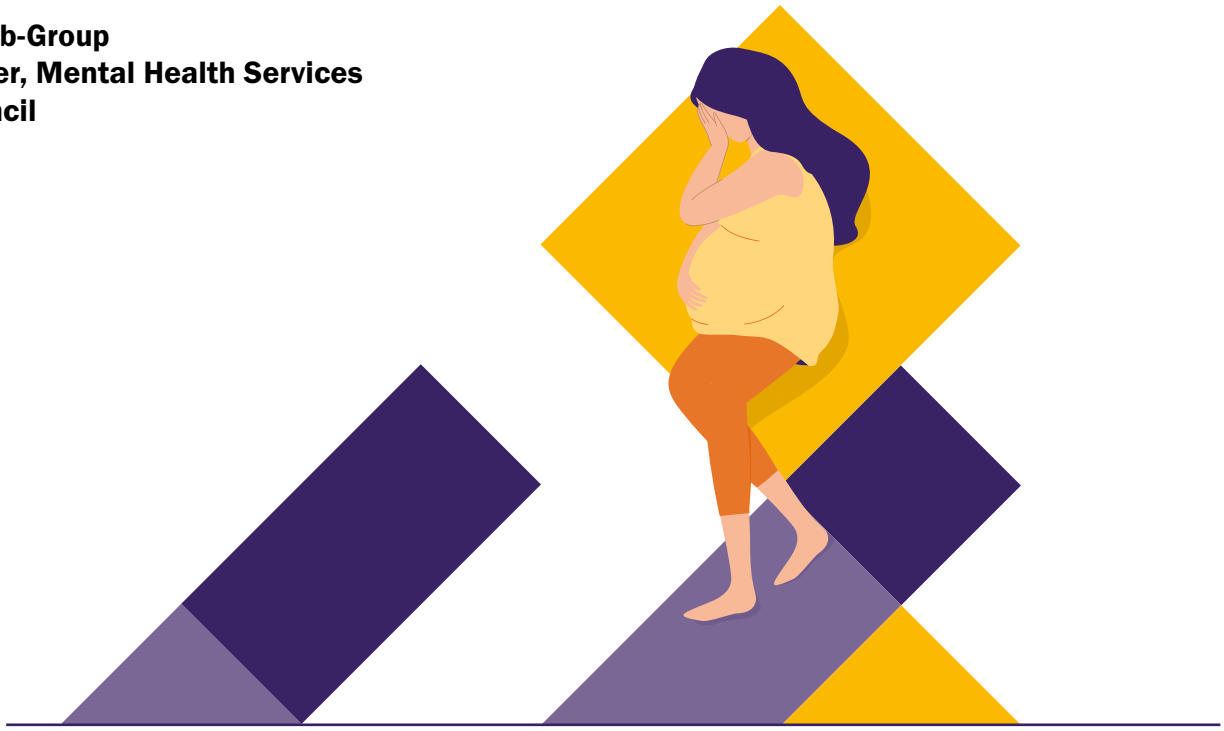
Anne Howgate
Chair – Q&P Sub-Group
Service Manager, Mental Health Services
Wakefield Council

Safeguarding Adults Review (SAR) Panel

The Board's SAR Panel considers referrals for a possible Safeguarding Adults Review to assess whether the criteria have been met to proceed with a review. The Panel's decision-making members are representatives from each of the three statutory partners. They are supported by an independent Chair, a legal representative, the Board's Business Manager and the Administrator. Representatives from the referring agency or from an agency who had direct contact with the adult at risk are invited as observers on a case-by-case basis. The SAR Panel makes a recommendation to the Board's Independent Chair who makes the final decision on whether to undertake a review.

For more information on the Board's work on SARs in 2022/23, see Section 4.

Lisa Willcox
Chair – SAR Panel
Service Director, Adult Social Care,
Wakefield Council



Quality Intelligence Group (QIG)

The QIG has been in place for a number of years and previously reported into the Quality and Performance Sub-Group; however, in August 2022, the Board agreed that the group would formally report directly to the Board as a sub-group. The QIG is an intelligence sharing, multi-agency meeting, dedicated to sharing information around quality concerns in care homes and domiciliary care, which occurs every six weeks. Partners at the QIG include those who regulate (CQC), commission (Care and Support Commissioning Team and ICB Continuing HealthCare team), inspect (Infection Prevention and Control) and support (Community nursing, Community Team Learning Disabilities, Police, Healthwatch, Local Authority safeguarding and many others) care homes and domiciliary care providers. This information sharing is carried out in the interests of supporting providers and enabling sharing of low-level concerns. There were eight, virtual meetings held throughout the year with good attendance at all.

The QIG is not intended to be an action group, as it is more about sharing intelligence, however, actions are undertaken, by relevant parties, where there are repeated concerns. These can include contract monitoring visits, CQC inspections, Resident Safety Walkabouts and requests for support from Primary Care around medication issues.

All of the Board's sub-groups work closely together with each other and the QIG has worked with the L&D sub-group around raising awareness of the work of the QIG amongst partners. During summer of 2022 a survey was carried out amongst QIG attendees to gauge if it was felt that the QIG was fulfilling its Terms of Reference and if attendees found it to be a useful meeting. Comments received included:

Karen Charlton
Chair – Quality Intelligence Group
Designated Professional for Safeguarding Adults
NHS West Yorkshire Integrated Care Board (ICB)
Wakefield Place Team

> **Useful to be made aware of any issues in the area**

> **It is always useful to know what is happening around the community whichever service you work for**

> **Cohesive multidisciplinary working!**

4. Safeguarding Adults Reviews

Introduction

One of the Board's key areas of focus for this year has been Safeguarding Adults Reviews (SARs). In 2022, Wakefield had been identified as a potential outlier nationally in that it had not undertaken any SARs since the entry into force of the Care Act 2014.

Consequently, a review was undertaken to ensure that WDSAB's processes, policies and practices were fit for purpose in order to make sure that the Board is being appropriately alerted of any cases of potential concern.

A task and finish group was established to review the WDSAB SAR policy, focussing initially on the pre-referral and referral stages. These processes have now been updated with the introduction of a new referral form, fact-finding exercise and Business Manager's briefing to the Panel. Following the decision for the Board to undertake its first SAR in October 2022, the work of the task and finish group was paused, so that its future work on the next stages of the SAR process can be informed by learning from this review.

In November 2022, the Board hosted a SAR workshop, led by national expert Michael Preston-Shoot, with an objective of developing local knowledge and awareness of the SAR process. The workshop was attended by a wide range of practitioners from a variety of services across the Wakefield district. Several participants have since either submitted a SAR referral or contacted the Board's Business Team for advice about potential cases. It therefore achieved its aim of raising the profile of SARs in Wakefield.

Referrals for possible SARs in 2022/23

During the reporting year, there have been 8 cases highlighted to the Board as possible SARs.

Referral 1:

May 2022 - the SAR Panel unanimously agreed that the case did not meet the criteria for a SAR as the person did not have care and support needs.

Referral 2:

June 2022 – as the case involved only a single agency with no concerns about joint working, the Chair and Business Manager confirmed it did not meet the criteria for a SAR and no consideration by the SAR Panel was therefore required.

Referral 3:

July 2022 – the SAR Panel agreed that this case met the criteria for a mandatory SAR and that a joint review should be undertaken alongside case 4 (see information on SAR 1 below).

Referral 4:

As above

Referral 5:

October 2022 – the SAR Panel agreed that the case did not meet the criteria for a mandatory SAR as the person's death did not appear to be linked to the abuse/neglect. However, it was felt that there were concerns about whether agencies missed opportunities to work together to keep the person safe. As a result, the Panel agreed to recommend a discretionary SAR (see information on SAR 2 below).

Referral 6:

November 2022 – the SAR Panel concluded that the concerns raised related to a single agency, rather than joint working concerns. It therefore recommended that the SAR criteria were not met, but that lessons could still be learnt from the case. Consequently, it asked for a single agency review to be undertaken by the agency involved, and for the findings and recommendations to be reported back to the Board for assurance purposes.

Referral 7:

January 2023 – the SAR Panel agreed that this case met the criteria for a mandatory SAR (see information on SAR 3 below).

Referral 8:

January 2023 - the SAR Panel unanimously agreed that the case did not meet the criteria for a SAR as the person did not have care and support needs. However, potential learning opportunities were identified and duly raised with individual agencies and domestic abuse governance structures, with requests to report back to the Board for assurance.

SARs underway in 2022/23

During the reporting year, the Board has undertaken work on 3 Safeguarding Adults Reviews (SARs).

SAR 1:

This mandatory review relates to two people with nursing needs in the same care home who experienced neglect due to not receiving medical attention in a timely and effective manner. An independent reviewer was appointed and began his work in January 2023. The Board considered the initial findings at its meeting in April 2023, and the final report is expected to be signed off and published by July 2023.

SAR 2:

This discretionary review will look at the care and support provided to a person with physical and mental health needs who died at home of natural causes, but who experienced domestic abuse, as well as possible neglect/act of omission by services due to missed opportunities. The work on this review began in April 2023 and is expected to conclude in the autumn.

SAR 3:

This mandatory review involves a person with care and support needs due to alcohol/substance misuse who died in a public place shortly after leaving hospital – the person experienced self-neglect and also organisational neglect when looking at how services collectively responded to a significant health deterioration. The SAR Panel agreed to proceed with a mandatory SAR in April 2023, and the review process is due to begin in June 2023.

As all these SARs remain ongoing, further updates will be provided in next year's annual report.

Conclusion

Next year's Annual Report will therefore be the first to report on findings and recommendations from completed Safeguarding Adults Reviews in Wakefield. The Board is keen to embed a positive learning culture, with the aim being to learn from SARs in order to improve practice and to prevent anything similar happening again to other adults at risk in Wakefield.

5. Making Safeguarding Personal – Case Study

With thanks to Maria O'Connell, Adult Safeguarding Team Manager for providing this case study.

About E (pseudonym)

E is 26 years of age and lives at home with her parents, little is known of E due to her having no social care records, no records passed from education services and only brief medical records. What is known is that E has cerebral palsy and a "severe" learning disability. E has lived at the same address since birth. The property is owned by a social housing provider.

About the Safeguarding Concerns

The safeguarding concerns were raised by a housing officer who reported that the living conditions were in a poor state. The social housing provider had been trying to engage with E's family for several years without success. The housing officer was concerned that E's mum talked over her, and it was not easy to understand E's communication style. The social housing provider was considering legal steps but wanted to prevent this due to concerns about the family's safety and wellbeing, particularly E.

A Section 42 Safeguarding enquiry was commenced by the Adult Safeguarding Team. In the early stages of this enquiry, the Social Worker struggled to assess E's mental capacity to make decisions around the concerns raised. E's mum would routinely cancel visits or not answer the door. After weeks of persistence, the Social Worker found an opportunity to speak alone with E, who expressed a wish to live in a clean home with her own bed and bedroom. She also wanted to learn new skills in the kitchen and be able to wash her own hair.

The Six Principles of Safeguarding

Empowerment

Both the Social Worker and other practitioners involved with E supported her to express her outcomes and wishes. It soon became apparent that she did not have a severe learning disability, quite the opposite. E had insight into her family's situation and was able to express her views and feelings. Her strong wish was to stay living with her parents who she loved very much. To achieve E's outcomes, the team around her needed to work with her whole family. This was challenging in the case of E's mum who was very protective, whereas her father was a supportive factor who wanted positive change for her. The Safeguarding Social Worker applied a good understanding into hoarding and its causes, recognising the strong links to trauma. This became clear when starting to make progress with E's mum, who told her story about her past childhood experiences.

Prevention

The Enquiry was a long process, with a challenging start due to E's mum finding it difficult to acknowledge the family's situation and accept support. E's mum found it really hard to cope with a deep clean of the family home. The Safeguarding Social Worker was aware that without addressing the underlying causes of hoarding, the work to improve the family home would not be sustained over time. In order to prevent this, the Social Worker worked closely with E's mum to help her develop an understanding into her behaviours, and learn coping strategies to manage them. Trauma-informed practice and interventions therefore played a significant role in preventing the concerns about the home re-occurring at a later stage.

Proportionality

It was clear that trying to engage with E's parents was essential and the need to respond using the least intrusive method, whilst continuously appraising the risks. Central to this was that the team around E should always act in her best interest and in accordance with her expressed wishes and outcomes.

Protection

A safety plan was drawn up with E which was anchored in her outcomes. This assisted in her understanding of the concerns and agreement on actions on what were needed. These were reviewed throughout the enquiry process to help E appreciate the progress being made towards what she wanted to happen.

Partnership

The Safeguarding enquiry work with E and her family really shows how effective joint working between agencies can have a significant positive impact. Meetings involving the whole team around E and her family were held in the initial stages so that agencies could work together to explore the challenges and resistance being faced. Practitioners from housing and health played an essential role in this. Agencies had a shared understanding of the risks, as well as their respective roles and responsibilities in responding to these.

Accountability

The Social Worker was really worried about E's wellbeing at the start of the enquiry, as well as whether her rights and freedoms were being restricted due to her mum's protection and control. E's mum really struggled to recognise her daughter's capabilities for independence, self-care and friendship beyond the family. The Social Worker ensured to seek management and legal advice throughout the enquiry in case Court intervention might be required.

Conclusion

Following two years of support, the Safeguarding Enquiry for E was concluded. Her outcomes had been achieved, and E's life and family situation have dramatically transformed. E is happy and thriving, and growing in confidence and independence.

Making Safeguarding Personal is a simple three-word phrase but can have a significant impact as demonstrated by E's story. The six principles underpin what safeguarding is all about: ensuring the safety, well-being and human rights of adults at risk are protected. E and her wishes were at the forefront of the Safeguarding Enquiry, and with perseverance, compassion and empathy, the team around E was able to help her to achieve her own outcomes for herself.

Extracts of MSP Survey completed with E

Did you feel your desired outcomes were met?

> **Yes, I want to move home with mum and dad and continue to live with them. The home is clearer and cleaner. I am doing some cooking in the air fryer chips and hunter's chicken. I am washing my own hair and do my own personal care.**

Did you understand why people did what they did to make you safe?

> **Yes, I wanted to have a cleaner home and to do more social activities which the social worker is trying to help me with.**
>
> **I have my friends online too and at the local club.**

How happy are you with the end result?

> **I am looking forward to having more things to do (social activities).**

6. Budget

The ledger report shows the current invoices processed to date and a closing balance of £116,354.85. A separate ledger has also been included which details projected expenditure as of April 2023. This demonstrates that the Board's resource is starting to be utilised and the underspend is set to continue to decrease over the next financial year.

The WDSAB has sufficient funds to meet all its statutory and anticipated costs for the year ahead. The members of the board and sub-group members have been reminded of the Board's capacity to support and progress safeguarding initiatives in 2023/2024.

Date	Description	Income	Expenditure
Underspent budget from 2021/22 brought froward		**91,619.21**	
Mar 22	Training Expenses – Substance/alcohol misuse		1,390.00
May 22	WDSAB External Review		1,650.00
June 22	WDSAB Contributions – Wakefield Council	20,000.00	
June 22	WDSAB Contribution – NHS ICB	20,000.00	
June 22	WDSAB Contribution – West Yorkshire Police	5,680.00	
Sept 22	Training Expenses – Substance/alcohol misuse		1,650.00
Oct 22	Promotional materials to raise awareness of the WDSAB		622.41
Nov 22	SAR awareness-raising workshop: presenter fee		500.00
Nov 22	SAR awareness-raising workshop: room hire		820.00
Dec 22	Setup fee for Joint Multi Agency Policies and Procedures online platform (Tri-X)		2,300.00
Jan 23	Independent Chair Fees		11,000.00
Jan 23	Strategy Development Workshop		660.00
Feb 23	Safeguarding in Prisons Workshop		218.00
Feb 23	Domestic Abuse Advertising Cards – joint working with West Yorkshire Police		133.95
	Sub Totals	**137,299.21**	**20,944.36**

Balance carried forward to 2022/2023	**116,354.85**

PROJECTED EXPENDITURE 2023/2024 (As at April 2023)

Date	Description	Income	Expenditure
Mar 23	Financial Abuse Multi Agency Event		1,023.00
Mar 23	Promotional materials to raise awareness of the WDSAB		302.65
Mar 23	Independent Chair Fees		4,000.00
Apr 23	SAR Independent Reviewer		5,357.90
Apr 23	Strategy Development – public engagement project		8,275.00
Apr 23	WDSAB Contributions – Wakefield Council	20,000.00	
Apr 23	WDSAB Contribution – NHS ICB	20,000.00	
Apr 23	WDSAB Contribution – West Yorkshire Police	5,680.00	
May 23	SAR Independent Reviewer		≈5,000.00
Jun 23	Meeting Room Hire – SAR learning workshop		55.00
Jul 23	Meeting Room Hire – WDSAB face-to-face annual meeting		160.00
Jul 23	SAR Independent Reviewer		6,000.00
Jul 23	Strategy Review – consultant fee		7,350.00
Nov 23	Joint Multi Agency Policies and Procedures online platform (Tri-x) Annual Fee		1,000.00
	Sub Totals	**45,680.00**	**38,523.55**

7. Board Achievements Against Objectives 2022/2023

The 2022/23 Strategic Plan was rolled over from previous years and acted as a 'holding' plan ahead of work in 2023 to develop an ambitious and comprehensive multiannual strategy for the Board.

2022/23 Strategic Plan

Objective 1: Effective Adult Safeguarding

"Board members will champion active and effective adult safeguarding within their own organisations and ensure that commissioning processes have strong safeguarding themes."

The Board continues to showcase examples of excellent adult safeguarding practice by its member organisations, as well as provide healthy challenge where appropriate. The Board has strengthened its own governance structures to ensure members have ample opportunity to contribute to its work with the establishment of an Executive and a Sub-Group Chairs meeting. All of the Board's groups and bodies now use RAG-rated action plans to demonstrate how they contribute to the overarching strategic objectives of WDSAB.

The Board has refreshed its approach and policies for Safeguarding Adults Reviews (SARs), and consequently WDSAB's first ever SARs are now underway.

Objective 2: Making Safeguarding Personal

"Board partners to have an approach to safeguarding that is firmly based on the outcomes that adults want to achieve in their lives."

The Board continues to encourage the presentation and discussion of case studies and first-hand reports during its meetings. Making Safeguarding Personal has also been at the heart of the WDSAB's strategic plan development for 2023-26 with an ambitious public engagement project undertaken in conjunction with Healthwatch Wakefield.

Objective 3: Evidence-informed Practice

"Use information and data to have an overview on how well adult safeguarding is working and taking responsibility for actions to make any improvements needed"

The Board's quarterly performance reports have been completely overhauled and the impact on the quality of discussion about the data and the story it tells has been clear to see.

The Multiagency Case File Audit (MACFA) group has also been re-established, and undertakes regular thematic audits. The themes chosen are directly drawn from observations and discussions around the performance data. A review of the MACFA process will take place during 2023 to ensure that agencies/organisations are embedding the findings and learning into their practice.

Objective 4: Skills and Knowledge

"Making sure that the local workforce is skilled and knowledgeable and that there is a culture of continuous learning and development to ensure service delivery is effective"

The WDSAB's learning offer has been relaunched with the introduction of bitesize virtual sessions and rapid reads, and the restart of our face-to-face training programme. The L&D Sub-Group has also begun work on a new L&D strategy for the Board.

Objective 5: Effective Governance and Working Relationships

"Effective governance and close working relationships with the Children's Safeguarding Board, the Health and Wellbeing Board and the Community Safety Partnership"

The Board has strengthened its relationships at operational level with a range of organisations and partnerships, and is looking to build on these in 2023/24.

Actions from External Review 2023

In conjunction with the 2022/23 strategic plan, the WDSAB has also made progress towards the 12 recommendations outlined by Dr Adi Cooper in her external review of the Board conducted in March 2022. Actions achieved include:

- Ambitious development process launched for future strategic plan
- Development of the Board's audit and assurance practices
- Introduction of a Board induction process for new members
- Task and Finish Groups established to look at key areas of the Board's work, ensuring input from a wider range of Board Members
- Interim review of Terms of Reference for all of the Board's groups and bodies
- Multi Agency Case File Audit process restarted
- Review of SAR policy to kickstart a learning culture

2023-26 Strategic Plan

In January 2023, the Board embarked on an ambitious review of its multiannual strategy. The Board recognised the importance of 'getting it right' in terms of this total refresh of its strategic objectives. Consequently, an expert consultant was commissioned to lead on the development process for this key piece of work.

A strategy development workshop was held in March 2023, giving members and other partners a first opportunity to shape the Board's priorities for the coming year. A Reference Group was then established to ensure input and contributions from all agencies. Alongside this, a large-scale public engagement project was launched in cooperation with Healthwatch Wakefield.

Conclusion

The period of April 2022-March 2023 has been a busy year for the Board, but given that many of our priorities and objectives remain 'work in progress', it has been challenging to demonstrate the impact of our work in this Annual Report. Although difficult to measure or quantify, Board members have anecdotally reported a change of atmosphere or culture at Board meetings and other events, such as the strategy development workshop. A shared understanding has developed among Board members that this is an exciting, dynamic and ambitious time for the Board.

It is hoped that this Annual Report will therefore be the last of its kind, reporting on 'holding' plans and rolled-over objectives; and that next year's edition will encapsulate the transformation of the Board into an ambitious, proactive and evidence-led body. This will place us in a better position in future Annual Reports to highlight and evidence the positive impact of the work of the Board and its partners.

8. Reports from Agencies

West Yorkshire Police

Fundamentally our vision is to keep Wakefield Safe and Feeling Safe, doing so with fairness, integrity, and respect to reduce crime, protect the vulnerable and reassure our communities.

Over the past 12 months we have seen an increase in demand across the partnership, with several underlying factors, from the rise in the cost of living to focus on vulnerability and the development of new approaches to prevent, intervene and collectively explore how we work together to achieve the best outcome.

Wakefield Police has continued to work with partners and are piloting a Risk Management Unit, who's aims, in line with the National Police Council's Vulnerability Action Plan are to identify at the earliest opportunity preventative measures and intervention.

Together develop what and who is best placed to protect, support and safeguard and what the longer-term management of risk is.

Another partner that the Unit has support from is the Citizen Advice Bureau.

The unit complements the existing dedicated accredited investigation team who work closely with Crown Prosecution Service and the Courts and management of risk through a variety of useful protective orders.

Wakefield is committed to protecting those most vulnerable and has continued to see a rise in both Police Constables/Detective Constables and Sergeants, into the teams as part of the Safeguarding review.

Since April 2022, work has been ongoing with Adult Social Care, developing training and practices to better support those Adults at Risk in Wakefield, this will continue throughout the next 12 months.

Multi-Agency Risk Assessment Conferences (MARAC) and Daily Risk Assessment Meetings (DRAM) have now been reviewed and are aligned, providing a strengthened continuous assessment from initial assessment to review.

Following a recent MARAC Review a Steering Group has been adopted looking at developing on the processes already embedded and ensuing that the Governance through the Domestic Management Board remains.

Perpetrator Management is key, working with partners in the Local Authority a Perpetrator leaflet has been developed and has now given to over 300 males leaving custody with the aim to signpost to support, especially in cases of Domestic Abuse and Violence against Women and Girls.

Liaison and Diversion have an allocated Domestic Abuse practitioner and working closely with Integrated Offender Management Officers.

To increase our safeguarding capabilities and to offer further reassurance to what SmartWater was already providing, we have funding for Tagging and CCTV.

A dedicated Monday to Friday Joint 'IDVA Car' providing a timelier response to victims (IDVA- Independent Domestic Violence Advocate).

The victim's voice is vital to the work carried out within our teams and we have developed several short videos with victims to support training for both front line officers and safeguarding.

Training both internal and external is ongoing, covering a wide range of subjects, including DA Matters, Domestic Homicide Timeline and Financial Abuse.

The next 12 months are anticipated to be equally as challenging, there has been some real positives in the work already undertaken as a partnership, but having the partnership support and pathways in place will strengthen on the great work that is already being undertaken to keep Wakefield Safe.

Kristy Wright
Detective Inspector
Wakefield District Safeguarding
Adult Safeguarding / Domestic Abuse / Partnerships / MARAC Chair

Wakefield Adult Social Care

Achievements - It has been a busy 12 months with many achievements and progress made. We have contributed to the Boards collaborative agreement that will enable the multiagency policy to be available through an online solution. This will ensure that the policy and all associated guidance is easily accessible and easily updated. We have redesigned how we produce reports to demonstrate the local authority data. The data is interactive and easier to interpret. This allows us to spot trends and make curious enquiry to changing trends.

Challenges – The safeguarding team has gone through an unsettled 12 months with a number of staff leaving the service. Recruitment is a major challenge for adult social care, however we are moving towards having a fully staffed team who are enthusiastic in protecting vulnerable adults from abuse and neglect.

Future plans – We have recently had a Safeguarding Adults Bespoke Review which identified some actions that we will want to take forward. This includes the application of Making Safeguarding Personal, this is an area we were already considering making changes to in order to increase the number of respondents to be included. It has also been suggested that we may wish to review our audit approach. We will take the learning from this review and create an action plan to make positive changes.

Anne Howgate
Service Manager, Mental Health Services
Wakefield Council

NHS West Yorkshire Integrated Care Board (ICB) Wakefield Place Team

The health economy in Wakefield includes Mid-Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS Foundation Trust, Spectrum Community Interest Company, Yorkshire Ambulance Service NHS Trust and 37 GP practices, who are arranged into 7 Primary Care Networks (PCN's). During 2022/23 recovery from Covid – 19 continued to remain a challenge, and place a strain, across the entire health sector.

Achievements

During the period covered by this annual report, the ICB continued to fulfil its statutory duties by attending board and sub-group meetings with the Designated Professional continuing to chair both the Learning and Development and Quality Intelligence Group sub-groups and the Multi-Agency Case File Audit subcommittee. The Clinical Commissioning Group and then subsequently the ICB continued to gain assurance from providers, regarding their safeguarding activity and training compliance levels. The ICB developed safeguarding standards self-assessment for providers, distributed the previous year. The standards continue to be monitored with providers giving updates at committee meetings as required.

Resident Safety Walkabouts (RSWs) in care homes and Patient Safety Walkabouts (PSWs) in the acute hospital have continued throughout the reporting period and a member of the safeguarding team has attended at some of these. An innovation, for the Quality Team, was to utilise the technology used in the RSWs and amend this for use in Primary Care. These Primary Care Quality visits began in Q3 and the audit has a safeguarding section.

The Named Nurse for Safeguarding in Wakefield Primary Care is supporting GP practices in improving the quality of safeguarding arrangements, and more broadly the Primary Care Networks on issues related to safeguarding and quality improvement. This new role has enhanced the ability of the safeguarding team to liaise with Primary Care around both child and adult safeguarding matters. The named nurse for safeguarding continues to be available to support practices with advice and support around safeguarding practice, decision making, audit work, training and record keeping and assisting in the undertaking of statutory reviews.

The GP Provider Safeguarding Standards for Adults and Children self-assessment documents have now been returned with 100% of practices submitting a return.

These will be analysed and actions identified for the ICB Wakefield place safeguarding team to support practices being fully compliant with the safeguarding standards against a tool developed by Named GPs for Safeguarding and the Designated Nurses/Professionals across the West Yorkshire Health and Care Partnership.

The ICB Designated Professionals Network (IDPN) continues to meet monthly and is working as a partnership to develop a set of priorities for work to be undertaken at a West Yorkshire level which includes development of ICB wide safeguarding polices, working with HR to assign safeguarding training competencies across the ICB and developing an overarching strategy/workplan. The reporting period has also seen the establishment of governance at a West Yorkshire level with the creation of the Safeguarding Oversight and Assurance Partnership at which selected members of the IDPN attend along with Directors of Nursing, NHS England and representatives of West Yorkshire collaboratives.

Challenges

As the safeguarding remit continues to grow and widen ICB Designated leads are finding themselves becoming more involved in Regional and National priorities. Liberty Protection Safeguards are still awaiting an implementation date which is making planning difficult however networks at Place and regionally continue to meet. The number of statutory reviews being undertaken continues to grow and with many health providers crossing more than one Local Authority area this can equate to a huge volume of work.

Future plans

The Named Nurse will continue to build on the work started engaging with primary care supporting safeguarding practice, and continue to collaborate with partner agencies to ensure GPs are actively engaged with to support information sharing, risk assessment and care planning for children and adults at risk. There are also plans to increase links with practice nurses, and allied health professionals working in Primary Care and this is currently underway alongside liaising with Connexus (GP Federation) to set up a regular safeguarding forum open to all practitioners in primary care. This would give an opportunity for the Named Nurse to share safeguarding information to embed safeguarding knowledge in practice.

On a wider footprint the West Yorkshire Designated Professionals are engaging in work around workforce training and safeguarding requirements and policy development.

We look forward to working with system partners to develop a new Strategic plan for the Board with a focus on prevention and early intervention, hearing the voices of citizens of Wakefield and their lived experience.

Karen Charlton
Designated Professional for Safeguarding Adults
NHS West Yorkshire Integrated Care Board (ICB)
Wakefield Place Team

Mid-Yorkshire Hospitals NHS Trust

Achievements

- Through an emphasis on Making Safeguarding Personal, audit outcome found 80% of staff enquiries to the MYHT safeguarding team established the clinical teams had considered the voice of the adult at risk.
- Following the development of the Domestic abuse team clinical teams have received domestic abuse training to increase their skills and knowledge to recognise and respond appropriately to cases of Domestic Abuse, Forced Marriage & Honour Based Violence.
- The key mandates from the Domestic Abuse Bill, introduced a 'Triage & Make Safe' approach to victim management within the Trust, establishing routine screening of all patients as mandatory practice.
- A "Think Family approach" to safeguarding practice and delivery of education was developed and introduced.
- Close working with partners to support the development of the safeguarding workstreams.
- Positive outcome from Audit Yorkshire of safeguarding practice within the organisation. This review found that the Trust's arrangements in respect of its Safeguarding are both comprehensive and effective, placing the Trust in the top 5% in the country.

Challenges

• The COVID-19 pandemic continued to challenge the safeguarding team to work differently supporting clinical teams. In addition, the impact and challenges faced by NHS and Social Care pressures to deliver care and support

Future plans

- The Section 42 Enquiries will be transferring to the Patient Safety Incident Response Framework. This transfer will emphasis on learning and improvement to reduce harm.
- To continue to embed Safeguarding and Mental Capacity Act (MCA) within the organisation – Moving to Safeguarding is everybody and everyday business.
- Ensure staff have the required level of skill and education to continue to identify a Deprivation of Liberty within hospital.

Deborah Longmore
Named Nurse Adult Safeguarding
The Mid Yorkshire NHS Hospital Trust

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Achievements

The South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) safeguarding team, continue to provide leadership, advice, and support throughout the organisation to ensure that the footprint of Safeguarding is embedded in practice. There has been changes in the Nursing Quality and Professions Directorate and service portfolio changes, including the safeguarding team, these changes are positive and the aim to better support the wider workforce.

Within the Safeguarding team there have been personnel changes and the team has been depleted for several months, however, there has been the recent appointment and commencement of the Named Nurse for Safeguarding Children and an interview date for the Safeguarding Children Advisor is planned for May 2023.

During these times of changes the team have continued to deliver on their commitment to safeguarding agendas and have continued to deliver training for, both safeguarding children and safeguarding adults ensuring the compliance rate remains above the mandatory requirements set by the Trust. The Team, also deliver the safeguarding element of the Care Certificate Training and training for the new international nurse programme.

The sharing of learning is important to the Trust and the team. The Safeguarding team facilitated a safeguarding conference in September 2022, the topics were: Professional Boundaries and Persons in Position of Trust concerns, Perplexing Presentations (PP) / Fabricated or Induced Illness (FII) in Children, Myth of Invisible Men, The Burnt Bridges Report, Speaker from the National Centre for Domestic Violence, Trauma Informed Practice, that was co presented by a person with lived experience. Additionally, a Domestic Abuse conference was hosted in February 2023 to share the learning from a Mental Health Homicide Review and to raise the awareness around Domestic Abuse. Each conference was well received, and the feedback was positive.

The Named Nurse and Specialist Advisor delivered a presentation, May 2022 on clinical risk, safeguarding, protecting children and vulnerable adults. The aims were to 'critically analyse the links between vulnerability, capacity, consent and safeguarding and how risk-taking can contribute to the achievement of positive outcomes for individuals' and 'critically evaluate own practice in leading a person-centered approach to risk taking, clinical risk management and restrictive practices while safeguarding children and vulnerable adults. This was well received, and feedback was positive.

The Trust team have also delivered training to Care Groups on the following subjects: Domestic Abuse, Parental Mental illness and the impact on children, Boundary Training, Self-Neglect, Hoarding, Cuckooing and Homelessness. Boundary Training was also delivered during Safeguarding Awareness Week.

The learning from safeguarding incidents is shared across the Trust, senior management have an overview of any safeguarding incidents via the incident reporting system Datix and through the governance of the risk panel. To support and embed learning, the safeguarding team has presented learning from Safeguarding Adult Reviews and Domestic Homicide Reviews at the Trust wide Learning forum and through the Matron and Quality Lead forum.

The safeguarding team also presented a virtual update to the Joint Academic Psychiatric Seminar (JAPS), this is the forum for medical colleagues, doctors, and Psychiatric Consultants, and was attended by over 100 participants, this was positively received. The information centred on the updates from the Domestic Abuse Act (2021), Use of Force Act (2018) and safeguarding and case studies / learning from Domestic Homicide Reviews, Safeguarding Adult Reviews and Child Safeguarding Practice Reviews have resulted in additional training around key lines of enquiry, for example, parental mental illness and the impact on children training is being delivered Trust wide and has been well received.

The safeguarding team continue to support the Trust Quality Monitoring Visits (QMV). These visits provide quality assurance and identify areas for improvement in preparation for subsequent CQC visits. Service users, family, carers, and practitioners are interviewed as part of the process. Documentation and Datix incident reports are reviewed by the safeguarding team as part of the QMV. Following these visits, the themes and trends from these visits are fed back to the service areas and wider Trust.

The safeguarding team also provide resources to support practitioners deliver on their safeguarding duties, through the safeguarding team newsletter and the production of briefing papers.

The safeguarding team are committed to the multi-agency partnership working and attend the Safer Adult Board (SAB) and sub-groups and are active members at the Multi- Agency Case File Audits (MACFA) group and the Quality Intelligence Group (QIG) meetings.

In addition to supporting the collation and analysis for Safeguarding Adults Reviews, Domestic Homicide Reviews, and Child Safeguarding Practice Reviews, the Safeguarding Team support on wider Trust wide agendas, including the pregnant person's protocol.

Challenges

The safeguarding team within South West Yorkshire Partnership NHS Foundation Trust have continued to support the frontline practitioners to deliver on their duties to safeguard those who may be a risk of abuse or neglect. The acuity of work and the pressure on the clinical workforce continues to be a challenge. The safeguarding team support through the advice line, supervision and attendance at multi-disciplinary team meetings and professional meetings. The request for advice has increased each year since the pandemic. The impact of COVID-19 and the current impact of the recession and state of economy, poverty and trauma are yet to be realised.

Future Plans

The safeguarding team have a leadership role, and are significantly involved, in the Sexual Safety Collaborative work and the quality improvement initiative attached to this work. There have been further developments undertaken on this initiative and an update was provided to the Joint Strategic Safeguarding Meeting including the production of sexual safety charters, refresh of the leaflets and promotion of the work.

Also there has been developments around the Person in Positions of Trust agenda with the Associate Director Nursing Quality and Professions working closely with the Peoples Directorate to move this agenda forward. There has been progression and involvement of the learning and development team to develop two levels of training that are to be considered, 'essential to job role' training courses.

Another of the key areas that the safeguarding team will be focusing on over the next year will be the Domestic Abuse agenda and the introduction of routine enquiry. Following Domestic Homicide reviews where the recommendation has been centred on the use of 'routine enquiry', a task and finish group has been established led by the Associate Director of Nursing. The safeguarding team have updated their workplans to include these areas of work.

E Cox
Associate Director of Nursing,
Quality and Professions
SWYPFT Safeguarding Team

Spectrum Community Health CIC

Achievements

Staff within Wakefield services have maintained safeguarding training levels at above 90% throughout 2022-2023. They have access to multiagency training, as well as in-house training provided by the Safeguarding Team.

Spectrum Safeguarding Team have successfully developed an MS TEAMS safeguarding training and resources channel which all staff have access to. This has improved engagement across all services.

Spectrum are fully engaged within the multiagency partnership and the Safeguarding Team have developed and delivered training to partners as part of the joint training offer, receiving positive feedback.

The Head of Safeguarding has written a Leadership piece on a Food Refusal Project with focus on mental capacity and this is due to be published in the British Journal of Nursing in April 2023.

Challenges

Spectrum covers a large demographic (17 Local Authorities) and works across 20 prisons, 3 drug and alcohol services and 3 sexual health services. The Safeguarding Team is small and at challenges can be around capacity to fully engage with work and partnerships we are part of.

Future Plans

We are in the process of recruiting to a 0.6 WTE Band 7 Specialist Nurse/Professional for Safeguarding. This will be for an initial 6-month fixed term. This will increase capacity of the team.

Donna Phillips
Head of Safeguarding
Spectrum CIC (Wakefield Sexual Health Services)

Yorkshire Ambulance Service (YAS)

The Safeguarding team works across the Trust and with partner agencies, including commissioners, social care, police and health partners, to review and improve the quality of the safeguarding service provided by YAS staff, ensuring that all YAS employees and volunteers have the appropriate knowledge and skills to discharge their safeguarding function in relation to children, young people and adults.

In the year April 2022 –March 2023 the Safeguarding Team at YAS has contributed to, 47 Safeguarding Adult Reviews (SARs) and 33 Domestic Homicide Reviews (DHRs) across the Yorkshire and Humber region.

The safeguarding team at Yorkshire Ambulance Service regularly share key information with staff, both internally and across social media platforms. Daily communications took place via social media to support adult safeguarding week November 2022: Exploitation and County Lines, Self-neglect, Creating safer organisational cultures, Elder abuse, Safeguarding in everyday life.

Significant information was also shared in respect of Domestic Abuse and Violence against women and girls. Reminders have also been shared about making appropriate safeguarding referrals and professional curiosity.

As part of work to improve knowledge, skill and confidence around supporting people where Domestic Abuse may be a factor, there has been awareness raising amongst Yorkshire Ambulance Service staff around both coercive control and non-fatal strangulation.

YAS have recently approved funding for a fixed term Specialist Domestic Abuse Practitioner, who will work to strengthen the organisations response to domestic abuse, developing a robust training plan for staff, as well as providing subject matter expertise to develop both the operational and strategic response.

Yorkshire Ambulance Service makes safeguarding referrals for both adults and children to 13 local authorities within the Yorkshire and Humber footprint and liaise out of area where needed. Year on year, social care referrals overall continue to rise in line with national trend. Enhanced knowledge, skill and confidence amongst staff has resulted in both increased and earlier identification of concern.

Vicky Maxwell
Head of Safeguarding
Yorkshire Ambulance Service NHS Trust

West Yorkshire Fire and Rescue Service (WYFRS)

Achievements

WYFRS prides itself on having systems in place for person centred care to meet the needs of patients/ users at particular risk of neglect, harm, or abuse. These systems are accessible to those groups highlighted above and to carers which subsequently then allow the views of all to be heard and influence change. The organisation can evidence that the Mental Capacity Act is integral to care, criminal investigations, and the management of safeguarding situations. Mental capacity is referenced within internal policies and procedures. Due to the nature of our work, we act as a reporting agency to specialist partners only. Our workforce has the capacity and capability to meet the needs of the service user who may be at risk and to respond to safeguarding concerns. Training is an integral part of ensuring that the workforce can confidently safeguard adults. There are 3 levels of training – Level 1 designed for all employees and completed via e learning – Level 2 face to face training by Prevention staff plus any localised training offers from partners – Level 3 – Completed by designated Safeguarding leads arranged internally and attending localised training as appropriate.

Challenges

After the period of the pandemic there has been a real push to invigorate both operational crews and prevention staff back into safe and well visits within the homes of the most vulnerable within the district. It is during these visits that our staff will gain access to and witness many issues which could translate into a safeguarding concern. The challenge has been to support our staff to have the confidence to understand and identify those individuals who clearly are showing signs of neglect and abuse in all its forms to enable them to deliver the most effective interventions.

We are seeing a slight rise in referrals in safeguarding concerns across the district within the past 12 months as we have prioritised even more the importance of recognising those in need. We have included more in-depth training around submitting causes for concern as part of our commitment to quality assurance to our staff and this is now showing a clearer more confident approach in their visits to this aspect.

Future Plans

We have recently undergone a significant review of our policies and procedures in relation to safeguarding to ensure that we are delivering the most efficient and effective delivery of our service to those vulnerable service users.

We are awaiting a revised cause for concern form for internal staff, and we are looking to optimise any opportunities for training both internally and externally.

Training has been at the centre of this review and all our staff are being supported to go forward with confidence when dealing with issues of safeguarding.

Donna Wagner
District Prevention Manager
West Yorkshire Fire & Rescue Service

Healthwatch Wakefield

Healthwatch Wakefield is the independent champion created to listen to and gather local people's experiences of using health and care services.

2022/2023 has again been a busy year for Healthwatch Wakefield, and our sixth year of trading as an independent charitable company has seen us continue to develop our reputation and skills as a trusted local partner within the health and care system. We have also involved more local people than ever before in our work, enabling patients and users of health and care services to have their say in how their care is delivered.

We continue to increase our involvement in the work that is happening at a wider level with the West Yorkshire Health and Care Partnership (our local Integrated Care System) ensuring that people's experiences and voices are heard at the highest level.

The current Healthwatch Wakefield core contract was mobilised in October 2018, and we were successful in getting this extended during 2022. Our contract still includes the independent NHS Complaints Advocacy Service in the specification. We are pleased to be able to continue and develop our work for local people for the next few years.

Operationally, with Healthwatch Wakefield's main activity being the consumer champion for health and social care, we have continued to work tirelessly in terms of ensuring peoples' voices are heard in relation to the way local health and care services are designed, delivered, and monitored. We used our position to provide information and advice, and engage with local people in a time of rapid change and uncertainty.

Demand for NHS Complaints Advocacy continued to rise over the year, and we supported patients, carers, and their families through the complaints process with a number of providers.

The Cancer Alliance Community Panel, hosted by Healthwatch Wakefield, goes from strength to strength, as does the Wakefield Maternity Voices Partnership and the Adult Social Care Citizen Panel.

For 2022/2023, our workplan was based around our agreed operational priorities, which were:

1. Adult social care, in particular the discharge processes from secondary care to the care sector;
2. Dentistry;
3. Health inequalities, in particular the impact on health inequalities when accessing primary care services such as GPs;
4. Community pharmacy services.

More information on our work can be found in our Annual Report at https://www.healthwatchwakefield.co.uk/archive-reports/. In all our future projects, we will remain consistently aligned with our Service Delivery Model to: (i) Inform & Advise; (ii) Involve; (iii) Investigate; (iv) Influence & Impact; and (v) Advocate & Support.

We will continue to work to help people get the best out of local health and care services by upholding our eight statutory functions, including promoting and supporting the involvement of local people in health and care services, and obtaining the views of local people, and holding local providers to account. We will retain our seat on the Health and Wellbeing Board, making sure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared. We will continue to have a role in promoting public health, health improvements and in tackling health inequalities, both at the Wakefield District place level as well as increasing our voice and standing in the evolving integrated care system arrangements at West Yorkshire level.

Gary Jevon
Chief Executive
Healthwatch Wakefield

Independent Care Homes Representative

Achievements

It is my opinion that WDSAB raises the profile of Safeguarding generally and in particular amongst Care Homes. I forward the information that I receive throughout our care home group and also to the Independent Sector Liaison Group (ISLG), a group that we are members of. Where we have prior knowledge it's good to reiterate it and keep it fresh in our minds, and it's really useful to have advanced knowledge of new things and more in depth information such as in the 'in-person' meeting held in Wakefield recently which was very interesting.

Challenges

Safeguarding is always a challenge in care homes, from dispelling myths about possible consequences of reporting to cascading information to an ever changing workforce. Reporting a safeguarding can be a very difficult issue when it's related to family of a care home resident and it's great to see some of the case studies as they relate 'real' situations which is very helpful.

Future plans

To continue to ensure that my organisation is dealing with the inevitable safeguarding situations that arise in the best and fastest way possible, and to reduce the number of safeguarding incidences in our group wherever possible, bearing in mind that this unfortunately isn't always possible.

Tracey Holroyd
Company Chair
Warmest Welcome

Appendix A: Wakefield District Safeguarding Adults Board Structure

Wakefield and District Safeguarding Adults Board (WDSAB)

Independent Chair: Diane Hampshire

Statutory partners and representatives from member organisations committed to safeguarding vulnerable adults in the district with an agreed Constitution, Business Plan, and sub-groups of the Board to achieve the plan objectives

Learning & Development Sub-Group

Chair: Karen Charlton, Designated Professional for Safeguarding Adults (NHS West Yorkshire Integrated Care Board, Wakefield Place)

The sub-group has delegated responsibility for safeguarding awareness raising and all aspects of training with a preventative focus in mind, but ensuring staff know how to deal with concerns when they arise.

Quality & Performance Sub-Group

Chair: Anne Howgate, Manager for Mental Health (Wakefield Council)

The sub-group has delegated responsibility for formulating the performance management information presented to the Board and quality issues linked to practice development from audits and learning from review processes.

Prison Sub-Group

Chair: Anne Howgate, Manager for Mental Health (Wakefield Council)

The purpose of this sub-group is to provide a forum where key partners can identify and discuss safeguarding issues affecting prisoners in HMP Wakefield and HMP New Hall, in line with statutory guidance.

Safeguarding Adults Review Panel

Chair: Lisa Willcox, Service Director for Mental Health & Learning Disabilities (Wakefield Council)

Upon receipt of a SAR referral the SAR Panel's purpose is to identify if the case meets the criteria for a Mandatory or Discretionary Review. Representitives from the LA, Police, Health and Legal are all in attendance.

Quality Intelligence Group

Chair: Karen Charlton, Designated Professional for Safeguarding Adults (NHS West Yorkshire Integrated Care Board, Wakefield Place)

This group considers intelligence regarding service provider quality standards. Aims to identify provider concerns before they become safeguarding issues and works with providers to improve standards.

Multi Agency Case File Audit

Chair: Karen Charlton, Designated Professional for Safeguarding Adults (NHS Wakefield Clinical Commissioning Group)

This is a sub committee of the Quality and Performance sub-group and undertakes audits of cases in order to look at and explore agency responses to a safeguarding enquiry. This group will link in with the Learning and Development sub-group where it is felt that areas or wider learning and improvement have been identified.

WDSAB Business Team to support all Board and sub-group work

Board Manager: Sarah Clarkson / Administrator: Gill Slack

Appendix B: Adult Safeguarding in Wakefield Dashboard 2022/2023

Safeguarding Concerns

3139 concerns were received – **7.1%** Decrease compared to last year

Ratio of concerns received

Female
1,733
18–64 **19%**
65+ **38%**

Male
1,406
18–64 **22%**
65+ **21%**

Breakdown of completed S42 enquiries

- **70%** Social Care Direct
- **30%** Safeguarding Team

Number of Completed S42 Enquiries

1,156 of which 135 Police Involvement (**11.7%**)

Conversion Rate: Concerns to S42 Enquiry

3,139 / 1,156 = **36.8%**

Types of Signposting / Finalisation Activity for Concerns Not Progressing to S42 Enquiries

- No Care and Support Needs
- No Evidence of Abuse / Neglect
- Referral for Care Needs Assessment
- Referral to Drug / Alcohol Services
- Referral to Domestic Abuse Services

Completed S42 Enquiries *Location of Abuse*

- **41%** Care Home (-2% 20/21)
- **11%** Nursing Home (+2 20/21)
- **31%** Own Home (+4% 20/21)
- **7%** Health Setting (-1 20/21)
- **9%** Community Setting (-3% 20/21)
- **1%** Other

Source of Abuse

- **34%** Service Provider (-1% 20/21)
- **59%** Known to Adult (same 19/20)
- **7%** Unknown to Adult (+1% 20/21)

Types of Abuse

- **4.9%** Sexual
- **25.6%** Physical
- **7.1%** Psychological / Emotional
- **11.1%** Financial
- **36.4%** Neglect
- **14.9%** Other

Risk Identified and Action Taken

- **0.4%** Risk Remained
- **58.6%** Risk Reduced
- **41%** Risk Removed

MSP

113 People Surveyed. Of these...

- **93.8%** Gave outcomes
- **99.1%** Felt happy with end result
- **100%** Felt involved
- **75.9%** Felt listened to
- **98.4%** Felt understood

Outcomes

- **82%** Fully achieved
- **16.5%** Partially achieved
- **1.5%** Not achieved

Notes

Notes

WAKEFIELD & DISTRICT
safeguarding
adults board

295562 Designed and produced by Wakefield Council, Communications 06/23

Report of the Wakefield District Health & Care Partnership
Wakefield Transformation and Delivery Collaborative
September 2023

Purpose
The purpose of this paper is to update the Wakefield District Health & Care Partnership (WDHCP) on the current on-going developments within the Wakefield Transformation and Delivery Collaborative.

Collaborative Developments

Transformation and Delivery Collaborative launch – The Transformation and Delivery Collaborative (TDC) continues the work of the Provider Collaborative. It brings partners 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.

Transformation Delivery Plan – The TDC welcomes its new mandate of overseeing the delivery of the 3-year Transformation Delivery Plan on behalf of the Wakefield District Health and Care Partnership Committee. Work continues across our transformation programmes and key enabler workstreams to develop the Transformation Delivery Plan which will contain detailed programme narratives, outcomes and metrics.

Transformation and Delivery Maturity matrix – A number of our Alliances and Programmes have volunteered to test out a new maturity matrix which has been co-designed with system leaders within the Collaborative. The transformation and delivery maturity matrix is a self-development tool designed to support all types and sizes of partnership groups to accelerate the benefits they can deliver for their populations.

The purpose of the maturity matrix is to support the development of strong partnerships. A self-assessment tool has been develop to assist partnerships in recognising their current levels of maturity and will help partnerships to identify areas for improvement, where they choose to do so.

The TDC has now met twice. The inaugural meeting was held on 25 July and the most recent meeting was on 15 August.

Transformation highlights and sharing good practice

Maternal Smoking - reducing maternal smoking has long been a priority for Wakefield district. In 2012/13 our rate was 22.8% and this reduced to 14.7% in 2022/3. Anna Hartley, Director of Public as has announced that the latest quarterly figures released at the end of July, show that, for this quarter it has fallen even lower to 12.1%. This is absolutely fantastic news and we hope

that this will continue and we can then report a similar or even better 2023/4 year end figure. Fewer women smoking in pregnancy will result in fewer low birth weight babies, still births and lower infant mortality.

Health Housing and Social Care Partnership – Dave Thorpe from Wakefield District Housing provided an overview of the collaborative approach being led by the Health Housing and Social Care Partnership which has the aim to 'Ensure alignment and coordination of housing to health needs to support people and improve health and wellbeing outcomes'. A three year action plan, starting 2023, will deliver a range of workstreams that aim to improve the link between health and care needs and housing, and these are:

- Expansion of Extra Care housing across the district and enhance integration with GPs
- Enhanced health and care services within supported independent living schemes
- Raising awareness between social housing and Wakefield Health and Care Partnership on tenant profiles and support requirements, including specialist accommodation for dementia
- Delivering mental health and wellbeing support for residents linked with GP social prescribing services
- Delivering hospital to home transition accommodation
- Delivering prevention measures using telecare technology in the home environment
- Development of health inclusion services for homeless and rough sleepers
- Supporting affordable warmth priorities to ensure tenants and residents maximise income and opportunities for grant funding

Supporting Unpaid Carers – Carers Wakefield & District is supporting unpaid Carers who have a loved one in hospital, from the point of admittance through to discharge and beyond. They support carers through helping them to navigate the hospital system and support through the discharge planning process. They liaise with hospital personnel, nurses/doctors, social workers, ward admin, Occupational Therapists, Integrated Transfer Of Care (ITOC) hub. The service will check-in and follow-up following discharge (48hrs-1week-4weeks min) and work with Reablement to identify Carers with potential to "take over" cares through training and equipment for example. The support provided increases family resilience and reduces readmission.

The service is located within ITOC hub and is involved in daily stand up meetings and team meetings. The service targets the elderly wards, particularly during visiting hours. The service works with the hospital teams to encourage referral at the point of person's admission.

Initial success so far include;

- 105 referrals Jan-end of July 2023
- 353 post discharge contacts to individual Carers as well as contacts made on behalf of Carer to other agencies etc
- For every contact with a Carer there is around 6 calls or conversations with "others" on their behalf
- Around 700 contacts so far following discharge alone.

Brief summary of support provided to Carers whilst their loved one is in hospital Jan-end of July 2023:

- 29 new Carers newly identified and referred to the service
- 160 individual Carers supported
- 680 contacts made with Carers

Developing Integrated Neighbourhood Teams – Partners across the Wakefield District are coming together to develop and implement Integrated Neighbourhood Teams to support people in the place they call home. Moving to this integrated neighbourhood approach is an important next step;

- To improve the quality and integration of services and the extent to which they are joined up around people - co-location means support and care can be planned and delivered in a seamless way with teams taking a joint approach with the person at the centre, reducing duplication of visits and ensuring people in receipt of care and support are in control of the care they receive
- To create opportunities to support people to promote healthy independent living and connect to their communities
- To work in collaboration with communities to address the root causes of ill health as communities have different needs. For example, population health is influenced by a number of issues which include deprivation, mental health needs, age of the population, drug and alcohol dependency. Therefore, what is required in an area such as Airedale may differ to Walton.

Working collectively with the wider neighbourhood, our Integrated Neighbourhood Teams (INT) will help to address inequality in access to health and wellbeing by providing services that respond to people's needs close to home and improving access for those who typically don't access services.

Seven INTs will bring together health and social care teams in the communities they serve, working in place together from co-located hubs which will support the coordination of care for local people with the provision of fast assessments and joint visit.

The Enhanced Care @ Home offer will keep people out of hospital if they need health or care support where it is possible by providing treatment and support in the community to prevent admission to hospital.

Ambulance services will be able to call the INTs to support a person at home instead of taking them to a hospital and GPs can also request support for people through the team rather than admit them to hospital.

A refreshed focus (building on Connecting Care Hubs) on working with partners including housing, police, voluntary sector members of the community and local councillors will allow communities to get to the root causes of poor health and wellbeing and work together on solutions.

Working collaboratively within the Emergency Department and other assessment teams within the hospital, community teams will facilitate timely discharge and provide the care that people need in their own home or regular place of residence.

The teams will work with people to support them to retain or regain independent living skills through rehabilitation / compensatory approaches to maximise their ability to maintain independent living.

Taking a population health approach, the system will develop a consistent approach to supporting people with frailty to high quality lives, optimising independence and quality of life.

Access to services will take a 'no wrong door' approach and will maximise the value of technology in all its forms through the adoption of consistent and innovative approaches to its use.

Case studies from the Better Care Fund – the two-year plan for the Better Care Fund was presented to the Health and Wellbeing Board in July. This year the plan included a number of case studies that showcase how services are working hard to deliver services and improve the lives of our population. Here are just two of the case studies to share with the Committee.

Age UK – Connecting Care

Service user Situation

- Client caring for his wife and he has significant health issues himself.
- Client was not receiving disability benefits.
- Enjoys socialising but finding this difficult within walking distances.
- Client was worried if he was to have another stroke how his bills would get paid, as they wouldn't let his daughter do this when he was in hospital.

Difference made with Age UK support

- Successfully claimed for Attendance Allowance – He received the high rate with a back pay, so he can now pay for taxis on his bad days.
- He can now pay for a cleaner, meals on wheels and a gardener to take the pressure off his physical health.
- Successfully gained a Blue Badge for client to help him with socializing and attending medical appointments.

The client was referred to the Department of Work and Pensions (DWP) and the Blue Badge scheme.

Wakefield Council reablement team - working with Wakefield District Housing

Background

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

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

Mrs S has since come to the end of her reablement service and has seen the benefit of the Care Link alarm and response service and has decided to self-fund an alarm to support to continue to live independently at home. She has fallen since taking up the service a further

three times and each time the response service has been able to assist her, reducing impact on emergency services and the risk of readmission to hospital.

Dementia case study

Background

A 74 year old lady was presenting with some confusion and behavioural issues on the ward. She was admitted to hospital following increased confusion and problems with her mobility, additionally she presented with some agitation. She also presented with some cognitive problems, therefore collateral history was gathered by the Mental Health Nurse (MHN) specialist from her husband to build a picture of her current circumstances both with regard to her ability to manage at home and her cognitive history.

Her husband described worsening confusion over the past 4 months. He further explained that she was unable to recall who he was and she had become disorientated to her surroundings that should be familiar to her. He described worsening mobility, requiring assistance from him, he stated that her legs were constantly giving way, problems weight bearing.

The MHN specialist assessed the lady's mental state and capacity to decide where her future care needs were best met, due to the complexity of her presentation and diagnosis it was initially decided that she would be a candidate for the 48 hour wrap around.

It was clear from the holistic assessment carried out by the MHN Specialist that the lady was so confused that she was unable to understand any of the information given to her.

The MHN specialist believed that she did not have the capacity to decide where her future care needs were best met. The assessment was then sent to the hospital social work team. The MHN Specialist assessment ascertained that she was more than likely experiencing a delirium which was superimposed on a background of existing undiagnosed cognitive deficits.

The MHN specialist referred for a full pharmacy review by SWYPT pharmacy, however due to the complexity of her medication regimen it was felt by the MHN specialist that a discussion was probably better had with her community mental health team's consultant psychiatrist.

The MHN Specialist discussed various strategies with ward staff when communicating and carrying out interventions with the lady, this included adopting a non-challenging, relaxed approach and utilising distraction and diversion in addition to providing some stimulation as the lady was in a side room with limited social interaction. The lady's presentation began to improve throughout her stay, the delirium was resolving.

The MHN specialist liaised with the lady's husband and it was decided that he would be able to cope with his wife being discharged home. After discussing various options including discharge to assessment beds, reablement or a domiciliary package of care It was felt that reablement service may be the better option, the lady's husband agreed.

A discharge date was planned and the MHN specialist escorted the lady home with Age UK. Follow up provided by the MHN specialist identified no further issues requiring MHN

specialist input, The husband felt that after a few visits reablement was unnecessary. The community mental health team remain involved.

Home First Model (Dovecote Recovery Hub) - Dovecote is a Local Authority residential care home, that has been used as an intermediate care facility for many years. It is a 24 bedded unit, used predominantly but not exclusively as a step-down facility from the hospital providing:

1. Interim placements for people who are ready to leave the hospital
2. Need a package of care to go home, but no package is available

In February this year, we agreed to test out new criteria aimed at improving flow, patient outcomes and experience. This involved the creation of a recovery hub at Dovecote Lodge Care Home. The recovery hub, launched in March this year includes a multi-disciplinary approach of Mid Yorkshire Teaching NHS Trust's hospital and adult community services, Adult Social Care and all organisations linked to Dovecote facility, as an option to transfer people from the Hospital's Emergency Department (ED) who meet certain criteria, identified through data analysis.

The initial target cohort was:

1. The resident is 70 years and over
2. The resident has attended/ been admitted as an emergency at MYTT
3. The resident is classed as 'High Risk':
4. Has had a length of stay over 14 days in the last 3 years
5. Is likely to re-attend
6. The resident agrees to accept recovery/ recuperation/reablement support in Dovecote Lodge
7. The resident is registered with Wakefield GP and is a Wakefield resident
8. The resident is safe to be managed in the community
9. The resident's clinical and medical needs can be safely met by 'through the door' services

Since the launch of the recovery hub on 1st March 2023 until 29th April 2023 there were 48 placements into Dovecote, with 59% of these residents coming directly from the Emergency Department without being admitted into the acute hospital. Falls, social and pain/mobility are all categories that are admitted into Dovecote. This has prevented 22 admissions into the acute hospital.

We have worked to develop a universal model of integrated delivery based on needs of individuals and we will shape our plans going forward around this model.

Dovecote case study

Kevin and Jaqueline attended the Emergency Department in the very early hours of Friday morning after Kevin had fallen out of bed and injured his knee. Kevin described the pain as "unbearable". Jaqueline has a diagnosis of dementia and is cared for solely by her husband. They have been married for 33 years and they haven't spent a night apart since.

“We met a lady called Andrea who talked to us about Dovecote and it sounded super, we spent just over 3 hours in ED and after being told my knee had no permanent damage, we was on our way in an ambulance to Dovecote Lodge”

Both were accepted into our care at Dovecote. Over the weekend, Kevin’s pain was managed and staff were able to do some exercises and support him back to baseline. They were then able to return home together. We also followed up with carers’ assessment or other support for Kevin and Jacqueline, including contingency planning for a similar incident in the future. The likely alternative for this couple would have been admission for Kevin, possibly also for Jaqueline if respite had not been found quickly. Once admitted, it would have taken days to arrange discharge. Jaqueline may have been confused and upset, and both would probably have had longer term ill effects following the accident.

We have identified an opportunity to link in Age UK community support to Dovecote, so that we can give information about dementia support or other community links.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	9
Meeting date:	7 September 2023
Report title:	High Risk Adult Update
Report presented by:	Carolyn Gullery, Advisor Transformation and Improvement
Report approved by:	Nichola Esmond, Service Director – Integrated Adult Social Care and Health (Strategy and Transformation)
Report prepared by:	Carolyn Gullery, Advisor Transformation and Improvement

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

Integration of health and social care is a complex process and conventional wisdom is that it can take years to realize the benefits. Health systems across the world are tackling the extreme challenge of the mismatch between escalating demand and declining capacity. New approaches are needed to bridge the gap, creating more capacity in hospitals will never be the answer as workforce will continue to be the constraint and institutionalising our aging population in long term care facilities is undesirable and unaffordable for even the richest nations. Many systems are turning to integration of health and social care and a focus around designing services to meet the needs of population cohorts as part of a solution. 'Shift left' to keep people well and supported in their own homes and communities is critical to a sustainable model.

The hypothesis that is being tested in Wakefield is that an integrated health and social care response to an easily identified group of high-risk patients will contribute to reduced emergency department attendances, reduced urgent care admissions, and reduced occupied bed days in hospitals and long-term residential care. Thus, supporting the population to live well in their own homes and communities. Multiple changes towards integration of care in the community, hospital, and social care are being introduced with a focus on a cohort of patients whose key characteristics have been identified using exploratory data analytics. High-risk adult (HRA) patients are those with a previous hospital admission in the last three years that exceeded 14 days irrespective of clinical disease code, who go on to use a much greater proportion of health system resources than patients who have never had a long admission. This cohort accounts for

50 to 60% of hospital bed usage and an equally large portion of community and social care resources but only represent 1% of the overall population. Making a difference with this group requires an integrated health and social care response as the issues are a combination of clinical condition and complex social care needs. The focus so far has been on the returning group – people who have already had a 14-day admission and on people in hospital who are reaching a 14-day length of stay the first time to try and reduce the rate at which people join the cohort. However, with an integrated approach there is an opportunity to use the data to try and identify the precursors and shift the intervention model further to the left.

Evidence from Canterbury, NZ, Wales and a UK general practice has shown that the population rate of patients joining the cohort with an index admission can be lowered as can the readmission rates and length of stay with population targeted improvement approaches. Data analysis for Wakefield identifies a 35 bed reduction in occupancy for the Wakefield population measured in June. There has also been a reduction in admissions to care homes. July shows the same trend is continuing in hospital beds. Current modelling supports that a concerted effort now on this cohort incorporating community and hospital based interventions and extending the successful approaches to the Kirklees populations will substantially reduce the pressure on hospital beds in winter.

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:

1. Note the work continuing to explore the opportunity for a single shared assessment that is maintained electronically and available to all relevant people.
2. Note the utilising of the data to identify opportunities and track performance of the new models so that agile adjustments can be made to service responses

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. High Risk Adults Update presentation

Acronyms and Abbreviations explained

1.

What are the implications for?

Residents and Communities	**This enables a targeted approach to supporting the most vulnerable populations to stay as well as possible in their own homes**
Quality and Safety	**Reducing hospitalisation and over-all length of stay for frail people reduces harm. Reducing bed occupancy in hospitals positively impacts on quality, patient experience and safety.**
Equality, Diversity and Inclusion	**Analysis shows that more socially economically deprived populations join the high risk adult cohort at a younger age and thus experience the negative impacts earlier. Substituting high risk adult identification for age as a key mechanism for targeting a healthcare response will reduce inequity.**
Finances and Use of Resources	**It is more cost-effective to support people in their own homes and communities rather than a hospital or a long-term care facility. A focus on maintaining the health and well-being of this vulnerable population will support a more sustainable health and social care model.**
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	**High risk adults have created a catalyst and a focus for transformation which provides early and identifiable benefits supporting engagement and expansion into new models of care.**
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	**Further benefits can be gained by working with the population to plan for home based support of the aging population. Community education about the opportunity to be cared for at home will reduce the pressure on urgent and emergency care.**

1. Main Report Detail

1.1 Canterbury, New Zealand (NZ) demonstrated the possibilities of an integrated health and social care system response and delivered substantial reductions in the use of hospital beds and long-term residential care beds for its population. Wakefield has leveraged that approach to create similar gains by reducing occupied hospital beds and there is emerging evidence of a reduction in the use of long-term residential care. Wakefield and Kirklees populations both use the Mid-York Teaching NHS Trust, it has been possible to compare the impact of the differing approaches to community-based care further strengthening the case that it is the integration of health and social care that makes the difference.

1.2 Experience in the United Kingdom has led to the identification of a population cohorts that are routinely missed by traditional algorithm approaches. One which we refer to as the 'High Risk' cohort accounts for 60% of occupied inpatient beds although they only represent between 1 and 2% of the total population. This finding has been tested across populations in Wales, England, Australia and New Zealand totalling in excess of 13 million and holds true in every population. Other approaches to identifying this population such as age, frailty or long-term conditions are sensitive but not specific leading to misfocused efforts.

1.3 It is important to acknowledge that this is a first step in a journey to supporting people to live longer in good health but an important first step because by focusing effort on this smaller subset of the population there are demonstrable early benefits and overall system resources can be freed up to extend the efforts to earlier identification and prevention models for other populations. Alternatively, without this focus this small subset of the population will continue to require significant resources and experience poorer outcomes.

1.4 High-Risk Adults are defined as people over the age of 50 who in the last three years have had or are currently experiencing a hospital admission that extends for 14 or more days. Analysis has identified that this small group of people account for approximately 60% of bed occupancy and are admitted at a relatively stable rate throughout the year with a winter peak of additional admissions. This group will add another 100 beds in winter if there are not effective interventions to avoid hospitalisation.

1.5 We know that this population cohort is likely to be frail with 90% scoring 4 or more on the Rockwood scale but a marked proportion of frail people are not High-Risk. Likewise, although a proportion of High-Risk Adults have long-term conditions not all people with long term conditions meet the criteria to join the High-Risk Adult cohort. We have also identified that people join the population

cohort at a younger age when they are more socio-economically deprived reflecting the impact of social context on people's health and well-being.

1.6 The approaches that have been applied centre around identification of the cohort and an agile application of resources, time, and tools to support people to stay at or get home. The over-riding drive is one of 'Home-First'. To facilitate this the community capacity is being expanded and new models of step up and step-down care have been piloted which are outlined in the attached PowerPoint. This has included a strong rehabilitative approach and proactive planning. Falls are a key driver of Emergency Department (ED) attendance for this group and more focus on falls prevention will assist in reducing ED attendances.

1.7 The opportunity to compare Kirklees and Wakefield populations who attend Mid Yorks Teaching NHS Trust has provided a clear basis for attributing the change in trend of occupied beds to the interventions that have been put in place. However, further gain can be made by integrating the approach around neighbourhoods. Evidence is clear that the coherent coordination of care for this at-risk population can have a profound impact on outcomes and resource utilisation. This means that shared assessment processes and a more joined up way of working can add further value supporting the direction of the neighbourhood approach.

1.8 Crossing the health and social care boundaries has been challenging, the underlying policies, processes and regulatory framework are not conducive to seamless care. Using data to evidence the need and the successes has enabled a more collaborative approach and conversation. A shared assessment tool and process is critical as much time is wasted is assessment and reassessment. The assessment process is a strong contributor to discharge delays.

1.9 In the first three months of this financial year(ending June 2023) the Wakefield population over 50 utilised 35 less occupied beds, almost all of the gain was in the high risk population. (see chart below) The same population in Kirklees increased its use of beds. Occupied beds is used as a compound measure as it is a consequence of reduction in admissions and length of stay. In the data we are easily able to distinguish the contributing impacts but by using occupied beds we have a reliable and impactful measure that is less easily 'gamed' by changes in counting and process.

1.10 If this can be maintained for winter and expanded to include Kirklees there will be more capacity to manage the winter peak.

50 plus- Reduction

2. Next Steps

2.1 Further develop and embed the approaches through leveraging the neighbourhood approach and building a 'one-team' approach to admission avoidance and discharge.

2.2 Extend the learnings from the model to Kirklees.

2.3 Use the data to identify new opportunities for service development to support populations.

2.4 Focus on the sub-cohort of High Risk people who are more likely to attend this winter so proactive plans can be put in place that facilitate hospital avoidance.

3. Recommendations

1. Note the work continuing to explore the opportunity for a single shared assessment that is maintained electronically and available to all relevant people.
2. Note the utilising of the data to identify opportunities and track performance of the new models so that agile adjustments can be made to service responses

4. Appendices

High Risk Adults presentation

Wakefield District Health & Care Partnership

The Impact of High Risk Adults

An Update

Carolyn Gullery – Advisor Transformation and Improvement . MYTT

7 September 2023

What is a ‘High Risk’ Adult?

- Compared to other over 50s in the population they are more at risk of ongoing acute healthcare needs
- Long lengths of stay mean this group account for a significant number of occupied beds at any one time and a significant number of occupied bed days in a year
- By adapting our system to either prevent these people needing acute care services, or avoiding an extended length of stay there is the potential to improve Health and Wellbeing *and*
    - release hospital bed capacity immediately and
    - reduce the risk of future long admissions

1% of our population accounting for 60% of occupied beds

Wakefield District Health & Care Partnership

Understanding High-Risk and their Impact

The following slides use Mid Yorks Teaching NHS Trust data with time series analytics

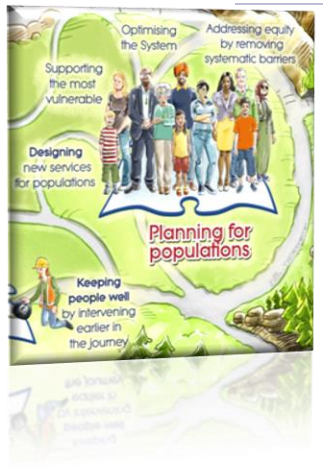
The findings have been replicated in South East Region, 4 Welsh systems, Northern Health, Melbourne and Canterbury, NZ

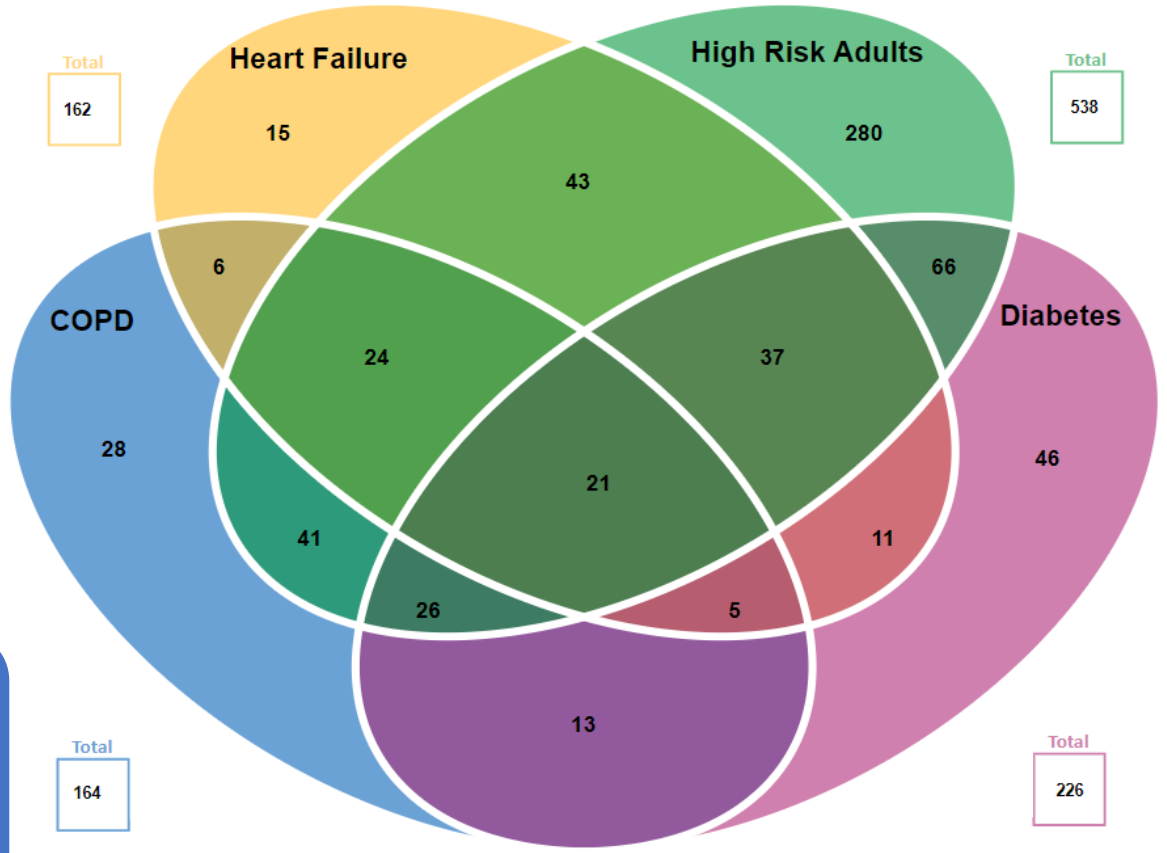
Additional information has been sourced from Cardiff and Vale Regional Partnership Board

Wakefield District Health & Care Partnership

Planning for Populations -The Impact of High Risk Adults

Occupied Beds at Midnight Monthly Average- MYTT





This is the average daily occupancy in that month. So High Risk Adults accounted for 538 beds each day. Non-High Risk with Diabetes and COPD accounted for 13.

Occupied Beds (Midnight Snapshot)

This measures the total number of occupied beds (at midnight) for people identified in the inpatient data who have been clinically coded with an ICD code which puts them into one of the selected cohorts (excludes patients that have not been discharged in the past 3 years).

For high risk adults, this includes the index and returning event. For chronic diseases this is measured anytime.

Each cohort is unique and exclusive.

All patients in the COPD segment of the Venn diagram have been coded with COPD. The patients who have only have been coded with COPD and have explicitly NOT been coded with any of the other 3 conditions are highlighted in the segment which does not overlap with any other segment.

Cohort Definitions:

High Risk Adult: Unique patients aged over 50 that have been discharged with a length of stay equal to or greater than 14 days.

Heart Failure: Unique patients with a CE diagnosis code of I50 Heart Failure, J81.X Pulmonary Odema and I11.0 Hypertension with Congestive Heart Failure (coded at any time).

Diabetes: Unique patients with a CE diagnosis code of E10-E14 Diabetes Melitus (coded at any time).

COPD: Unique patients with a CE diagnosis code of J40 Bronchitis, not specified as acute or chronic, J41 Simple and Mucopurulent Chronic Bronchitis , J42 Unspecified Chronic Bronchitis, J43 Emphysema and J44 Other Chronic Obstructive Pulmonary Disease (coded at any time).

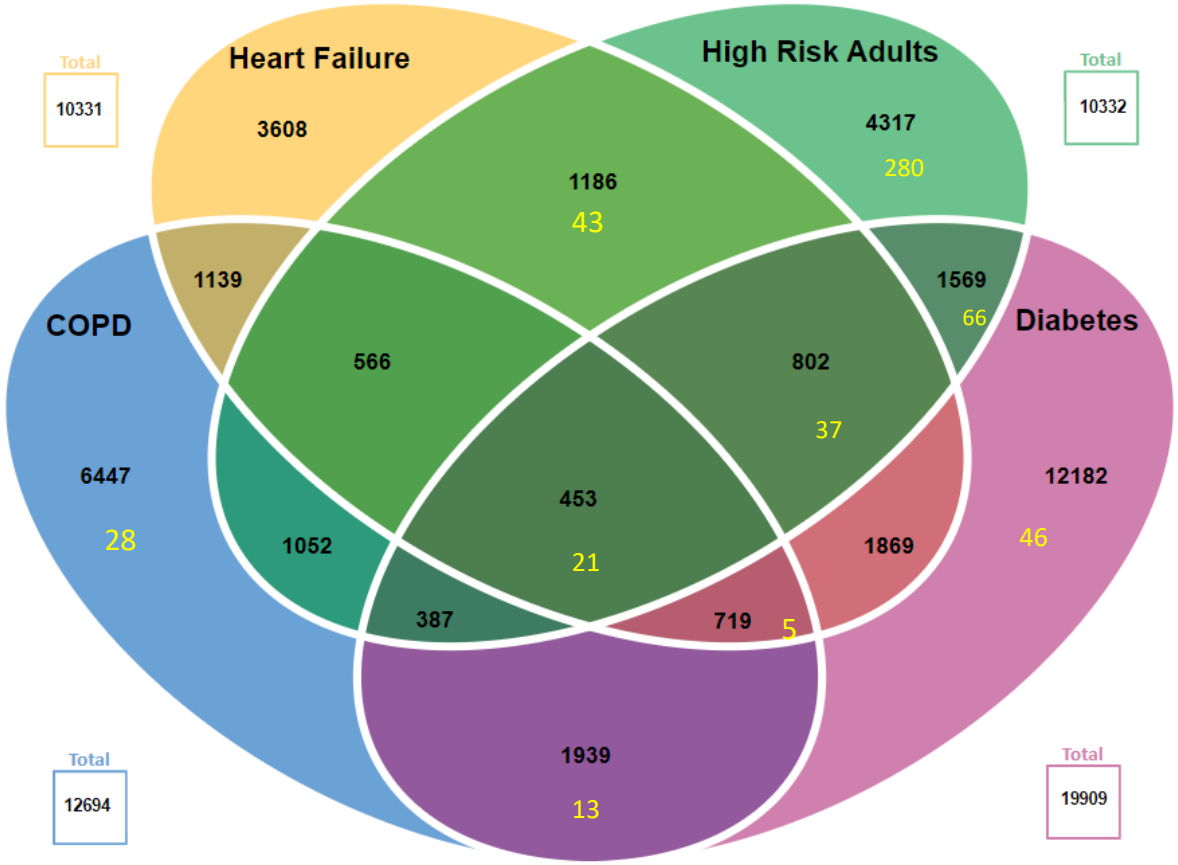
Wakefield District Health & Care Partnership

High Risk Adults-Population

Fitted

This excludes people who have died in a MYTT hospital . The High Risk cohort is less than1.5% of the population.

The yellow numbers indicate the beds occupied by the cohort population on average. Indicating the opportunity to tightly focus interventions on populations that contribute most to bed occupancy.



Living Cohort Population Size - Return Within 3 Years

This measures the total number of people who have been *discharged in the past 3 years*, who have not died in hospital and meet the other criteria which puts them into one of the selected cohorts.

Each cohort is unique and exclusive.

All patients in the COPD segment of the Venn diagram have been coded with COPD. The patients who have only have been coded with COPD and have explicitly NOT been coded with any of the other 3 conditions are highlighted in the segment which does not overlap with any other segment.

Cohort Definitions:

High Risk Adult: Unique patients aged over 50 that have been discharged with a LoS greater or equal to 14 days.

Heart Failure: Unique patients with a CE diagnosis code of I50 Heart Failure, J81.X Pulmonary Odema and I11.0 Hypertension with Congestive Heart Failure.

Diabetes: Unique patients with a CE diagnosis code of E10-E14 Diabetes Melitus.

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Note: this population measure can only be filtered monthly or quarterly

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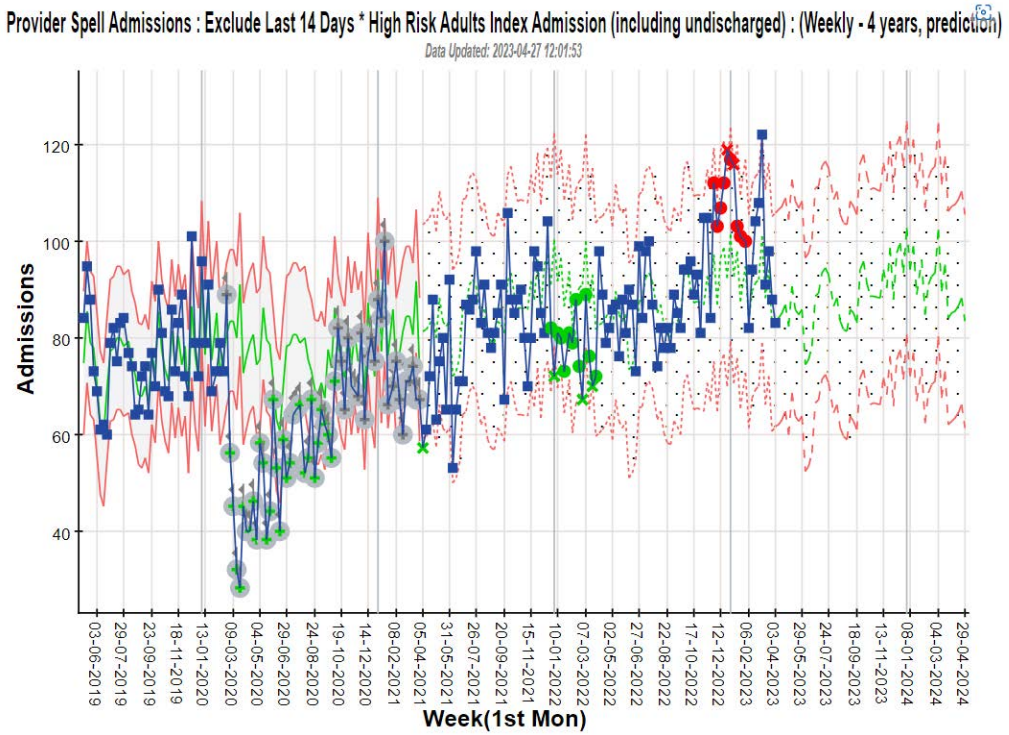
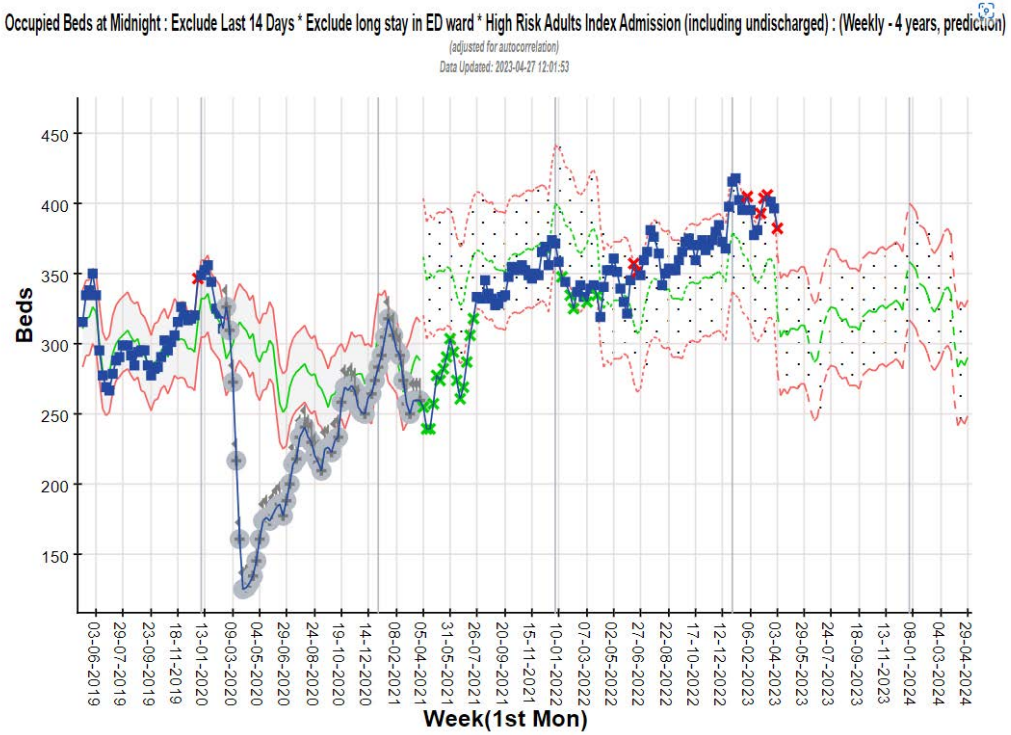
High-Risk Index Admissions





80 to 100 admissions per week account for 350 to 400 occupied beds.
AloS 28 days
Reduced during Covid but now showing a strong upward trend

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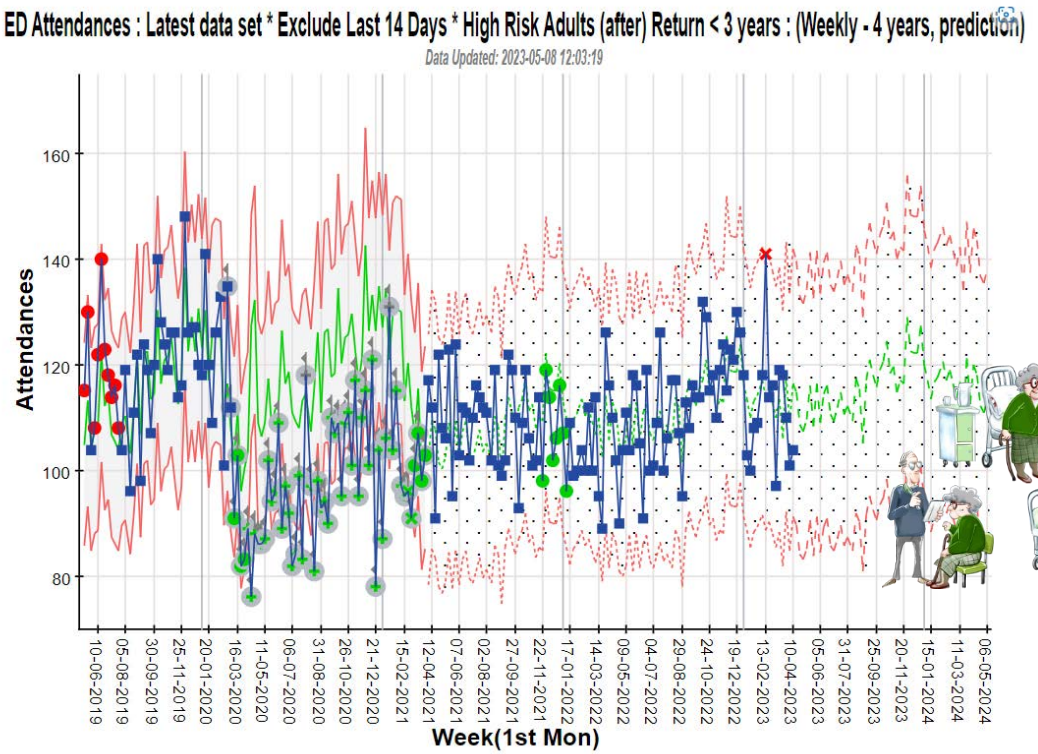
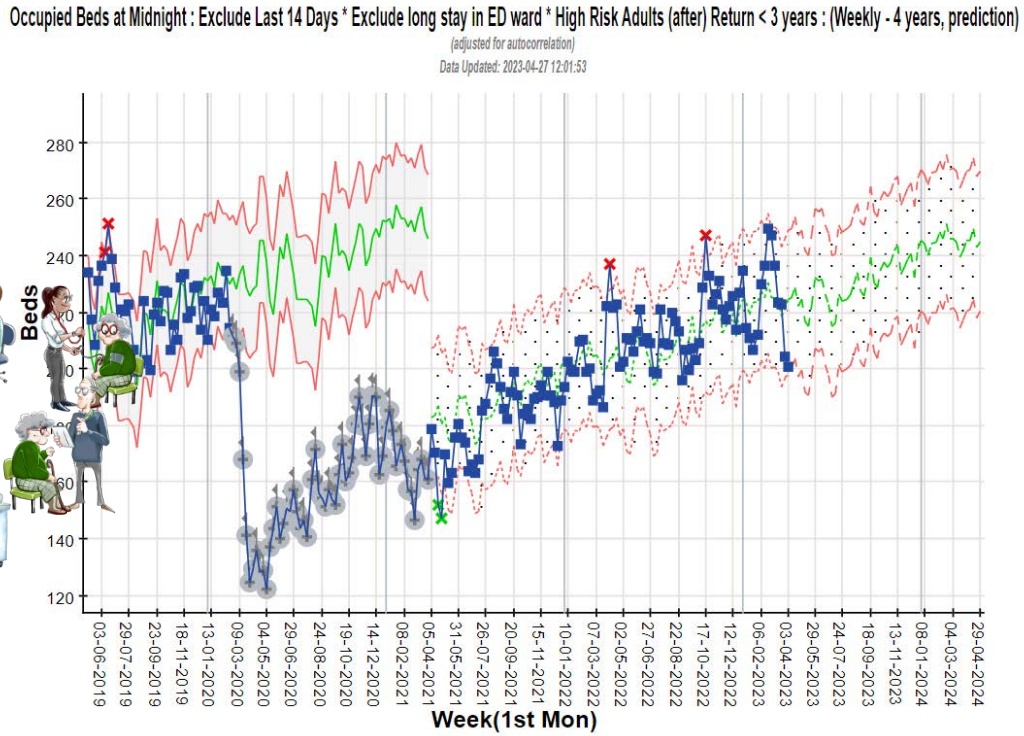
High Risk Returners

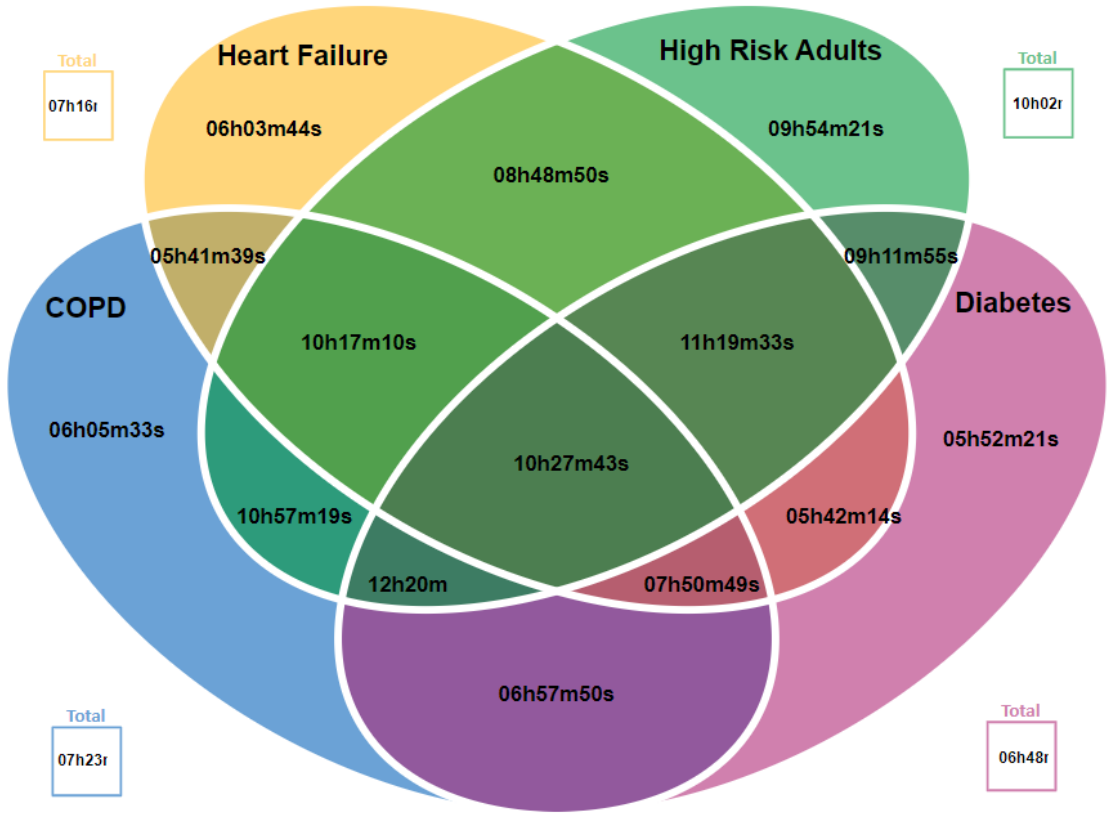




100 to 130 ED attendances per week account for 200 to 240 occupied beds.
Usual admission rate is 66%
The focus on reducing hospital stays during Covid impacted the size of this cohort but it has now returned to previous trend.

Wakefield D
Health & Care
Partnership

High Risk Adults Wait Longer



Fitted - 100% +

ED Time from Arrival to Departure (Hours)

This measures the average time from ED arrival to departure for patients identified in the inpatient data who have been clinically coded with an ICD code which puts them into one of the included cohorts (excludes patients that have not had an admission in the past 3 years).

For high risk adults only patient activity that occured *after* first identification into the cohort is measured. For chronic diseases this is measured anytime.

Each cohort is unique and exclusive.

All patients in the COPD segment of the Venn diagram have been coded with COPD. The patients who have only have been coded with COPD and have explicitly NOT been coded with any of the other 3 conditions are highlighted in the segment which does not overlap with any other segment.

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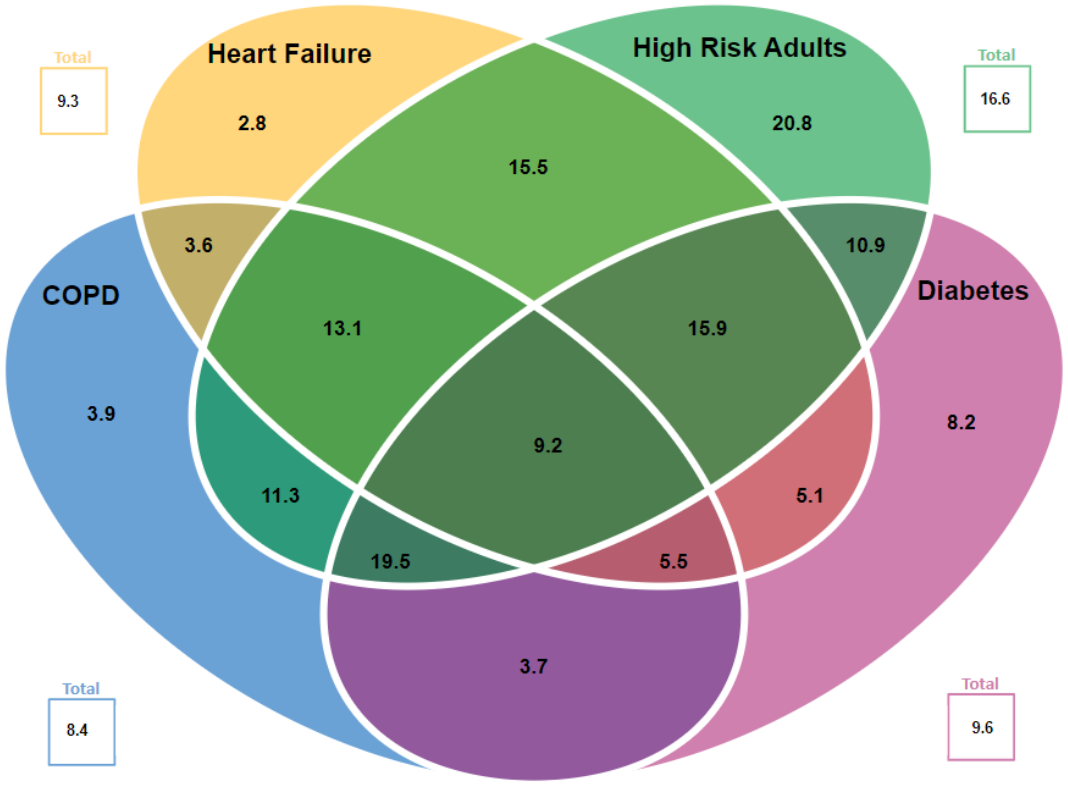
Mid Yorkshire Teaching NHS Trust

Wakefield District Health & Care Partnership

High Risk Adults Spend Longer in Hospital

Mid Yorkshire Teaching NHS Trust



Fitted - 100% +

Average Length of Provider Spell (Overnight Patients), by Discharge Date

This measures the average length of provider spell by discharge date (for patients that stay overnight), for people identified in the inpatient data who have been clinically coded with an ICD code which puts them into one of the selected cohorts.

For high risk adults, this includes the index and returning event. For chronic diseases this is measured anytime.

Each cohort is unique and exclusive.

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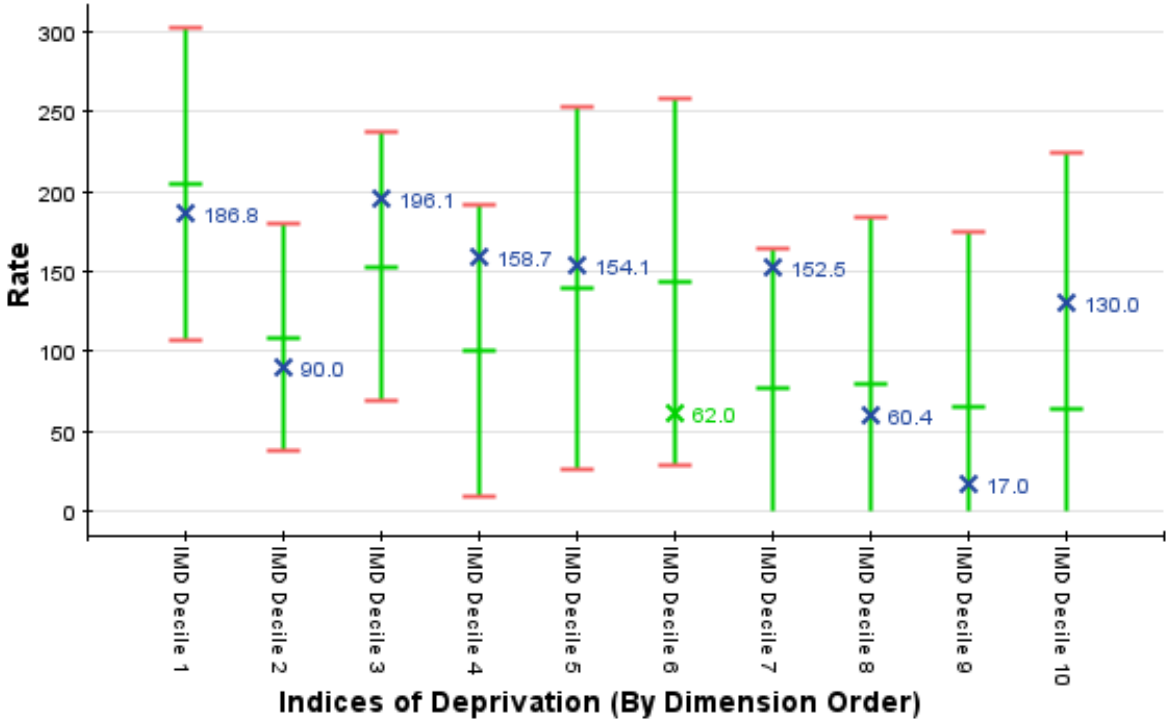
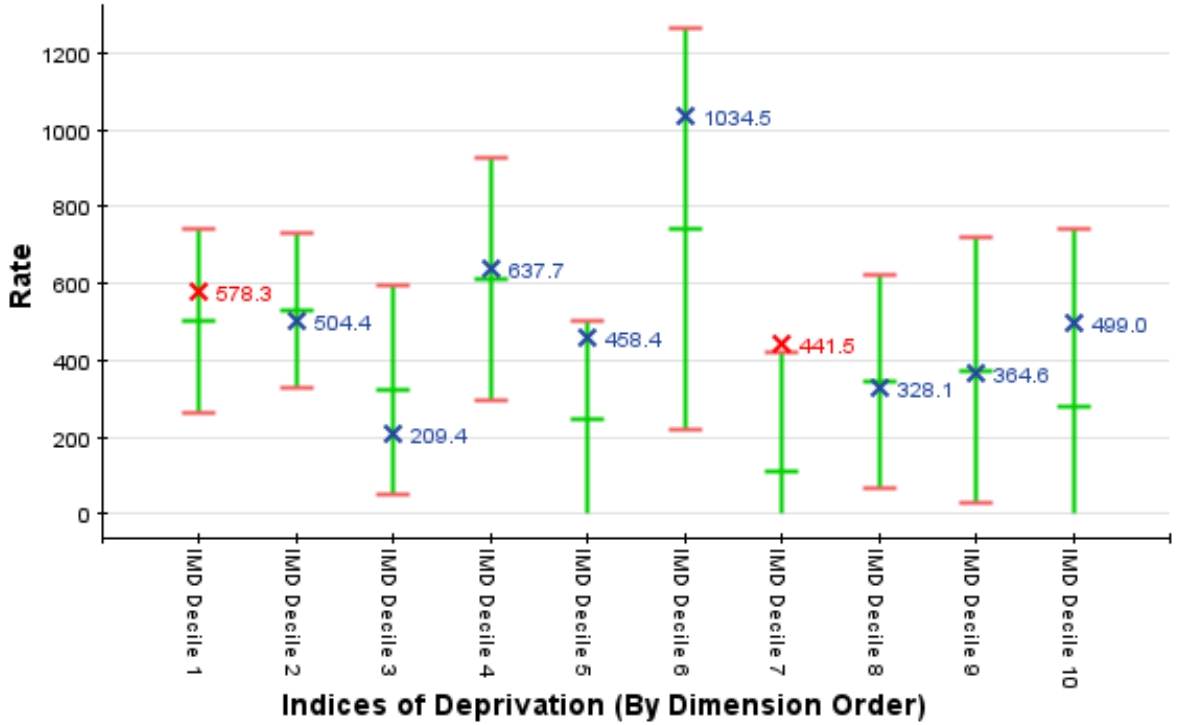
Deprivation-Population Rates of High-Risk by IMD Band

Mid Yorkshire Teaching NHS Trust

45- 65 – Admission rate per 100k



65-75 – Admission rate per 100k



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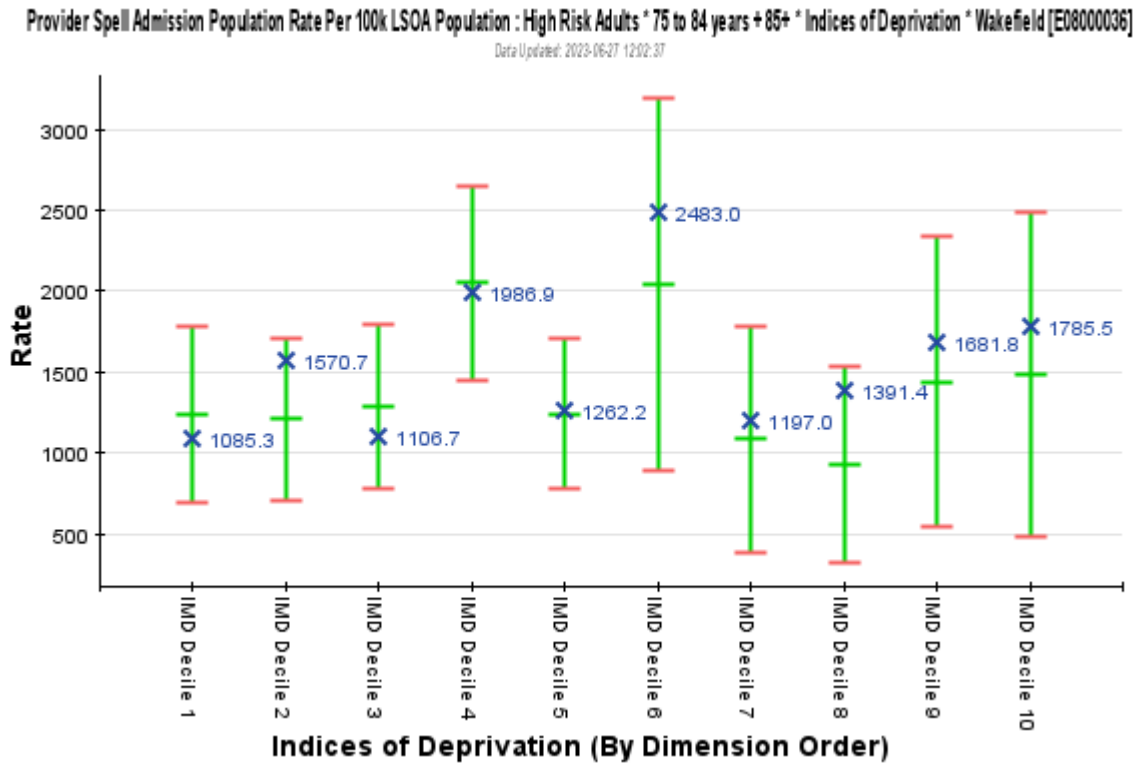
Deprivation-Population Rates of High-Risk by IMD Band

75 plus – Admission rate per 100k



Indicates that more deprived populations appear as High Risk adults earlier and less deprived populations join the cohort at a more rapid rate later .

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Frailty Scores and ED Attendances

- Rockwood score from Cardiff and Vale illustrates that 90% score 4 or more but so do 69% of not high risk.
- There is an overlap in the populations of frequent ED attendees and High Risk Adults but the cohort of high frequency ED attenders only account for 15% of the occupied beds
- The High Risk cohort allows tighter targeting of the cohort that will actually have an impact on bed occupancy

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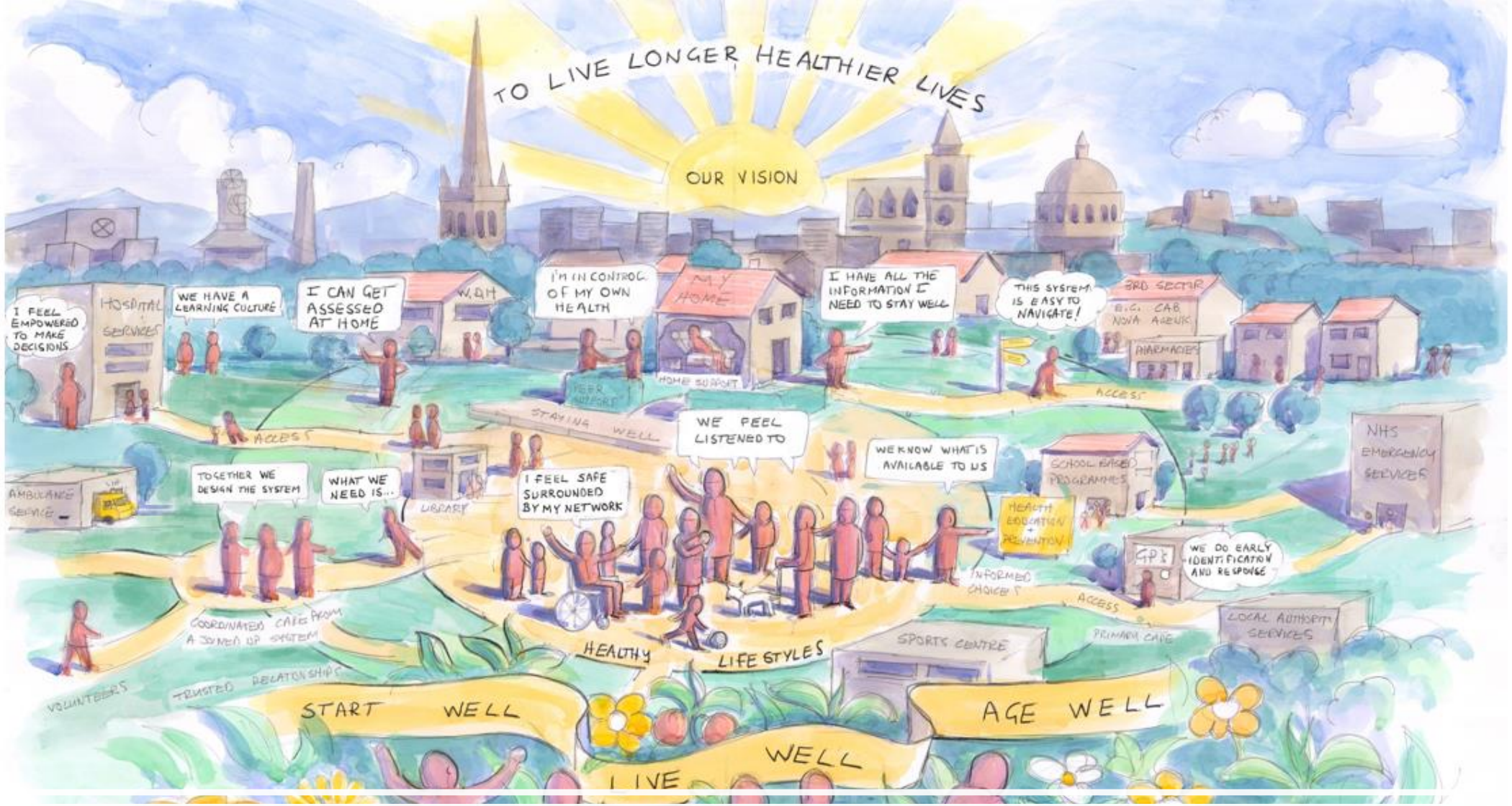


Can we make a difference?

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

Wakefield District Health & Care Partnership

A Model Based on Populations

- Enables a focus on new partnerships around presenting need (not just the specific service offer)
- Prompts
  - proactive activity and collaboration to anticipate individual need
  - to provide the least resource intensive interventions possible to deliver the need
- Emphasis on partnership activity to shift unplanned activity to planned
- Enables colleagues across the partnership to find teams to ‘belong’ to when meeting presenting need
- Encourages conversations about where best to invest; population need not (just) organisational form

Using Data to Connect Care for the High Risk Cohort

- Reduce the admissions and length of stay for high risk returners
  - Acute care plans for winter for most at risk subset (identified in the data)
  - Dovecote pilot (discharge from ED to a rehab focused LA facility)
  - Social work, physio, OT in ED (EAT)
  - Focus on discharge from ED, assessment units, via SDECs or discharge lounge
  - Virtual Ward supporting alternative pathways
  - Focus on discharge (EDAT)
  - Redesigning ICT and Reablement and building capacity to meet the demand and reduce the rate at which new people join the cohort.

What can be done to enable ‘Safe at Home’?

Optimise health and wellbeing

- What (else) can be done to prevent deterioration in condition?
  - e.g. medical and medication interventions, Wellbeing support via Social Prescribing, Social support, housing
  - Support and information to navigate H & Care system (self and carers/relatives)

Confirm & describe ‘normal’ levels of function/ observations

Planning to respond to escalation of need

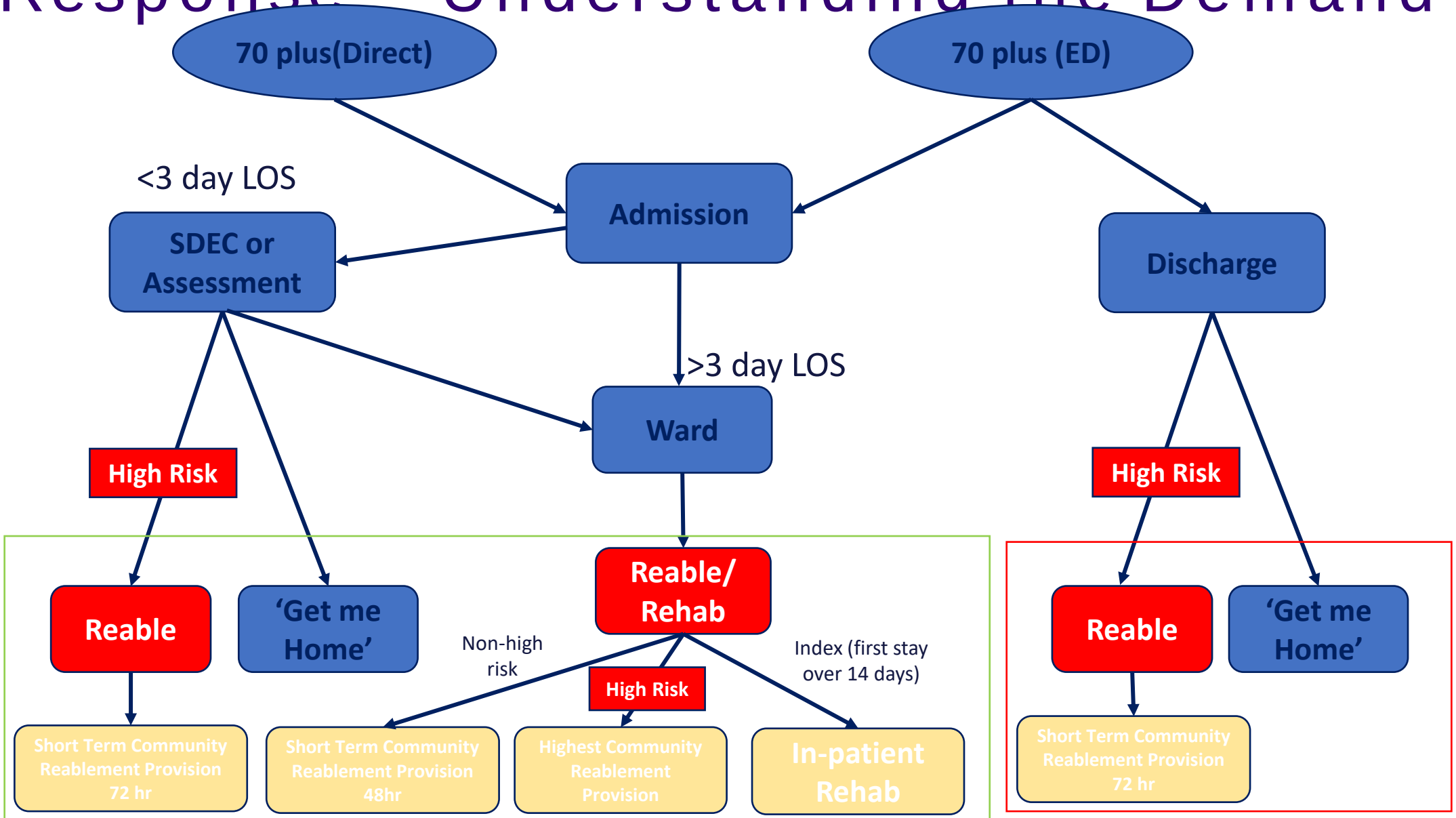
- Agree escalation thresholds and who to contact
- Identify which services will do what to respond to an unplanned deterioration
- Identify who will coordinate an escalation response (where needed)

Planning to facilitate safe and early discharge

- Identify which services will do what to facilitate safe discharge following an as-short-as-possible hospital stay
- Identify who will coordinate putting in place interventions to facilitate safe (faster) discharge

Health & Care Partnership

Draft Operating Model for Community Response – Understanding the Demand



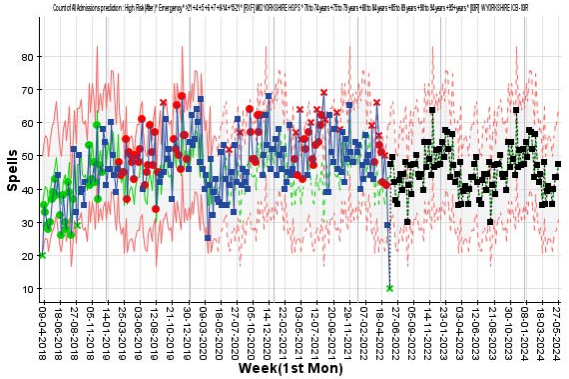
Overview Community Reablement Demand

Demand

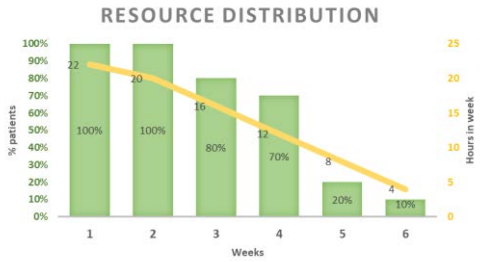
Capacity required

Using CREST model experience

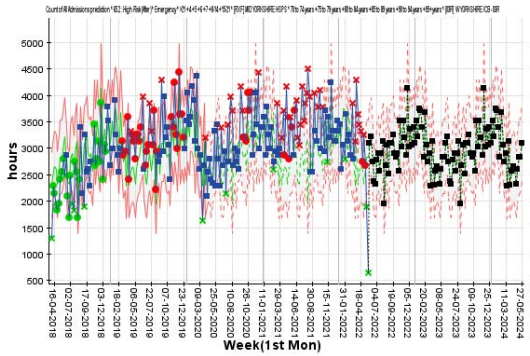
Highest need



40-60 pw

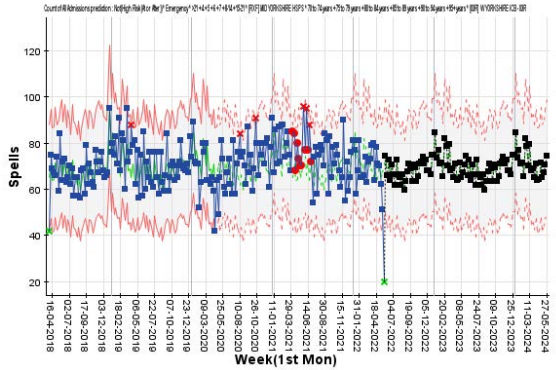


Average hrs per referral : ~65.2 hrs
Average caseload : ~200 patients



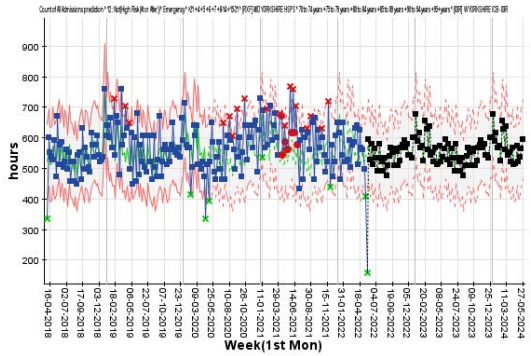
3k-3.5k hrs pw

Short term – 48 hour



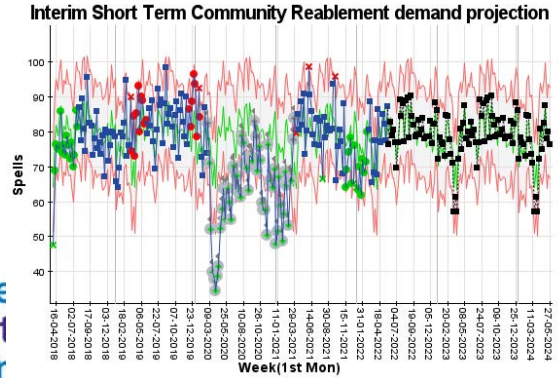
60-80 pw

Average hrs per referral : ~8 hrs
Average caseload : ~20 patients

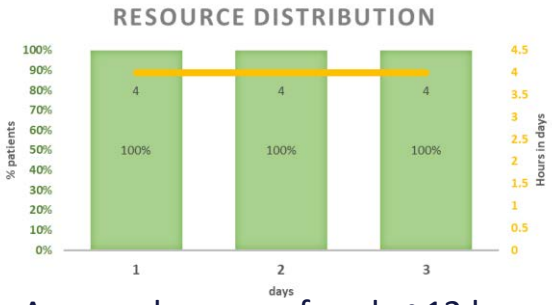


500-700 hrs pw

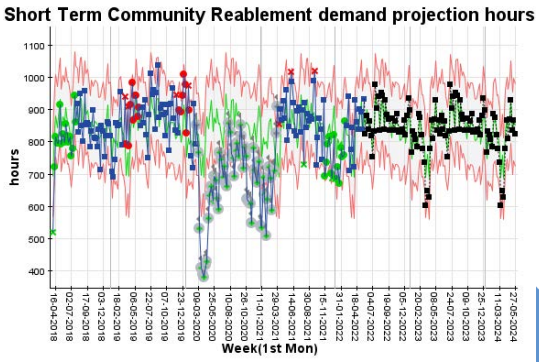
Short term – 72 hour



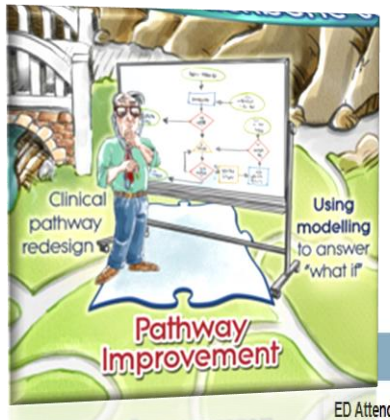
80-90 pw



Average hrs per referral : ~12 hrs
Average caseload : ~36 patients



700-900 hrs pw



Dovecote Pilot

92 less admissions than forecast

High Risk Returners

Arrival / Discharge Time | Time in ED | ED Presenting Complaint | Inpatient Admissions | Length of Stay | Primary Diagnosis | Frozen Forecast | Readmissions

ED Attendances : Exclude Last 7 Days * Wakefield * High Risk Returners : (Daily - last 4 months, prediction)

Data Updated: 2023-06-14 12:16:28

Attendances

23

ED Attendances : Admit Y/N * Exclude Last 7 Days * Wakefield * High Risk Returners : (Last 3 months)

Attendances

Admit Y/N (By Value(Desc))

Choose Timeframe Last 3 months

ED Attendances : Admit * Exclude Last 7 Days * Wakefield * High Risk Returners : (Daily - last 4 months, prediction)

Attendances

15

ED Attendances : Not Admit * Exclude Last 7 Days * Wakefield * High Risk Returners : (Daily - last 4 months, prediction)

Attendances

8

Use the patient age dropdown to filter for >70s (default all)

*Please note we receive ED data daily but we receive Inpatient data weekly (mid week). Therefore, there may be artifically high or low data points where we do not have a complete week of data.

Please use the exclude dropdown above **(e.g. *exclude last 7 days*)** to remove these.

ED Last Data Point: *daily view* Datum 12-06-2023 Mon

IP Last Data Point: *daily view* Datum 07-06-2023 Wed *weekly view* Datum 29-05-2023

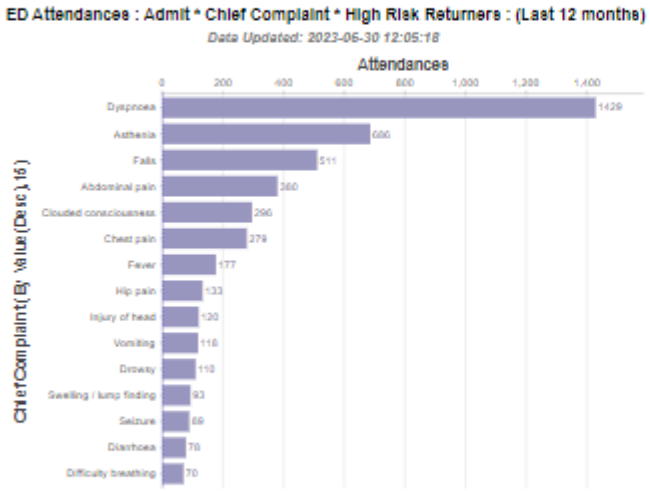
sfn Viewer 10.5.15

Wakefield District Health & Care Partnership

High Risk Adults- Returners – Presenting Complaint

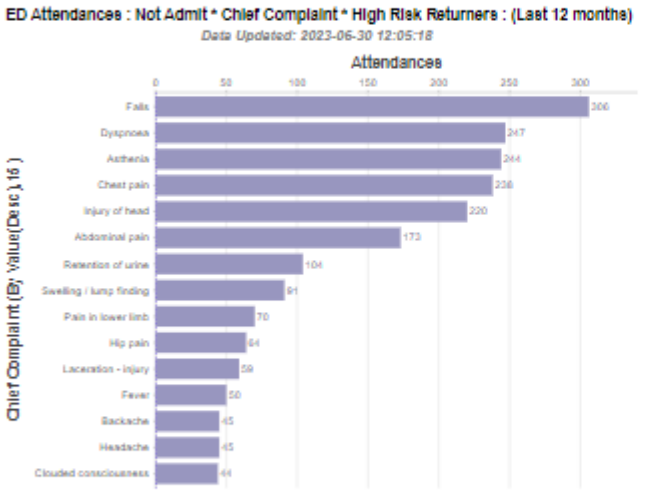
Choose time frame Last 12 months

Admitted



Chief Complaint	Value	%
Dyspnoea	1429	31%
Asthenia	686	15%
Falls	511	11%
Abdominal pain	380	8%
Clouded consciousness	296	6%
Chest pain	279	6%
Fever	177	4%
Hip pain	133	3%
Injury of head	120	3%
Vomiting	118	3%
Drowsy	110	2%
Swelling / lump finding	93	2%
Seizure	89	2%
Diarrhoea	78	2%
Difficulty breathing	70	2%
Total	4569	

Not Admitted



Chief Complaint	Value	%
Falls	306	15%
Dyspnoea	247	12%
Asthenia	244	12%
Chest pain	238	12%
Injury of head	220	11%
Abdominal pain	173	9%
Retention of urine	104	5%
Swelling / lump finding	91	5%
Pain in lower limb	70	4%
Hip pain	64	3%
Laceration - injury	59	3%
Fever	50	3%
Backache	45	2%
Headache	45	2%
Clouded consciousness	44	2%
Total	2000	

Wakefield District Health & Care Partnership

Live Data Alert

Patient level data for selected filters. Please check that record count matches the expected record count.

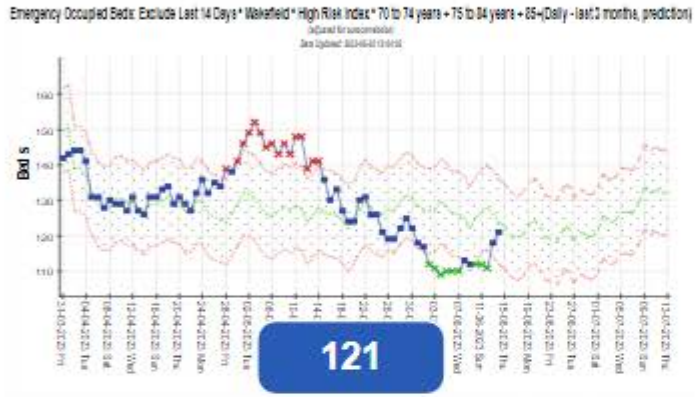
Atte...	Age	ED atds last	Left before clinical assessment	Admits via ED last 12m	Admits last 3y with LOS>14d	Beddays over last 3y where LOS >14	Has open ACN referral	CaseloadTeam	ACN referral date	Triage	NEWS2 score	RockwoodFrailtyScore
PGH-23-067160-1	80+	4	0	3	2	43	-	-	-	Major	0	Clinical Frailty Scale level 7 - severely frail
PGH-23-067174-1	70-79	3	0	2	1	32	Yes	4 ACN Pontefract Featherstone Ferrybridge Team	2023-03-29	Major	0	Clinical Frailty Scale level 4 - vulnerable
PGH-23-067193-1	50-69	5	0	3	1	28	-	-	-	Major	1	-
PGH-23-067131-1	80+	0	0	0	1	26	-	-	-	Minor	0	Clinical Frailty Scale level 4 - vulnerable
PGH-23-067238-1	50-69	1	0	0	1	23	Yes	4 ACN Pontefract Featherstone Ferrybridge Team	2023-06-26	Major	7	-
PGI-23-031995-1	80+	1	0	0	1	22	-	-	-	Unknown	-	-
PGH-23-067209-1	70-79	5	0	4	1	19	Yes	1 ACN Castleford and Normanton Team	2023-02-17	Minor	3	Clinical Frailty Scale level 4 - vulnerable
PGH-23-067244-1	80+	2	0	1	1	16	-	-	-	Major	9	Clinical Frailty Scale level 6 - moderately frail

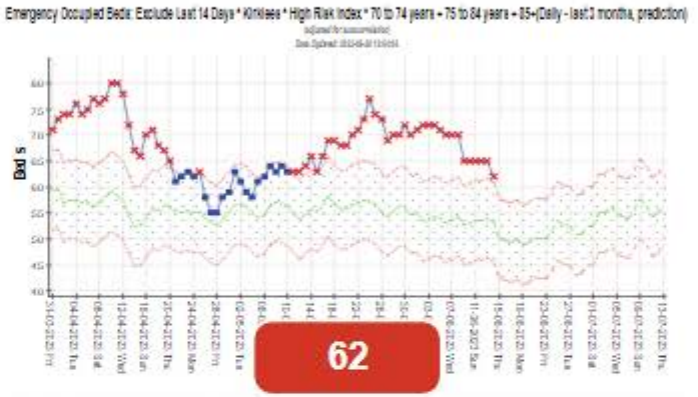
Wakefield District Health & Care Partnership

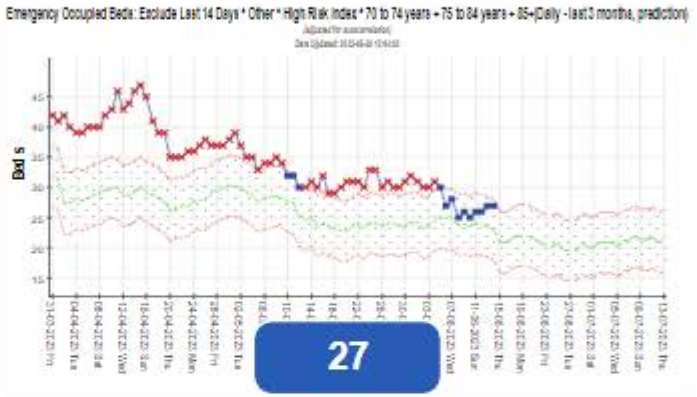
Is it working ?

Wakefield **Kirklees** Other

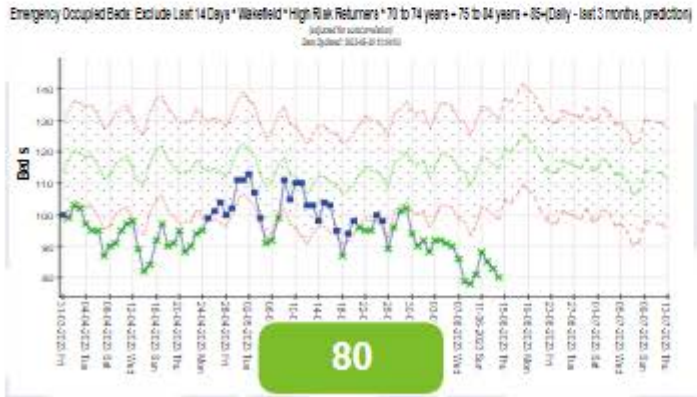
Beds occupied by people who have exceeded 14 days stay for the first time – High-Risk Index admissions

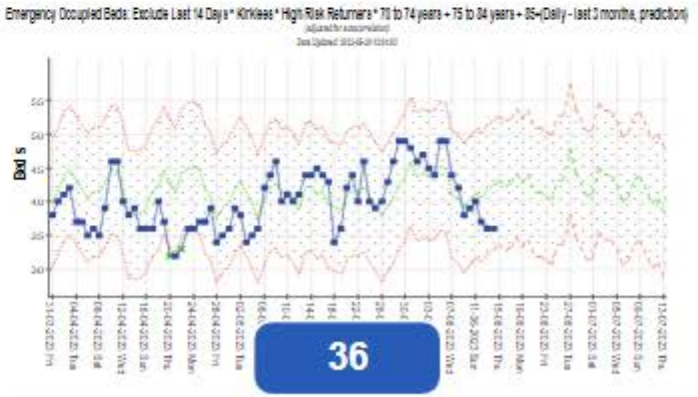


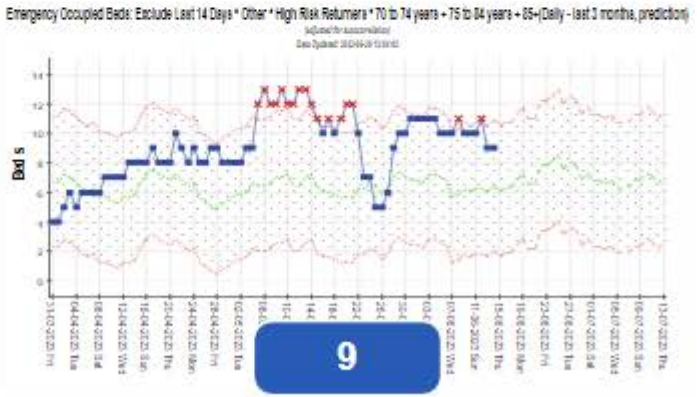




Beds occupied by people who previously have had a High-Risk Index admission and have returned .







Total Population-Reduction in Bed Days Against Forecast

50 plus- Reduction

Canterbury, NZ Example 2008-2022

Total Bed Days Used

9% Less bed days used

14% Increase in population

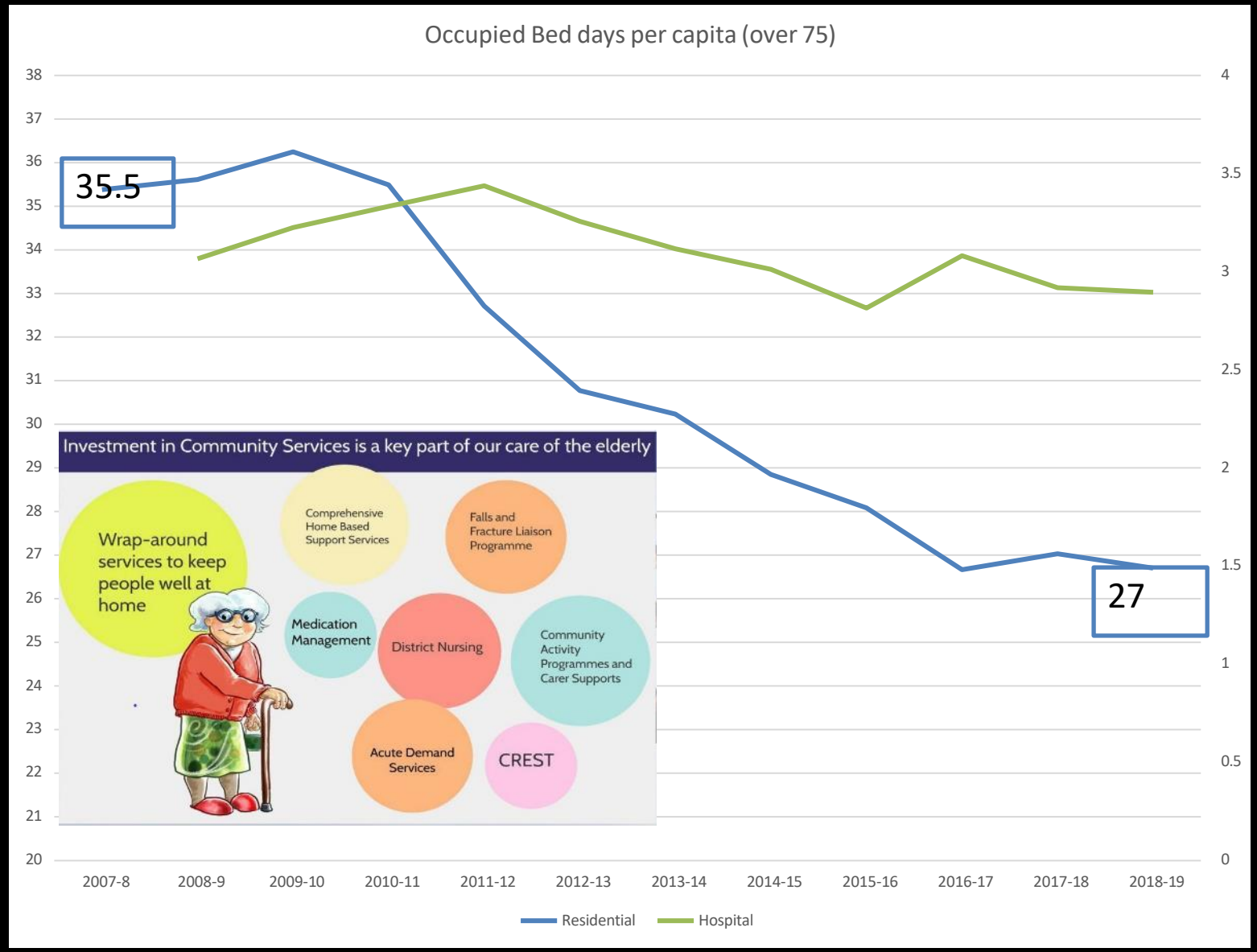
Canterbury District Health Board
Te Poari Hauora o Waitaha

Canterbury Clinical Network

our health system

Keeping people well and healthy and in their own homes and communities

Time in long term care declined as community based care improved.



NHS
Mid Yorkshire Teaching
NHS Trust

Projected Impact of the Reduction In High-Risk Adult Bed Occupancy on Winter Bed Demand

August 2023

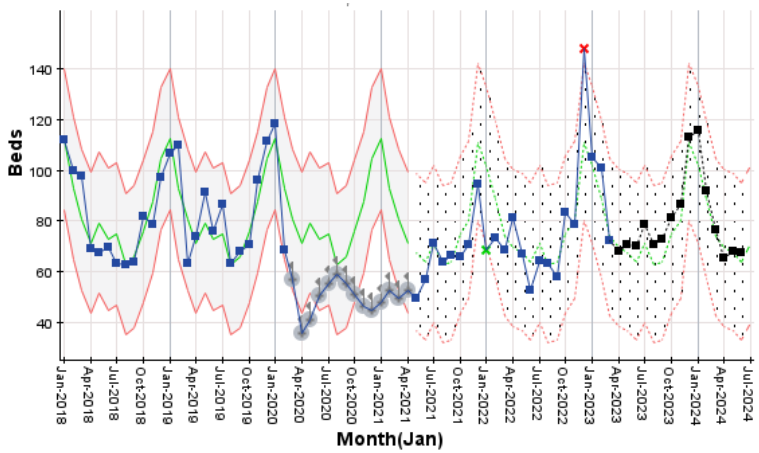
Wakefield District
Health & Care
Partnership

High Risk Adult Seasonal Bed Demand

Mid Yorkshire Teaching NHS Trust

High risk adult bed occupancy is mostly **non-seasonal** except for the respiratory component, which although highly seasonal accounts for a small proportion (15%) of the beds high risk adults occupy overall.

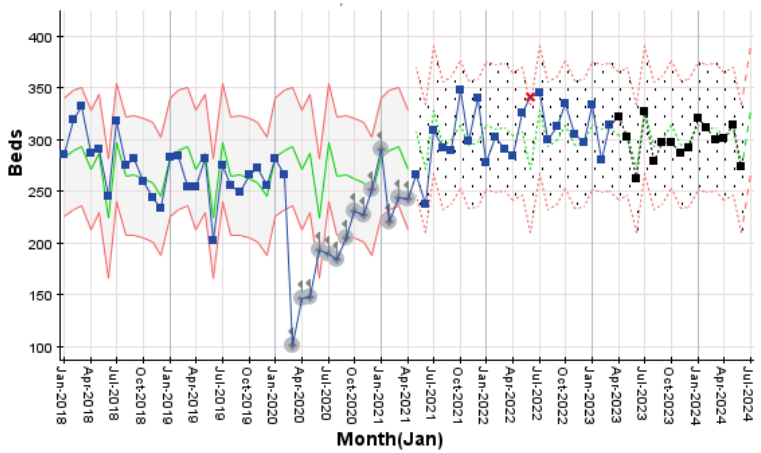
High Risk Adult: **Respiratory** Bed Projection



Highly Seasonal

15% of High-Risk Beds

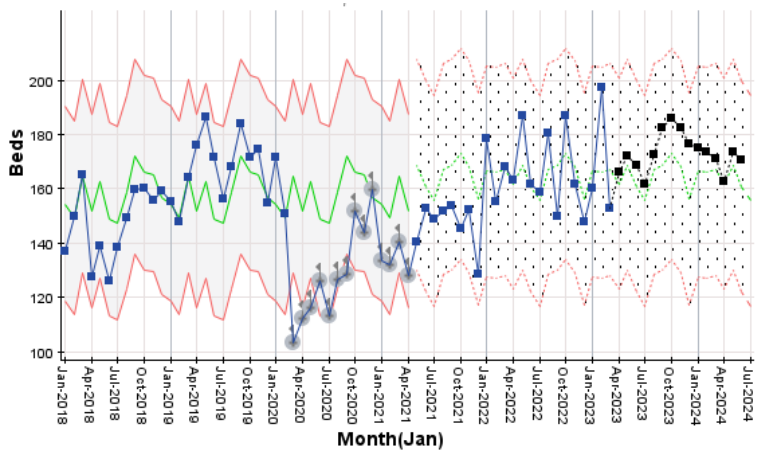
High Risk Adult: **Index Event** Bed Projection



Non-Seasonal

55% of High-Risk Beds

High Risk Adult: **Return Event** Bed Projection



Non-Seasonal

30% of High-Risk Beds

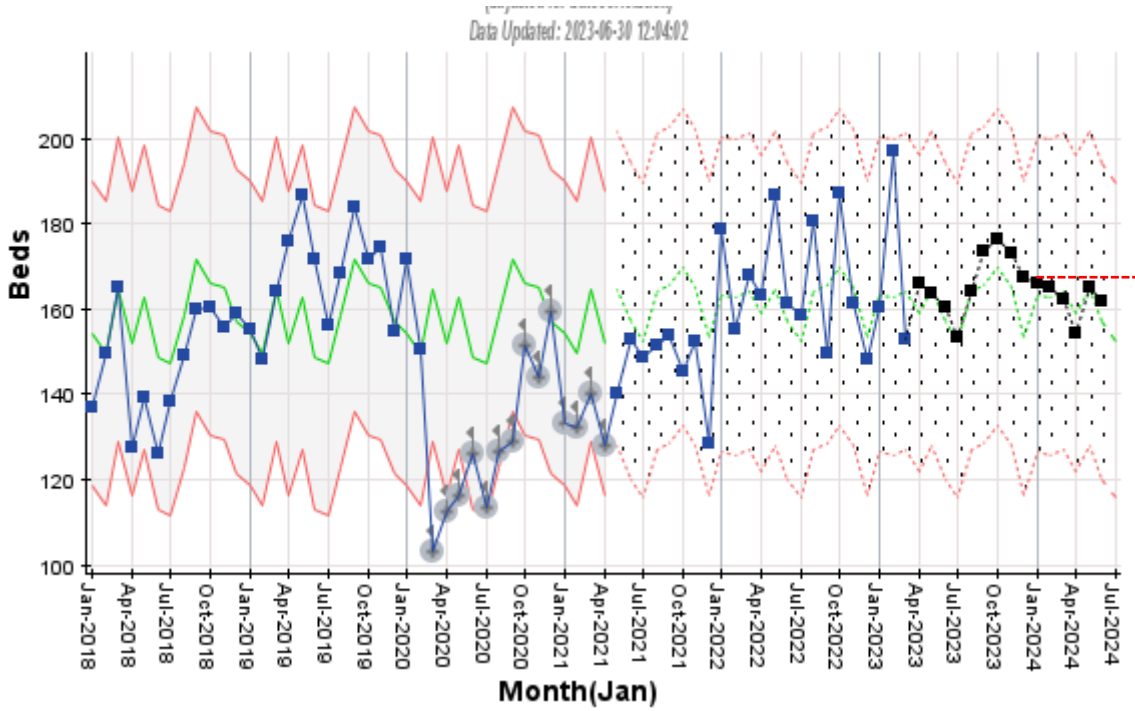
Wakefield District Health & Care Partnership

Mitigating Seasonal Peaks by Impacting

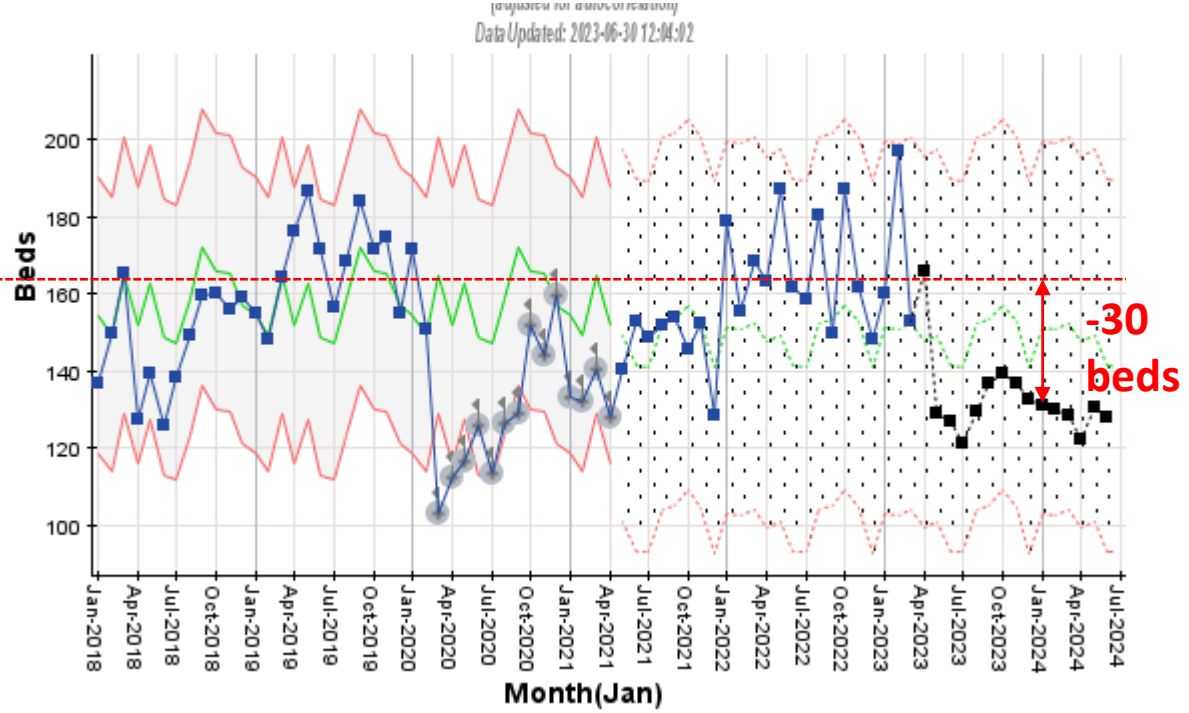
Mid Yorkshire Teaching NHS Trust

The Measured impact of a 30 Bed Saving for the Wakefield population is **non-Seasonal** as it does not target respiratory specific patients. The chart on the right shows the projected impact on peak winter bed demand.

High Risk Adult: Total **Unmitigated** Bed Projection



High Risk Adult: Total **Mitigated** Bed Projection

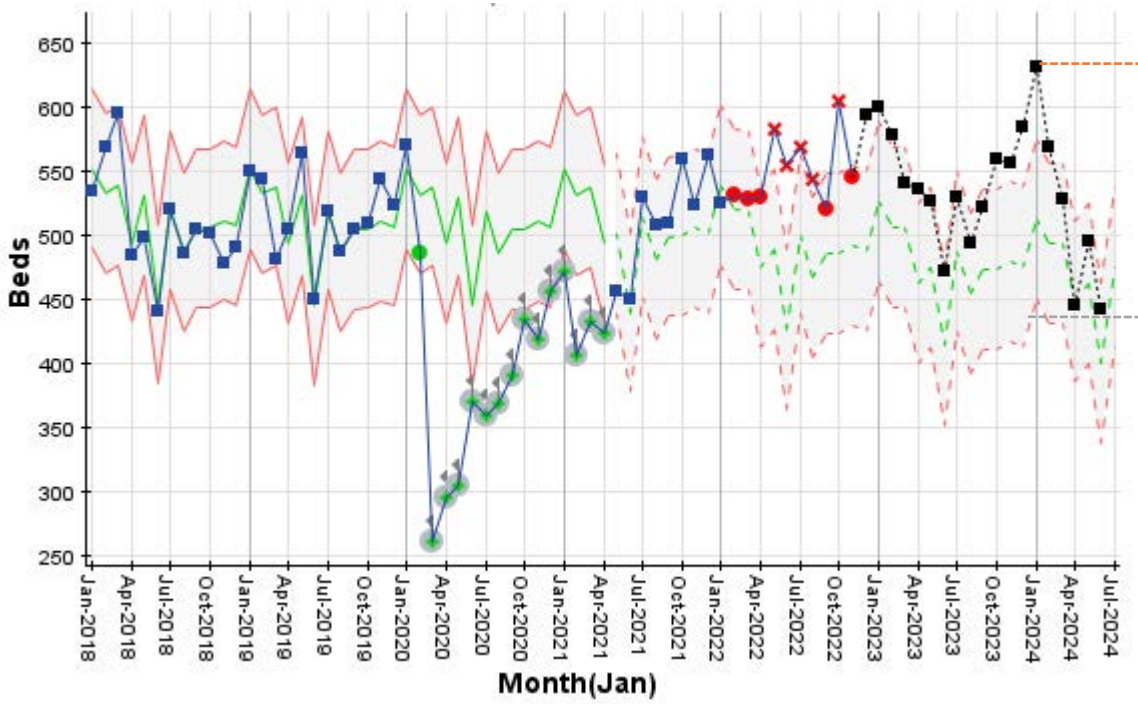


Wakefield District Health & Care Partnership

Mitigating Seasonal Peaks by Impacting

The impact is projected to reduce peak winter bed demand approximately 30 beds taking the total projected peak bed demand below 2023 levels and in line with pre-pandemic levels. The projected non-winter bed demand is now below pre-pandemic levels.

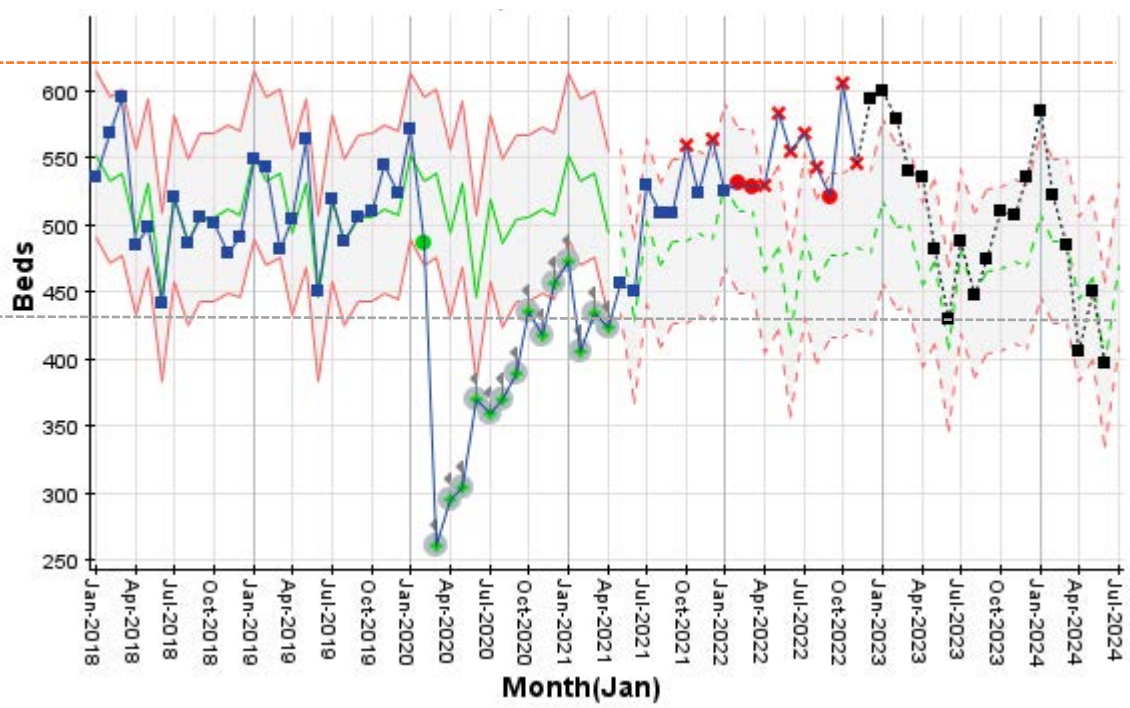
High Risk Adult: Total **Unmitigated** Bed Projection



High

Low

High Risk Adult: Total **Mitigated** Bed Projection



Wakefield District Health & Care Partnership

Meeting name:	Wakefield District Health & Care Partnership Committee
Agenda item no:	10
Meeting date:	7 September 2023
Report title:	Governance approach for Older Peoples Mental Health In-Patient reconfiguration across Calderdale, Kirklees & Wakefield Places
Report presented by:	V Dutchburn – Director of Operational Delivery (Kirklees)
Report approved by:	
Report prepared by:	V Dutchburn – Director of Operational Delivery (Kirklees)

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

Previous considerations:

Joint informal briefing of the Calderdale, Kirklees & Wakefield committee members – 1 September 2023

Executive summary and points for discussion:

This report is to inform the committee of the proposed future governance arrangements, to support the future phase of the Calderdale, Kirklees & Wakefield Older Peoples in-patient transformation programme.

The West Yorkshire Integrated Care Board Constitution is supported by a Governance Handbook, adopted by the WYICB Board on 1 July 2022. This Handbook sets out how decisions are to be made, and the arrangements that will be needed to do this.

It is important to note that the Overview and scrutiny committees of the three places have considered a similar proposal and have agreed to establish a joint Overview and scrutiny committee, to ensure transparent scrutiny of all proposals.

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. That the committee endorse the recommendation to establish a Joint Committee of Calderdale, Kirklees & Wakefield, by the WYICB Board as a decision specific WYICB Board sub-committee
2. Agree that Governance leads will work with place chairs and accountable officers to confirm nominations to the joint 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:

Appendices
1. Proposed Draft Terms of Reference

Acronyms and Abbreviations explained
ICB – Integrated Care Board CCG – Clinical SWYPFT – Southwest Yorkshire partnership Foundation Trust WY ICB – West Yorkshire Integrated Care Board ToR – Terms of Reference

What are the implications for?

Residents and Communities	Will be covered within future outline business case
Quality and Safety	Will be covered within future outline business case and clinical senate
Equality, Diversity and Inclusion	Will be covered within future outline business case and equality & engagement document
Finances and Use of Resources	Will be covered within future outline business case
Regulation and Legal Requirements	Will be covered within future outline business case
Conflicts of Interest	None identified
Data Protection	None to note
Transformation and Innovation	Will be covered within future outline business case
Environmental and Climate Change	Will be covered within future outline business case
Future Decisions and Policy Making	Future governance approach is outlined within the paper
Citizen and Stakeholder Engagement	Will be covered within future outline business case and equality & engagement document

Main Report Detail

This report is to inform the committee of the proposed future governance arrangements, to support the future phase of the Calderdale, Kirklees & Wakefield Older Peoples in-patient transformation programme.

The ICBs' ambition for the quality of care and outcomes delivered for their patients is high: we want to achieve the best outcomes for patients; for patients' experience of health services to be good; and to minimise harm.

The CCG, as the predecessor organisation, had previously agreed that there is a case for changing the way that local mental health services are provided and that if the local system is unable to redesign and transform services in a way that drives up quality then patients will experience poorer outcomes as a result. They agreed that making no change was not in the best interests of patients and have already made a number of decisions to support the sustainability of services.

A phased approach to the development and implementation of changes to the mental health older peoples' inpatient and community services was agreed. Proceeding first to strengthen community services as part of each place's respective Mental Health Care Closer to Home Programmes to enable people to gain confidence in them through direct experience, prior to the inpatient transformation.

The current phase of the programme is progressing the development of the In-patient options through the programme board for further consideration. This work has been developed as a single system, of partners from the three places and SWYPFT.

To progress the programme into the next phase of potential public consultation several further decisions will need to be taken on behalf of the multiple partners. To support this there are a number of options in respect of the governance arrangements for making this decision.

The Programme board have worked in collaboration with each of the place governance leads and the WY ICB director of governance, to consider the various options as highlighted within the 'NHS West Yorkshire ICB Governance Handbook - How we make decisions', for making this and future decisions relating to this programme.

The West Yorkshire Integrated Care Board Constitution is supported by a Governance Handbook, adopted by the WYICB Board on 1 July 2022. This Handbook sets out how decisions are to be made, and the arrangements that will be needed to do this.

While the handbook is clear that the first principle of decision making is subsidiarity, it does cover the eventuality of a decision that affects two or more, but not all five, places, for example where we need to work at scale, where delivery crosses place boundaries.

In such instances there should be agreement before any decision is taken as to how it will be decided. The three tests below guide the WY ICB choices on where work is undertaken and decisions taken, Is it 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 programme satisfies the above criteria and this report is being received by all three of the affected Places.

The Handbook sets out four options for such decision making:

1. One place leads for all
2. Joint committee of multiple places
3. Committee in common
4. Nominated individual(s) with delegated authority

In this instance, options 2 and 3 are most suited to the task, as no one place is clearly more affected (option1) and no appropriate delegations can be applied (option4).

The recommended option is **option 2 – joint committee of multiple places,** as a single decision will be taken/ made by 'balanced' group from the affected places in terms of quoracy.

Option 3 would have three decision points, whilst on same day, in same location – one could be seen to influence the others.

Therefore, this report recommends that a Joint Committee of those affected places be established by the WYICB Board as a decision specific WYICB Board sub-committee.

Nominations to the joint committee will be subject to confirmation by the place chairs and accountable officers. Membership will be approved in the Terms of Reference (ToR) by the ICB (Draft TOR. To Include:
Independent chair (eg: ICB Board Chair or INEM)
INEM of chair from each place
Exec rep from each place (nominated voting member of each place committee)
Quality
Finance
Workforce
Equality and inclusion lead
Healthwatch representative

It is important to note that the Overview and scrutiny committees of the three places have considered a similar proposal and have agreed to establish a joint Overview and scrutiny committee, to ensure transparent scrutiny of all proposals.

Next Steps

1. For the report and approach to be presented at the three place committees and WYICB committee during.
2. To confirm the place nominations for the joint committee
3. To establish dates for the joint committee to meet

Recommendations

1. That the committee endorse the recommendation to establish a Joint Committee of Calderdale, Kirklees & Wakefield, by the WYICB Board as a decision specific WYICB Board sub-committee
2. Agree that Governance leads will work with place chairs and accountable officers to confirm nominations to the joint committee

Appendices

Proposed Draft Terms of Reference

NHS West Yorkshire
Integrated Care Board

Joint Committee of Calderdale, Kirklees & Wakefield ICBs Terms of Reference

Version control

Version: 1.0

Approved by:

Date Approved:

Responsible Officer:

Date Issued:

Date to be reviewed:

Change history

Version number	Changes applied	By	Date
0.1			

1. Introduction

1.1 The Joint Calderdale, Kirklees and Wakefield Older People's Inpatient Reconfiguration Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

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

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

- 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.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared 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.

1.5 The ICB has a shared vision 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.

1.6 The Committee will abide by the values set out in the ICS Leadership and Behaviours Framework.

2. Membership & attendees

Nominations to the joint committee will be subject to confirmation by the place chairs and accountable officers. Membership will be approved in the Terms of Reference by the ICB.

Include:
Independent chair (eg: ICB Board Chair or INEM)
INEM of chair from each place
Exec rep from each place (nominated voting member of each place committee)
Quality
Finance
Workforce
Equality and inclusion lead
Healthwatch representative

2.1 Mental Health Provider Representative from SWYPFT will be in attendance

2.2 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.

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

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 ?% of the membership (which equates to ? individuals) and including the following are present:

For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.
b) 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.

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 expected to attend or, with the permission of the person presiding over the meeting, 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.

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:

a. 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.)
b. 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.
c. A resolution will be passed if more votes are cast for the resolution than against it.
d. 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.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

In the event of a dispute or inability to reach consensus,

3.4 Frequency of meetings

The Committee will meet as required to fulfil its role and remit. 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

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.

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.

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 Joint Committee is established for the specific purpose of considering and approving the business case for reconfiguration of inpatient provision for older people with dementia and/or functions mental illness for the populations of Calderdale, Kirklees and Wakefield District.

This will include:

- Reviewing and assuring the quality and safety implications of the Business Case, taking into account internal and independent sources of assurance
- Assuring the workforce plan set out in the Business Case, taking into account internal and independent assurances
- Reviewing the Equality Impact Assessment and assuring the mitigations
- Approving the consultation plan and assuring that it meets the statutory duties of the ICB and the expectations of the Joint Overview and Scrutiny Committee
- Reviewing the outcomes of public engagement and consultation.
- Approving the pre-consultation Business Case prior to consultation, including the capital and revenue requirements
- Approving the final Business Case including adjustments or mitigations made following consultation, including the capital and revenue requirements.

The Committee has specific delegated authority from the West Yorkshire Integrated Care Board to make decisions about the use of NHS resources for the purposes of providing inpatient assessment and treatment for older people with dementia and/or functional mental illness living in Calderdale, Kirklees and Wakefield district. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation.

4.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.

4.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

4.3 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.

4.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

5. Reporting

5.1 The Committee shall submit its minutes to the ICB Board meeting and to the Partnership Committees for Calderdale, Kirklees and Wakefield.

5.2 The Chair of the Committee shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.

5.3 The Committee's minutes will be published on the ICB website once ratified.

5.4 shall submit an annual report to the ICB Audit Committee and the ICB Board.

6. Conduct of the committee

6.1 All members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.

6.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

6.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

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

6.5 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.

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

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	7 September 2023
Report title:	Winter Resilience 2023
Report presented by:	Chris Evans, Chief Operating Officer Mid-Yorkshire Teaching Trust Hospital, Mel Brown, Director System Reform and Integration
Report approved by:	Chris Evans, SRO Winter
Report prepared by:	Mel Brown, Director System Reform and Integration

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

Previous considerations:

WDHCP committee received a update in March 2023 focused on winter 2022/2023.

Executive summary and points for discussion:

NHS England published on the 27th July 2023 a series of asks for local areas to embed into their winter resilience plans in 2023/24. The Mid-Yorkshire system responded to the self-assessment framework returns required by NHS England during July 2023 and the request to respond to a series of key lines of enquiry which needed to be submitted 11th September 2023. These requests were outlined in the attached appendix 1 letter Delivering operational resilience across the NHS this winter.

The Mid-Yorkshire System, under the oversight of the Mid-Yorkshire Urgent Emergency Care (UEC) Transformation Board had commenced work on our Mid-Yorkshire winter resilience plan in May 2023 and this has captured all the reflections, learning and recommendations from winter 2022/23.

NHS England have asked all systems to nominate 10 UEC champions to take part in the national service improvement work programme and colleagues from across health and care are part of this programme.

NHS England has asked for 10 high impact interventions to be in place in all areas during winter 2023. One example of this is NHS England have requested every area to ensure patients have access to Acute Respiratory Infection (ARI) Hubs. Our local response to this is that our system

will have this service in place over winter, delivered by Conexus. This is following the positive impact and evaluation of when our first ARI Hub model of care was launched in January 2023. Wakefield established ARI hubs as part of the Primary Care Network (PCN) Enhanced Access offer on the 2nd January 2023, the service provided an additional 160 slots per week across 7 days in two locations within the district. Utilisation was consistently above 98% with good shift fill and workforce supply. The service continued until May 2023 with the reduction of ARI presentations.

Plans are in place to mobilise our local ARI hubs on the same basis as last year for 3 months. This will include provision on the East and West of the District from 1-6pm, providing 40 appointments in total (Northgate confirmed for our East site, Trinity Medical Centre for our site in the West of the District). Appointments will be bookable from 11am by practices and can be made available to Emergency Department (ED)/ 111/ Yorkshire Ambulance Service (YAS) / Local Care Direct (LCD) by extending the existing GP Care pathways for those services. We will open for children and adults with acute respiratory infection symptoms initially and if needed focus in on priority groups - eg children which was the situation last year during Strep A surge.

As part of our winter resilience response the Better Care Fund (BCF) Plan for 2023-25 was required to be submitted to NHS England on 19th July 2023. Our system heard in early August that the regional assurance panel had recommended that our BCF plan was approved. This plan outlines a number of initiatives that are key to supporting our system manage discharge flow this winter. Wakefield has also been able to invest in small number of Voluntary, Community and Social Enterprise (VCSE) organisations supporting discharge such as Second Chance Headway supporting our local residents experiencing adult acquired brain injuries.

One example of the innovative way the VCSE sector are supporting our winter planning is described below. This has been promoted nationally with case study requests and Carers Wakefield and District presented to Integrated Care Board's (ICBs) across the region at an event in May 2023 about this project:

Supporting Unpaid Carers – Carers Wakefield & District are supporting unpaid Carers who have a loved one in hospital, from the point of admittance through to discharge and beyond. They support carers through helping them to navigate the hospital system and support through the discharge planning process. They liaise with hospital personnel, nurses/doctors, social workers, ward admin, Occupational Therapists, Integrated Transfer Of Care (ITOC) hub. The service will check-in and follow-up following discharge (48hrs-1week-4weeks min) and work with Reablement Service to identify Carers with potential to "take over" cares through training and equipment for example. The support provided increases family resilience and reduces readmission. The service is located within ITOC hub and is involved in daily stand-up meetings and team meetings. The service targets the elderly wards, particularly during visiting hours. The service works with the hospital teams to encourage referral at the point of person's admission. This has received some very positive feedback from carers accessing this support. Initial impact so far includes;

- 105 referrals for discharge support alone since 1st Jan 2023 until the end of July 2023
- 353 post discharge contacts to individual Carers as well as contacts made on behalf of Carer to other agencies

- For every contact with a Carer there is around 6 calls or conversations with “others” on their behalf
- Around 700 contacts so far following discharge alone.

Brief summary of support provided to Carers whilst their loved one is in hospital Jan-end of July 2023:

- 29 new Carers newly identified and referred to the service
- 160 individual Carers supported
- 680 contacts made with Carers

The Mid-Yorkshire System, under the oversight of the Mid-Yorkshire UEC Transformation Board, has laid out its comprehensive resilience plan for the year 2023/24 (including Winter resilience). This strategy has the following key highlights:

1. **Learning from Past Experience**: The plan draws heavily from 2022/23 historical data, reflections, and local insights, including the challenges faced during national industrial strikes that affected the healthcare system.
2. **Holistic Planning**: Addressing all age groups and medical conditions, this strategy prioritises actions based on predicted service demands. This ensures holistic care across all levels.
3. **Collaborative Approach**: Created in partnership with Mid-Yorkshire Health and Social Care System affiliates, including VCSE, this plan illustrates a collective commitment towards the betterment of the community.
4. **Flexibility for Providers**: While providing an overarching framework, the plan allows individual providers to adapt and execute detailed local strategies, ensuring tailored solutions for distinct community requirements.
5. **Resilience & Preparedness**: The detailed Mid-Yorkshire System Resilience Plan in Appendix 2 illustrates how the system, with its partners and local entities, will address urgent and emergency care demands. The emphasis is on collaboration, learning, and maintaining quality and equality in healthcare delivery.
6. **Winter Priority**: The plan specifically focuses on readiness for the winter season, a critical period for healthcare demands. Providers are empowered to have their detailed plans, ensuring comprehensive involvement from local authorities, social care, and VCSE partners.
7. **Support from NHS England**: On 27th July 2023, NHS England detailed its winter planning approach, emphasizing the need for operational resilience, and recommending several interventions and roles to bolster winter readiness.
8. **Financial Commitment**: On 28th July 2023, The Minister of State for Social Care confirmed an allocation of £600 million towards boosting the adult social care sector. The majority of this funding will be provided through a new Market Sustainability and Improvement Fund workforce fund worth £570 million over 2023 to 2024 (£365 million) and 2024 to 2025 (£205 million). The remaining £30 million will address specific pressures during winter concerning urgent and emergency care (appendix 3). Locally our colleagues in Adult Social Care are working on targeting the £2.5m that has been allocated locally in 2023/24 on investing in the independent care sector with specific focus on increasing fee rates, supporting workforce capacity, strengthening sustainability of the

sector to have an impact on supporting discharge and also reducing Adult Social Care assessment waiting times.

In summation, the Mid-Yorkshire System's resilience strategy for 2023/24 brings together past system experience, public health intelligence looking ahead for 2023/24, responds to NHS England requirements for the mobilisation of 10 high impact winter interventions and incorporates the new national Operational Escalation levels framework that was published in mid-August 2023 which all Acute Trusts must adopt for mobilisation in winter period 2023/24.

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

☒ Improve healthcare outcomes for residents in their system

☐ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership is asked to:

1. Approve the whole system Mid-Yorkshire System Resilience Plan appendix 2 of this report.
2. Recognise the collaborative efforts of Mid-Yorkshire Health and Social Care System partners, including VCSE, for their collaboration and unwavering support throughout the plan's development.
3. Note the directives outlined from both NHS England and the Minister of State for Social Care highlighting the need for bolstered winter resilience.

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:

None in this risk cycle- a WDHCP place risk will be developed in October 2023 for managing winter resilience.

Appendices

1. NHS England Letter published 27th July 2023
2. Mid-Yorkshire System Resilience Plan 2023-24
3. Letter from Minister of State for Social Care

Acronyms and Abbreviations explained

1. OPEL- Operational pressures escalation level
2. SOPEL- System Operational pressures escalation level
3. ICB- Integrated Care Board
4. NHSE- NHS England
5. WMDC- Wakefield Metropolitan District Council
6. LA- Local Authority
7. UEC – Urgent Emergency Care
8. MSIF - Market Sustainability and Improvement Fund

What are the implications for?

Residents and Communities	**Winter services will be mobilised during winter period 2023/24** **Flu and C-19 vaccinations will be rolled out for eligible cohorts of our population.**
Quality and Safety	**The Delivery of the of Mid-Yorkshire System Plan has at its heart the delivery of quality and safe services across Mid-Yorkshire system for the winter period 2023/24**
Equality, Diversity and Inclusion	**None**
Finances and Use of Resources	**Operational Planning Pot 2 – Wakefield District has been allocated an additional capacity funding of £2m, allocated through the UEC transformation board between the Local Authority and NHS ICB Wakefield Place. This funding aims to support initiatives that reduce bed occupancy rates, in line with the targets set in the operational plan.** **Market Sustainability and Improvement Fund investment has been deployed of £2.4m to WMDC.**
Regulation and Legal Requirements	**None**
Conflicts of Interest	**None**
Data Protection	**None**
Transformation and Innovation	**Our winter delivery plan does inform our longer-term model of care for Mid-Yorkshire Urgent Care transformation programme**
Environmental and Climate Change	**None**
Future Decisions and Policy Making	**None**
Citizen and Stakeholder Engagement	**None**

To:
- ICB:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- NHS acute, community and mental health trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- Primary care networks

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

27 July 2023

Dear Colleagues,

Delivering operational resilience across the NHS this winter

This letter sets out our national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead.

In January, we published our delivery plan for recovering Urgent and Emergency Care (UEC) services: an ambitious two-year plan to deliver improvements for patients across the integrated Urgent and Emergency Care (iUEC) pathway. This plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provides a strong basis to prepare for this winter.

The publication of the UEC Recovery Plan followed an incredibly challenging winter – with high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care. We know these challenges have continued but want to thank you for the work you have done in the face of this to ensure that there have nonetheless been significant improvements in performance. Thanks

to these improvements, we are in a significantly better place compared to last summer. Compared to last June, A&E performance has improved and Category 2 performance is 14 minutes faster.

This progress and the plan we are today setting out for winter preparedness are key steps in helping us achieve our two key ambitions for UEC recovery of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

To help achieve these ambitions, we have ensured that systems have had clarity over finances well before winter to allow them to plan effectively and further roll-out the measures that we know will improve services for patients. We have invested extensively in this, including:

- £1 billion of dedicated funding to support capacity in urgent and emergency services, building on the £500 million used last winter.
- £250 million worth of capital investment to deliver additional capacity.
- £200 million for ambulance services to increase the number of ambulance hours on the road.
- Together with DHSC, an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund.

While we are making good progress towards achieving our overall ambitions, we want to encourage providers to achieve even better performance over the second half of the year. We will therefore be launching an **incentive scheme** for those providers with a Type 1 A&E department to overachieve on their planned performance in return for receiving a share of a £150 million capital fund in 2024/25. We are asking providers to meet two thresholds to secure a share of this money:

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

We recognise that these are stretching targets but know that many providers will be able to achieve these to help the NHS as a whole make greater headway towards improving care for patients. Providers should already be putting measures in place which will contribute towards reaching these, including a greater focus on the longest times in department, particularly those spending longer than 12-hours, and wider system flow. We will communicate more details on this shortly, including how we will be working with you to improve data quality.

Turning to our wider planning for winter, we are clear that the challenges are not just in ambulance services or emergency departments, and recovery requires all types of providers to work together to provide joined-up care for patients. ICBs will play a vital role in system leadership but the actions we take need to extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community and social enterprise (VCSE) sector.

We are therefore setting out four areas of focus for systems to help prepare for winter:

1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**

Together with systems, providers, and clinical and operational experts we have identified 10 evidence-based high-impact interventions. These are focused around reducing waiting times for patients and crowding in A&E departments, improving flow and reducing length of stay in hospital settings. Delivering on these will be key to improving resilience in winter. We have recently written to all systems to ask that they assess their maturity against these areas as part of the universal improvement offer for the UEC Recovery Plan. Systems will then receive dedicated support on the four areas they choose to focus their improvement for winter.

More detail on these areas can be found at Appendix A and on the NHS IMPACT website.

2. **Completing operational and surge planning** to prepare for different winter scenarios

We have already collectively carried out a detailed operational planning round for 2023/24 but we are now asking each system to review their operational plans, including whether the assumptions regarding demand and capacity remain accurate. Although this will cover surge planning for the whole winter, specific plans should be made for the Christmas/New Year/early-January period which we know is often the most challenging time of the entire year.

In addition to this, and recognising the importance of planning for multiple scenarios, we are asking systems to identify how they will mobilise additional capacity across all parts of the NHS should it be required to respond to peaks in demand driven by external factors eg, very high rates of influenza or COVID-19, potential further industrial action.

This planning is essential to ensure winter plans protect and deliver elective and cancer recovery objectives, as well as deliver the primary care access programme, and proactive care for those most at risk of hospital admission (guidance on proactive care will be published shortly).

Next week, we will be issuing each ICB with a template to capture their surge plan and overall winter plan. We will work with those areas that are facing the greatest challenges across the UEC pathway via our tiering programme to support them in completing these returns. If you think you require additional support, please contact england.uec-operations@nhs.net.

All returns should be sent to england.uec-operations@nhs.net by **11 September 2023**.

3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.

ICBs will play a vital role in system leadership and co-ordination but it is important that all parts of the system play their role. The NHS England operating framework describes the roles that NHS England, ICBs and NHS providers should play, working alongside our partners in the wider health and care system. It outlines our collective accountabilities and responsibilities to ensure we deliver a health service that maximises outcomes for patients.

To help systems plan, we have developed a set of recommended winter roles and responsibilities (**Appendix B**) to ensure clarity on what actions should be undertaken by each part of the system. These will require broad clinical leadership to implement, and systems should be using these to develop their winter planning return, reflecting how these relate to the circumstances within their individual system.

DHSC is also writing to local authorities and the adult social care sector shortly to set out priority actions for improving winter resilience and encouraging cross-system working with the NHS on winter planning.

To assist system working this winter, next week, we will also be publishing an updated specification for System Co-Ordination Centres and an updated Operational Pressures Escalation (OPEL) Framework to ensure we are taking a consistent and co-ordinated approach to managing pressures across all systems.

4. **Supporting our workforce** to deliver over winter

This year colleagues have continued to work incredibly hard in the face of increased demand. We know how much supporting your workforce matters to you, and it is crucial that employers ensure that they take steps to protect and improve the wellbeing of the workforce.

Last winter, we saw flu return at scale. It is vitally important that we protect the public and the health and care workforce against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated. Providers should also ensure that they have an

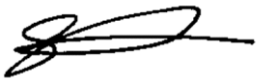
established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.

Systems and providers should also continue to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise, as set out in 2023/24 priorities and operational planning guidance and more recently in the NHS Long Term Workforce Plan, and ensure continued supply through maintaining education and training.

We want to thank you and everyone across the NHS for your continued hard work this year, we have again faced some unprecedented challenges but through strong partnership working we have once again risen to these.

The coming months will undoubtably be difficult, but we will continue to support you to ensure that we collectively deliver a high-quality of health service to patients and support our workforce. Thank you again for all your efforts as we work to build a more resilient NHS ahead of winter.

Yours sincerely,



Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Julian Kelly
Chief Financial Officer
NHS England

Appendix A: 10 High-Impact Interventions

Action	
1.	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8.	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9.	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
10.	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Letter from Minister of State for Social Care

Dear colleagues,

I am writing today to set out the key steps needed so that adult social care systems are resilient and able to provide people and their carers with the support they need this winter.

This letter also sets out our expectations for how NHS organisations will work with adult social care in both the planning and delivery of support. This is part of a joined-up approach to planning across the health and care system this winter, alongside the letter sent to NHS organisations yesterday. We are writing much earlier than in previous winters, following your feedback and to give more time to incorporate additional actions into your local planning.

All parts of the adult social care sector play a critical role over the winter period, including:

- residential care
- domiciliary care
- extra care and supported living
- shared lives
- intermediate care
- voluntary and community services
- local authority adult social care staff including social workers and occupational therapists, families, and unpaid carers

I want to thank every one of you for your work to support people who draw on care, your efforts to drive improvement and for what you do to represent those that make up the adult social care sector. Many of you have worked with us to develop these measures and I am grateful for your input.

The actions set out here build on the plans you will already have developed, including capacity plans under the Market Sustainability and Improvement Fund (MSIF), as well as capacity and demand plans for intermediate care. Further action is, however, needed in most areas to ensure that health and care systems' capacity plans address projected changes in demand over the winter period and include sufficient contingency to meet different demand scenarios, taking account of the latest local assessments of risk.

It is essential that we take a 'whole system' approach to supporting people and their carers this winter. This means integrated care boards (ICBs) and integrated care partnerships (ICPs), local authorities, health and care providers and the voluntary sector all being actively involved in joint planning for winter and working together to support individuals who draw on care. Effective, joined-up working across health and social care will make sure people get the best possible outcomes and that we make effective use of the combined resources of the system.

As part of this approach, health and care organisations should involve people receiving care and their carers in decisions, helping them to stay well at home and avoid hospital admissions where possible, providing fast and responsive urgent and emergency care for those who need it and making sure that people admitted to hospital can return home as soon as possible once they are well enough.

The social care workforce is at the heart of the government's plans for a better and more sustainable social care system. That's why I am pleased to confirm how the £600 million of funding from our April Next steps to put People at the Heart of Care publication will be spent over this year and next. The majority of this funding will be provided through a new MSIF workforce fund worth £570 million over 2023 to 2024 (£365 million) and 2024 to 2025 (£205 million). This new grant will allow local authorities to further boost adult social care capacity and support the adult social care workforce, including on pay. The remaining £30 million will be made available to local authorities on a targeted basis to reflect particular local pressures this winter in relation to urgent and emergency care.

NHS England wrote yesterday to ICBs and trusts setting out the approach to winter planning and the key steps needed to deliver operational resilience across the NHS this winter, see Delivering operational resilience across the NHS this winter. The letter sets out 10 high-impact interventions to improve winter resilience and a set of recommended winter roles and responsibilities across health and care organisations. The NHSE letter also asks systems to review their operational plans for winter and plan for surge scenarios. It is a collective responsibility to ensure there are resilient plans in place for winter across health and care systems and we encourage local government to participate collaboratively in this exercise. As set out in the policy statement about the £570 million MSIF workforce fund, we are asking local authorities to provide by 28 September 2023 a summary description, aligned to NHS winter surge plans, of how they will ensure sufficient capacity to meet potential adult social care surges in demand over winter, including through use of this fund.

Together, the support and actions set out below will put adult social care on as firm a footing as possible as we enter winter this year. It has taken a huge effort to get us here, with all parts of the sector working together. Thank you for your continued support in this work, and all year round.

Yours sincerely,
Helen Whately
Minister of State for Social Care

Workforce capacity, market sustainability and improvement

As a follow-up to our announcement on Next steps to put People at the Heart of Care, we have today confirmed that we are allocating an additional £600 million over

2 years to local authorities. Of this, £570 million will be provided through a workforce fund that builds on the existing MSIF and will enable local authorities to make tangible improvements to adult social care workforce capacity, including to boost care worker pay.

We expect this funding to support more workforce and capacity within the adult social care sector, helping reduce avoidable admissions to hospital and support timely and effective discharge of patients from hospital and community settings where social care is required.

Supported by this funding, local authorities should in advance of winter:

- take the actions set out in their capacity plans for long-term care, submitted in June as part of MSIF, to address any anticipated gaps between demand and available capacity
- ensure sufficient advance commissioning of most care to enable providers to plan in advance and ensure they have the workforce needed to deliver the required services
- work with the NHS to keep demand and capacity projections under review and ensure sufficient cross-system capacity to meet potential surges in demand
- reflect any increases in planned intermediate care capacity in their refreshed BCF demand and capacity plans in October
- work closely with providers to use the £570 million funding to grow workforce capacity, for example, by investing in improved pay for people who work in care
- draw on evidence and best practice to determine the best way of using the additional funding to achieve tangible improvements in capacity

Local authorities should encourage providers to follow the advice and recommendations in the national campaign toolkit (PDF, 10.5MB) to help build good recruitment campaigns, including using campaign badging, social media and printed assets to help attract candidates with the right values.

We will continue to work with the 15 regional partnerships to support ethical overseas recruitment, including by sharing best practice approaches to support arrangements being delivered as part of the £15 million international recruitment fund. Local authorities should help promote effective use of the international recruitment code of practice and the Skills for Care international recruitment website to ensure providers follow appropriate processes when recruiting from overseas and that international recruited staff know where and how to get help if needed. We are also committed to ensuring ethical international recruitment and we are working with the regional partnerships to ensure instances of unethical practice are identified and reported to the relevant enforcement agencies. Illegal employment practices will be fully investigated by the enforcement agencies.

We are continuing to make good progress on implementing the £250 million workforce reform package, as outlined in Next steps to put People at the Heart of Care. Further detail on implementation will follow shortly.

Intermediate care and discharge from hospital

Managing and maintaining sufficient capacity within intermediate care is crucial to people keeping well in their communities, preventing avoidable admissions into hospital over winter and supporting timely and effective discharge for those admitted to hospital. This includes support for individuals both in their own home and in other community settings. Managing capacity across this range of services requires joint working between ICBs and local authorities, as set out in the Better Care Fund (BCF) planning requirements.

The NHSE letter includes a summary of ICBs' responsibilities in relation to high-impact actions to prevent avoidable emergency admissions (including frailty services, virtual wards, urgent community response services, single point of access for urgent care, and acute respiratory infection hubs) and support timely and effective hospital discharge (including care transfer hubs). NHSE will also develop an intermediate care framework by autumn, recommending actions for systems to scale up post-discharge intermediate care services ahead of, and through, winter 2023 to 2024.

The NHSE letter also sets out associated primary care responsibilities over the winter period. This includes delivering actions from the 'Primary care access recovery plan' that will support winter resilience, particularly:

- increased self-directed care
- expanding community pharmacy services
- improving access to general practice
- supporting practices to move to cloud-based digital telephony and to access the right digital tools
- improving online patient journeys
- enhancing navigation and triage processes

Local authorities should continue to work with ICBs to ensure an integrated approach across health and social care. This includes:

- commissioning intermediate care services that help keep people well at home, prevent avoidable hospital admissions and support timely and effective hospital discharge
- ensuring systematic involvement of social care and community health providers in planning intermediate care services
- keeping under review their BCF capacity and demand plans for intermediate care, considering trends in demand, in line with the BCF policy framework and planning requirements, and submitting refreshed capacity and demand plans in October
- improving data flows where BCF capacity and demand plans show limited data or insights available to support local areas' ability to forecast demand for these services accurately throughout the year
- supporting NHS winter surge planning, including considering contingency arrangements for a significant flu or COVID-19 wave

Most local areas have made encouraging initial progress in reducing delayed discharges since the allocation of the 2022 to 2023 discharge fund. But delayed discharges are still too high, and we need to reinforce action to reduce delays and improve outcomes. We recognise that this means not only reducing delays for those admitted to hospital but also preventing avoidable admissions in the first place. Local authorities should continue working with ICBs to:

- deploy this year's £600 million discharge fund in ways that have the greatest impact in patient safety and experience and in reducing delayed discharges, both to improve outcomes following hospital admission and help prevent avoidable A&E and ambulance delays for patients who need emergency care, alongside planning how to deploy next year's £1 billion discharge funding
- systematically embed good practice in the use of care transfer hubs to manage discharges for patients with more complex needs, one of the 10 high-impact interventions set out in the NHSE letter and part of the support offer for the UEC recovery plan

When working together to reduce delayed discharges, local authorities and ICBs, working with acute trusts, community and/or social care providers and the voluntary sector, should ensure a strong focus on:

- supporting people to return to their normal place of residence, wherever possible
- the principles of discharge to assess, providing interim packages of support (where needed) pending assessment of longer-term care needs
- involving and supporting families and unpaid carers

It is now mandatory for care providers to complete Capacity Tracker monthly. Local authorities should encourage more frequent data submission on currently available vacancies and on staffing, especially from those providers who could support discharge. We acknowledge that some systems are working with alternative data and/or 'social care match-making' systems to facilitate discharge, which we support, and that in these circumstances there may be an additional data burden to completing Capacity Tracker. We do, however, need Capacity Tracker to continue to be used, not least because one lesson from the pandemic is the need for more coordinated data collection from the sector.

Energy and adverse weather

Local authorities and care providers should:

- develop business continuity plans to prepare for localised disruptions caused, for example, by severe winter weather, including disruptions to energy supply, disrupted transport and staff shortages, while considering

the impacts of these events on ‘business as usual’ activities over the colder winter period
- refer to the government’s Adverse Weather and Health Plan, to support planning and response to adverse weather in winter
- work with local response forums (LRFs), local organisations and those working in the care sector to identify and prioritise those most at risk during the colder winter period
- communicate with LRFs, local organisations and social care workers about the impacts of localised energy disruptions (for example, power cuts) and/or adverse weather over winter, and signpost them to support available, for example, from the local authority and utilities suppliers
- encourage eligible individuals to sign up to their energy suppliers’ Priority Services Register (PSR), including encouraging existing PSR customers to update their personal information before winter to ensure they receive the best possible communications and targeted assistance
- encourage individuals who depend on electricity to power medical equipment to speak to their healthcare provider about what to do in the event of a power cut and to ensure equipment and backup systems have been recently serviced and tested

Infection prevention and control (IPC) and visiting

We expect providers to continue to follow ongoing IPC guidance including the infection prevention and control resource for adult social care and the COVID-19 supplement to the infection prevention and control resource for adult social care. Local authorities and health protection teams (or other relevant local partners) should continue to support providers on IPC.

Providers should:

- encourage staff and service users across adult social care to take up eligible vaccinations wherever possible
- ensure they are aware of service users who may be eligible for COVID-19 treatments wherever possible
- ensure they have enough LFDs to test those eligible for COVID-19 treatments if they develop respiratory symptoms over winter. Care homes should also ensure they have enough LFDs to conduct outbreak testing of the first 5 linked symptomatic residents if multiple residents develop symptoms
- ensure staff who have respiratory symptoms or who test positive for COVID-19 are able to stay away from work in line with guidance
- continue to use PPE in line with guidance, including the risk-based use of face masks
- enable visits between loved ones in care settings, with at least one visitor permitted in all circumstances

Unpaid carers

NHS and primary care services should consider contingency plans for unpaid carers and make relevant information available to health and care professionals, to help prevent avoidable admissions and support discharge from hospital. This includes the identification of unpaid carers, see NHSE communication from last October Coding unpaid carers.

Health and wellbeing boards should continue to ensure that funding earmarked in the BCF is used to support unpaid carers with short breaks and respite from their caring responsibilities.

Where a local authority considers it necessary to do so, it may allow a direct payment to be used to pay for care provided by a family member (or someone who lives with them as a spouse or partner), in accordance with The Care and Support (Direct Payments) Regulations 2014.

As set out in statutory guidance on hospital discharge and community support, hospital discharge teams should take into account the views and circumstances of any unpaid carers, as well as those of the individual, in decisions on hospital discharge. DHSC expects to publish an update to the statutory guidance on hospital discharge and community support in September.

Meeting name:	Wakefield District Health and Care Partnership Board
Agenda item no:	12
Meeting date:	7 September 2023
Report title:	Summary of 2023/24 Quarter 1 Quality, Safety and Experience report
Report presented by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report prepared by:	ICB (Wakefield place) Quality team

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

Previous considerations:

Since May 2022 quarterly Quality, Safety and Experience reports for the Wakefield District Health & Care Partnership have been produced and presented through its formal governance arrangements.

Executive summary and points for discussion:

The Partnership Board is presented with a summary of the 2023/24 Q1 Quality, Safety and Experience report for Wakefield place which was prepared for the Integrated Assurance Committee on 30 August 2023 (which was subsequently cancelled). The report presents information from various sources including regulators, commissioners, service providers and our population.

The full report includes the latest Care Quality Commission (CQC) ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on our two learning networks (Experience of Care and Patient Safety) and work to embed quality in our priority programmes/alliances; and feedback on what the people of Wakefield District are telling us about health and care services.

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

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

Recommendation(s)

The Partnership Board is asked to note the:

a. full report has been shared with Integrated Assurance Committee members; and

b. current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Mitigating actions are included in the full report and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Appendix One – Summary of 2023/24 Quarter 1 Quality, Safety and Experience report
Acronyms and Abbreviations explained
Not applicable

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	The purpose of the Quality, Safety and Experience report is to highlight quality and safety implications to the Integrated Assurance Committee and Partnership Board.
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 about specific services 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 feedback from people of Wakefield district on their experience of care. Key points from the report are regularly presented to the People Panel.

Summary of the 2023/24 Quarter 1 Quality, Safety and Experience report

1.1 The Quarter 1 Quality, Safety and Experience was prepared for the Integrated Assurance Committee on 30 August 2023 (which was subsequently cancelled). The Partnership Board agreed to receive a brief summary of the report (Appendix One) alongside an update on items discussed or escalated by the Committee.

1.2 As members are aware the full report includes the latest CQC ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on our two learning networks (Experience of Care and Patient Safety) and work to embed quality in our priority programmes/alliances; and feedback on what the people of Wakefield district are telling us about health and care services.

1.3 Updates

1.3.1 The following items were included in the full report shared with Integrated Assurance Committee members reflecting activity between April-June 2023:

- CQC reports for GP practices show improved overall ratings for Stuart Road Surgery and Ash Grove Medical Centre.
- One domiciliary care provider previous rated Inadequate by the CQC has improved their rating to Requires Improvement.
- Summaries from our three learning networks
  - the Patient Safety Network focussed on Phase Four of the Patient Safety Incident Response Planning and heard from independent providers Connect Health and SpaMedica about their approach to implementation.
  - the Experience of Care Network focused on what people were telling us about waiting for planned care.
  - an initial workshop with transformation/alliance leads on Embedding quality improvement in priority programmes was held to understand the challenges and good practice across our Partnership's transformation programmes.
- Positive visit to two wards and the day surgery unit at Dewsbury and District Hospital.
- Progress with the Mid Yorkshire Teaching Trust's CQC Improvement Plan.
- Feedback from the CQC's visit to acute/psychiatric intensive care units (PICU) wards at Fieldhead Hospital.
- Key themes from Quality Intelligence Group were access to GP Practices, positive feedback for community midwives and ambulance Crews, poor communication, hospital environment, lack of reasonable adjustments, and communication across pathways.

1.3.2 Below are two updates since the Quarter 1 report was written.

1.3.3 CQC ratings for GP Practices

In July 2023 a further CQC report was published for Tieve Tara (a GP practice in Castleford). This is the first inspection of the practice since the contract was transferred to Spectrum Community Interest Company (CIC). The practice has been rated Requires Improvement overall and for the Safe and Effective domains.

1.3.4 Experience of Care Network

Our Partnership's Experience of Care Network has been shortlisted for a Patient Experience Network National Awards (PENNA). Its success has been recognised in the *Strengthening the Foundation* category of the awards – this category recognises work dedicated to strengthening the foundations "along the patient experience pathway".

The network first met at the end of 2021 and since then has grown to see representatives from at least 16 separate organisations attending. By establishing a mutual understanding of local issues among partners, the network has sought to improve local people's experiences of care across pathways and different services.

The Patient Experience Network National Awards (PENNA) are the only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK. Winners of the awards will be revealed on 28 September at a ceremony to be held at the University of Birmingham.

2 Next Steps

2.1 The issues highlighted in the full report will continue to be monitored through the established place and ICB quality assurance, surveillance and improvement processes where appropriate.

3 Recommendations

3.1 It is recommended that the Partnership Board note the:

a. full report has been shared with Integrated Assurance Committee members; and
b. current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel.

Quality, Safety and Experience Report – Summary for Partnership Board

2023/24 Quarter 1

Introduction

This summary is based on the latest place-based quality report which was prepared for the Integrated Assurance Committee on 30 August 2023. It is structured to reflect the Partnership's model of care for all populations 'I' statements presented in the Partnership's Strategic Delivery Plan 2023-2026 approved in July 2023. Using the 'I' statements enables reporting about quality, safety and experience of care against the Partnership's person-centred aspirations.

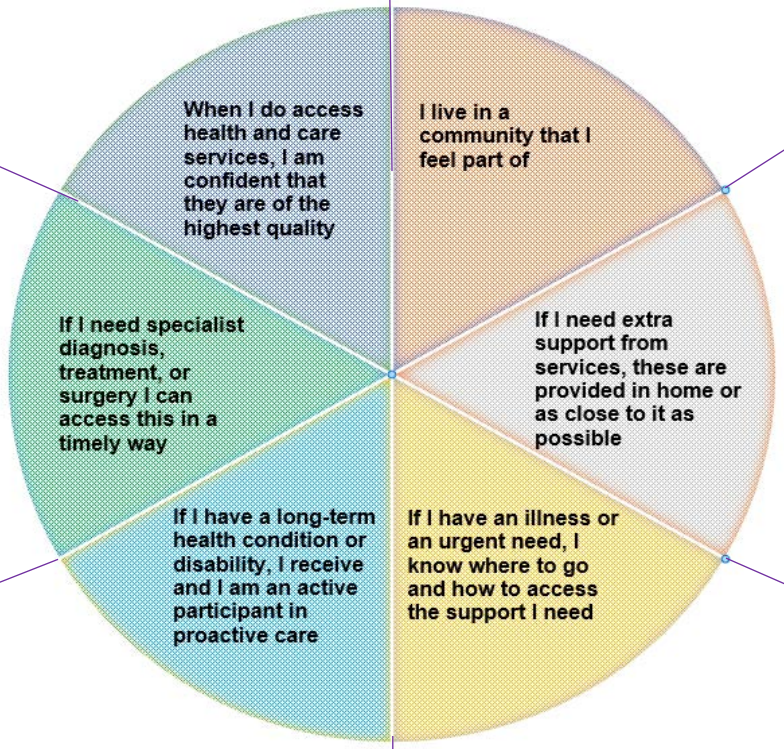
The summary report presents the Assurance Wheel designed as an 'at a glance' one page summary of the risks and assurances identified in Quarter 1.

The full Quality, Safety and Experience report includes the latest CQC ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on the two learning networks (Experience of Care and Patient Safety) and work to embed quality in our priority programmes/alliances; and importantly feedback on what the people of Wakefield district are telling us about health and care services.

Assurance Wheel

- **395** items shared at Quality Intelligence Group – key themes included access to GP appointments, poor hospital environment with positive feedback for community midwives and YAS crews.
- In May 2023 the Patient Safety Network heard from Connect Health and SpaMedica about their approach to PSIRF implementation. In June 2023, the Experience of Care Network focused on what people were telling us about waiting for planned care; and a workshop with transformation/alliance leads on Embedding quality improvement in priority programmes was held.
- NHS Staff Survey 2022 results – of the seven People Promise elements two were significantly lower for MYTT, none were significantly different for SWYPFT; and six scored significantly higher for YAS.

- Waiting times for ASD and ADHD assessment in children are increasing leading to complaints from parents and carers.
- Antimicrobial Resistance – the Medicines Optimisation Team are continuing to promote the use of shorter antibiotic course lengths and use of the Ardens template to prescribers at annual prescribing visits to practices.



- Waiting times for colposcopy and urogynaecology procedures has increased and the 6 week colposcopy waiting time standard for low grade cervical screening referrals is not being met.
- Positive feedback from patients during walkabout to Boothroyd Centre at Dewsbury and District Hospital.
- 13 actions have been completed in MYTT'S CQC Improvement Plan and a further 19 are on track to deliver in specified timescales.
- Collaborative working between maternity services and Maternity and Neonatal Voices Partnership continues, acting on feedback from women and their families.

- Resident and Patient Safety Walkabouts have been undertaken in six GP practices and 16 adult social care providers.
- Stuart Road surgery and Ash Grove Medical Centre have improved their CQC rating from **Requires Improvement** to **Good** during Q1
- 79.6% of care homes and 79.4% of home care providers in the district are now rated Good or Outstanding by CQC
- Three adult social care services currently rated Inadequate by CQC, and under formal enhanced quality surveillance, are receiving quality improvement support.

- 2021 National Lung Cancer Audit report released 2023 – MYTT performance status above national average
- Feedback from CQC visit to acute/PICU wards at Fieldhead noted caring interactions between staff and patients, although reported the impact of staffing pressures.
- LeDeR reviews continue to be completed within six months of notification – with fourteen open reviews in progress

- Positive feedback from walkabout conducted on two elderly care stepdown wards at Dewsbury and District Hospital
- Executive-level liaison meetings between MYTT and SWYPFT have been established to discuss timely identification of mental health placement for patients waiting in ED
- Lack of capacity is impacting on achievement of the 2 week waiting time standard in Dermatology at MYTT.

Meeting name:	Wakefield District Health and Care Partnership (WDHCP) Committee
Agenda item no:	13
Meeting date:	7 September 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 ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

Not applicable

Executive summary and points for discussion:

A detailed activity and performance report is shared with the Integrated Assurance Committee and a shorter version of this report is shared with the Partnership as an interim solution whilst the Partnership Performance and Outcomes Framework is being designed. The new performance framework is expected to be completed for discussion at the next Partnership Meeting.

The latest position reported is June/July 2023 with the report detailing the leading transformation key indicators which have been introduced to support delivery of the Partnership wider priorities and outcomes.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

It is recommended that the Wakefield District Health and Care Partnership Committee:

1. 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/July 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

Wakefield District Health & Care Partnership

Performance Report

Reporting period: June/July 2023

For Wakefield District Health and Care Partnership

Published August 2023

This is an interim report providing an overview of performance against key priority and transformation KPIs which support delivery of the Partnership outcomes, whilst the Partnership Performance & Outcomes Framework is finalised.

Proud to be part of West Yorkshire Health and Care Partnership

Key highlights

Key challenges this month remain within planned access and waiting times.

- ASD waiting times continue to remain high, with July reporting an in month increase of 17 increasing the waiting list to 1,530. The level of growth in July was lower than previous months.

- The RTT community paediatric waiting list continues to increase, reporting at 2,800 patients.

- The number of Wakefield patients waiting over 65 weeks for treatment remains above plan but the trend remains fairly static with June reporting at 278. Provisional performance for August is reporting 258 waits. NHS validated data for June reported one over 104 week wait. The patient waiting for treatment at Doncaster has now been treated. ENT and Gynaecology remain the specialities reporting the highest number of long waiters. The volume of activity being undertaken has been impacted by the recent industrial action, other workforce challenges and increased levels of demand. Day case and outpatient activity at the end of July was forecasting to report below plan.

- Mid Yorkshire Teaching Trust did not meet the cancer 2 week waiting time standard of 93% for June. June performance stands at 88.7% with 213 breaches for 2WW Dermatology appointments. This performance risk continues into July and August.

- Performance against the national mental health contact measures (access to core MHS for older adults with SMI and CYP supported though the NHS funded MHS receiving one contact) remains below plan.

Delivery against these key access standards is important to delivering the Partnerships priority that all health and care services are personalised, accessible and seamless.

Information detailing the key drivers behind these challenges and actions in place are detailed within the report.

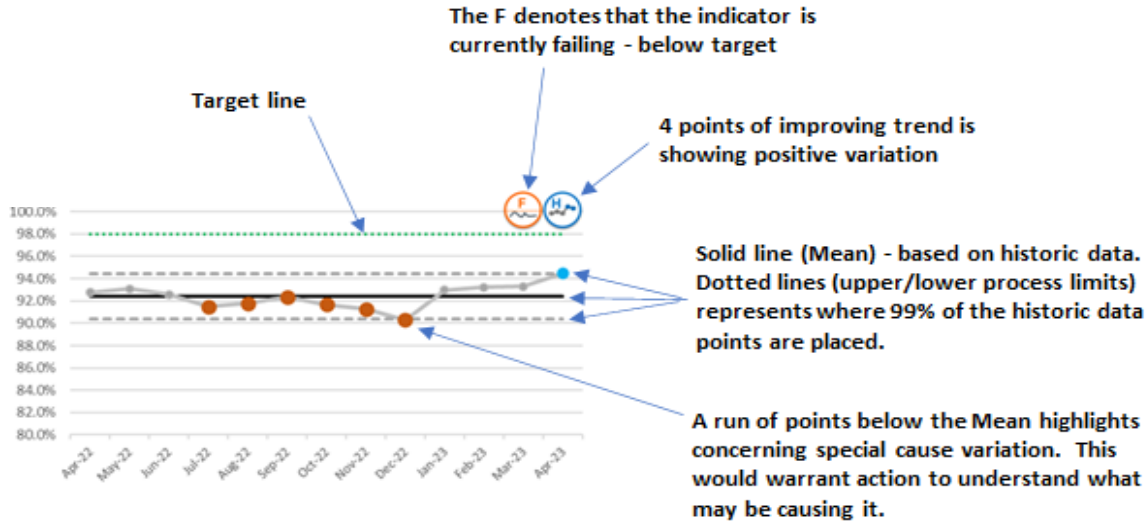
How performance is measured

Wakefield has adopted the NHSEI 'Making Data Count' methodology (which uses Statistical process control) to demonstrate where historic performance/activity is subject to natural variation or where action may need to be taken where there may be cause for concern.

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.

What is a Statistical Process Control (SPC) chart?

Statistical process control is a methodology used to look at data over time and identify if anything in an observed process is changing. All processes have normal variation which we refer to as "common cause" variation, but sometimes the variation is due to a change in the process. We call this type of variation "special cause" variation. We need to be able to tell which sort of variation we are observing. SPC charts enable us to do this.



SPC rules

Assurance		Variation	
?	Variation indicates inconsistency hitting, passing and falling short of the target.		Common cause - no significant change.
P	Variation indicates consistency (P)assing the target.	L H	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.
F	Variation indicates consistency (F)alling short of the target.	L H	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.

Icon Colours Explained

Variation icons: Orange indicates concerning special cause variation requiring action. **Blue** indicates where improvement appears to lie, and Grey indicates no significant change (common cause variation).

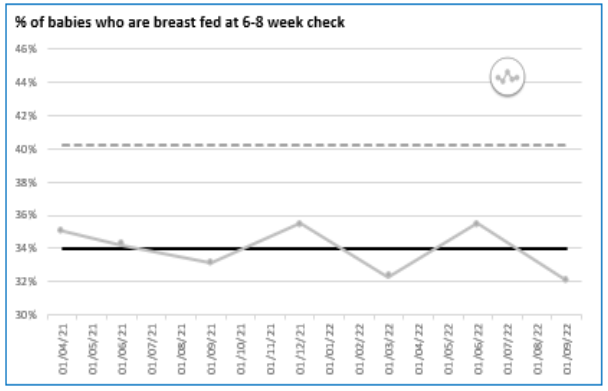
Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. Orange indicators that you would consistently expect to miss the target. A Grey icon tells you that sometimes the target will be met and sometimes missed due to random variation - in a RAG report this indicator would flip between red and green.

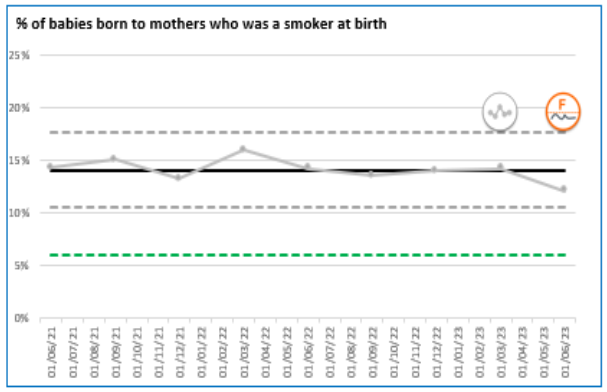
Children and Young People key KPIs

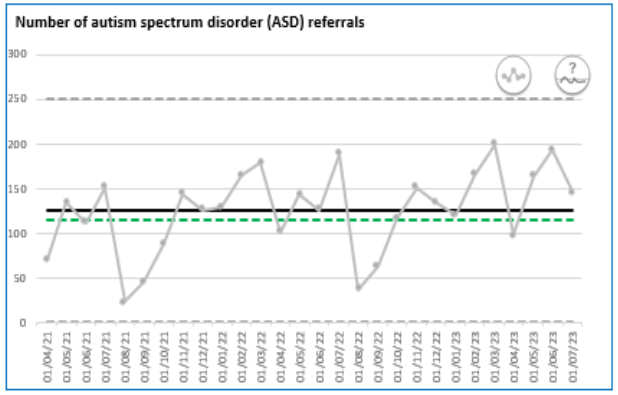
Supporting Programme: Childrens Alliance

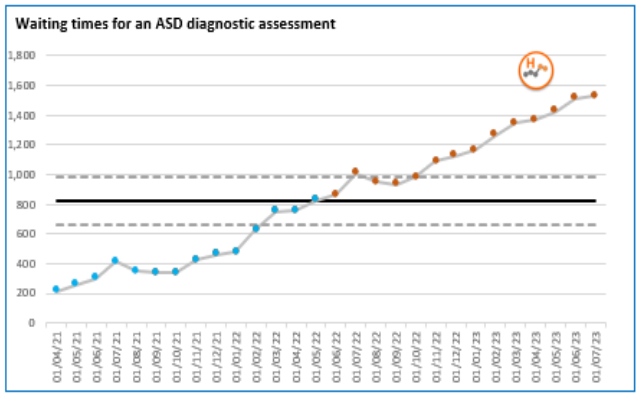
KPI Scorecard

Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Programme KPIs	Child health	% of babies who are breast fed at 6-8 week check	Wakefield	Q	High	Q2 22/23	Local	-	32.1%			✓
		% of babies born to mothers who was a smoker at birth	Wakefield	Q	Low	Q1 23/24	National	6.0%	12.1%		F	✓
		Number of autism spectrum disorder (ASD) referrals	Wakefield	M	Low	Jul 23	Baseline 21/22 Avg	114	146			✓
		Waiting times for an ASD diagnostic assessment	Wakefield	M	Low	Jul 23	Baseline 22/23 Avg	1026	1530	H		✓
		A&E attendances for CYP aged 17 years and under (rate per 1,000)	Wakefield	M	Low	Jun 23	Local	37.58	39.19		?	✓









Children and Young People - Supporting Narrative

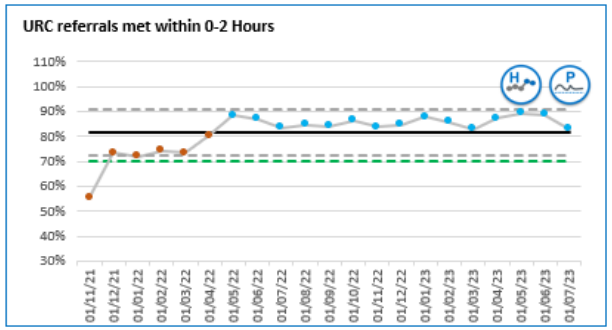
How are we performing?	What is driving the performance?	What actions are in place to support?
• The number of children waiting for an ASD diagnostic assessment remains high at 1,530. This is an increase of 17 from the position reported in June. This is due to demand exceeding capacity. • High referrals to CAMHS services and some long waits for specific pathways. Analysing the referral data and patterns data has shown that there is a significant shift in need from high acuity to early intervention. However, there are some long waits for some very specialist CAMHS interventions where young people have already received an earlier CAMHS intervention. • SWYPFT are developing a more accurate internal dashboard to monitor different pathways in CAMHS and waiting times, which should enable a more targeted response to long waits. Additionally, the data for CAMHS is limited in that it does not evidence the patient's journey or the choices that individuals have made in their care, which leads to the data showing them as experiencing a longer wait, SWYPFT are considering how the performance data can be reconfigured to evidence this.	• Referrals for ASD diagnosis are high nationally indicating increased societal awareness / prevalence. Engagement work with families in Wakefield indicates that many parents seek diagnosis where they feel this is needed to obtain the right support in school. • Awareness of children's mental health and emotional wellbeing was heightened by the Covid-19 pandemic and children and young people, families and practitioners are more likely to seek help (positive).	• Reports to Integrated Assurance committee around ADHD referrals • Neuro-diversity Action; ND Strategy Group continuing to build this plan. • New Emotional Wellbeing Service Provider working closely with CAMHS to provide early intervention. • System-mapping is ensuring communication with schools about the system-wide service offer is clearer. • Two additional mental health support teams will commence recruitment from September 2023. • CAMHS general manager, supported by the Children's Alliance is exploring other options to reduce longer waits within the service.

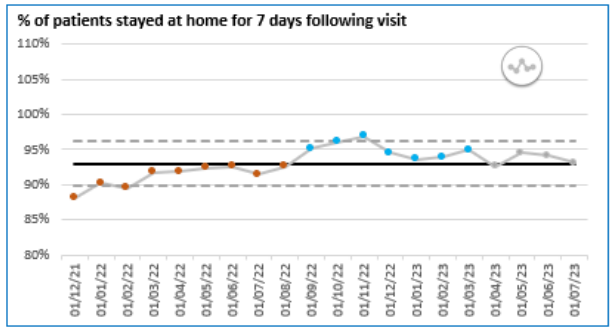
Integrated Community key KPIs

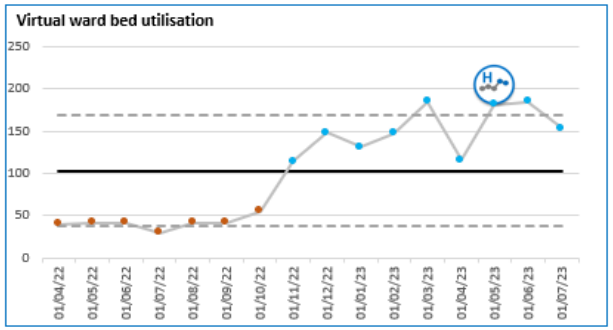
Supporting Programmes: Integrated Community Transformation

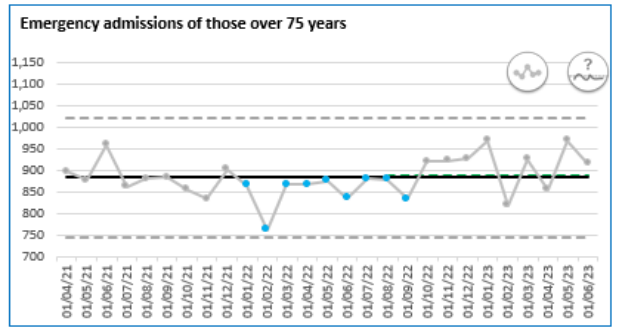
KPI Scorecard

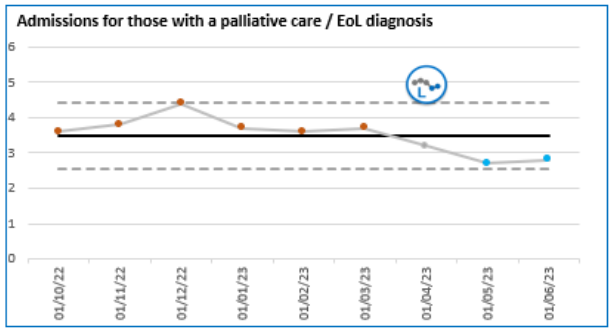
Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Programme KPI	UCR	URC referrals met within 0-2 Hours	MYTT	M	High	Jul 23	National	70.0%	82.9%			✓
Additional measure		% of patients stayed at home for 7 days following visit	MYTT	M	High	Jul 23	TBC	-	93.1%			✓
Programme KPI	Virtual Ward	Virtual ward bed utilisation	MYTT	M	High	Jul 23	OP Plan	-	153			✓
Programme KPIs	Elderly admissions	Emergency admissions of those over 75 years	Wakefield	M	Low	Jun 23	Baseline	888	916			✓
	Admissions	Admissions for those with a palliative care / EoL diagnosis	Wakefield	M	Low	Jun 23	Baseline	-	2.80			✓
Additional measure	BCF	Emergency admissions due to falls in people aged over 65 (rate per 100,000)	Wakefield	M	Low	Mar 23	BCF	432	432			✓
		Number of ACSC admissions	Wakefield	M	Low	May 23	BCF	275	313			✓

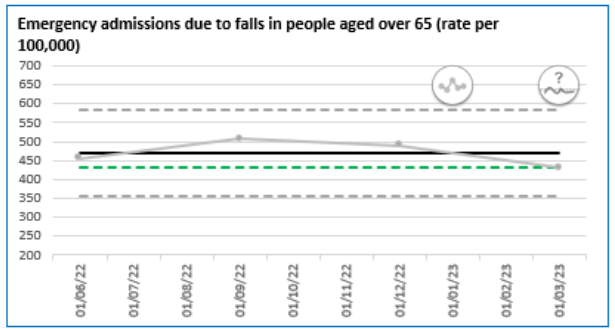


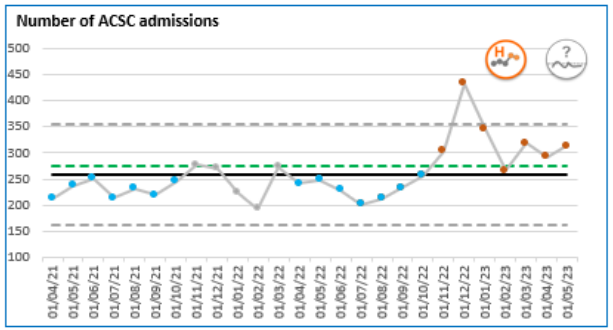












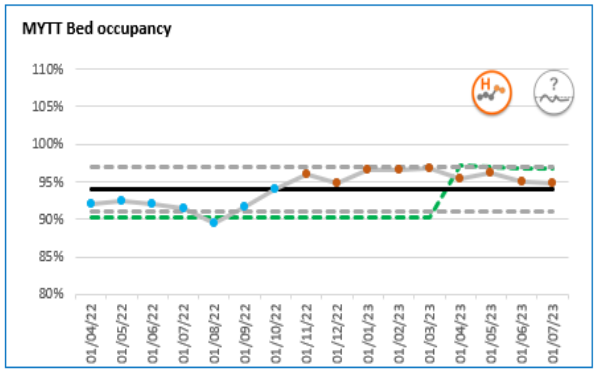
Integrated Community - Supporting Narrative

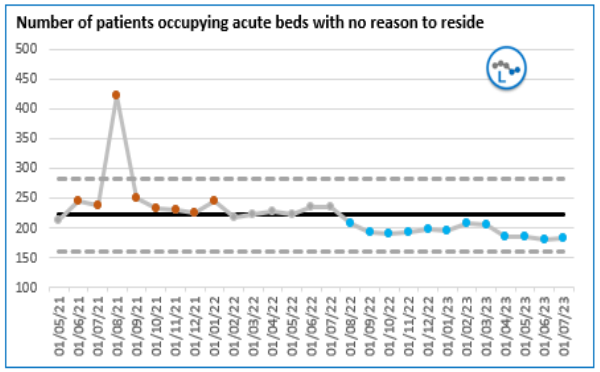
How are we performing?	What is driving the performance?	What actions are in place to support?
UCR • UCR 0-2 hour referrals are increasing. During Q1 referrals have increased by 5%. 3.5% increase from June to July 2023, so its still increasing. • UCR response remains above the nationally set target of 70% with 88% of referrals seen in under 2 hours (average in Q1). For July 2023 this is still above the nationally set target of 70% with 83% of referrals seen in under 2 hours. • A local measure of people who remained at home up to 7 days post-UCR intervention remains consistent at 93-95% during Q1. For July 2023 this is the same (93-95%). **Virtual Ward** • Frailty Virtual Ward, consistently above their bed trajectory with an average of 28 beds open per day in May and 38 on average open during June. This exceeds the target of 20 beds. Bed days saved in Q1 = 1599. • For July 2023 Frailty Virtual Ward, are consistently above their bed trajectory with an average of 29 beds open per day. This exceeds the target of 20 beds. • Respiratory VW – increasing beds open, 12 in April 11 in May and 15 in June – currently not meeting the target of 30 beds open on average. For July 2023 respiratory have 16 beds open.	• Community support for the EDAT team having a positive impact on reducing LoS for those people the team are working with. There is a need to expand this approach and ACS will be working with DOM to consider how to do this. • The work has highlighted that there is a need for more information in relation to available community services; in line with improvement methodology, plan is to introduce a 'pull approach' to support early discharge • Dovecote pilot continues to support early discharge and prevent readmission.	• Working towards delivery of care-coordination pathway by end Oct 2023 which will focus on 'high risk adults' to introduce proactive case management and support people to keep well at home. • Working with IToCH to review how community work to support improved discharge and introduce a 'pull back home' approach to support discharge. New model will emphasize approach of assessment at home and use of assistive technology where appropriate. • Plan to review approach with respiratory team in relation to virtual ward - further discussions with clinicians planned for July 2023. • Since it began at the beginning of March, Dovecote has admitted 104 people 55 of them directly from A&E. Based upon the data from Lightfoot and MYTT this means that collectively these people have spent 770 less days in an acute hospital setting, that's over 2 years bed day savings to MYTT. • More important is that each one of these people has avoided a 2 week hospital stay at least, they have avoided the risk of 2 weeks of deconditioning and avoided a hospital acquired infections. So when they do return home from a stay in Dovecote they are far more independent than they would have been had they been admitted to hospital, which also means that any care package they might need to return home is much less than it would have been following a discharge from a 2 week stay in hospital. • The readmission to hospital of people arriving from MYTT has reduced from 33% to 17%. • The feedback from residents has been overwhelmingly positive with 3 taking the time to contact Dovecote after they returned home to advise us that they had gone onto CQC website and left positive feedback.

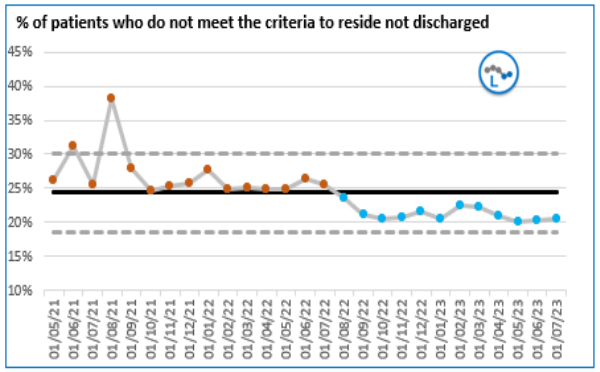
Integrated Community Transfers of Care key KPIs

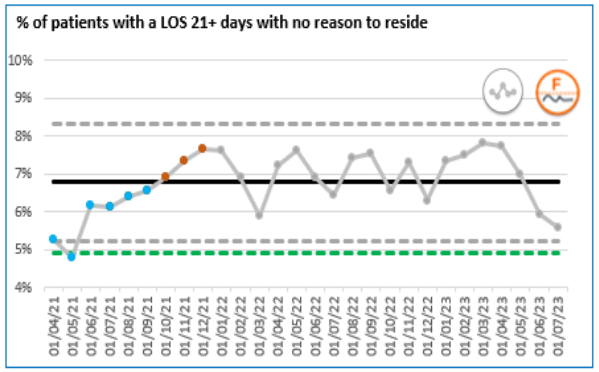
KPI Scorecard

Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Additional measure		MYTT Bed occupancy	MYTT	M	Low	Jul 23	OP Plan	96.7%	94.8%			
Programme KPIs		Number of patients occupying acute beds with no reason to reside	MYTT	M	Low	Jul 23	OP Plan	-	183			
		% of patients who do not meet the criteria to reside not discharged	MYTT	M	Low	Jul 23	TBC	-	20.6%			
		% of patients with a LOS 21+ days with no reason to reside	Wakefield	M	Low	Jul 23	OP Plan/BCF	4.9%	5.6%			
		% of patients discharged on pathway 0	MYTT	M	High	Jul 23	OP Plan/BCF	50.0%	17.0%			
		% of patients discharged on pathway 1	MYTT	M	High	Jul 23	OP Plan/BCF	45.0%	8.8%			
		% of patients discharged on pathways 2	MYTT	M	Low	Jul 23	OP Plan/BCF	4.0%	2.7%			
		% of patients discharged on pathways 3	MYTT	M	Low	Jul 23	OP Plan/BCF	1.0%	3.4%			
Additional measures		% of patients discharged from hospital to their usual place of residence	Wakefield	M	Low	Jul 23	BCF	92.5%	93.0%			
		% of all patients discharged - pathway unknown (No mapped pathway)	MYTT	M	Low	Jul 23	Baseline	-	68.1%			









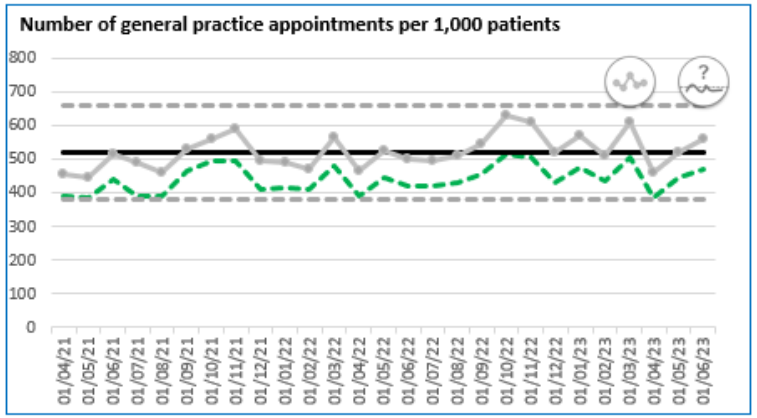
Integrated Transfer of Care - Supporting Narrative

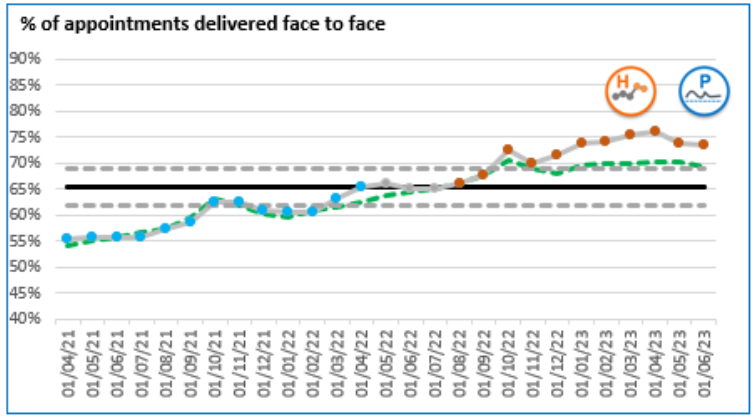
How are we performing?	What is driving the performance?	What actions are in place to support?
• Wakefield is currently delivering against proportion of patients discharged to their usual place of residence, with performance at 93% against the BCF target of 92.5%. • Bed occupancy in July reported at 94.6% which was below local target of 96.7%. • The number of patients in beds with no reason to reside remains static at 183 and 20.6% of patients who do not meet the criteria to reside were not discharge. • The % of non-elective admissions with a LOS over 21 days reports continues to reduce. • Changes in triage process within IToCH mean that Mon – Fri the average time to triage is 17 minutes • Changes in referral processes mean that referrals are now accepted by support services prior to NR2R reducing LoS for people on these pathways • EDAT pilot has shown a 3 day reduction in overall LoS for people supported through this process. • Dementia Pathway continues to develop with discharge planning and post discharge support. 26 new people have been supported through June and July with 20 of these being supported to return home and 4 ongoing (2 RIP). Feedback from families and providers remains overwhelmingly positive. • The nature of the hub means that data cannot easily be pulled from one source and operational data intelligence remains a challenge and focus for future developments	• System focus to shift support from hospital to community • Creation of 'pull model' from community services through IToCH to promote earlier discharge, a greater risk enabling approach and 'Home First' agenda • Need to reduce days people spend in hospital unnecessarily and subsequent harm • Drive to provide proportionate responses that support individuals choices and wellbeing • Need for earlier discharge planning to avoid unnecessary delays • Challenge in accessing services for those with complex dementia support needs to ensure that overly restrictive support is not needed • Need to further improve relationships with provider partners to streamline discharge. Drive for better experience for people and to allow providers to accept referrals more quickly based on trust.	• Working with Community services to review how to better incorporate their expertise to support 'pull back home'. • Involvement and expansion of EDAT model / learning across increased wards and groups of people to ensure timely discharge • Work ongoing to facilitate decision making for rehab beds in IToCH • Working with community colleagues on expanded Admission Avoidance in ED including expansion of MDT • Expansion of dementia pathway offer with recruitment of additional staff • Funds secured for care home trusted assessor and working with KLA colleagues to facilitate recruitment • Engagement work ongoing with care homes – aligning work in different areas and development of action plan around improved discharge processes. • Education workstream around use of assistive technology.

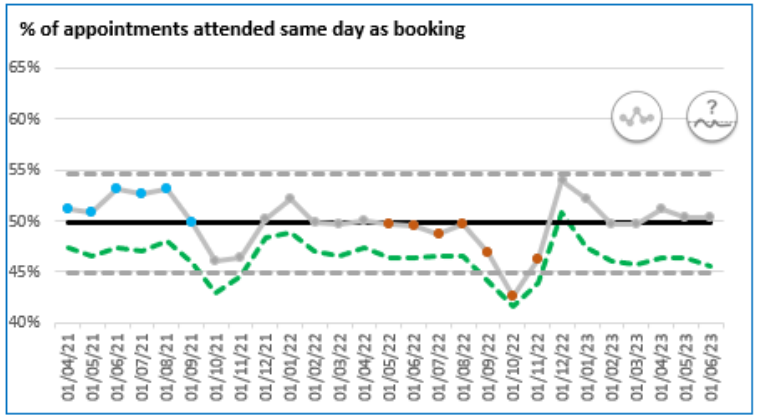
Primary Care

KPI Scorecard

Metric Type	Sub Domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Programme KPIs	Workforce	FTE doctors in General Practice per 1,000 patients	Wakefield	M	High	Jun 23	WY Rate	0.58	0.61		P	✓
		Direct patient care staff in GP practices and PCNs per 1,000 patients	Wakefield	M	High	Jun 23	WY Rate	0.24	0.25			✓
	Access to primary care	Number of general practice appointments per 1,000 patients	Wakefield	M	High	Jun 23	National	470	559.22			✓
		Number of Community Pharmacy Consultation Service/ Pharmacy First Scheme Referrals	Wakefield	M	Low	Jul 23	OP Plan	350	385			✓
		% of patients describing their overall experience of making a GP appointment is good	Wakefield	A	High	Jul 23	Nat Avg	71.0%	73.0%			✓
Additional Measures	Access to primary care	% of appointments delivered face to face	Wakefield	M	High	Jun 23	Nat Avg	69.4%	73.4%	H	P	✓
		% of appointments attended same day as booking	Wakefield	M	High	Jun 23	Nat Avg	45.6%	50.3%			✓
		% of appointments attended within 2 weeks of booking	Wakefield	M	High	Jun 23	Nat Avg	84.6%	85.0%			✓
	Medicines	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care (rolling 12 mths)	Wakefield	M	Low	Mar 23	National	87.1%	118.2%	H	F	
		Antimicrobial resistance: appropriate prescribing of broad-spectrum antibiotics in primary care (rolling 12 mths)	Wakefield	M	Low	Mar 23	National	10.0%	5.8%	L	P	







Primary care -Supporting Narrative

How are we performing?	What is driving the performance?	What actions are in place to support?

• Number of GP appointments per 1000 patients for June 2023 was 559.22, an increase against May (521.70). Wakefield continues to rank 3rd in West Yorkshire.
• % Face to face appointments for June 2023 is 73.9%, with the rate showing a decline since April 2023 (76.3%).
• The % booked within 2 weeks has increased to 70.5%, with Wakefield also ranking 3rd across West Yorkshire.
• GP Care Performance EA – high performance across both PCN Enhanced Access and locally commissioned service in terms of provisions and utilisation rates.
• GP patient survey - Against the overall experience question, Wakefield scored 73% which is above the WYICB average and national average by 2% (WYICB and national being 71%). This is also a 2% increase above last year's results. Wakefield is consistently above WYICB and the national average against all but one question (seeing preferred GP at 30% - 1% lower than WYICB).
• The most improved areas compared to last year are;
  • the patient was given a time for an appointment (improvement of 5% to 91%)
  • the healthcare professional understood mental health needs (improvement of 4% to 84%).
• The areas with the highest reduction in performance are;
  • agreed a plan to manage condition (reduction of 4% to 60% - mirrors national trend)
  • frequency of seeing a preferred GP (reduction of 5% to 30% - mirrors national trend).
	• Patient behaviour and seasonal trends results in lower demand over summer months and therefore increased capacity for planned activity.
	• GP Enhanced Access activity being adjusted to take into consideration seasonal trends with increased pre-booked planned capacity over summer months.
		• GP Recovery Plan – Local implementation of the actions set out in the GP Recovery Plan including development of project plan to support.
		• All PCNs have submitted Capacity and Access Improvement Plans – alongside individual practice submitting telephony improvement plans.
		• We will contribute to the WY ICB Board Report for access improvement in Wakefield as well as continued engagement in the WY Access Group.

Urgent Care

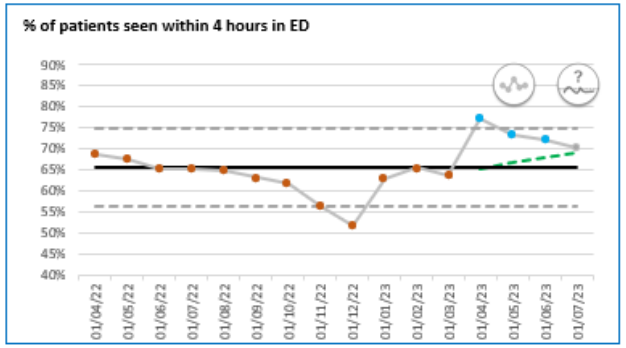
Supporting Programme: Unplanned Care Transformation

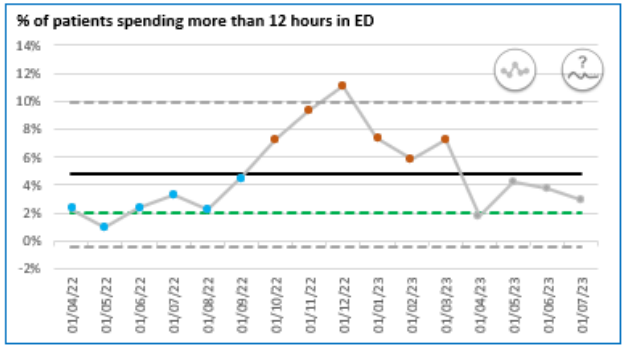
KPI Scorecard

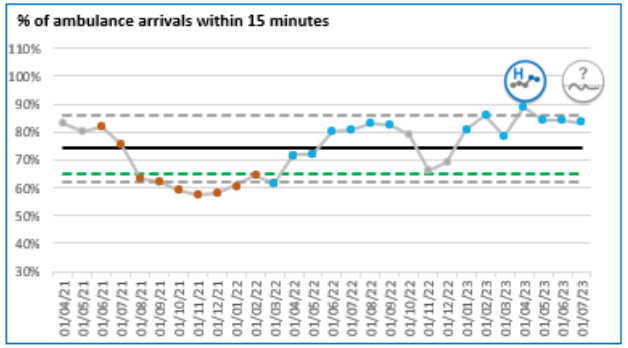
Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Programme KPIs	In Hospital	% of patients seen within 4 hours in ED	MYTT	M	High	Jul 23	National	69.0%	70.2%			✔
		% of patients spending more than 12 hours in ED	MYTT	M	Low	Jul 23	National	2.0%	2.9%			✔
		% of ambulance arrivals within 15 minutes	MYTT	M	High	Jul 23	National	65.0%	83.3%	H		✔
		% of ambulance arrivals within 30 minutes	MYTT	M	High	Jul 23	National	95.0%	95.8%	H		✔
		Number of ambulance arrivals over 60 minutes	MYTT	M	Low	Jul 23	National	0	1	L		✔
	UCR	Urgent Care Response Team Same Day Response (requiring a response within 24 hours)	Wakefield	M	High	Jul 23	National	95.0%	95.8%			✔
		Urgent Care Response Team 2 hour Response (requiring a response within 2 hours)	Wakefield	M	High	Jul 23	National	70.0%	82.9%		P	✔
Additional measures	Out of hospital	GP OOH Activity	Wakefield	M	Low	Jun 23	TBC	-	2125	H		✔
		GPCW Activity	Wakefield	M	Low	Jun 23	TBC	-	1800			✔
		Attendances to King Street Walk in Service	Wakefield	M	Low	Jun 23	TBC	-	1533	H		✔
		Proportion of 999 calls conveyed to A&E	Wakefield	M	Low	Jun 23	Baseline 22/23 Avg	66.7%	68.3%			✔
		Proportion of 999 responses that lead to UCR	Wakefield	M	High		*To follow*	-				

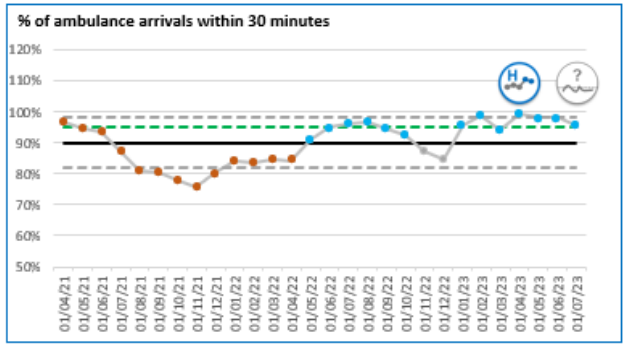
Urgent Care SPC and Trended Charts

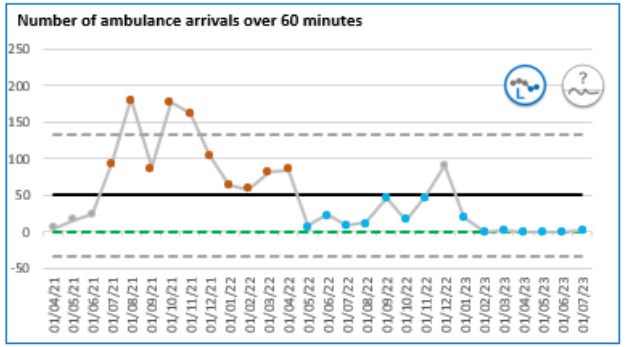
Supporting Programme: Unplanned Care Transformation

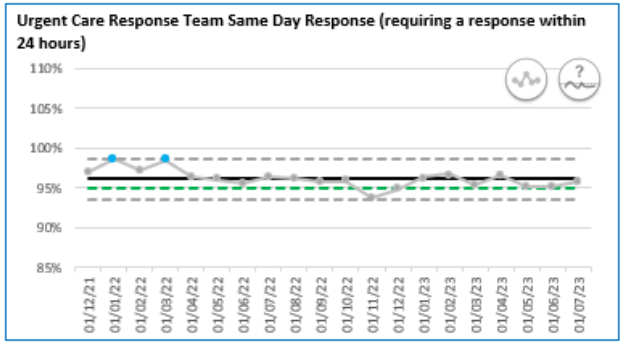


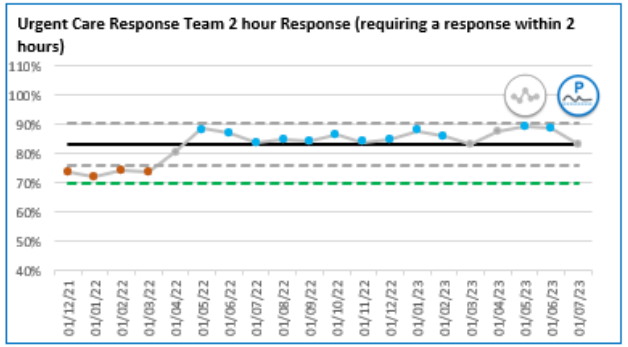


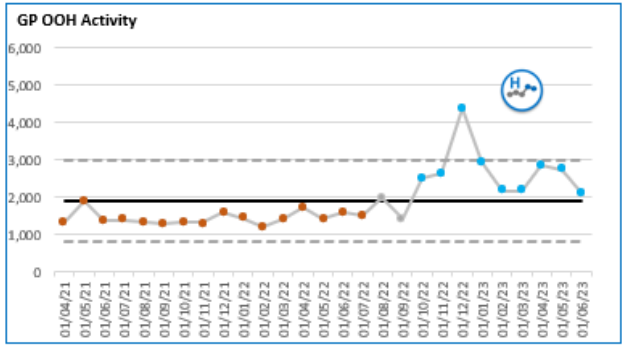


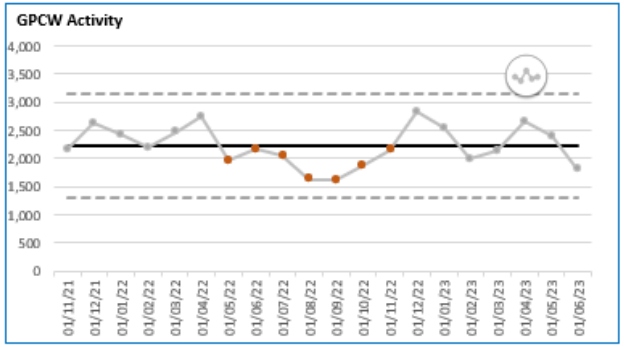


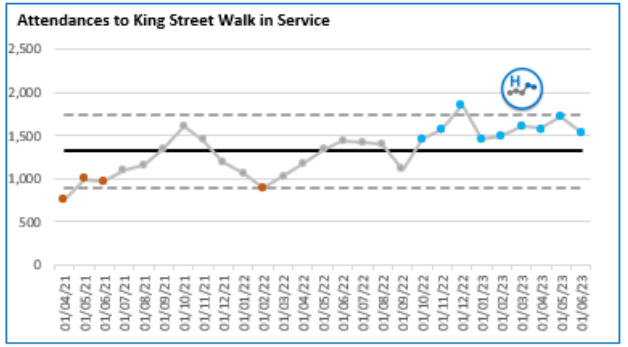












Urgent Care - Supporting Narrative

How are we performing?	What is driving the performance?	What actions are in place to support?
• Although attendance activity dropped slightly (-1.5%) in July compared to June, the number of admissions increased by 4.5%, changing the conversion rate from 18% to 19%. The increased volume of admissions correlates with an increased acuity profile through the ED's during July. • Whilst attendances are slightly below operating plan forecast, admissions are tracking above the trajectory. • ED performance relating to the 4 hour standard continues to achieve above the Trust agreed trajectory. (Performance is differentiated between non-admitted and admitted patients 79% and 32% for July) respectively. Overall performance against the 4 hour target was 70% in July, against a target of 69%. • The admitted percentage has deteriorated by 10% since April highlighting the need to continue focus on the admitted pathway processes. • The proportion of patients waiting over 12 hours in Pinderfields ED continues to be above the 2% tolerance level at 2.9%,, although reduced from 3.7% in June. • There were 9 RTA breaches reported in July - these were caused by two main factors, the first in relation to OPEL pressures, the second caused by delays in accessing mental health in-patient beds (a total of 2 patients).	• Long patient waits (over 12hours) in ED due to lack of organisation flow, speciality SDEC assessment capacity and in-patient bed availability. • There is an increase acuity presentation thus conversation increase. R2R and SSP remains above 200 impacting on base ward bed availability. • Throughout July there remains a weekend discharge deficit impacting on increased LOS in ED for patient waiting for beds limits organisational flow Monday/ Tuesday • In May reverted to contracting arrangement for IFT provision, internal IFT crew operational hours reviewed and amended however unable to meet required demand, resulting in delayed patient transfers for admission and 12 hour RTA trolley breaches for July. • The demand for mental health inpatient capacity outweighs capacity available which is having a detrimental impact on patient experience and significant delays for patient mental health act assessment and in-patient bed availability. This impacts both the emergency departments and the acute assessment units/base wards	• Ongoing work through the unplanned care system group to encourage patient use of alternative urgent care pathways that would better meet their needs. • UEC design programme is ongoing in relation to the wider unplanned care offer and configuration across Kirklees and Wakefield ICB's, with a view of improving service access and ultimately reducing low acuity attendances presenting in ED. • On going work with community colleagues regarding virtual ward and urgent care system to explore additional patients who can have their care met in the community. This is covered in the update provided by community colleagues below including evaluation. • Task and finish group has been set up to operationalise the changed contracting flow with ICB and MYTT partners. MYTT visits organised across region to LTHT, CHFT, Airedale & BTHFT to review best practice for flow management and develop a WYATT Patient Flow Network to be arranged and events to be facilitated • Admitted Pathways group to review form and function of assessment areas, management of primary care calls, and direct to speciality pathways from ED. Following the initial scoping meeting the aim of this work will be to deliver timely access to the right inpatient bed for the patient's need, reducing bed occupancy and supporting delivery of the 4 hour target for admitted patients. • The reprofiling the operating hours of the MYTT IFT crew elongating the hours of operation to midnight has had a positive impact on performance and patient experience. As a result there has been a reduction in RTA breaches due to OOH transport delays. Discussions are on-going regarding new contracting arrangements. • The risk remains relating to the capacity and demand for MH services remain although a collaborative number of initiatives (YAS and police MH responder cars) through the MH A&E system steering group has seen a reduction in attendances of lower acute MH presentations in PGH. New trail with PGH ED and police regarding absconder pathway commenced 1st August 2023. • New department pathways and processes around front door flow at DDH and PGH are supporting the non-admitted performance and contributing to a positive patient pathway. • Substance Care Team new local steering groups commenced in May to develop a more collaborative pathway with local partners (Wakefield and Kirklees Council, Turning Point and Care Grow Live) to develop community based pathways and treatment from community services for this cohort of patients.

Mental Health

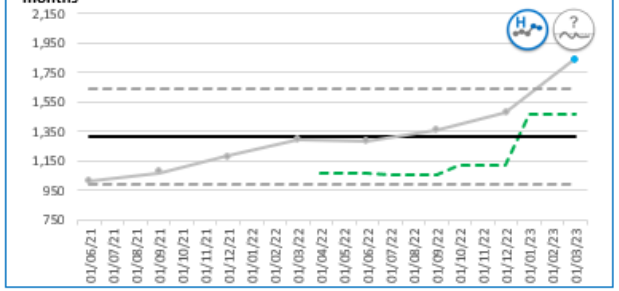
Supporting Programme: Mental Health Alliance

KPI Scorecard

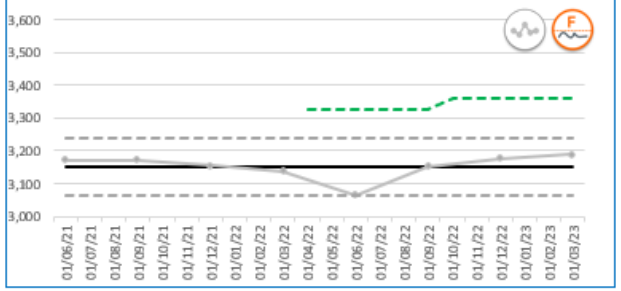
Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Programme KPIs	Adults	People with SMI receiving a full annual physical health check in the last 12 months	Wakefield	Q	High	Q4 22/23	Plam	1461	1840			✓
		Access to Core Community Mental Health Services for Adults and Older Adults with SMI in the last 12 months	Wakefield	Q	High	Q4 22/23	Plan	3360	3190			✓
		IAPT Recovery	Wakefield	M	High	Jul 23	OP Plan	50.0%	53.6%			✓
		IAPT Access	Wakefield	M	High	Jul 23	OP Plan	783	793			✓
		% of people aged 65 or over diagnosed with dementia	Wakefield	M	High	Jun 23	Op Plan	62.0%	63.5%			✓
Additional measures		Number of women accessing specialist perinatal mental health services	Wakefield	Q	High	Q1 23/24	OP Plan	92	139			✓
		Early Intervention Psychosis (EIP) 2 weeks (NICE approved care package)	Wakefield	M	High	Jun 23	National	60.0%	85.2%			✓
		Out of Area Placements	Wakefield	M	Low	Jul 23	OP Plan	0	8			✓
Additional measures	CYP	Waiting times for urgent referrals to CYP eating disorder service	Wakefield	Q	High	Q1 22/23	National	95.0%	94.4%			
		Waiting times for routine referrals to CYP eating disorder service	Wakefield	Q	High	Q1 22/23	National	95.0%	95.3%			✓
		Number of referrals to the children's therapy service	Wakefield	M	Low	Jul 23	22/23 Avg	46	55			✓
		Number of children on the therapy waiting list at month end (excludes allocated and triage)	Wakefield	M	Low	Jul 23	22/23 Avg	83	82			✓
		Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact	Wakefield	M	High	Apr 23	OP Plan	8000	5605			✓

Mental Health SPC and Trended Charts

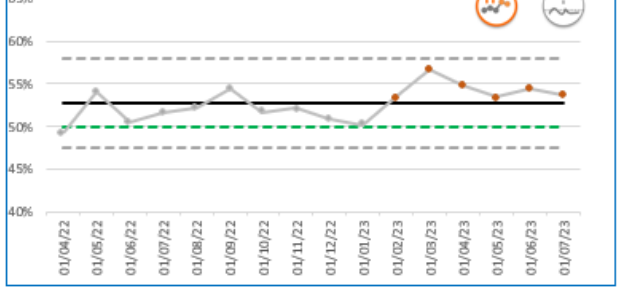
People with SMI receiving a full annual physical health check in the last 12 months



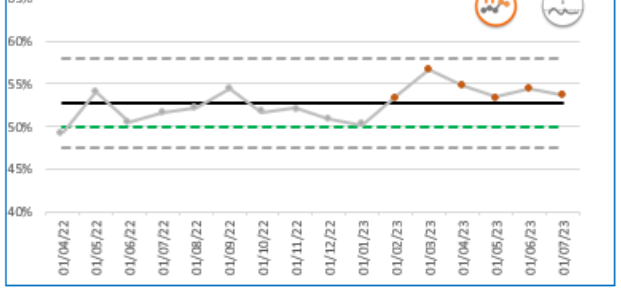
Access to Core Community Mental Health Services for Adults and Older Adults with SMI in the last 12 months



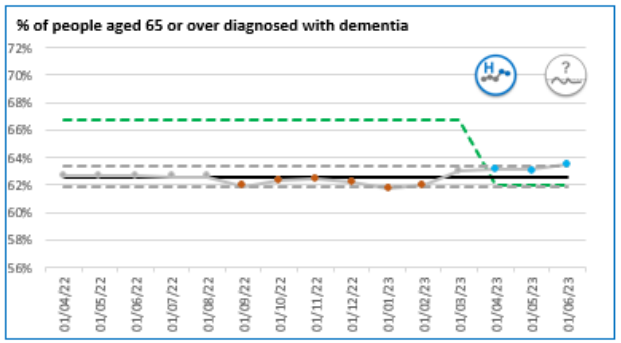
IAPT Recovery



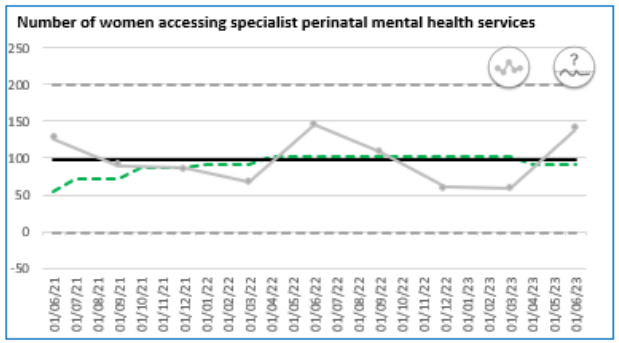
IAPT Recovery



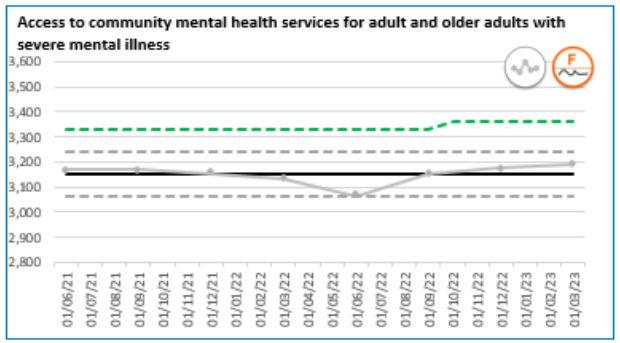
% of people aged 65 or over diagnosed with dementia



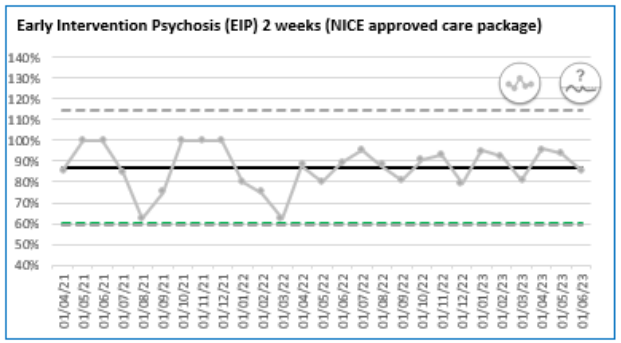
Number of women accessing specialist perinatal mental health services



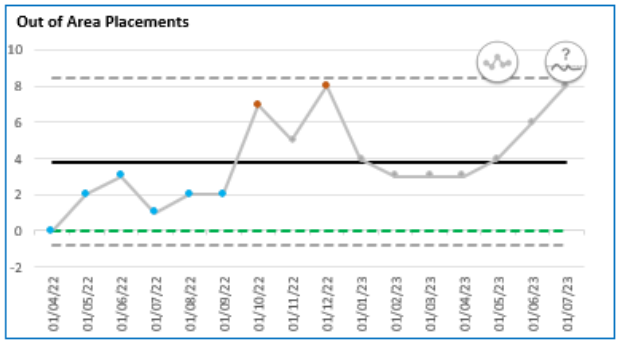
Access to community mental health services for adult and older adults with severe mental illness



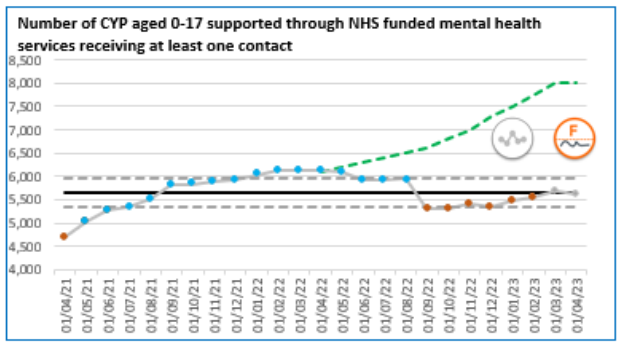
Early Intervention Psychosis (EIP) 2 weeks (NICE approved care package)



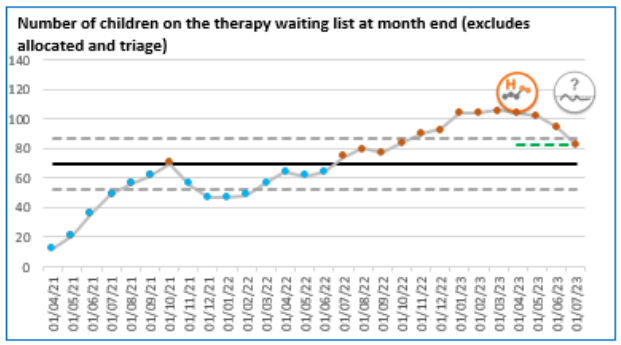
Out of Area Placements



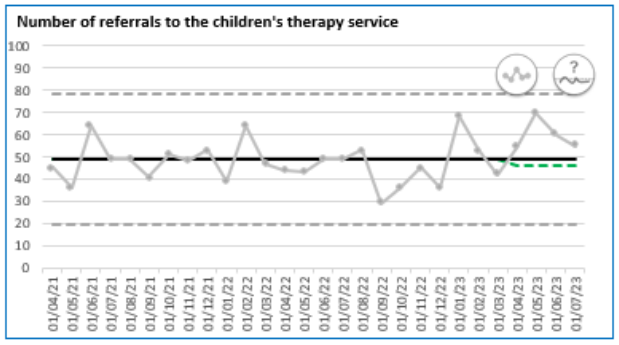
Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact



Number of children on the therapy waiting list at month end (excludes allocated and triage)



Number of referrals to the children's therapy service



Mental Health - Supporting Narrative

How are we performing?	What is driving the performance?	What actions are in place to support?
Adults • Wakefield is consistently above target for rates of Early Intervention in Psychosis. • SWYPFT continues to deliver above the 95% target of gatekept 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 on the wards within 24 hours, supporting system working with MYTT • The waiting list for Adult ADHD remains high. We are working with the SWYPFT team to provide additional capacity during 2023/24 to help manage the waiting list and implement an AI-based triage system which will enable GPs to refer into the service without having to provide a detailed report as detailed in a paper discussed at the last WDHCP meeting. Continued support at WY level is welcomed. • Talking therapies is currently falling slightly short of local access target numbers achieving 2299 in quarter 1 against a target of 3025 but remains above the national average and continues to achieve the over 50% recovery rate. • Service access is above national targets and in a strong position to achieve end of 23/24 10% target. MHIS funding enables full recruitment to achieve the 10% target. **CYP** • Routine waiting times for CYP with an eating disorder remain inline with the national target of 95% at 95.3% with 94.4% of urgent referrals being seen within agreed timescales. The number of children on the MYTT Therapy waiting list continues to reduce, with July reporting at 82 (a reduction was the peak of 106 reported in March).The number of CYP supported through the funded NHS mental health service receiving one contact reports below plan at 5,470 against a plan of 7,500.	• Recent additional investment in MMHS will also contribute to this target throughout the year. • Outlines ongoing training and pathway development. • The service offer has been expanded up until a child's 2nd birthday	• Deep dive into talking therapies has been carried out • Deep dive and actions on PNMH discussed in July MHA meeting • Deep dive into health checks for people with SMI at the August MHA meeting. • It was agreed a deep dive into health checks for people with SMI will take place in the August MHA meeting. • A deep dive into Perinatal Mantal Health was discussed in the July MHA meeting - recruitment challenges and solutions that have been put in place.

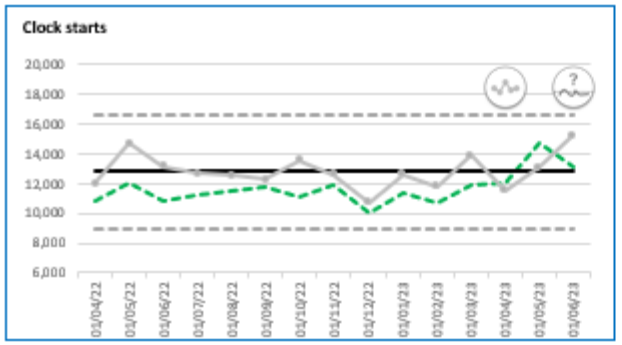
Planned Care RTT

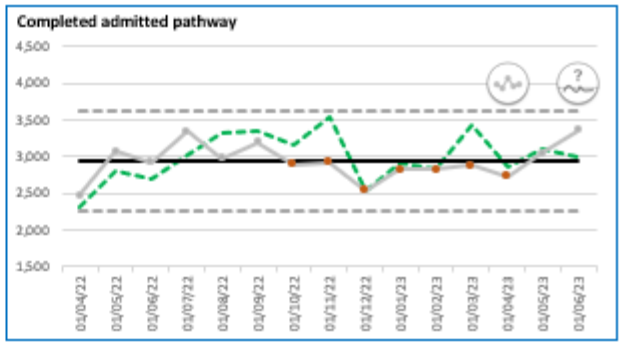
Supporting Programme: Planned Care Redesign

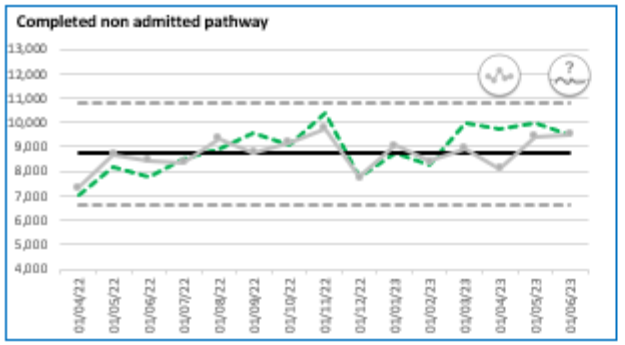
KPI Scorecard

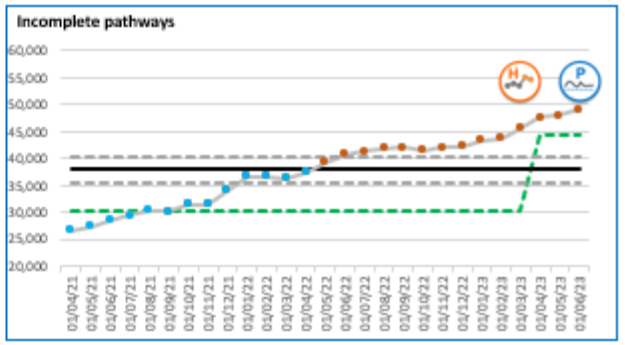
Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Additional measures	RTT	Clock starts	Wakefield	M	High	Jun 23	OP Plan	13170	15263			✔
		Completed admitted pathway	Wakefield	M	High	Jun 23	OP Plan	2987	3354			✔
		Completed non admitted pathway	Wakefield	M	High	Jun 23	OP Plan	9482	9496			✔
		% of patients seen within 18 weeks	Wakefield	M	High	Jun 23	National	92.0%	63.9%			✔
		Incomplete pathways	Wakefield	M	Low	Jun 23	OP Plan	44400	49123			✔
		Patients waiting more than 52 weeks to start consultant-led treatment	Wakefield	M	Low	Jun 23	OP Plan	1140	1616			✔
Programme KPIs	RTT	Patients waiting more than 65 weeks to start consultant-led treatment	Wakefield	M	Low	Jun 23	OP Plan	209	278			✔
		Patients waiting more than 78 weeks to start consultant-led treatment	Wakefield	M	Low	Jun 23	OP Plan	0	23			✔
		Patients waiting more than 104 weeks to start consultant-led treatment	Wakefield	M	Low	Jun 23	OP Plan	0	1			✔
Additional measures	RTT	Community paediatrics WL	MYTT	M	Low	Jun 23	TBC	-	2800			✔
	Non RTT WL	Community health services waiting lists	MYTT	M	Low	Jun 23	TBC	-	4168			✔
	MYTT RTT Trust position	Incomplete pathways	MYTT	M	Low	Jun 23	OP Plan	52400	55815			✔
		Patients waiting more than 52 weeks to start consultant-led treatment	MYTT	M	Low	Jun 23	OP Plan	1400	2026			✔
		Patients waiting more than 65 weeks to start consultant-led treatment	MYTT	M	Low	Jun 23	OP Plan	300	373			✔

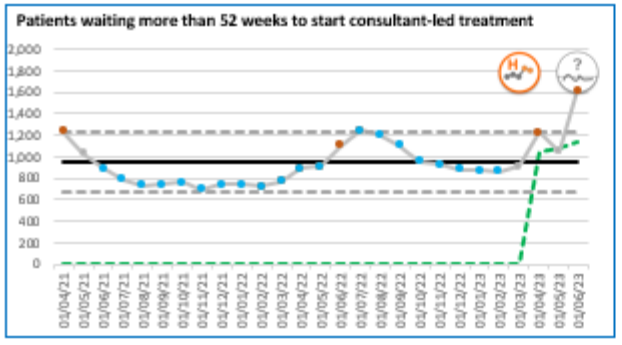
Planned Care RTT SPC and Trended Charts

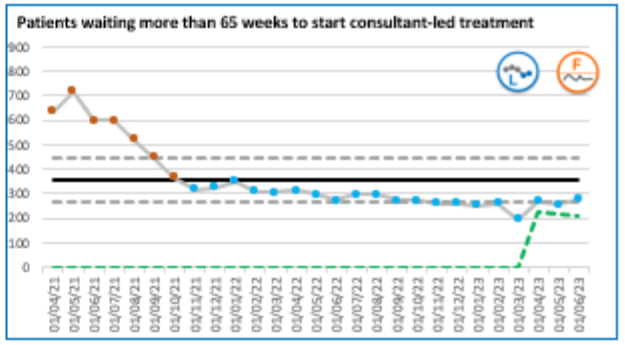


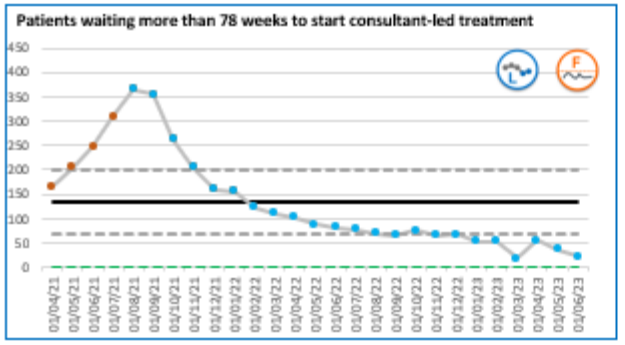


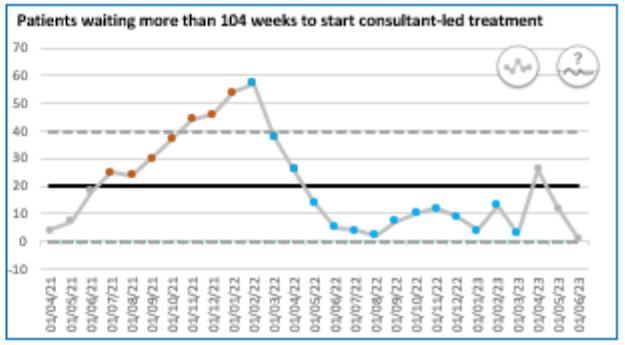


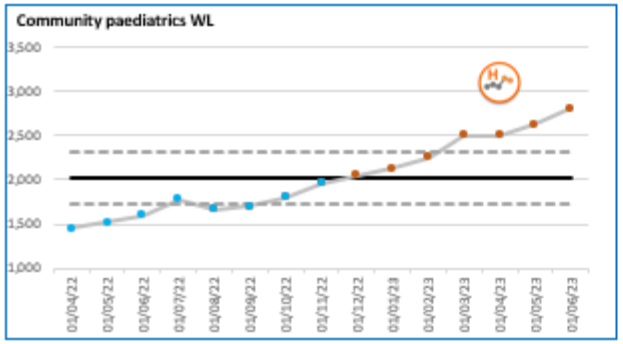




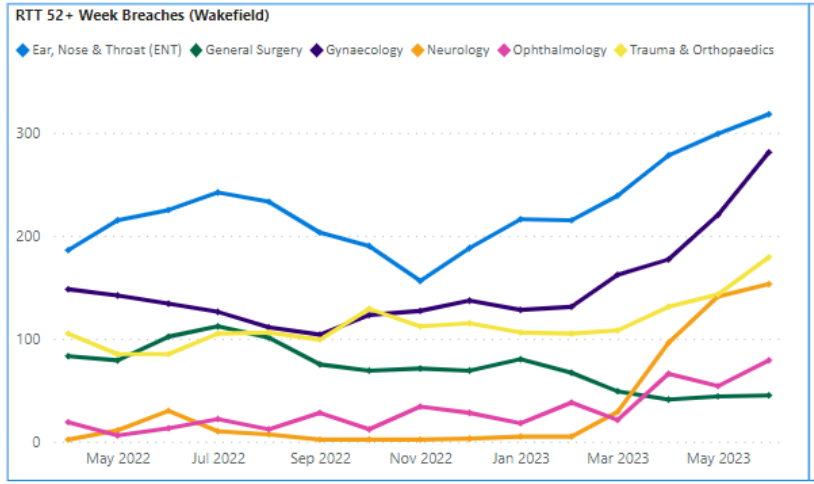








RTT 52+ Week Breaches for priority specialities



RTT 52+ Week Breaches (Wakefield latest month)

Ear, Nose & Throat (ENT)	318
Gynaecology	281
Trauma & Orthopaedics	179
Neurology	153
Ophthalmology	79
General Surgery	45

RTT 52+ Week Breaches (Wakefield latest month) by Provider Type

Ear, Nose & Throat ...	Acute	272
Ear, Nose & Throat ...	Independent Sector	46
General Surgery	Acute	31
General Surgery	Independent Sector	14
Gynaecology	Acute	269
Gynaecology	Independent Sector	12
Neurology	Acute	152
Neurology	Independent Sector	1
Ophthalmology	Acute	72
Ophthalmology	Independent Sector	7
Trauma & Orthopa...	Acute	145
Trauma & Orthopa...	Independent Sector	34

Planned Care - Supporting Narrative

How are we performing?

Wakefield RTT position:

- There is currently one patient waiting over 104 weeks for T&O treatment at Doncaster. Doncaster has been asked to provide further details.
- Pressured specialities with the highest number of patients waiting over 65 weeks remain ENT, T&O and Gynaecology. ENT has seen a spike in routine GP referrals this year (on average, an additional 5 referrals per day compared to last year).
- The majority of long patient waits in T&O are patients waiting for treatment at Leeds. Gynaecology long waiters are patients specifically needing the complex Endometriosis service cases requiring dual operating across specialties who have limited theatre capacity to work in tandem due to job plans. Hepatology is an emerging risk with 150% more GP referrals, both routine and urgent being received by MYTT since Covid and very limited alternative providers across West Yorkshire. These specialties, due to their complex care pathways cannot benefit from eConsultation and Shared Referral Pathway.

MYTT position:

- For planned activity, the risks and challenges remain in relation to: workforce availability, surgeon capacity, acute pressure and cancer/urgent activity vs routine elective work.
- The RTT waiting list increased in June 23 to 55,815 and continues to be at historically high levels. Recovery plans are at risk in some specialties - ENT, Gynaecology - due to workforce availability (Consultants)

Projection for ENT

- 952 patients to treat by Mar 24 who have the potential to wait over 78 weeks: Worst case 326 Mid Case 163 Best Case 0 – includes best case completions, additional capacity and external DMAS support

Projection for Gynaecology

- 984 patients to treat by Mar 24 who have the potential to wait over 78 weeks: Worst case 432, Mid Case 216, Best Case 0 – includes best case completions, additional capacity and external DMAS support.

What is driving the performance?

- Industrial Action and OPEL pressures have further added to the ability to carry out planned activity and this has an impact on the TWL as urgent, cancer and long waiting patients are prioritised.
- Increasing demand (referrals) for services adding pressure and growing waiting lists at a time when the organisation is trying to reduce the elective backlog.
- More 'active' work is required instead of patients who's RTT clocks have stopped in order to address the waiting list. – however this will result in growing backlog of follow ups and needs to be risk assessed with Exec approval
- Reduction of DNAs to increase outpatient productivity - working with specialities with high DNA rates to understand why and how we can ensure every clinic slot is used.
- Urology, Gynaecology, OMFS and ENT account for 17,326 (31%) of the overall position. And subsequently account for 56% of the 52wk waiting list and 83% of the >65wk waiting list.
- Surgeon capacity is challenged in these fragile service and increased referrals, combined with return of patients from the IS are compounding the challenge.

What actions are in place to support?

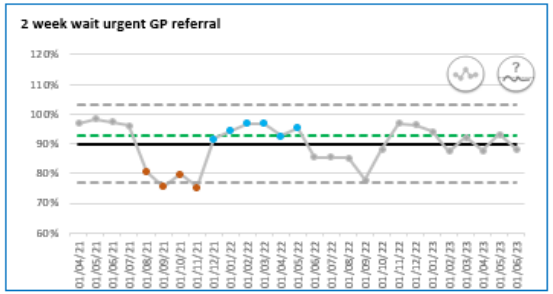
- A detailed review of GP referral demand is underway to identify the impact on services within Wakefield and any opportunities for further transformation. The review includes a breakdown of GP demand by routine, urgent and suspected cancer comparing the last five years of activity and by referring practice. This will be ready by the end of July and is a joint piece of work lead by the System Planned Care Redesign Lead, the BI Lead and the Trust.
- Review of demand is underway through Trust wide Access & Performance. The Trust is using care pathways in partnership with GP colleagues to improve the referral/demand/capacity imbalance. Active versus non-active clinic capacity will be reviewed with all specialities working through capacity to increase completions.
- Recruitment to 2 Gynae and 2 ENT Consultants
- Explore an additional Colorectal Consultant to support joint gynaecology lists
- Review the Consultants jobs plans in line with demand.
- Writing to all patient without a TCI in Gynaecology informing them that they will be placed on the DMAS scheme unless they contact us.
- Letter all FU patients to see if they still require an appointment and discharge if required.
- Freezing all clinic capacity to support micro manage booking of all RTT patients
- Additional WLI clinics and theatres
- Maximising productivity and ensuring return on investment linked to new posts.
- Expand triage model
- Work with primary care to reduce demand and the pathway review to ensure all diagnostics are undertaken at an appropriate point in the pathway, alternative triage models and use of health pathways
- Deep dive scrutiny meetings are in place for long waiting patients to ensure robust plans are in place for patients waiting 56 weeks or more. Recruitment of substantive Consultants and Locum cover is being sourced in ENT and Gynae to support capacity.

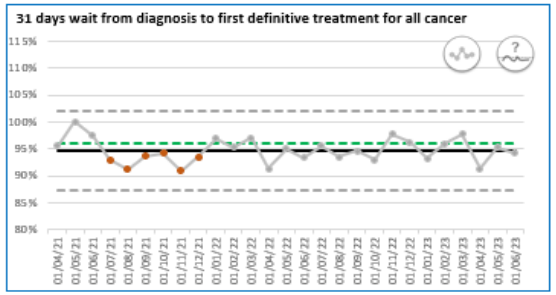
Planned Care Cancer and Diagnostics

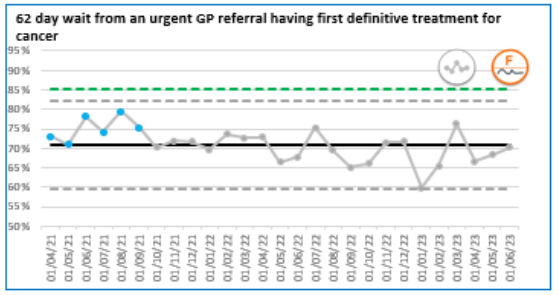
Supporting Programmes: Planned Care Redesign
WY Cancer Alliance

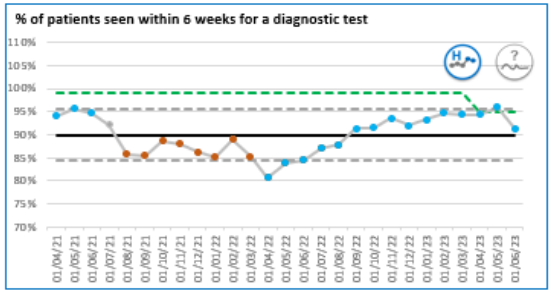
KPI Scorecard

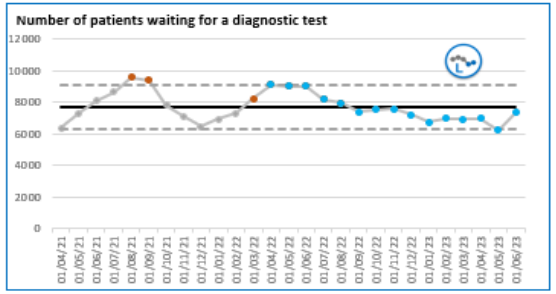
Metric Type	Sub domain	Indicator	Reporting level	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	Refreshed
Additional measures	Cancer	2 week wait urgent GP referral	Wakefield	M	High	Jun 23	National	93.0%	88.1%			✓
		2 week wait breast symptoms	Wakefield	M	High	Jun 23	National	93.0%	100.0%			✓
		31 days wait from diagnosis to first definitive treatment for all cancer	Wakefield	M	High	Jun 23	National	96.0%	94.2%			✓
		62 day wait from an urgent GP referral having first definitive treatment for cancer	Wakefield	M	High	Jun 23	National	85.0%	70.1%		F	✓
		28 day faster diagnosis standard	Wakefield	M	High	Jun 23	National	75.0%	81.4%			✓
	Diagnostics	% of patients seen within 6 weeks for a diagnostic test	Wakefield	M	High	Jun 23	National	95.0%	91.3%	H		✓
		Number of patients waiting for a diagnostic test	Wakefield	M	Low	Jun 23	TBC	-	7366	L		✓
		Diagnostic test activity	Wakefield	M	High	Jun 23	OP Plan	18275	17048			✓

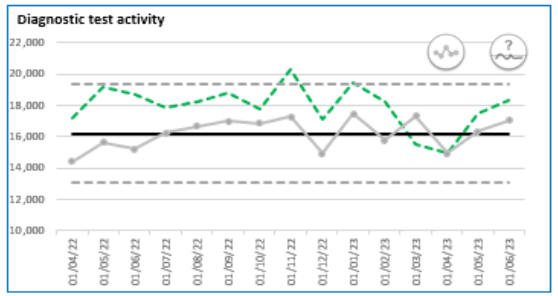












Planned Care - Supporting Narrative

How are we performing?	What is driving the performance?	What actions are in place to support?
2WW • The trust did not meet the 93% standard for June. June performance stands at 88.7%. 213 breaches for 2WW Dermatology appointment, risk continues into July and August. 28 FDS • June Performance 80.5%. Trust is expected to continue to meet for July. 62 Day • 62 Day Performance remains a challenge, however performance improved by 4% from May 2023. June Performance 73.8% • Currently the backlog consists of 192 patients, with 47 patients >104 days. • Trust and TSSG specific trajectories have been developed to track progress against the trust target of <99 patient >62 days by March 2024 Diagnostics • The Trust has consistently achieved the target for the last 6 months and June's performance was 99.91%. • This is despite the national average not achieving higher than 74.2% (based on April'22 to May'23). This has resulted in the Trust been in the top 10 Trusts for the last 7 consecutive months. The latest national data (May'23) shows that only 8 NHS Acute Trusts achieved the target of ≥99%.	2WW • Capacity and demand deficit for urgent suspected skin cancer referrals, Risk that day of booking polling out to day 30 of the 62 day pathway. • 3,100 2WW referrals received in June 2023 28 FDS • 238 28 FDS breaches in Lower GI for June, 14 day wait for 2WW increases risk of patients meeting the standard 62 Day • 80% of the trusts >62 day backlog is within 5 TSSG's; Lower GI, H&N, Urology, Lung and Gynaecology. • 2WW colorectal booking at 14 days, increased waits for FTF consultant appointments (upto 3 weeks) • 4 - 5 week wait for thyroid surgery which is increasing >62 day position for H&N Diagnostics • The performance is well managed and supported through the A&P.	2WW • Division of medicine working with external provider to source capacity short term to reduce the wait for patients. Capacity provided is currently been worked through • Access to be given to all general practices across Wakefield and North Kirklees place to refer via ERS with a dermatscopic image 28 FDS • Lower GI improvement board met in June, 5 programmes of work agreed and leads assigned to take forward actions • Cancer Alliance to fund 3 FIT navigator to support the roll out of the FIT pathway, guidance around the use of FIT to support urgent suspected cancer pathways to be published in NICE guidance in Autumn. 62 Day • Molecular markers for lung specimens can now be reported at LTHT (slides were previously sent to Birmingham). Turn around time expected to be 5 - 7 days • H&N to pilot straight to test triage service for urgent suspected thyroid cancer patients with patients been listed directly for ultrasound +/- fine needle aspiration. Diagnostics • All service trajectories have been met. • The industrial action in July has the potential to impact 6 week performance.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	7 September 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 ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

N/A

Executive summary and points for discussion:

The report sets out the financial position for organisations within the Wakefield Place as at the end of July 2023.

Wakefield delegated Integrated Care Board (ICB) reported £4m adverse to its control total in line with the agreed reporting position of the West Yorkshire (WY) Integrated Care System (ICS) with NHS England.

Both Wakefield Place NHS organisations have reported in line with their break-even control totals.

Wakefield Council (adults and children social care and Public Health) is forecasting £0.5m adverse to plan.

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

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

Recommendation(s)

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

1. Note the month 4 year-end forecast position.

2. Understand the financial risks contained within the forecast numbers, and the actions being taken 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:
"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."
Appendices
N/A
Acronyms and Abbreviations explained
ICB – Integrated Care Board SWYPFT – South West Yorkshire Partnership Foundation Trust MYTT – Mid- Yorkshire Teaching Trust

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 4 (31 July 2023).

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 services within Social Care and Public Health only.

1.4 The summary forecast position for M4 is as follows:

	YTD income / budgets £m	YTD costs £m	YTD Surplus (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	**262.7**	**262.0**	**0.7**	**2.0**
Mid Yorkshire Teaching NHS Trust	**241.4**	**249.0**	**(7.6)**	**0.0**
South West Yorkshire Partnership NHS Foundation Trust	**134.7**	**133.9**	**0.8**	**1.4**
Wakefield Place - Total	**638.8**	**644.9**	**(6.1)**	**3.4**

	Full Year income / budgets £m	Full Year costs £m	Full Year Surplus / (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	**788.0**	**786.1**	**1.9**	**5.9**
Mid Yorkshire Teaching NHS Trust	**709.3**	**709.3**	**0.0**	**0.0**
South West Yorkshire Partnership NHS Foundation Trust	**402.9**	**402.9**	**0.0**	**0.0**
Wakefield Place - Total	**1,900.2**	**1,898.3**	**1.9**	**5.9**

Wakefield Council - Social Care and Public Health	Annual budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m
Adults Social Care	**108.8**	**108.9**	**(0.1)**
Childrens Social Care	**56.6**	**57.0**	**(0.4)**
Public Health	**22.5**	**22.5**	**0.0**
Wakefield Council - Total	**187.9**	**188.4**	**(0.5)**

1.5 Both NHS Trust organisations reported M4 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 but with the expectations that mitigations will be found. There are also emerging risks within all organisations that were not reported within the M4 positions which will be explained below.

1.6 The Council has advised it is experiencing financial pressure within social care due to agency costs and inflation with adult services, and inflations within Childrens placement costs.

1.7 The emerging 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.
- Total Elective Services Recovery Funding has been allocated at 84% and although it is anticipated the other 16% / £2.7m can be allocated, it is highly contingent on meeting the expected performance targets which are forecasting to be under-achieved with the Trust but offset by over-achievement within the ICB (see below).
- Increasing use of Independent Sector providers to meet planned care demand which are currently unfunded, potentially to value of £3m. Mitigations are in place to manage the volume of inter provider transfers to the independent sector.
- Delivery of the combined £67m efficiency / Waste Reduction Programme across the Wakefield NHS organisations, which are currently forecasting 81% delivery, with major risks within the delivery.
- The increasing demand on all services across Place, and out of area placements at SWYPFT.
- Increasing vacancies and the subsequent impact of adverse spending on temporary staffing costs within the Trusts.
- Increasing acuity of our patients.
- ICB prescribing cost pressures over and above planning assumptions but as of reporting there was insufficient data to confirm this. MYTT are experiencing overspends on high-cost drugs.
- Further cost inflation

- Cost of further strike actions

2. Next Steps

2.1 Continue to implement all mitigations identified, including a redesign and test of transformation programmes and a focus on the independent sector activity.
2.2 Implementation and use of stringent financial control measures as prescribed by NHSE.
2.3 Continue to seek support from NHSE on known national issues: cost of pay awards; cost of strikes; ERF.
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 Month 4 (July) 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 was likely there was a high level of efficiency and unmitigated risk in that plan, resulting in the actual forecast position of £25m deficit reported since M2 (May). 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 Partnership Committee to:

4.1 Note the month 4 year-end forecast position.
4.2 Understand the financial risks contained within the forecast numbers, and the actions being taken to mitigate these risks.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15
Meeting date:	7 September 2023
Report title:	Wakefield 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 ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

Executive summary and points for discussion:

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.

There are currently **16 risks** on the Wakefield Place Risk Register, four of which are marked for closure, leaving a total of **12 open risks**.

Following a risk workshop held on 17 May 2023 it was suggested that meetings take place with system partners to cross reference risks and ensure the WDHCP risk register reflected risks across the system. Meetings with partnership risk colleagues have now concluded and further work needs to be undertaken to cross reference risks to ensure the WDHCP register is comprehensive, an initial light review would suggest that the majority of risks impacting the system are captured. Work continues to communicate and engage with colleagues to highlight the need to record risks and this engagement has led to some emerging risks with a meeting taking place at the end of August to discuss these in more detail before entering them on the register for the next risk cycle.

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. **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 3 of 2023/24) which commenced on 18 July and ends after the West Yorkshire ICB Board (WY ICB) meeting on 19 September.

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.

Following a risk workshop held on 17 May 2023 it was suggested that meetings take place with system partners to cross reference risks and ensure the WDHCP risk register reflected risks across the system. Meetings with partnership risk colleagues have now concluded and further work needs to be undertaken to cross reference risks to ensure the WDHCP register is comprehensive, an initial light review would suggest that the majority of risks impacting the system are captured. Work continues to communicate and engage with colleagues to highlight the need to record and regularly review in line with the risk cycle.

Following discussion with the Adult Social Care Service Director for Mental Health and Learning Disability some emerging risks have been highlighted detailed at paragraph 2.8 of this report.

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 There are currently **16 risks** on the Wakefield Place Risk Register, four of which are marked for closure, leaving a total of **12 open risks**.

The following risks are marked for closure:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Risk Status
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.	Closed – transferred to the WYICB Core Risk Register at risk 2339.
2186	Improve healthcare outcomes for residents	6	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)	Closed - Reached tolerance
2155	Improve healthcare outcomes for residents	4	here 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	Closed - Reached tolerance
2203	Improve healthcare outcomes for residents	3	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.	Closed - Overall Strategic Risk nationally, locally our specific issues relating to workforce are resolved currently

2.7 New Risks this Cycle

There are no new risks this risk cycle.

2.8 Emerging Risks this Cycle

Discussions took place with the Adult Social Care Service Director for Mental Health and Learning Disability on 25 August where the following emerging risks were discussed. Further discussions will take place with risk colleagues in Adult Social Services with a view to them being placed on the WDHCP risk register in the next risk cycle.

- There is a risk that some tenders within the learning disability service may not be successfully met due to current market pressures.
- There is a financial pressure risk due to the rising costs of learning disability placements (high-cost packages) (currently on the ASC risk register).
- There is a risk that there may not be sufficient resources to meet all the requests for adaptations through the Disabled Facilities Grant in 2023/23.
- There is a financial and resource risk due to the requirement by CQC for all regulated services who come into contact with a person with a learning disability or autism to have undertaken the full day Oliver McGowan training with a further risk of the potential to breach regulations during a CQC inspection if the training has not been undertaken.

Plans are in place within Adult Social Care to address and mitigate these risks including being added, if not already on, to the Adult Social Care risk register.

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.

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. 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
2132	Healthy standard of living for all	12	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. .
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.
2133	Healthy standard of living for all	12	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

2.10 Increasing scores

The following risks have increased following review by risk owners.

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2133	Healthy standard of living for all	12	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	Risk reviewed and scoring put in line with risk rating on the local authority risk register.
2138	Healthy standard of living for all	9	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.	Risk reviewed and scoring put in line with risk rating on the local authority risk register.

2.11 Decreasing scores

The following risks have decreased following review by risk owners:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2146	Healthy standard of living for all	6	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.	A business case paper was recently taken to the Partnership for awareness and advice. The paper was generally well received and understood. The question regarding the availability of appropriate funding remains so for the time being the risk level remains the same. The challenge and risk is not exclusive to Wakefield Place and work to address this has commenced at the WY ICB level

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 19 September 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	16	(I4xL4)	6	(I2xL3)	Gareth Winter	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 finacial 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 Alliance / 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			Static - 1 Archive(s)
2142	04/10/2022	Wakefield Integrated Assurance Committee	Healthy standard of living for all	16	(I4xL4)	4	(I4xL1)	Gareth Winter	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			Static - 1 Archive(s)
2128	04/10/2022	WDHCP	Giving every child the best start in life	19	(I3xL5)	2	(I1xL2)	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. 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	Currently July 2023 1. There is new WY action plan developed and business case being prepared for increased capacity across the whole pathway. 2. There is a Wakefield Place action plan which captures all of the following controls 3. Additional resource was allocated to Mid Yorks to support the pathway in March 2023 - they are currently advertising roles (Paediatrician or a CYP Psychiatrist) to support the pathway 4. A survey with parents was undertaken to understand the reason a diagnosis is sought which highlights concerns around support in school. 5. 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. 6. Expanding on the work above to develop an accreditation for schools and ASD School Champions 7. 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. 8.To undertake further engagement with parents/carers and other stakeholders 9. Mid Yorks are currently modelling options to support pathway redesign this will in turn support the development of a full business case to recover the pathway (as requested at Integrated Assurance Committee in 28 June 2023) 10. WASP which is a non diagnosis led support offer is now recurrently funded.	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 the A sustained rise in referrals beyond the additional capacity which was factored into the additional investment.	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 Integrated Assurance Committee (bi-monthly) last discussion June 2023 at IAC	Monthly data and information on the performance and actions taken Trajectories are regularly updated by MYTT and shared with the CYP commissioner Engagement to look at the pathway and possible support - to reduce the need for referrals.	None recorded			Static - 1 Archive(s)
2182	28/10/2022	Wakefield Integrated Assurance Committee	Prevention of ill health	12	(I4xL3)	9	(I3xL3)	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 Ngative Blood Stream Infections. 3. IPC team review all cases monthly and using the NHS terminology to categorise healthcare associated GNBSI 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 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, Tools (TARGET) promoted with GP practices and TARGET UTI decision tool for care homes. 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 for 2023/24 includes thresholds for Klebsiella and Pseudomonas, and now include thresholds for Acute Trusts (May 2023).	N/A	1.CKW gram negative reduction plan to be refreshed (August 2023). 2. An Executive level lead for GNBSI identified. 3. Six-monthly IPC report to Integrated Assurance Committee - latest June 2023 4. Monthly data from UKHSA mandatory enhanced surveillance system 5. Standing item at monthly HCAI Operational Co-ordination Group. 6. LAMP initiative provides specific information on GP antimicrobial prescribing. Working with LAMP to compare prescribing and gram negative BSI data 7. Attendance and participation at WY ICS for AMR/HCAI 8. Lead nurse chair for WY AMR HCAI Subgroup 9. Participation in the WY ICB System IPC Alliance Group	1. Six monthly IPC report to Integrated Assurance Committee - latest June 2023 2. SystmOne 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 commenced 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 plan in August 2023 3. Lead IPC Nurse to attend WY ICB Gram Negative Reduction planning sub Group September 2023			Static - 3 Archive(s)
2133	04/10/2022	WDHCP	Healthy standard of living for all	12	(I4xL3)	4	(I2xL2)	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	None identified	1) Provider collaborative receives reports on system effectiveness (minutes presented to WDHCP committee) 2) 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. Winter funding announced for workforce 27th July 2023 from DHSC 3) Monthly finance and performance meetings track budget pressures throughout the year. 4) Grants and other funding opportunities will be maximised to support budget position. 5) System working with partners will support joint approach to financial risks.	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. Financial resources have been allocated to both care home and domiciliary care providers nationally on 27th July 2023 and through ASC Discharge funding in March 2023 to support the sector with rising costs this was non recurrent and has been funded from 2022-23 ASC Discharge Funding	None identified			Increasing
2132	04/10/2022	WDHCP	Healthy standard of living for all	12	(I4xL3)	6	(I3xL2)	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. Work programme underway to identify capital options, consider alternative arrangements and ensure the service has appropriate accommodation until an alternative site has been located. NHS Property Services negotiating extension of King Street lease with landlord- August 2023	Capital funding is a gap but other than this no other gaps identified	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	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. ED performance relating to the 4 hour standard continues to achieve above the Trust agreed trajectory. (Performance is differentiated between non-admitted and admitted patients 79% and 32% for July) respectively. Overall performance against the 4 hour target was 70% in July, against a target of 69%.	None identified			Static - 2 Archive(s)

2129	04/10/2022	WDHCP	Healthy standard of living for all	12	(I3xL4)	9	(I3xL3)	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.	Independent sector contracts in place to increase capacity. Patient are offered choice to be seen by an alternative provider. Tools such as PIFU and The Shared Referral Pathway (SRP) are involving primary and secondary care to 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 Planned Care Alliance is revising its work programme and terms of reference to respond to these priority areas strategic direction of planned care.	62 Day- 62 Day Performance remains a challenge, however performance improved by 4% from May 2023. June Performance 73.8%. Currently the backlog consists of 192 patients, with 47 patients >104 days. Trust and TSSG specific trajectories have been developed to track progress against the trust target of <99 patient >62 days by March 2024. Diagnostics-The Trust has consistently achieved the target for the last 6 months and June's performance was 99.91%. This is despite the national average not achieving higher than 74.2% (based on April'22 to May'23). This has resulted in the Trust been in the top 10 Trusts for the last 7 consecutive months. The latest national data (May'23) shows that only 8 NHS Acute Trusts achieved the target of ≥99%. Performance report IAC, Performance report WDHCP Committee. The number of long waiters is monitored at ICS and local level. Opportunities to offer patients choice to be seen at an alter. MYTT has recently introduced a new meeting to do a deep dive into every patient over 52 weeks and it is having a positive impact on the position. The main specialties with excessive waits are where there is a specialist service with limited capacity or where a growth in referrals. These are being supported with detailed actions plans from across the ICB. Actions underway- 2WW Division of medicine working with external provider to source capacity short term to reduce the wait for patients. Capacity provided is currently been worked through Access to be given to all general practices across Wakefield and North Kirklees place to refer via ERS with a dermatscopic image 28 FDS Lower GI improvement board met in June, 5 programmes of work agreed and leads assigned to take forward actions	Some specialities with excessive waits have no alternative capacity options across WYAAT.			Static - 1 Archive(s)
2297	10/05/2023	Wakefield Connecting Care Alliance	Improve healthcare outcomes for residents	9	(I3xL3)	6	(I3xL2)	Chris McWilliams	Judith Wild	Penny Woodhead	There is a risk of potential delays in commissioning patient care, dealing with provider issues and processing payments due to capacity and workforce pressures within the CHC contracting team.	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 - 2 Archive(s)
2145	04/10/2022	Wakefield Urgent care alliance	Healthy standard of living for all	9	(I3xL3)	6	(I3xL2)	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 OPEL - 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 to 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 OPEL), 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).			Closed - Risk no longer relevant to the CCG
2138	04/10/2022	Wakefield Connecting Care Alliance	Healthy standard of living for all	9	(I3xL3)	3	(I3xL1)	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 in place and approved by WMDC 2022 Quality monitoring arrangements in adult social care Safety visits QIG experience of care reports Reviewing Frameworks for Independent Sector Providers and Biweekly meeting with providers and CQC Rep in attendance Joint strategic approach to understanding, supporting, and developing the market. Contract monitoring, evaluation, quality support and due diligence processes in place.	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. Work is in progress to integrate social are and health framework in 2024 for domiciliary care and 2025/6 for residential care. 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 reablement 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			Increasing
2135	04/10/2022	WDHCP	Giving every child the best start in life	9	(I3xL3)	3	(I3xL1)	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. 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 and will work with the MH champion (funded from NHS E for 1 year) in MYHT 3.. CYP specific issues raised with CAMHS service manager and CYP Senior Commissioning manager at Wakefield Place 4. West Yorkshire wide Night OWLs service the overnight support line for CYP and parents continues to be promoted by partners and utilised by Wakefield young people 5. Support provided by CAMHS as in-reach to acute trust continues 6. Tier 4 beds now managed by the WY MH Provider collaborative. 7. Wakefield have a Dynamic Support Register which aims to identify all those at risk of admission or family breakdown engaged with CAMHS whatever their diagnosis. There is a monthly meeting to discuss cases and to provide additional support where required.	none identified	Referral rates and waiting times are monitored by the following: WY ICB Wakefield Mental Health Alliance Children and Young People's Partnership Board and Children's Safeguarding Partnership Children's Alliance	tbc	none			Static - 3 Archive(s)

2186	24/11/2022	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	6	(I3xL2)	6	(I3xL2)	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 * Regular ICB-led Patient safety walkabouts to departments/wards * 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 - with exceptions reported monthly * 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 issues 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			Closed - Reached tolerance
2146	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	6	(I3xL2)	4	(I2xL2)	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	none	Business case captured in forward plans of place meetings and draft Business case to be considered in March 2023 at appropriate place meetings. Funding to be considered within MH Alliance and through WDHCP September investment panel process	Business case is underdevelopment, scheduled into meetings Business case captured in forward plans of place meetings and draft Business case to be considered in March 2023 at appropriate place meetings. Funding to be considered within MH Alliance and through WDHCP September investment panel process	Local place committees haven't yet considered the solutions proposed as planned in March 2023			Decreasing
2155	11/10/2022	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	4	(I2xL2)	4	(I2xL2)	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	* Practice remains under 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 *CQC inspection 14th June rated practice as Good	* 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 *CQC inspection 14th June rated practice as Good	* 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 14th June rated practice as Good - assurance provided that improvements have been 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			Closed - Reached tolerance
2203	08/12/2022	Wakefield Connecting Care Alliance	Improve healthcare outcomes for residents	3	(I3xL1)	1	(I1xL1)	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. Recruitment to General Practice Workforce Leadership which will support the overall recruitment and retention of staff across the district. GP Staff Survey is underway. NHS Workforce Plan is now published	Ongoing staff wellbeing and support.	Performance reporting Patient experience feedback Positive patient experience is being reporting. Activity levels are being met/managed by the practice. Evidence of positive morale within staff team. Workforce numbers.	GP Practice submitted detailed performance review and action plan. Updated action plan provided by Practice.	Evidence of patient satisfaction and appointment numbers.			Closed - Overall Strategic Risk nationally, locally our specific issues relating to workforce are resolved currently.
2181	27/10/2022	WDHCP	Giving every child the best start in life	3	(I3xL1)	2	(I2xL1)	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 MYTT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract. The result of this is the additional costs to the ICB associated with commissioning of external providers and potential poor experience for the patient.	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). CHC team have regular meetings with MYTT nursing team working closely to manage the cases Commissioning of private providers Working with Contracting Team to establish a list of providers that meet a set criteria of care	Plans in place to look at Discharge Planning with MYTT Establishing the Provider List for CHC - work is in hand Review and updating of all CHC processes	Regular reports into senior manager at Wakefield ICB on progress Monthly Team meeting which includes information on numbers of cases etc Liaise with contracting and finance teams when setting up contracts and BSC who minute and send letters and contracts	Not at the moment	Formal Performance Reporting Action Plan			Static - 3 Archive(s)

Wakefield District Health & Care Partnership - Minutes

Wakefield Provider Collaborative

Tuesday 27 June 2023, 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Colin Speers	Chair
Peta Stross	Director of Integrated Health & Care Operations and Quality
Grace Owen	Representing Planned Care
Mel Brown	Representing Wakefield Place Director – Deputy Chair
Steve Knight	Conexus Health Care
Amanda Miller	South West Yorkshire Partnership Trust
Karen Parkin	Representing Finance and Contracting
Patricia Banner-Martin	Deputy Director of Operating, Division of Medicine
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
Becky Barwick	Associate Director of Partnerships and System Development
Tilly Poole	Programme Lead for Community Transformation
David Thorpe	WDH Representative
Sally Pruss	Quality Manager
Dr Adam Shepperd	Chair of Professional Collaborative Forum
Catherine Breadmore	Third Sector Strategy Group
Nichola Esmond	Service Director Adult's Social Care
Dominic Blaydon	Associate Director for System Workforce
Kerry Stott	Unplanned Care Representative

Apologies

Name	Organisation
Jo Webster	Wakefield Place Director
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative
Phillip Marshall	Joint SRO Workforce
Michele Ezro	Mental Health Alliance
Linda Harris	Joint SRO Workforce
Sarah Roxby	Housing and Health Partnerships Chair

Name	Organisation
Lisa Willcox	Chair of Learning Disability Alliance
Sean Rayner	Chair of Mental Health Alliance
James Brownjohn	Programme Manager Planned Care – Mid Yorkshire
Lucy Beeley	System Programme Lead – Unplanned Care
Emma Hall	Chief Officer of Planning and Partnership
Abdul Mustafa	PCN Representative
Jenny Lingrell	Service Director, Children's Health and Wellbeing

Administration

Agenda No	Minutes
1	**Welcome and apologies** CS welcomed everyone to the meeting and apologies were noted as above.
2	**Declarations of Interest** CS declared an interest in Item 5i – Clinical Case for Palpitations and it was agreed that MB Chair that item and that CS could remain for the discussion.
3	**Approval of minutes from the last meeting** The minutes of the meeting of 16 May 2023 were agreed as a true and fair representation of the meeting.
4	**Action log from the last meeting** It was noted that there were no outstanding actions on the action log.
5	Escalations from alliances / programmes i) Clinical Case for Palpitations ii) Other CS declared an interest in Item 5i – Clinical Case for Palpitations and it was agreed that MB Chair that item and that CS could remain for the discussion. MB took over as Chair. AS outlined the details of the presentation to the Professional Collaborative Forum from Dr Murad Khan from Health Care First and GPwSI in cardiology on the Clinical Case for a Palpitations Pathway across the district from those aged 18 and over. AS shared some statistics in relation to palpations which accounted for approximately 4% of all GP consultations in the UK which was the second most common referral to

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	secondary care cardiology after chest pains (according to a study published in the British Journal of General Practice in 2019. It was noted that on average a patient sought 6 consultations prior to be being given a diagnosis. AS explained that the proposed pathway was medically led and utilised technology for patients to monitor their palpitations at home. It was believed that should the pathway be introduced it would reduce the number of GP practice visits, ED visits, referrals for this issue to secondary care, reduce patient anxiety and improve patient satisfaction. AS advised that the Professional Collaborative Forum were supportive of the proposals. Discussion took place in relation to this with it suggest that it was more appropriate for the Planned Care Alliance to discuss this and propose the best way forward. MB asked GO to discuss the issue with James Brownjohn to see if this could be factored into the planned care work programme. It was acknowledged that due to funding constraints there was no guarantee this could be funded at this stage. **Action:** **GO to discuss the issue with James Brownjohn to see if the proposal on Palpitations Pathway this could be factored into the planned care work programme.** **It was RESOLVED that:** **The Provider Collaborative noted the contents of the presentation and asked for this to be looked at by the Planned Care Alliance Programme.** **CS took back over as Chair at 14.17 hours.** GO raised an issue relating to the Radioiodine Service at Mid Yorkshire Teaching Trust advising that due to an issue to around clinical waste disposals and accreditation that the service had had to be suspended. Mitigations had been explored including asking for mutual aid from WYATT however due to the complexities relating to the licence and volume allowed in clinical waste (radioactive waste) from this particular service this had not been forthcoming. Standard Operating Procedures were being developed with Harrogate Hospital and Barnsley Hospital to transfer some MYTT patients there at the time of needing this particular treatment.

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	MB advised that there would be a paper going to the Partnership Committee relating to Inter-Facility Transfers and decommissioning the service for the current providers. MB further noted that there was consideration being given in relation to Non-Clinical Oncology and a paper on the proposed model would be shared at a future meeting. **It was RESOLVED that:** **The Provider Collaborative noted the updates.**
6	**Place Delivery Plan** Becky Barwick (BB) presented this item BB explained that the plan had been developed over a period of several months with a wide range of stakeholders and set out the following: • 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 BB advised that a set of investment and design priorities had been developed to support decision making and would be used to organise monitoring progress, success and identify risk to that it was clear how programmes were progressing towards the overarching vision. The investment and design principles had been used to design a framework for measuring success so that progress towards the vision and purpose was clear as were areas which needed close attention. BB reflected on the I statements and highlighted the Model of Care concept which had both previously been presented to the group. In relation to a question from MB, BB advised that there was lots of work being done through the Alliances and Programmes, using the plan and framework would enable colleagues to see what they were working on which would deliver against the 'three bubbles' (prevention, integrated community response and specialist care) and provide assurance in that regard.

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	BB advised that a set of metrics had been developed for the Transformation Delivery Plan and this group would be responsible for the delivery of this plan which fed into the overall delivery of the Place Plan. **It was RESOLVED that:** **The Provider Collaborative noted the update.**
7	**Terms of Reference** Michala James (MJ) presented this item MJ presented the updated Terms of Reference for the group which would be called the Transformation and Delivery Collaborative going forwards (subject to agreement). The following comments were received: • Should the group be more about asking the Alliances in relation proposals for changes and associated resources / funding required and challenge decisions accordingly; • Para 3.3 – clarity required in relation to commissioning; • Principle of seeking to co-design with the public needs adding; • Left shift to prevention requires adding; • 5.1.1 – population health – the investment principles should be linked to included to make people healthier and happier; • 5.1.3 – add ‘ we will live in our total resource available’; • Terminology aspire re commit to – commit to should be the default unless for a particular reason; It was noted that KP would be taking a paper to the Integrated Assurance Committee on Investment and Design Principles for aid with funding decisions. BB added that discussion was taking place on risk appetite and under what conditions decisions would be made. MB noted that ToR for Alliances and Programmes would need to be reflective of the TDC ToR. CS advised that he would be stepping down as Chair and Mel B would be taking over from the next meeting in August.

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	MJ advised that the ToR could be signed off at the next formal meeting with MB as Chair. SP asked for a member of the Quality Team to be included in the membership. Discussion took place around membership with agreement that both name and role would be included in the finalised version. Membership was grouped around three categories – Statutory organisations, representatives from alliances/programmes and SRO roles. **It was RESOLVED that:** **The Provider Collaborative noted the proposed Terms of Reference and made suggestions to these. The finalised version would be brought to the next meeting in August for agreement.**
8	**Draft Maturity Matrix** This item was deferred to a future meeting. **It was RESOLVED that:** • The Provider Collaborative supported the recommendations and it was noted that discussions are taking place around historic funding arrangements
9	**Harnessing the Power of Communities Programme - VCSE Funding Proposal** **Tracy Carrington (TC) presented this item** TC introduced herself and advised she was presenting on behalf of Maddie Sutcliffe who was unable to attend the meeting. TC advised that NHS West Yorkshire ICB had agreed to allocate £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. A further £110k of funding had also been secured via the Improving Population Health Programme which would be led and codesigned by the West Yorkshire VCSE Voices Panel. This funding was to be distributed through the Harnessing the Power of Communities Programme. TC advised that Wakefield would be allocated £161,387 as part of this funding which had been shared on a per capita basis. TC shared the Theory of Change methodology to be used when allocating the funding. It was noted that it was planned to re-establish the Third Sector Strategy Board with an amount from this funding committed to support this work. The funding would also

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	be used to provide a Small Grants Programme and to further support the Community Anchor Network. Some of the funding would cover salaries and a modest amount had been allocated for events. It was noted it was a relatively small amount of funding and it was asked what the rationale was for creating two posts rather than using the money to tackle health inequalities. TC explained that the VCSE sector had very little staff base to undertake this work which would tackle health inequalities, the posts were needed to take the work forward. Go referenced some work being undertaken which may be of interested to this work and she would contact TC/MS outside of the meeting. **It was RESOLVED that:** **The Provider Collaborative noted the presentation and update.**
10	**Workforce Planning Tool** **Dominic Blaydon presented this item** DC introduced the item advising that Wakefield would be undertaking a pilot workforce planning tool on behalf of West Yorkshire. To provide an example of what data and analysis workforce tools could provide representatives from KPMG had joined the meeting. They introduced themselves, James Devine, Fayaz Timizi, Emma MacLellan-Smith, Nate Price-Whittle. KPMG provided an overview of the workforce tool they had developed which could forecast future need by, role, location and speciality alongside real time data and equality data. This would enable providers / systems to determine where to focus recruitment and retention or unintended consequences of recruitment. DB confirmed that the pilot was at an early stage and that no provider had been defined. The item was to raise awareness of the potential of workforce planning tools. MB suggested DB link in with the Business Intelligence Team as they were currently developing BI capabilities around a whole host of linked data. It was noted that the NHS Workforce Strategy was due to be published that week.

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	It was RESOLVED that: **The Provider Collaborative noted the presentation.**
11	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no items for escalation.
12	**Any other business** GO raised the work being undertaken on a new ToR for Planned Care Forum and these would be available, if required, at a furture next meeting. The meeting finished at 16.52 hours.
Date and time of next meeting: Tuesday, 25 July 2023, 9:00 – 12:00	

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday 25 July 2023, 9.00am – 11.00am, MS Teams

Present

Name	Representing
Mel Brown	Chair
Colin Speers	Executive System Healthcare Advisor
Peta Stross	Director of Integrated Health & Care Operations and Quality, MYTT
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Steve Knight	Conexus Health Care, CEO
Karen Parkin	Operational Director of Finance (Wakefield Place)
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services - MYTT
Becky Barwick	Associate Director of Partnerships and System Development
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
David Thorpe	Housing and Health Group
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council
Kerry Stott	Unplanned Care Transformation Programme, Programme Manager for Urgent Care Redesign / Unplanned Care
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Linda Harris	Joint SRO Workforce
Lisa Willcox	Chair of Learning Disability Alliance, Service Director, Adult Social Care - Mental Health and Learning Disabilities, Wakefield Council
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Paulette Huntington	Deputy Chair, People Panel
Gary Jevon	CEO, Healthwatch
Richard Main	Head of Digital

Apologies

Name	Organisation
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative
Phillip Marshall	Joint SRO Workforce
Catherine Breadmore	Third Sector Strategy Group
Sarah Roxby	Housing and Health Partnerships Chair, Service Director – Housing, WDH
Amanda Miller	General Manager, Wakefield Community Services, SWYFT
Emma Hall	Chief Officer of Planning and Partnership, MYTT
Abdul Mustafa	PCN Representative, PCN Clinical Director
Matt England	Planned Care Alliance, Associate Director of Planning and Partnerships, MYTT
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Michala James	Senior Manager - Partnerships and System Development
Adam Sheppard	Chair of Professional Collaborative Forum

Administration

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1	**Welcome and apologies** MB welcomed everyone to the meeting and a round of introductions were made. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest.
3	**Chair's opening remarks** MB expressed her excitement at the new TDC which provided the opportunity to strengthen joint working and transformation across the system. The meetings would focus on areas of interest, areas which may need strengthening and an opportunity to share areas of success and good practice. MB invited members to share with RB or MJ any agenda items they would like on future agendas.
4	**Escalations from alliances / programmes** MB invited colleagues to report any escalations from the alliances and programmes. JB referred to the Weight Management Service and some significant challenges that were being experienced within the service. He explained there was a long wait for tier

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	2 and tier 2+ patients; the numbers of patients waiting being significant and the current capacity within the service could not cover this. It had been decided to pause the current tier 2+ service until a better solution could be determined. The current people waiting for tier 2+ service would get seen but it would not be available to new referrals at the moment; it was noted that alternative support would be offered and this was currently being worked through. Work had been undertaken to look at a tier 3 service and what resources and funding would be required in that regard. There was also work being undertaken at a West Yorkshire level and a 'Living with Obesity' workshop had taken place the previous week with lived experience stories being shared with attendees; what people wanted from a service and what was currently being offered didn't quite match up so there was some thinking to do to transform the service for patients. It was noted that communications would be going out from the Public Health team around the pausing of the tier 2+ service and the alternative options which would be available. MB asked JB to ensure that an appropriate Quality, Equality Impact Assessment was undertaken. JB emphasised that work was ongoing to redesign the service and this was a short-term solution until that work was complete. JL referred to weight management for children and expressed concerns that pausing the service may impact on children as often adults in the weight management programme had children with weight management challenges; it was often a lifestyle within the family home. CS also expressed concerns as he felt that discussions in relation to this service had been ongoing for a number of months with no resolution, in addition he believed that primary care would be challenged in terms of requests for weight management drugs should these get licensed by NICE in the coming months with no alternative weight management service available. JB clarified that there would be spaces on the programme for 50 patients until December so the service had not ceased but paused. In terms of timescales for a redesigned service it was hoping to be delivered by December although there were other factors to consider now such as the outcomes from Living with Obesity workshop to ensure that any future service met the needs of patients. JB explained he was also in discussions with West Yorkshire colleagues and the outcomes of those may impact on plans too. MB thanked JB for the update and suggested a more formal paper be brought to a future meeting outlining the challenges and options going forward. She also

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	suggested that Wakefield should strive to meet the current challenges as a place system in addition to any solutions being proposed at a West Yorkshire level. **Action:** **JB to being a future paper on the current challenges and future options of the Weight Management Service.** MB updated the TDC on some challenges within the UEC programme. It was noted that unfortunately the bid for capital for the UEC programme to NHS England had not been successful and so KS and KP were working through alternative options for funding for the next phase programme. Due to this there would be a delay in taking options forward for approval by the WDHCP committee. On a positive note, MB updated the TDC on the current A&E performance which stood at 73.3% of people waiting under 4 hours; this stood at 62% last year. LH advised that the annual multi-year workforce planning meeting had taken place the previous week and this had been well attended by senior colleagues with both positive and confirm and challenge conversations taking place. Of particular note were discussions relating to rotational placement of advanced care practitioners and how to connect on a much deeper and sustainable level with the local academic institutions in relation to student placements. All of this work would be taken forward under the pillars of the workforce plan. LH invited colleagues to join or nominate colleagues for future multi-year workforce events.
5	**Terms of reference** RB presented the item in the absence of MJ explaining that colleagues had already contributed to production of the Terms of Reference (ToR) for the new Transformation and Delivery Collaborative following on from the previous discussions at the former Provider Collaborative meetings. RB highlighted the following points for consideration and invited comments from the group: • Paragraphs 3.2 and 3.3 • Paragraph 5.1 • Paragraph 7.0 Membership KP agreed with the additions to paragraphs 3.3 and 5.1. She asked whether there were plans to produce a workplan which would include the monitoring of progress and impact of implementation for any Business Cases and projects the Collaborative had approved or supported.

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	MB advised that it was intended to produce a workplan whilst being fluid with agenda items proposed by members. It would be right and proper to include monitoring and evaluation as KP had described. PH queried why names had been put against the Chair and Deputy roles as this could mean the ToR could get out of date very quickly. She fully supported the wording at paragraph 5.1. There were a number of amendments as follows: • PS – Joint role between MYTT and Council. • ME – Joint role between ICB and SWYFT. • JB and TP – Joint role between ICB and MYTT. • NE – Job role to be amended to reflect new post. • PJ – Job title to be amended. • Paragraph number 3.3 had been duplicated and would need to be renumbered. It was noted that there was no representative from the Children's Alliance as JL was a member as part of her role at Wakefield Council. **Action:** **JL to nominate a representative from the Children's Alliance**. RB thanked members for their feedback which would be reflected in the ToR. MB thanked everyone for their input and explained there would be an annual review process although the aim was to make the ToR as simple as possible to avoid unnecessary amendments. It was **RESOLVED** that the Transformation and Delivery Collaborative: • Agreed the Terms of Reference subject to the amendments as discussed.
6	**Draft Maturity matrix** MB introduced the item explaining that following the development session on 18 April where it was considered what other tools the group could use to evaluate the way we worked, MB, SR, JL and MJ had volunteered to explore this and developed the draft maturity matrix which had been included in meeting packs. MB advised that nationally NHSE had pulled together a maturity matrix for Provider Collaboratives however it was very extensive and technical. The team had looked at

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	this and pulled the best practice from it, make it simpler and also built on previous existing work undertaken by RB and others on the maturity matrix when the partnerships had first formed. MB guided colleagues through the draft maturity matrix explaining that narrative had been included to aid colleagues when completing for alliances and/or programmes. The matrix covered three domains: • Vision, outcomes and benefits • Governance and leadership • Design and delivery It was hoped this would also be helpful for Alliances to understand how they contributed to the delivery plan. MB invited volunteers from Alliances/programmes to test out the draft matrix and then provide feedback to help refine and strengthen the process. The following volunteered: • Mental Health Alliance (ME) • Learning Disability Alliance (LW) • Children's Alliance (JL) • Planned Care Alliance (JB) • People Alliance (LH) **Action:** **For those who volunteered to test out the Draft Maturity Matrix to do so and feedback with comments.** It was noted that these covered targeted groups, population groups and also alliances at different points in their journeys from quite established to only just formed. PH commented that she welcomed and was pleased to see the emphasis in the vision on engagement and information for the public adding that she would be interested how that would actually happen and progress. MB expressed her thanks to those who had volunteered and would look forward to the feedback to further enhance and refine the matrix using that learning to make it more effective.

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	It was **RESOLVED** that the Transformation and Delivery Collaborative: • Agreed the Draft Maturity Matrix being trialled in those Alliances as discussed with further amendments as required following feedback.
7	**Wakefield Place Framework for Investment Decisions** KP advised that the paper had been developed due to the financial challenges this year and going forwards. The submitted financial plans had been very tight with some significant risk and since submission further pressures had emerged. KP advised that a number of proposals and Business Cases (BCs) had been received either by the Alliances or the former Provider Collaborative asking for service change and supported investment and these had not been able to be progressed due to the absence of a framework and set criteria. Therefore, KP had been tasked with establishing a set of criteria which enabled decisions to be made about what was taken forward from alliances and the Transformation and Delivery Collaborative (TDC). KP pointed out that the framework did place more responsibility on Alliances in terms of checks and due diligence before referring BC/proposals to the TDC; the TDC would then propose a list of BCs to be taken through the WDHCP committee meeting for approval for the following financial year. As already stated, this was a little bit behind this year due to the absence of this framework so it was proposed that the TDC take recommendations for this year and next year to the WDHCP committee meeting in either October or November 2023. KP explained that the paper had been to CLT and IAC; final comments were due back from IAC at the end of this week, should there be no further comments this would be the final version, should there be any amendments the updated version would be circulated. **Action:** **To circulate the final version of the Wakefield Place Framework for Investments should it be updated following final IAC feedback.** CS welcomed the framework and referred to the 'decision gateway in September' – and asked whether there would be a system for prioritising those that did not get through on the initial ask in case funding became available later on in the financial year. KP responded that she proposed that a subset of TDC and Integrated Assurance Committee would form a small group that reviewed the BCs to go forward to WDHCP committee meetings and also what would be prioritised should further funding become available. ME welcomed the framework although she raised the issue of if a BC crossed over more than one place within WY, for example Older People's Transformation which

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	covered across Calderdale, Kirklees and Wakefield and what would happen if one place said no to a BC which impacted on other places. KP would consider this and CS suggested there could be a simple tick box which indicated whether it was relevant to just one place (Wakefield) or multiple places. KP asked for volunteers from TDC to form part of the subgroup with a cohort of members from IAC. ME, DT, CS and NE volunteered to be part of the group. MB thanked KP and welcomed the Framework for Investment Decisions especially in the challenging financial climate. MB emphasised that funding should be used on priority areas within alliances. It was **RESOLVED** that the Transformation and Delivery Collaborative: • Noted the Wakefield Place Framework for Investment Decisions.
8	**Transformation Delivery Plan** RB introduced the item advising the partnership had now signed off the Strategic Delivery Plan for the next three years. Alongside this a transformation delivery plan had also been developed; this contained the detailed alliance and programme metrics and narratives. This now need to be finalised by the group as the TDC would 'own' this plan and how this would be monitored going forward. RB also referred to work on the outcomes framework which also required finalising, NT and SB would be invited to future meetings in this regard. RB referred to the template for the highlight report and feedback would be sought on this during the course of the item. RB guided the group through the delivery plan, transformation delivery plan and the outcomes framework including the WDHCP Investment and Design Priorities: • People in Wakefield district live in communities where they are supported to stay well • More health and care services are provided at home or close to home • Health and care services ae personalised, accessible and timely. RB explained that a set of metrics had been developed for each of the WDHCP Investment and Design Priorities, these metrics could be collected and baselined. The programme metrics do need to be able to demonstrate that they contribute to these. MB referred to the outcomes framework and suggested that these areas on slide 12 were quite 'light' and whether these should be further populated.

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	Discussion took place in relation to the metrics, terminology used and how some of the metrics were measured in reality. It was also suggested that some of the metrics could be more meaningful - additionally it seemed more health focused rather than health and social care. RB advised that these were often about some of indicators that could be measured and were being collected which is why the terminology might not translate as intended. RB suggested that a smaller group to come together and do some focused work on this to further develop the metrics on the outcomes framework. KP, CS, ME. LW and TP volunteered to be part of this group along with RB and Natalie Tolson. **Action: RB to convene a group to progress the WDHCP outcomes framework** RB referred to the highlight report which alliances/programmes would complete on a monthly basis and feedback on this would be welcomed although it was noted it was the same template that had been used previously. MB suggested that the project level information relating to UEC programme could be taken out having reflected on the document again. She also felt that this should be focused around the cross-programme delivery assurance areas of: • Prevention • Integrated Community Support • Specialist Care JB reflected on the document and cross programme working and how this could best be achieved. RB stated that it was not the intention to create something onerous or complicated but a simple way of providing oversight of alliances/programmes for discussion and/or assurance. **Action: RB to redraft the highlight report and bring one or more completed examples to the next meeting for comment.** It was agreed that the finalised Transformation Delivery Plan would be the key workplan for the TDC. RB asked that final comments should be received by the end of August and that at this point the TDC should be comfortable with the final plan as this would inform he work programme for the group.

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	Action: **Final comments on the Transformation Delivery Plan to be sent to RB by the end of August.** It was **RESOLVED** that the Transformation and Delivery Collaborative: • Noted the work already done on the development of the Transformation Delivery Plan, Outcomes Framework and Highlight report providing feedback and comments.
9	**Items for escalation to Wakefield District Health & Care Partnership Committee** MB and JB to discuss the Weight Management Programme as it was noted this had been escalated at the H&WB with the challenge around tier 3 provision from Health.
10	**Any other business** JB updated on the legacy item from Provider Collaborative relating to the Palpitations discussion although he wasn't at the last meeting for the discussion. CS stated that the outcome was that the group would explore this further but there was a question around how this would be funded. JB would explore it further within the programme and see what the feasibility wass to take it forward. It was noted that a business case would need to be brought forward should funding be required. The meeting finished at 10.47 hours.
Date and time of next meeting: Tuesday, 15 August 2023, 2:00 pm – 5:00 pm	

PEOPLE PANEL MEETING

Time/Date: 10:00 on Thursday 8 June 2023

Venue: White Rose House, Wakefield and Microsoft Teams

(Hybrid meeting)

M I N U T E S

Attendees: Dasa Farmer (DF), Stephen Hardy (SH), Sandra Cheseldine (SC), Paulette Huntington (PH), Mavis, Laura Elliott (LE), Janet Witty (JW), Axsa Nazar (AN), Hilary Rowbottom (HR), Ross Grant (RG), Hillary Rowbottom, Natalie Knowles – Item 5 (NK), Chris Skelton – Item 5 (CS), Axsa Nazar (AN), Gary Jevon (GJ), Princess Nwaobi, Deborah Kirk (DK), Mavis Harrison (MH), Bob Ince (BI), Bipin Raj (BR), Valerie Aguirregoicoa (VA), Kerry Stott – Item 7 (KS), Sarah Mackenzie-Cooper – Item 6 (SMC), Ryan Hunter – Item 8 (RH), Kamal Wrathall – Item 8 (KW), Renuka Damle (Minute taker)

Apologies: Zahida Mallard, Jill Long, Christine Allmark, Carol Smith, Ruth Unwin, Glennis ?

	AGENDA ITEMS
1.	**Welcome and apologies**
	SH welcomed everyone to the meeting and 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 27 April 2023**
	The minutes were agreed as an accurate record, and it was noted that all actions had been completed. Accessibility of the National survey: RG had queried this. The national survey is available on different formats on the website including easy read and in different languages. The Trust do lots of promotions when there is a survey, posters are put up in that area. Lots of accessible formats. LE to get a web page of all of them listed in the notes for members. Examples of different formats national surveys are available in Survey - NHS Surveys LE posted this link on the Teams chat as well.

4.	**Matters arising**
	There were no matters arising. AN said that the Dewsbury District Hospital (DDH) Patient Safety Walkabout could fall on Eid hence another volunteer to be looked at. AN hoping to go on another that's just after the DDH walkabout.
5.	**Recovering access to primary care**
	Natalie Knowles (NK) presented this item with contributions from Chris Skelton (CS). A presentation was shared regarding the GP recovery plan, after which a few questions were raised. • GP teams delivering a million appointments per day, that is half a million more per week than before the pandemic • Strained GP capacity, 20 – 40% increase in contact since pre pandemic times aggravated due to care backlogs • 30% increase in the people over the age of 70 since 2010 hence more long-term conditions and only a 7% increase in doctors working in general practice since the pandemic • Links in with the fall in average patient satisfaction (over 80% of practices experienced this) - Accessibility issues getting through to GP practice • The Recovery plan – hoping to empower patients and increase NHS functionality • Continuing to use the NHS app, expanding community pharmacy – some of which is taking place on a smaller scale • Digital telephony & dealing with the 8am telephone rush, growing multidisciplinary teams, looking at retention & return of experienced GPs, improving primary & secondary care interfaces • Models of how these plans are to be achieved were shared via the presentation as well as the GP Practice ask • The primary care team is supporting the primary care networks alongside the practices to achieve the required capacity and access plan • Undertake quality improvement on their workforce as well as on quality and demand, try and reduce unnecessary appointments • Try and give appointments within a two-week period of a patient wanting one – some caveats to this • Work being done on the telephony to reduce waiting time on the phone, continue to review admin practice procedures • Next steps were shared and a return to this panel with the PCN plans after June • What would this Panel like to see reflected in the PCN plans for access improvement?

	• An appointment within 2 weeks, this was raised as being too long a time frame to get an appointment and would need to be looked at • The second model presented, seems to have an additional step and an emphasis on digital. Members in the community unable to access this would be at a disadvantage • NK clarified – the 2-week appointment isn't to take away from the same day access model, just there to say that hopefully everyone would have had an appointment within the 2-week time frame. It was explained that the focus on digital was to free up the telephony service for those unable to use digital • Mavis requested a printout or requested if her daughter could access the presentation online as she doesn't have internet access. **Action: Mavis to be given a copy of the slides - completed** • A personal experience was shared by Mavis regarding someone from Community Patient Alliance who has been of tremendous help to her. He has been helping Mavis in the capacity of a junior Dr (he has done a two-year intensive paramedic course) and Mavis wanted more people to know about him. He has been a huge help, at times when Mavis is unable to get to the surgery, he has been coming out to see Mavis. He covers Outwood, New Southgate Homestead and Stanley. He said that he would be able to visit her on the days he doesn't cover New Southgate if she required him to, but Mavis hasn't done as he has a lot on. NK thanked Mavis for this feedback and said that she was aware of the man Mavis was talking about • GJ commented that Healthwatch get a lot of complaints from patients unable to access GP appointments while work has been done since the pandemic there is still more to do and GJ would be in touch to pass on feedback • GJ said that he is aware of a programme to improve telephone access technology and requested for information to be provided regarding that • NK said that with the plans that are being put in place it will support patients to get better access to the front door • CS explained that it's a national programme for rolling out improvements in telephony. As part of Wakefield Commissioning arrangements, every single GP practice has been asked to submit an improvement plan one of its focuses will be the phone lines at 8am to help people to get through. Practices are being asked how they best match capacity and demand and how to get waiting times on phones reduced. • CS said that a colleague from the team will be happy to share the plans submitted by the GP Practices and the improvements that have been made. It will be better to have this presented to the Panel later in the year • JW shared an observation; an engagement process was conducted at her practice where some patients said that they had no problems getting through. A recommendation was made to have a patients satisfaction survey in waiting rooms. Also, important to monitor digital telephony, should be part of the action plan

	• SC spoke regarding primary care for new housing developments, a considerable amount of housing development has taken place in the Wakefield district in the last five years, yet the number of practices has decreased. This would need addressing in the PCN plans • RG addressed the issue of digitalisation and the convenience of having an app that will help patients with hearing loss have greater independence and be less reliant on others. NK agreed and said that the app has a lot of functionalities that need to be explored, practices to be engaged and see how it can be used in their access model. CS said that maybe important to look at doing specific communication in this regard for the deaf community • SH said that consistency between plans is key and have a decent standard across the patch. There is a problem between the interface of various apps and websites. Example - unable to order certain medications via the NHS app on my phone. Digital needs to be more reliable • NK said that consistency will be looked at and agreed that digital comes with its issues but will raise them in the relevant forums to try and help avoid some of the issues being experienced • PH concerned that we are adding pressure on clinicians, apart from seeing patients they are now having to check a range of communications. • CS said it's a valid point being raised and is more concerned about the frontline teams such as receptionists as in reality it would be them that will be expected to check the communication coming in via various channels. Practices / Clinicians must work differently understanding the need • CS spoke about the GP improvement programme – supporting local practices and how it operates • JW spoke of the system backlog due to lots of buildings being built and asked how the process is being sped up • CS said that this is a challenge nationally as well. Work is being done with estates colleagues, looking at a standard formula for space requirements as a result of new housing, this is from learning with work being done in another part of the country where the ICB has been working with local authority to receive and comment on every single housing application. The ICB is automatically engaged with no matter how big or small the housing construction. The ICB have a standard formula that is used, and this was explained • A request was made for CS to come back to the group later and explain how it is all working and give an update. It was agreed by CS • Bob mentioned that he worked in the planning department for twenty years and explained the two stages of the planning application. It's when the five-year plan is being decided that's when it's crucial to be involved. CS said that his team is working with the housing planning team. The challenge is not knowing for definite what

	housing development is going to take place and elaborated on how the team works through this • NK said that they would present back to the panel mid-summer
6.	**Equality Diversity and Inclusion update including Equality Delivery System 2 findings**
	Sarah Mackenzie-Cooper (SMC) presented this item and briefed panel members on the work being progressed since the last update. The area discussed at the last meeting was around PCNs addressing health inequalities & it was agreed by the panel members that the organisation was graded as developing in that area under the Equality Delivery System 2 report. A report has been produced which needs to be fine-tuned, it will then be supplemented by details around internal aspects such as staff experience and leadership equality and then published. The current plan is to deliver the Equality Delivery System 22. It is a refreshed version with fewer goals and will be worked across the ICB. Work has started across health economies and the public engagement and activity around this will commence in Autumn. The West Yorkshire ICB is recruiting an Equality and Diversity Lead who will take on the responsibility for leading the Equality and Diversity agenda at West Yorkshire level. Across the ICB there are a Race equality and an LGBT+ and a Disability and Long-Term Conditions staff networks, also a Working Carers network. These groups will be asked to share their experiences and work will develop accordingly. Easy Read training is being investigated. This is a format produced primarily for those with a learning disability, it is information in the form of pictures and very simple language. Hopefully this would lead to better productions of easy read literature across the Wakefield patch. SMC is providing EDI support to the Wakefield Urgent Care programme and has worked with Wakefield Council's EDI Steering group and discussed opportunities for close working. Following recommendations from SC a meeting took place with colleagues from Prince of Wales Hospice and SMC will be doing EDI work with them. SMC has been working with colleagues from the Quality team on the Mental Health Project Alliance funding and elaborated on this work.

	SMC providing EDI support to the Older Peoples Programme, further on the agenda. SH asked a question regarding the mechanics of it - SMC said that an EDI strategy is being developed for Wakefield HCP which will ideally align to similar strategies with the Local Authority and other providers in the area and there will also be an ICB EDI strategy. Difficult to put a timeline on that as they are all mutually dependant on each other.
7.	**Update from the urgent and emergency care redesign programme**
	Kerry Stott (KS) presented this item, gave a background, and shared slides that explained the progress so far, the scoring from surveys conducted, the current situation, information regarding the walk in centre and next steps. The case for change was outlined in the strategic business case and it was developed by the Integrated Urgent Care Board. This group includes stakeholders from all the organisations that are involved in commissioning urgent care services and providing the current urgent care services. KS elaborated on the work being done. KS took a feasibility paper to the Urgent and Emergency Care Board in April this year which recommended that as we move into the next stage the preferred model for Wakefield and Kirklees may slightly differ and there has been an agreement to consider business case for Wakefield separately to Kirklees area to fully reflect the need in each place. The Walk-In Centre in King Street is commissioned by the Wakefield HCP and delivered by Local Care Direct (LCD). Lease of the current building comes to an end in 2024 hence service is exploring options to re-locate to another location in Wakefield city centre. The contract has been extended with LCD to ensure work continuity. Bid was submitted to NHS England for monies for estate costs. NHSE have fed back to say that the bid was unsuccessful. Currently working on a business case and drafting that with revisions underway and exploring various options as to how to obtain capital monies. Different work taking place to consider aspects such as pathways, workforce and estates. Details of the next steps were shared with the Panel. PH questioned why this was being looked at locally, should be looked at as an overall West Yorkshire wide urgent and emergency care issue. KS said that North Kirklees & Wakefield are going to adopt the same model with slight differences. In the business case there are comments on what Leeds and Bradford offer. KS agreed that if people are unable to come to the new Wakefield service, then where could they go- this needs to be looked at.

	DF said there is work taking place at a West Yorkshire level around urgent and emergency care with a new project starting to review some of the contracts within urgent and emergency care. Engagement plans are being considered but no details are available yet but will be shared when possible. Bob raised the point of paramedics knowing where to appropriately take the person to where they could be looked at noted an incident where paramedics took the person to Pinderfields, but they were unable to treat him there and he had to be taken to LGI. Bob also spoke of the emergency day care clinic at Pinderfields he was unaware of its existence and was referred to it by his doctor. KS said that ambulances have access to a Directory of Services, so they know where to take the patient. Bob also shared his experience of the same day care facility where he was waiting from 8am until 3:30pm but there is no facility for any food close by. Access to food must be provided. KS said that its not her service but will pass this information on. **Action: Kerry to feed to service lead – completed.** LE echoed KS information regarding paramedics knowing where to take patients depending on the symptoms, they present however it's not always clear to them that is why sometimes patients will be taken to Pinderfields and then on assessment they may need to be taken to LGI if this is considered to be the best place to care for them. JW referred to the Breast Cancer Service having moved to premises opposite Wakefield Bus station which maybe a good place for the walk-in centre to be relocated depending on capacity. The Panel was informed that the property being referred to was Trinity Shopping Centre and was one of the properties that was being explored. KS to return to present to the Panel once the new location of the Walk-in centre has been decided.
8.	**Transforming older people's inpatient services**
	Ryan Hunter (RH) and Kamal Wrathall (KW) led the discussion on how the Panel could support them in the consultation process and how conversations could take place with various people in Wakefield. Currently what is being looked at is when someone has a mental health condition that would require an inpatient stay in a hospital bed. Two groups of people need this care – those with Dementia and those with other mental health needs such as Depression, Anxiety, Psychosis etc. These are referred to as functional needs. The mental health trust tend to have mixed needs wards and there is evidence that shows that this model doesn't work where those with Dementia mix with those with other (functional) mental health

	needs. A more specialist model is being explored where specialist wards would be in place for those with Dementia separate to the wards for people with other mental health needs. South West Yorkshire Partnership Foundation Trust (SWYPFT) would like to hold a consultation hopefully later in the year to gain views from people in Wakefield to ensure the voices of key people are being heard. The purpose of this conversation is to explore how to best engage with people across the system and who needs to be spoken with. KW explained that they want to speak to people for their thoughts and ideas and to hear views on what the services could look like. Wanting to know how best to reach groups of people that could give an input. SH asked if SWYFPT have the workforce in place to support two specialist centres. KW said that they are in the early stages and that travel, transport and staffing will be looked at while developing the specialist model. SH said it is important to consider accessibility of the service and to look at where, when & how it's delivered. PH and other members said that a plan would be needed for people to look at and comment on. KW said they wanted to get ideas from the Panel regarding the best route to reach people, for engagement ahead of any potential consultation. SMC said that the Equality Impact Assessment once done should indicate the groups of people that would need to be consulted. A member shared her very unpleasant experience of hospitalisation. She has had several falls however last September she had a major fall where she had a bleed and was admitted first to Ward 41 and then to Ward 44. She said that she had been to numerous Wards 41, 42, 43, 44. At that time Covid was still prevalent. A point was made regarding the importance of determining where patients are going to be kept as the moving between Wards can lead to a lot of confusion and inconvenience of travel for family. The member also stated that she was moved to the Bronte tower at Dewsbury Hospital due to the covid outbreak and infection control decided that they should be shut down for two weeks, so unable to have any visitors. This is happening with a lot of elderly people and a lot of them are confused. The member was told that her experience and suggestions were taken down as part of experience of care work. SMC said that they are aware of the importance of patients being able to see their family, especially critical for those with mental health needs. RH

	understood what some of the challenges are and would form a part of the considerations. Currently plans are in the developing stage, once they are developed, SWYPT will return to the Panel for their comments and feedback.
9.	**Update on involvement activities and plans**
	DF updated that on May 18th there was a session held to look at the development of the Delivery Plan with Panel members invited to comment and provide feedback on aspects of this document. There is a plan for West Yorkshire and, at Wakefield level, there is a need to look at priorities and how these are to be delivered. DF elaborated on this. The overall draft of the Wakefield District Delivery Plan should be ready mid-June and will then have to go through a process of approval after which it will be shared with this Panel. DF informed members that work is taking place on Equality, Diversity, and Involvement framework for the Wakefield District. Engagement has also taken place at Asylum seeker accommodation hotel and information was shared regarding this. LE gave information regarding the Experience of Care Network session that is to take place week commencing June 12th. Members were also informed that the CQC is to visit certain Practices next week – Stuart Road & Ash Grove Surgery. Hillary mentioned that communication has been improving at Ash Grove Surgery.
10.	**Patient Safety Partner role**
	Presentation slides were shared with Panel members by BR. LE explained that this role was included in the National Patient Safety Strategy – How can we get patients better included in their own safety and also having a role within organisations called Patient Safety Partner who advises on patient safety and supports an organisation with how they are looking at patient safety. Currently at the stage where the provider organisations – the hospital trust, ambulance service colleagues and mental health services are recruiting to these roles. Wakefield place are trying to recruit a couple of patient safety partners who can work with the Quality team and also support some of the smaller providers who don't have the infrastructure. Panel members were asked to share this information. The slides of this presentation to be circulated to the Panel members as well as the role profile of the new post and if anyone would like more information about the role they can get in touch with BR via email or phone.

11.	**AOB / Date and time of next meeting**
	The next meeting is scheduled for July 20th from 10am to 12noon. It was agreed for it to be Hybrid.

Wakefield District Health & Care Partnership - Minutes

Integrated Assurance Committee

28 June 2023, 14.00 – 16.00, 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
Darryl Thompson	Chief Nurse and Director of Quality and Professions, South West Yorkshire Foundation Trust
Melanie Brown	Director of System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership

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

Name	Title, Organisation
Natalie Tolson	Head of Business Intelligence, Wakefield District Health and Care Partnership
Gemma Gamble	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership

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
Maddy Sutcliffe	Voluntary Community and Social Enterprise representative

Administration Items

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1	**Welcome and apologies** The Chair welcomed everyone. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest.
1	**Approval of minutes from the last meeting** The minutes of the meeting of 25 April 2023 were agreed as a true and accurate representation of the meeting.
2	**Action Log** It was noted that all actions were closed on the action log
3	**Matters arising** There were no matters arising.

Main Items

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4	**Performance and Activity Report** Natalie Tolson (NT) presented this report. 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. 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. NT highlighted the following: • Dementia diagnosis rate had improved at 63.2%. • Learning Disability annual health check data was still being worked through as there was a variation between the NHSE 22/23 year end figure which suggested that we had not achieved the target of 75% and data extracted directly from GP clinical systems which showed Wakefield had achieved 83% - This was being reviewed by the Data Quality Team. • Diabetes patients receiving all eight diabetes care processes was at 63.2% against a target of 100%. • The UCR team within MYACS had achieved above target with 89%. • The Frailty and Respiratory Virtual Ward teams had a successful month in May manging 181 people. • The number of patients with no reason to reside had increased slightly in May to an average of 190 during the month of April. Work was ongoing on the Work as One programme with a specific set of actions and outcome metrics being targeted. • There had been a slight increase of % patients discharged (pathway 3) ongoing work was taking place to look at this. • Cancer performance at MYTT for the 2-wek wait performance had increased on the previous month with the Trust close to achieving the 93% standard. • There was a worsening position against the 104 week waiting time performance (an increase from 3 in March to 26 in April). These were coding errors recorded by Operose. The issue has been escalated to Operose and assurance that the issue will be rectified as soon as possible had been sought. • Referrals to MYTT in April & May was greater than the position reported in April & May last year (196 daily mean to 181 daily mean last year) with a specific

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	increase in ENT, Gynaecology and Colorectal Surgery. The ENT position was being reviewed internally by the Trust and was to be discussed at the month's System Activity and Finance Technical Group. Findings will feed into this report. It was noted that there was a dep dive into the ASD children and young people waiting list later on the day's agenda. NT advised the new outcomes framework should be available following the Partnership Committee meeting on 6 July. SH asked a question in relation to the waiting lists with the ambition to reduce to 50,000 which suggested that the lists would increase before reducing. NT responded that there was 54,000 on the waiting list and the ambition to reduce to 50,000 was correct. In response to a question from RH, NT advised that data for breast screening had dipped and work was on-going with the cancer screening team and GP practices to increase uptake. MB referred to the Learning Disability health checks and advised that the data was being worked through as Wakefield's own data suggested a far higher percentage had been undertaken than the national data presented. NT would look to include activity in relation to community services within the report in response to a query from CS. **It was RESOLVED that:** The Integrated Assurance Committee was asked to: • 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	**Wakefield Place Finance Report 2022-2023** Karen Parkin (KP) presented the paper. KP explained that the paper presented the 2023-24 financial position for Wakefield Place for the period ending May 2023 (Month 2) for NHS organisations only. It was

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	noted that Wakefield Council was not able to share Month 2 reporting until it received Cabinet approval on 25 July. Key messages were as follows: NHS organisations - forecast positions at month 2 are off plans: • Wakefield ICB delegated budgets, a £1.9m surplus which is £4.0m off plan in line with the WY ICB agreement with NHSE • Mid Yorkshire Teaching NHS Trust, a break-even position • South West Yorkshire Partnership NHS Foundation Trust, a break-even position Risks to the achievement of the NHS financial positions were similar across all of the Wakefield Place organisations. These related to inflation risk, cost pressures caused by strike action, the achievement of elective recovery and payment for the extra activity under ESRF, and the challenging efficacy / waste reduction targets built into plans. KP explained the situation with the Wakefield ICB position reiterated this was in line with the West Yorkshire ICB agreement with NHS England. The Wakefield ICB efficiencies were noted along with the fact these were presently non-recurrent, discussions would take place with CLT about some of these becoming recurrent efficiencies. The total West Yorkshire ICS financial position as of 31 May 2023 was noted. In response to a question from CS, KP advised that it was assumed that any increase above activity would be funded and this was being monitored closely. **It was RESOLVED that**: Wakefield Place Integrated Assurance Committee was asked to: • Note the Month 2 financial positions for the Wakefield Place.
6	**A framework for investment decisions** Karen Parkin (KP) presented this item. KP explained that the paper set out a proposed framework to assist in decisions in relation to financial investments to provide a consistent process and ensure that financial investments aligned to the priorities of the partnership. The criteria had been

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	developed following the financial principles which had been agreed at the Wakefield District Health and Care Partnership Committee on 23 March 2023. KP outlined the process and asked for comments from the committee. The following comments were received: • Revisit the cash-releasing criteria as often some out of hospital preventative schemes would not present cash release immediately. • That all requests should undertake a quality and equality impact assessment – there was some guidance in relation to this which would be shared with KP • Timescales for approval of Business Cases, in particular for this which were time-critical, for example to relieve winter pressures. • Evaluation of Business Cases implemented – this needs to be meaningful. • Does it accommodate an expediated process, for instance for funding available in quarter 4. The Integrated Assurance Committee was supportive of the approach and approved the framework subject to amendments as discussed. **It was RESOLVED that**: The Integrated Assurance Committee: • Agreed the proposed framework subject to amendments as discussed during the course of the item.
7	**Children's ASD Pathways** Jenny Lingrell (JL) presented this item. JL introduced the item explaining that since August 2020 there had been a significant increase in referrals for children and young people requiring an autism assessment. The initial increase in referrals had followed the pause in referrals during the first wave of the pandemic following national guidance made by NHS England. However, referrals were now consistently higher than the capacity that the service could provide and could not be linked to a single specific factor. The main reasons for referral increase were the growing family population around the Wakefield district, the increased awareness of autistic traits in children and the need for additional support in an educational setting. It was noted that additional investment had been put into the ASD pathway in 2019/20 with Mid Yorkshire Teaching Trust being the sole provider of the Autism Assessment

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	Pathway for children and young people since then; the CYP pathway was compliant with NICE Guidance. JL advised that following a period of extensive engagement and data analysis at that time, the capacity had been set at 60 initial assessments and 50 multidisciplinary assessments (MDA). Based on the number of referrals that had been received up to that point this allowed for a 20-25% growth in capacity. The service was able to start as a single pathway in Sept 2020 (following the Covid-19 pandemic). Since restarting referrals numbers had grown to an average of 150 per month which was almost 3 times the forecast growth numbers from 2019. There were currently 1,281 CYP awaiting their 1st appointment. Because the number of referrals was consistently exceeding the capacity of the pathway, the waiting times had steadily climbed across the year from 32 weeks in April 2022 to 62 in March 2023. It was noted that there were fortnightly meetings with the Parent Carer Forum which had been started in the pandemic. JL advised that agreement had been reached at the last meeting that the letter at the first point of the pathway would ask for permission to inform WISENDSS to enable discussions with schools earlier in the journey. JL advised that a business case had been developed to understand what resource would be required to return to the diagnosis pathway to its position in 2019 of 23 weeks for completion of the assessment pathway with the first appointment within 18 weeks with the resource identified as approaching £2m which was not available in the budget. The service did receive £200k funding added to its budget for 2023/24 to help support in first outpatients wait and reduction in overall waiting times. The Business Case was attached to the papers for information. JL outlined the mitigations in place and the support for families who were waiting diagnosis which included a non-diagnosis led service available to support families experiencing escalations in behaviour where there are neuro-diverse traits. KIDS provide Wakefield Advice and Support Project (WASP) which had been designed and delivered by those with lived experience. JL advised that in September 2022 a multi-disciplinary team took part in the Spread and Scale Academy to focus on the high demand from children for an autism assessment. The aim identified was to train 150 schools to be autism friendly by September 2027 so that parents, children and young people have confidence that their needs were understood and met and referrals for formal diagnosis did not exceed 60 per month.

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	It was believed that families felt they required a formal diagnosis of autism to enable their child to thrive and be a successful adult; a formal diagnosis does not necessarily lead to an improved experience or better outcomes for the child. JL shared an action plan on screen. It was noted that the West Yorkshire Quality Committee had requested a deep dive in relation to this issue. In response to a question, JL confirmed that the proportion of CYP who received a positive diagnosis was quite high. Discussion took place in relation to diagnosis, the experience of CYP and their families and post diagnosis there was still the same challenges and behaviours. It was noted that it was hoped to implement a parent workshop at the beginning of the pathway to explain the process. The term neuro-diverse was more typically being used due to the different presentations within CYP. SH asked whether Academy Trusts had the same commitment to supporting CYP who were neurodiverse. MB advised that there were a number of role model academies and that inspections evidenced that support was in place for pupils regardless of diagnosis. MB suggested that JL resubmit the Business Case through the newly developed Framework for Investment Decisions to determine whether there was any further funding that could be provided for this issue. This could be taken through the Alliance and the Transformation and Delivery Collaborative. **Action:** **Resubmit the Business Case through the newly developed Framework for Investment Decisions and take through the Alliance and the Transformation and Delivery Collaborative.** **It was RESOLVED that:** The Integrated Assurance Committee was asked to: • Note the activity that is underway to mitigate the high demand from children for an autism diagnosis and to support children who are neuro diverse and their families. • Note that the activity will not fully mitigate the risk identified on the WDHCP's risk register.
8	**Deep Dive – Waiting Well Initiative** James Brownjohn (JB) and Laura Townend (LT) presented this item

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	JB introduced the item as advised in the interest of time today's presentation would focus on the Waiting Well Initiative and that he would bring back a further update which covered all the programmes of work relating to planned care. JB explained that waiting lists had been increasing for two years and there were a number of initiatives to reduce the waiting lists and improve the experience for patients whilst on the waiting lists. These include improved communications, contacting patients to see if their referral is still required, patient initiative follow-up (PIFU) and the waiting well initiative which provided a more holistic approach for the patient. Collaborative work was noted including the shared referral pathway. JB provided an updated position on the current waiting lists with the 65 weeks wait showing a reduction from April's position; it should be noted that certain specialities had greater waiting lists than others and work was continuing to address this. The impact of industrial action on waiting lists was noted as was the fact that referrals were also increasing. JB advised that the Trust was working with several independent sector providers via numerous contract methods with the aim of getting more patients seen. LT outlined the details of the waiting well initiative advising that 70% of all patients waiting over 35 weeks had been contacted. Since being on the scheme wellbeing scores had improved or maintained for the majority of patients. LT outlined the services where patients were referred to via for social prescribing. There was a pilot looking at a sustainable digital toolkit for this initiative going forwards. JB referred to the patient portal – patients knows best where there were over 128,000 patients registered; many test results were available **It was RESOLVED that:** The Integrated Assurance Committee was asked to: • Note the presentation and bring back a further update at a later date **(Action).**
9	**Safeguarding Children and Adults Annual Report 2022/23** PW explained that the report provided a review of the Safeguarding Adults and Safeguarding Children's work undertaken within and on behalf of Wakefield CCG from April 2022 to June 2022 and then on behalf of West Yorkshire ICB from July 2022 to March 2023. The report details some of the impact of the achievements of the team for the reporting period and the work priorities for 2022/23. Overall, the report

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	provides assurance that the ICB was engaged and supporting work to safeguard both adults and children at risk of abuse and neglect as part of its statutory responsibilities. PW outlined the number of statutory partnerships and the wide reaching remit of the team. The priorities for the team were noted with PW particularly referencing domestic violence and what the partnership could do to support this issue in Wakefield. **It was RESOLVED that:** The Integrated Assurance Committee was asked to: • Note the content of the report and the assurances given regarding WYICB Wakefield Place safeguarding children and adult activity.
10	**Infection Prevention and Control Report** Jane O'Donnell and Beverly Claughton attended for this item. It was noted that the report provided the Committee with an update on the work undertaken by the community Infection Prevention and Control (IPC) team over the last six months. It provided the 2022/23 healthcare associated infection (HCAI) outturn data for Wakefield place and Mid Yorkshire Teaching Trust (MYTT) and confirmed the thresholds for 2023/24 for these areas and provided year to date data for April 2023. The report also described the risks associated with meeting the associated targets. The report aimed to demonstrates the breadth and reach of the IPC team, beyond traditional health and care services, and contributing to place and ICB priority programmes. PW thanked the team for the report and felt it was important to share the quality improvement initiatives wider. PW referenced the HCAI metrics and how the reporting of this data and the narrative on the AAA reports should align. **It was RESOLVED that:** The Integrated Assurance Committee was asked to: • To note the report and discuss any areas of interest or concern.
11	**Quality Exception Report** **Laura Elliott (LE) presented the report.**

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	Laura Elliott (LE) explained that the Quarter 1 Quality, Safety and Experience report was due to be presented to the Integrated Assurance Committee in August 2023. The purpose of the Quality Exception report was to inform and provide early intelligence to the Committee about a number of key quality issues, and to highlight any significant findings from Care Quality Commission (CQC) inspections. Where areas for improvement are identified the report includes actions being taken to improve quality outcomes, reduce harm and improve experience of care. LE highlighted the following points: - Work was underway to support three adult social care providers rated Inadequate by the CQC and the people who received their services – including one care home which had closed with all residents safely moved to alternative accommodation. - A second date had been secured to visit Pennine Camphill Community. - The team were preparing a paper on the principles and processes for undertaking Quality Impact Assessments for West Yorkshire programmes, following the paper earlier in the agenda on the Investment Framework – LE would link with KP in relation to QIAs in that scope. - Two GP practices currently rated requires improvement by the CQC have been visited during June 2023 – an update will be provided once the outcomes are published. PW advised that the CQC were active in other services in the district including SWYFT. **It was RESOLVED that:** The Integrated Assurance Committee was asked to: • Note the quality exception report for information and assurance; and • Identify any further actions or assurance required.
8	**Wakefield Risk Register** Gemma Gamble (GG) presented this paper. GG outlined the paper which presented the Wakefield Place Risk Report, highlighting that there were currently 18 risks on the Wakefield Place Risk Register, two of which were marked for closure, leaving a total of 16 open risks. There were two new risks, one in relation to the high level of risk within the collective ICS financial plan and one around capacity and workforce pressures within the CHC contracting team. GG advised that meetings had been scheduled with risk colleagues in partners organisations to consider place organisational risks that it would be beneficial for the

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	partnership to have oversight of. **Action:** **RH suggested this be used for topics for further deep dives.** **It was RESOLVED that**: The Integrated Assurance Committee was asked to: • 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	**Matters to escalate to WDHCP** There were no items for escalation to WDHCP.
10	**Items for escalation to other sub-committees** There were no items for escalation to other sub-committees.
11	**Any other business** GG advised that as the IAC was nearing its 12 month anniversary there would be a review of the Terms of Reference including reflection on timings and frequency of the meeting with proposals back to the committee.
12	**Reflections on the Committee** Discussion took place in relation to the agenda. It was suggested that where there was deep dive items that sufficient time was allocated to enable a full discussion.
13	**Date and time of next meeting**: The next meeting was scheduled for 30 August 2023, 2.00 – 4.00 pm