Wakefield District Health & Care Partnership

Partnership Committee Agenda

Thursday, 2 November 2023 – 1.00pm until 5.00pm

Via Microsoft Teams

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
2.15		**Break**		
2.20	**4**	**Minutes from the meeting held 7 September 2023 including Matters Arising and Action Log**	Approval	Chair
2.25	**5**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.30	**6**	**Chair's opening remarks (v)** • **Including Personalisation video**	Information	Chair
2.40	**7**	**Report of the Place Lead (d)**	Endorse	Jo Webster
2.50	**8**	**Report from the Chair of the Transformation and Delivery Collaborative (d)**	Assurance	Mel Brown

Time	Agenda no	Item	Purpose	Lead
3.00	**9**	**Public Health Profile – Tobacco Control**	Discussion	Stephen Turnbull
3.20	**10**	**Wakefield Carers showcase**	Discussion	Justine Bilton
3.35	**11**	**Outcomes Framework**	Approval	Becky Barwick
3.50		**Break**		
4.00	**12**	**Core20Plus5**	Assurance	Ruth Unwin
4.15	**13**	**Summary of 2022/23 Quarter 2 Quality, Safety and Experience report (d)**	Assurance	Penny Woodhead
4.25	**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 Transformation and Delivery Collaborative 15 August, 26 September and 3 October 2023 (d)** • **Minutes of the People Panel from 20 July 2023 (d)**	Endorse	Chair
4.55	**22**	**Any other business (v)**	Discussion	Chair

Time	Agenda no	Item	Purpose	Lead
5.00	**23**	**Date and time of next meeting:** 9 January 2024, 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
	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	Nil Return	Financial	Direct	22/05/2023	Ongoing
	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
	Darren Dooler	Nil Return			03/10/2023	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
Stephen Turnbull	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	Family Member works for Grant Thornton	Non-Financial Personal	Indirect	20/09/2023	Ongoing
Adam Sheppard	GP Appraiser for NHSE	Financial	Direct	10/10/2023	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, 7 September 2023, 14.30 – 17.00

Via MS Teams

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
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust
Mel Brown (MB)	Director for System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership
Stephen Turnbull (ST)	Interim Director of Public Health, Wakefield Council
Penny Woodhead (PW)	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
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
Jenny Lingrell (JL)	Service Director, Children's Health and Wellbeing, Wakefield Council
Michele Ezro (ME)	Programme Director for Mental Health Transformation, Wakefield Mental Health Alliance, South West Yorkshire Partnership NHS Trust/West Yorkshire ICB

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)
Rebecca Barwick (RB)	Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership
Simon Gaskill	Senior Communications Officer, Wakefield Place
Cllr Maureen Cummings (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Karen Parkin (KP)	Operational Director of Finance, Wakefield Place
Lynn Hall (LH)	LMC Representative
Steven Knight (SK)	Managing Director, Connexus
Domonic Blaydon (DB)	Associate Director of System Workforce

Apologies

Name	Title, Organisation
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
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
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Jane Madeley (JM)	Non-Executive, West Yorkshire ICB
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust
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
Sean Rayner (SR)	Director of Provider Development – Southwest Yorkshire Partnership NHS Foundation Trust, Chair of the Mental Health Alliance
Anna Hartley (AH)	Director of Public Health – Wakefield Council
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council
Clare Offer (CO)	Public Health Consultant, Wakefield Council
Linda Harris (LHa)	SRO (Co Lead Workforce)

Name	Title, Organisation
Ruth Unwin (RU)	Director for Strategy, Wakefield District Health & Care Partnership

Administration Items

no	Minutes
83/23	**Welcome & Introductions** The Chair welcomed everyone to the meeting and advised that the meeting would shortly go into private session.
84/23	**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.
85/23	**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 13.30. The Public session reconvened at 14.45 pm.
86/23	**Approval of minutes from the last meeting, action log and matters arising** The minutes of the meeting of the 6 July 2023 were agreed as a true and fair representation of the meeting. There were no outstanding actions on the action log.
87/23	**Questions from members of the public** There were no questions submitted by members of the public.

Main Items

	Minutes
88/23	**Chairs Opening Remarks** AC welcomed everyone to the public session of the meeting. She congratulated Stephen Turnbull on his appointment as the Interim Director of Public Health, Wakefield Council. She referenced the portfolio of work which had been undertaken by Anna Hartley, current Director of Public Health, Wakefield Council during her time at Wakefield and wished her well in her new post.

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	She advised that it had been decided to have the meeting on-line due to a number of colleagues having illness. She reminded colleagues that flu jabs and Covid boosters were being rolled out in the coming weeks for those eligible.
89/23	**Report of the Place Lead** Presented by Ann Carroll (AC) AC explained that in the absence of JW that she would be presenting the Place Leader's report. AC took the paper as read and highlighted the following to the committee: • Five-year Integrated Care Strategy and NHS Joint Forward Plan were now available to view on-line. • Freedom to Speak Up – following the Lucy Letby case AC emphasised the need for an open and honest culture for staff to be able to raise any concerns they may have in relation to patient safety. It was confirmed that internal processes within individual partner organisations were being reviewed to ensure that appropriate mechanisms were in place. This would also be discussed within Quality Committees around the partnership. • Adult Safeguarding Annual Report – was attached for information. • Special Educational Needs and Disabilities and Alternative Provision Improvement Plan and Inspection Framework – It was noted the new framework would 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. **It was RESOLVED that:** • The Committee considered and noted the contents of the report.
90/23	**Report from the Chair of the Transformation and Delivery Collaborative** Presented by Mel Brown (MB) MB advised that the Transformation And Delivery Collaborative had replaced the Provider Collaborative and was the new forum overseeing the delivery of the three-year Transformation Delivery Plan. The last meeting received a number of items including: • Transformation and Delivery Maturity Matrix – This had been designed to support groups accelerate the benefits they could deliver for their populations. A number of Programmes and Alliances had volunteered to test the matrix out. • Carers Wakefield & District were supporting unpaid carers who had a loved one in hospital with 160 individual carers supported by the service and 680 contacts made since January. • High Risk Adults – a presentation updated the committee on this work would be presented later in the agenda.

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	• Principles for Investment Framework – the framework would bring a consistent approach to funding initiatives with a set of criteria and principles for investment. It was noted the first Investment Panel meeting had been diarised. • It was noted that the latest quarterly figures on maternal smoking released at the end of July had shown that it had fallen to 12.1%. **It was RESOLVED that:** • The Committee noted the report of the Transformation and Delivery Collaborative.
91/23	**High Risk Adults Update** Carolyn Gullery (CG) presented this item CG guided the committee through a presentation which provided an update on the work taking place around high-risk adults. She explained that high-risk adult (HRA) patients were those people over 50 years of age with a previous hospital admission in the last three years that exceeded 14 days. Compared to other over-50s in the population they were more at risk of ongoing acute healthcare needs. This cohort accounted for 50 to 60 per cent of hospital bed usage and an equally large portion of community and social care resources but only represented 1 per cent of the overall population. CG reported that the focus so far had been on the returning group – people who had already had a 14-day admission and on people in hospital who were reaching a 14-day length of stay the first time to try and reduce the rate at which people joined the cohort. Evidence showed that for this cohort of patients they tended to wait longer in ED and waited longer to be admitted which was not the best patient experience. CG explained that evidence from Canterbury in New Zealand, Wales and UK general practice had shown that the population rate of patients joining this cohort could be lowered as could the readmission rates and length of stay with population targeted improvement approaches. The approaches that had been applied in the Wakefield District centred around identification of the cohort using data and an agile application of resources, time, and tools to support people to stay at or get home. In the first three months of this financial year (ending June 2023) the Wakefield population over 50 utilised 35 less occupied beds and almost all of the gain was in the high-risk population. This in turn had provided a better patient experience for patients and their families. CG referred to the Dovecote Model pilot which was a local authority facility with a multi-disciplinary team to support patients until they could return home or to a place nearer their home. Discussion took place and it was noted by the committee the positive impact of this work to date. In response to a question from DD, CG advised that capacity was continually being reviewed using data and forecasting. Further discussion took place in relation to this with comments around whether different parts of the district and whether alternative

	Minutes
	solutions were available for different cohorts of the population. It was noted that primary care was under a significant amount of pressure but whether there was scope to free up staff to provide more capacity to this type of preventative/intervention work. PW suggested taking this subject to the Experience of Care Network to provide some check and challenge and ongoing community engagement. LR commented on reduced occupancy for beds through this intervention and preventative work could potentially mean reinvestment into this scheme to help a greater number of people stay out of hospital. The role of the VCSE community and the support which was provided to the initiative was noted. It was noted that work would continue to build on the initial success of this programme of work and that further updates would be brought back through the partnership governance structure. **It was RESOLVED that:** The Wakefield District Health and Care Partnership Committee is asked to: • Note the work continuing to explore the opportunity for a single shared assessment that is maintained electronically and available to all relevant people. • 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
92/23	**Mental Health Inpatient Service – CKW Joint Committee** **Vicky Dutchburn (VD) presented this item** VD presented the paper which proposed future governance arrangements, to support the future phase of the Calderdale, Kirklees & Wakefield Older Peoples inpatient transformation programme. She explained that the Programme board had 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 recommended option was option 2 – joint committee of multiple places, as a single decision would be taken/ made by a 'balanced' group from the affected places in terms of quoracy. It was confirmed that representation from each place to be on the Joint Committee would need to be a member of the Place Committee. The committee endorsed the recommendation to establish a Joint Committee of Calderdale, Kirklees & Wakefield by the WYICB Board, as a decision specific WYICB

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	Board sub-committee. It was also agreed Governance leads would work with place chairs and accountable officers to confirm nominations to the joint committee. **Action:** **Governance leads would work with place chairs and accountable officers to confirm nominations to the joint committee.** **It was RESOLVED that:** The Wakefield District Health and Care Partnership Committee is asked to: • 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. • Agree that Governance leads will work with place chairs and accountable officers to confirm nominations to the joint committee.
93/23	**Winter Resilience 2023** Mel Brown (MB) and Ram Subramaniam (RS) presented this item MB introduced the item advising that the Mid-Yorkshire system responded to the winter resilience plans 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 at appendix 1 of the report. The Mid-Yorkshire System, under the oversight of the Mid-Yorkshire Urgent Emergency Care (UEC) Transformation Board had commenced work on the Mid-Yorkshire winter resilience plan in May 2023 and this had captured all the reflections, learning and recommendations from winter 2022/23. MB advised that NHSE had asked for 10 high impact interventions to be in place in all areas during the winter of 2023. MB highlighted a number of schemes to aid with winter resilience including the Acute Respiratory Infection (ARI) hubs and the supporting unpaid carers who have a loved one in hospital. RS guided the committee through a presentation highlighting that four priority areas had been selected for winter for Wakefield District which were Frailty, Inpatient flow and length of stay (LOS), Intermediate care demand and capacity and Single point of access. As part of the Mid-Yorkshire system resilience plan 2023-2024, a number of winter schemes would be put in place: rapid access to drug and alcohol recovery, respiratory and frailty virtual wards, social workers supporting admission avoidance at ED, 7-day

	Minutes
	working in community services to manage discharge and paediatric observation hubs in addition to the ones already highlighted by MB. MB advised that they were awaiting the next steps from NHSE with Chris Evans, Chief Operating Officer at MYTT having weekly meetings in relation to winter plans with a robust escalation process in place should it be needed. MB would ensure that the committee were kept abreast of the winter resilience plans across the winter period. Discussion took place in relation to staffing capacity and community pharmacy resilience. SK advised that although staffing capacity was a core risk there was a really good fill rate at present. **It was RESOLVED that:** The **Wakefield District Health and Care partnership** is asked to: • Approve the whole system Mid-Yorkshire System Resilience Plan appendix 2 of this report. • 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. • Note the directives outlined from both NHS England and the Minister of State for Social Care highlighting the need for bolstered winter resilience.
94/23	**Summary of the Quality Exception report** Presented by Penny Woodhead (PW) PW advised that there was no update from Integrated Assurance Committee as that meeting had been cancelled however the papers, including the Quality Exception Report, had been circulated to IAC members. She advised that included in the report were the latest Care Quality Commission (CQC) ratings for health and care providers, information on enhanced quality surveillance activity and work to embed quality in priority programmes/alliances. The Wakefield District Experience of Care Network had been nominated in the Strengthening the Foundation category of the Patient Experience Network National Awards (PENNA) – with winners announced at the end of the month. **It was RESOLVED that**: The Wakefield District Health and Care Partnership was asked to: • Note the full report had been shared with Integrated Assurance Committee members; • Note the current place risks and assurances related to quality, safety and experience presented in the Assurance Wheel.

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95/23	**Performance Exception Report** Presented by Karen Parkin (KP) KP introduced the report which was the usual performance exception report presented to the committee. KP advised she would take the paper as read but highlighted the following: • Autism Spectrum Disorder (ASD) waiting times continued to remain high, with July reporting an in month increase of 17 increasing the waiting list to 1,530. • The referral to treatment community paediatric waiting list continued to increase, reporting at 2,800 patients. • The number of Wakefield patients waiting over 65 weeks for treatment remained above plan but the trend remained fairly static with June reporting at 278. • The number of cancelled plan care appointments due to Industrial Action may be identified within future reports. JL expanded on the ASD waiting times advising that a huge amount of effort was being put in place to address this and there had been an in-depth discussion at IAC in June in this regard. She advised that support was available through a number of routes and not reliant on a diagnosis. A business case would go to Transformation and Delivery Collaboration in September in relation to this issue. In terms of increase to see a community paediatrician was tied in with the ASD waiting as the first part of diagnosis was to see a community paediatrician. JL also advised that data relating to access to Mental Health services was currently not representative due to non-submitted data and this should be rectified soon. CG provided an update in terms of significant amount of work taking place within dermatology resulting in a reduction in the length of wait time and ENT advising that discussions were taking place in relation to pathway redesign to better match capacity and demand. ME highlighted the following in relation to the Mental Health Alliance: • Community Mental Health – recruitment has improved since the last quarter of 22/23 and delivery is just short of the target (5%) so we are hopeful that the service will meet the target in the future. • Following a whole district target event focusing on Mental Health and an item on the Community Mental Health transformation programme and access to those services, referrals have increased, which will contribute to achieving the target. • IAPT recovery – this should be green as exceeding target. • There were 4 out of area placements not 8.

	Minutes
	• 23/24 is the final year of the Mental Health Investment Standard in the NHS Long Term Plan (LTP). Sufficient investment has been made into each of the mental health programmes to achieve the measures required, using the NHSE toolkit, although recruitment remains a challenge and this will need to be monitored. Discussion took place in relation to the ongoing industrial action taking place and whether this was impacting on planned care and outpatients with LR advising that inevitably there had been impact and there were concerns in terms of the upcoming action by consultants and junior doctors would be off simultaneously and it was expected that planned care would be cancelled over that period. He further noted that at a national Chief Executive meeting the day before there had been a call for resolution to this action. **Action:** **To include information in future performance reports relating to number of cancelled planned care appointments due to the ongoing industrial action.** **It was RESOLVED that:** The Wakefield District Health and Care Partnership Committee: • Note the latest performance and those indicators where performance is below target and the associated exception information where provided.
96/23	**Finance Update** Presented by Amy Whitaker (AW) AW advised £6.6m deficit across the place including adult social care and public health. Wakefield Place were expected to deliver £5.9m surplus by the end of the year but it was currently forecasting to deliver £1.9m of that surplus; this was £4m behind plan which was the place share of the West Yorkshire stretch target which had been agreed at planning and was an expected adverse forecast at this stage of the financial year. There was risk within the forecast which had previously been discussed by the committee including at the meeting in private earlier that day. These risks continued to be worked through to assess whether planned mitigations would deliver the savings. It was noted that should the risks not be mitigated then the committee would have a role in determining whether to submit a reforecast to NHSE. AW referred to the financial controls that were currently in place advising that work was ongoing to ensure consistency of application of these across place providers. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • Note the month 4 year-end forecast position. • Understand the financial risks contained within the forecast numbers, and the actions being taken to mitigate these risks.

	Minutes
97/23	**Wakefield Place Risk Register** Presented by Gemma Gamble (GG) GG would take the paper as read. She advised that there were currently 16 risks on the register, with 4 proposed to be closed, leaving a total of 12 open risks for Wakefield Place. It was noted that work had been ongoing with risk colleagues across the partnership to determine that all system risks had been captured on the place register. Early work suggested that system risks were captured although further work was being undertaken in this regard. Engagement work continued with colleagues to support them in terms of updating and determining new risks. There were four emerging risks relating to Adult Social Care and these would be discussed with the risk manager for that service to determine whether they needed to be placed on the place 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.
98/23	**Issues to alert, advise or assure the ICB Board on** No issues were raised.
99/23	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** No items had been received.
100/23	**Items escalated from other Boards** No items had been received.
101/23	**Items for escalation to other Boards** There were no items to escalate to other Boards.
102/23	**Receipt of minutes from the Sub Committee** • The minutes of the Provider Collaborative from 27 June 2023, the Minutes of the Transformation and Delivery Collaborative 25 July 2023, the Minutes of the People Panel from 8 June 2023 and the Minutes of the Integrated Assurance Committee from 28 June 2023 were all noted.
103/23	**Any Other Business** There were no items for discussion. **The meeting ended at 16.56 hours.**

	Minutes

Date and time of next meeting: 2 November 2023, 14.00 – 17.00 hours.

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health & Care Partnership

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 7 September 2023

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status
92/23	Mental Health Inpatient Service – CKW Joint Committee	Governance leads would work with place chairs and accountable officers to confirm nominations to the joint committee.	RU	October 2023	Representatives identified and confirmed to Vicky Dutchburn.	Closed
95/23	Performance Exception Report	**To include information in future performance reports relating to number of cancelled planned care appointments due to the ongoing industrial action.**	KP	November 2023	Information included in the Performance Report to Integrated Assurance Committee. The Performance Exception Report to WDHCP has been replaced with the Outcomes Framework (Item 11)	Closed

Report of the Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Thursday 02 November 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

West Yorkshire Health and Care Partnership's Partnership Board met on Tuesday 5 September. The meeting papers can be found here www.wypartnership.co.uk/meetings/partnershipboard. Board members welcomed the Mayor of West Yorkshire, Tracy Brabin, who discussed our shared ambitions and the importance of working in partnership, including The Fair Work Charter (https://www.westyorks-ca.gov.uk/a-mayoral-combined-authority/mayoral-pledges/fair-work-charter).

Specialised Commissioning The timeline for delegation was initially intended to begin from April 2023 however, the decision was made nationally to move to April 2024. Whilst ICBs have been working in collaboration with specialised commissioning colleagues in NHSE for some time now, these arrangements have been formalised from April 2023 through a Joint Committee arrangement as part of the planned move to delegation in 2024. Delegation will mean responsibility for commissioning will sit with ICBs however, accountability will remain with NHSE. For the North East and Yorkshire (NEY) region this has meant we have in place a Joint Committee for Yorkshire and Humber (Y&H) alongside a Joint Committee for North East and North Cumbria (NENC), with an opportunity for both to come together on collaborative pieces of work. There is also a partnership and collaboration group underneath the Joint Committees which provides the opportunity for more detailed work and a space to drive the work to get to delegation. These groups are also supported by sub-groups considering quality, finance and contracting and data and analytics.

Planned care - harmonisation of commissioning policies We have reviewed 32 commissioning policies so far and are recommending changes to eight of those policies. These changes could affect some people living in West Yorkshire, so involvement has taken place to seek people's views. The eight policies are gluten-free prescribing; aesthetic abdominal procedures; body contouring; breast lift; breast reduction for male gynaecomastia; breast surgery; liposuction; and ear correction surgery. As some people living in West Yorkshire could be affected by the proposed changes to these policies, involvement has taken place to seek people's views on the recommendations. Further details about the ICB recommendations, both stages of involvement and links to the involvement reports and supporting information can be found on the 'previous involvement' section of the website

here: [Your views on treatments paid for by the NHS :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)]

Dedicated NHS diversity, equality and inclusion roles On October 19, Rob Webster, CEO for NHS West Yorkshire Integrated Care Board and Cathy Elliott, Chair of the Board received a letter from Steve Barclay MP, Secretary of State for Health and Social Care. The letter expressed concerns regarding the recruitment and costs associated with equality, diversity and inclusion (EDI) roles within the NHS. When reading the letter, it is evident that there is a need to further enhance the understanding of the wide-ranging work carried out by our colleagues in this field. As part of the West Yorkshire Health and Care Partnership (Integrated Care System), we wanted to publicly acknowledge and recognise the valuable and specialist skills of EDI colleagues and the positive impact that their contribution brings to supporting and retaining staff and improving care for people and communities. The response letter (appendix 1) sets out the West Yorkshire Health and Care Partnership commitment and equality duty, support to tackling health inequalities and the positive impact of our colleagues specialising in EDI roles across various areas of our work.

Wakefield Place

1,500 mums and babies join the world-leading research study Born and Bred in Wakefield (BaBi Wakefield) now has 1,000 mums from across Wakefield District and north Kirklees signed up to the study. BaBi Wakefield is an important research initiative which aims to find out what influences the health and wellbeing of families. Over time, this will help to shape local services, creating a healthier environment for families to enjoy. The study has also seen 500 little ones born into the BaBi Wakefield family since the study opened last year. These two milestones are an important achievement for the study.

£1.3m funding announced at launch of Our Year. Arts Council England and the West Yorkshire Combined Authority are to be key funders of Wakefield District's year of cultural celebrations in 2024. The news was announced at a well-attended launch for Our Year – 366 days of culture and creativity designed to raise the profile of the district regionally and nationally. More than 300 people from across the creative sector packed into Tileyard North in Wakefield to hear more about the plans.

Arts Council England is providing £500,000 and the West Yorkshire Combined Authority is giving £800,000. The grant of £800,000 from the West Yorkshire Combined Authority will enable the district's creative sector to thrive during 2024. Art Council England's funding of £500,000 will give communities the chance to design and deliver cultural activities and connect schools with Our Year with training, and through the curriculum. To find out about Our Year visit the website - https://experiencewakefield.co.uk/our-year-2024/

Experience of Care Network wins national award. The Wakefield District Health & Care Partnership's Experience of Care Network was named winner of the Strengthening the Foundation award at the Patient Experience Network National Awards (PENNA) in Birmingham last month. The network includes representatives from the NHS West Yorkshire Integrated Care Board, acute and mental health trusts, public health and social care, Healthwatch Wakefield, as well as the likes of Wakefield College, Nova, local hospices and Young Lives Consortium. They meet regularly to share and analyse patient feedback – identifying top themes and developing plans to improve people's experience of services. This ensures the voice of patients is integral to the way services operate and that joined-up care

can be delivered through joined-up listening. The PENNA awards are the first and only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK. Congratulations and an amazing achievement to all the team.

Wakefield System Workforce Team Highly Commended in prestigious Healthcare People Management Association Awards. The Wakefield District Health and Care Partnership Wakefield System Workforce Team has been highly commended for developing an innovative approach to system workforce planning in the Healthcare People Management Association (HPMA) Awards. The HSJ Jobs award for systems workforce planning and development category looks to identify projects and teams that are leading innovative approaches to system workforce planning, developing workforce plans based on service planning to meet population health needs and developing a workforce that can provide health and care on a whole system basis. Congratulations to the team for their exceptional work!

The Care Act 2014 placed a duty on areas (usually defined by Local Authority boundaries) to establish local Safeguarding Adults Boards (SABs) one of whose statutory functions is to publish a strategic plan which sets out how the SAB is to achieve its objectives and how each member is to implement it. The strategy has been co -produced with partners and the public and signed off by the SAB in July 2023 and published September 2023. All partners were asked to input into the strategy and Healthwatch Wakefield was commissioned to undertake surveys (which gained 125 responses) and a focus group with members of the public around what safeguarding meant to them - this feedback was incorporated into the final strategy which gives a real sense of involvement of the citizens of Wakefield. The strategy uses the six principles of adult safeguarding as its basis and covers areas such as involving the public in the work of the Board, sharing information around quality of care, managing risk, training the workforce, updating and developing policies and procedures and developing the Safeguarding Adult Reviews process. Both the full strategy and the plan on a page are available on the Board's online resource portal (under WDSAB Key Documents).

Wakefield Safeguarding Children Partnership Annual Report 2022/23 has been published. This report summarises, reflects on, and presents the work of the Wakefield Safeguarding Children Partnership (WSCP) between 01 April 2022 and 31 March 2023. The partnership is a statutory body, led by an Executive and supported by an Independent Scrutineer. The Executive is led by Wakefield District Metropolitan Council (WMDC), NHS West Yorkshire Integrated Care Board and West Yorkshire Police. The report focuses largely on the impact the partnership has achieved, documenting the work undertaken by the partnership's Executive and 5 sub-groups, highlighting areas of strength and areas the partnership needs to focus on developing within the next year.

Within the report the WSCP Independent Scrutineer identifies *'that the partnership remains cognisant of the national perspective and system wide issues and consultations. Throughout the year the Executive has received reports, summaries and synopses of national consultations and central government proposals relating to safeguarding practice, Special Educational Needs, Social Work approaches etc. on a regular basis. The partners are enabled with the support of the Business Unit to respond appropriately to such consultations and to integrate changes within the WSCP delivery plan when required. As an organisation the partnership now operates with a very clear 'Golden Thread. ' From analysing the extent of safeguarding issues and priorities, to delivery of improvement actions via an agreed programme of work followed by implementation of actions leading to a focus on evidence of impact. As a result, the partnership ambitiously tackles some challenging areas seeking to*

bring about cultural change amongst services'. To access a copy of the full report please click here.

Wakefield District's Third Sector Framework has just welcomed its 100th member, an achievement it is keen to share and celebrate. The Third Sector Framework is an innovative partnership approach to distributing funding in the shape of contracts, grants and other financial means to the VCSE sector in Wakefield District. The Framework was launched in January 2021 and has been designed in partnership between Nova Wakefield, Wakefield Council, Wakefield District Health and Care Partnership and Young Lives Consortium.

The Third Sector Framework operates on the principle that funding should be distributed in an open, fair, and transparent way, and this guides all the work we do. Since its launch in 2021, a total of 10 funds has been distributed through the Framework, and we're about to launch our next opportunity. The Framework focuses on health and wellbeing services and activities, and a huge range of project work and provision has been supported through this mechanism.

It's an exciting and busy time for the Third Sector Framework, as longer-term funding has been secured, and we plan to use this increased commitment to the Framework as an opportunity to develop it further. To facilitate and inform this, work is taking place on a strategic review of the Framework, which will give us a clear direction for the coming years.

Operating Model Review - On Tuesday, 26 September 2023, we started the formal staff consultation for our NHS West Yorkshire Integrated Care Board (ICB) Operating Model Review. The consultation period was initially for 45 days, concluding on Friday 10th November 2023 at 5.00pm, however, due to a delay in the commencement of the Corporate Affairs consultation starting on Thursday 12th October 2023, the staff consultation process will be extended by two weeks until **Friday 24 November 2023 at 5:00pm.** This will result in all consultation processes concluding at the same time, including for staff working in the Corporate Affairs Directorate. On the 11th December 2023 the final consultation outcome document will be published and appointments to the new structure will begin. A copy of the function structure proposals can be found at appendix 2.

Better Care Fund 2023-25 - Following the submission of our final plans for regional assurance and approval I am delighted to confirm that our plans have received full assurance. A copy of the letter can be found at appendix 3.

West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

White Rose House
West Parade,
Wakefield, WF1 1LT
Visit:
www.wypartnership.co.uk
Twitter: @WYpartnership

Tuesday 24 October 2023

To: All West Yorkshire Health and Care Partnership Colleagues
Cc: Rob Webster, CEO for NHS West Yorkshire Integrated Care Board
Cathy Elliott, Chair for NHS West Yorkshire Integrated Care Board
Richard Barker, NHS England Regional Director for the North East and Yorkshire and North West regions.

Dear Colleagues

Response to Secretary of State letter regarding dedicated NHS diversity, equality and inclusion roles

On October 19, Rob Webster, CEO for NHS West Yorkshire Integrated Care Board and Cathy Elliott, Chair of the Board received a letter from Steve Barclay MP, Secretary of State for Health and Social Care. The letter expressed concerns regarding the recruitment and costs associated with equality, diversity and inclusion (EDI) roles within the NHS. When reading the letter, it is evident that there is a need to further enhance the understanding of the wide-ranging work carried out by our colleagues in this field.

As part of the West Yorkshire Health and Care Partnership (Integrated Care System), we wanted to publicly acknowledge and recognise the valuable and specialist skills of EDI colleagues and the positive impact that their contribution brings to supporting and retaining staff and improving care for people and communities.

Steadfast in our commitment
As a Partnership, we remain steadfast in our commitment to creating an environment that recognises and values the diversity of all our colleagues, people and communities who access care and receive support. This would be extremely difficult without the contributions of valued colleagues dedicated to EDI.

Our goal is to ensure our services are fair, accessible and that they respect the cultural and social needs of our diverse population. This is an essential precursor to the delivery of effective and efficient service outcomes for our population, benefitting both the NHS and the wider communities.

Our commitment to addressing health inequalities not only aligns with and supports the requirements of equality legislation, but it also actively promotes an organisational culture where difference is valued and embraced, and people can flourish.

As a Partnership, we have made significant strides to proactively tackle the wider determinants of inequality as a total system. As part of our Partnership's Ten Big Ambitions we champion diversity and inclusion within our workforce and leadership.

We have successfully implemented our Fellowship Programme (cohort three launched in September 2023) that will add value to our commitment around diversity of leadership. We have established a West Yorkshire Strategic Race Equality Network, as well as other specific networks for the Integrated Care Board including a Disability and Long Term Conditions Network, a Women's Network, a LGBTQ+ Network, and a Carer's Network. These networks provide insight from a 'lived workforce experience' that can enable our organisation to continue to improve the working lives of all our staff. We know many other organisations within our Partnership also have staff networks and by working together we have a collective voice, stronger data and a unified commitment to influence change for the better.

Equality Duty

We are fully committed to fulfilling the aims of the Equality Duty in a meaningful way. Our equality activities align to and compliment a wide range of statutory and regulatory requirements. These include, but are not limited to the NHS Improvement Plan, NHS Equality Delivery System 2022 (EDS22), Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap reporting.

In addition, throughout 2023/24 we will be developing an Equality Diversity Inclusion Strategy for West Yorkshire. Our equality objectives and strategy will be developed with the involvement of the local voluntary and community sector, staff and public sector partners and will set out equality priorities. Colleagues with the right skills and knowledge to implement this important work are critical to any success we have.

Tackling inequality

Tackling inequality is an ongoing challenge, one that demands consistent investment of both time and resources. To strategically position ourselves beyond fulfilling the statutory obligations and to achieve our goal of becoming a model of excellence in equality and inclusion, we must continue to utilise the expertise and resources within our Partnership's networks.

Our Improving Population Health Programme is an integral part of health initiatives across West Yorkshire. It consists of six delivery teams: adversity trauma and resilience, climate change, core determinants of health (including housing), health inequalities, targeted prevention, and suicide prevention. The expertise of our colleagues in EDI is central to the success of all these initiatives.

Positive impact

The positive impact of our colleagues specialising in EDI is evident across various areas of our work, including:

- **Review on COVID-19 Health Inequalities:** Our Partnership conducted a review into the impact of COVID-19 on health inequalities and the support required for minority communities and staff.
  This review, published in 2021, involved dedicated efforts to understand the disparities in COVID-19 risks and outcomes, drawing insights from the experiences of organizations and colleagues within our Partnership.
- **Population planning:** These experts play a vital role in population planning, ensuring that services are tailored to meet the diverse needs of various groups.
- **Reducing inequalities in mental health outcomes:** Colleagues in EDI are actively involved in initiatives aimed at reducing inequalities in mental health outcomes.
- **Anti-racism commitment:** As part of our commitment to being an anti-racist system, we are resolute in continuing the ethos of the "Root out Racism" movement and amplifying the lived experiences of colleagues who encounter racism.
- **Diverse leadership:** We are dedicated to our ambition of achieving more diverse leadership in health and care that mirrors the rich talent and diversity of our communities in West Yorkshire. This initiative aims to eliminate the challenges that minority community colleagues often face in the workplace.
- **Inclusivity Champion:** We are proud to have appointed West Yorkshire's first-ever Inclusivity Champion as part of the mayor's pledge to achieve greater equality across the region, a joint role with the Partnership. This champion collaborates closely with regional leaders and the communities they serve, providing expert advice on inclusion and addressing regional disparities in social, economic, and health aspects.
- **Other areas of focus:** Our colleagues in EDI are involved in numerous areas, including, for example, equality impact assessments, the development of the Integrated Care Board's Operating Model, Workforce Race Equality Standard, Workforce Disability Equality Standard, coordinating staff networks, procurement evaluations, the transformation of community mental health services and transformation of intermediate care services, to name a few.
- **Working closely with communications and involvement teams:** involving and consulting local communities, removing barriers to involvement for people with a disability and increasing accessibility of information. This work also encompasses EDS22 (Equality Delivery System), accessibility regulations, the Accessible Information Standard and the new NHS Improvement Workforce Plan, as well as our own People Plan.
- **As an Integrated Care Board we have mandatory training for producing accessible information**. Guidance and standards have also been adopted by other organisations and its an equality lead that had led this.

We are ‘proud to be part of the West Yorkshire Health and Care Partnership’ and at this important time, we want to say how proud we are to work alongside all our EDI colleagues.

Thank you.

Yours sincerely

Jonathan Webb

Director of Finance on behalf of NHS West Yorkshire Integrated Care Board

Fatima Shah Khan

West Yorkshire Inclusion Champion, West Yorkshire Mayoral Combined Authority and NHS West Yorkshire Integrated Care Board

Ali Jan Haider

Chair of West Yorkshire Integrated Care Board Race Equality Network

This outlines the proposals for functions under the proposed West Yorkshire ICB Operating Model. This includes:

* Functions to be consolidated into a core West Yorkshire ICB team
* Functions to be split between a West Yorkshire function, retaining some resource at Place
* Functions that will be retained at Place in their entirety.

Please note that this is subject to change following consultation with staff which is due to conclude on 24 November 2023.

Function or capability	**Consolidated/Split/Place Function proposals**
Board Secretariat	Consolidated
Chair and Chief Executive Office	Consolidated
Clinical Policy and Individual Funding Requests (IFR)	Consolidated
Complaints	Consolidated
Conflicts of Interest	Consolidated
Contract Management	Consolidated
Corporate Governance	Consolidated
Corporate People (HR)	Consolidated
Emergency Preparedness, Resilience and Response (EPRR)	Consolidated
Estates	Consolidated
Finance	Consolidated
Freedom of Information	Consolidated
Information Governance	Consolidated
Patient Advice and Liaison Service (PALS)	Consolidated
Primary care (Pharmacy, Optometry, Dentistry)	Consolidated
Procurement	Consolidated
Quality	Consolidated
Records Management	Consolidated
Risk Management	Consolidated
Subject Access Requests	Consolidated
Workforce Strategy and Planning	Consolidated
Power of Communities (VCSE)	Consolidated
Commissioning and Integration Teams	Place
Continuing Healthcare	Place
Existing place administration	Place
Existing place change, project and transformation teams	Place
Local planning and population health management	Place
Anti-Microbial Resistance	Split
Business Intelligence	Split
Cancer Alliance	Split
Children, Young People and Families	Split
Clinical Leadership	Split
Communications	Split
Community Care and Discharge	Split
Digital	Split
Engagement / Involvement	Split
Equality, Diversity, and Inclusion (EDI)	Split
Fuller	Split
Improving Planned Care	Split
Improving Population Health *(*includes health inequalities, climate change, Violence Reduction Unit etc*)*	Split
Innovation and Improvement	Split
Local Maternity and Neonatal System	Split
Long Term Conditions and Personalised Care (incl. Unpaid Carers)	Split
Medicines Optimisation	Split
Mental Health, Learning Disabilities and Autism	Split
Operational Planning, Assurance, Performance	Split
Primary care (General Practice)	Split
Research and Development	Split
Strategy	Split
System and Leadership Development	Split
Urgent and Emergency Care	Split
West Yorkshire Vaccinations	Split
Safeguarding	Under review

NHS England
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E-mail:
england.bettercarefundteam@nhs.net

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

18 September 2023

Dear Colleagues,

BETTER CARE FUND 2023-25

Thank you for submitting your Better Care Fund ("**BCF**") plan for regional assurance and approval. I am pleased to let you know that following this process, your plan has been classified as '**approved**'. You should now proceed to finalise your section 75 agreements with a view to these being signed off by 31 October 2023.

We are grateful for your commitment to developing and producing your agreed plan and we recognise that there are many pressures on local system colleagues, despite the early publication of the planning requirements.

The BCF is the only mandatory policy to facilitate the integration of health, social care and housing funding. This is the second time that the BCF Policy Framework covers two financial years to align with NHS planning timetables and to give areas

the opportunity to plan more strategically.

BCF Conditions for financial year 2023/4

The BCF funding from NHS England for the financial year 2023/24, which includes additional discharge funding, can now be formally released subject to compliance with the following conditions (referred to as "the **BCF Conditions**"):

- The BCF funding is used in accordance with your final approved plan.
- The national conditions ("the **National Conditions**") set out in the BCF Policy Framework for 2023-25 and further detailed in the BCF Planning Requirements for 2023-25 continue to be met.
- Satisfactory progress is made towards meeting the performance objectives specified in your BCF plan.
- Reports on your area's progress and performance are provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the BCF overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.

Escalation

The BCF Conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006. This means that if the BCF Conditions are not complied with NHS England can, under section 223GA:

- withhold any payment, if any of the BCF Funding has not already been made available to the ICB;
- recover any of the funding (either from the current financial year or a subsequent financial year); and/or
- direct the ICB or ICBs in your Health and Wellbeing Board area as to the use of the funding.

Where an area is not compliant with one or more BCF Conditions or there is a material risk that a BCF Condition will not be met, an area may enter into escalation, as outlined in the BCF Planning Requirements 2023-25. This could lead to NHS England exercising the powers outlined above. Any intervention will be proportionate to the risk or issue identified.

Local authority funding for financial year 2023/4

Grants to local government (improved Better Care Fund, Additional Discharge Fund

and Disabled Facilities Grant) will continue to be paid to local government under s31 of the Local Government Act 2003, via the Department of Levelling Up, Housing and Communities, with a condition that they are pooled into one or more pooled funds under section 75 of the NHS Act 2006 and spent in accordance with your approved BCF plan.

Reporting and compliance

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local Better Care Manager ("**BCM**"). Following regional assurance, we are asking all BCMs to feed back to local systems where the process identified areas for improvement in plans, including where systems may benefit from conversations with other areas. Nationally, we will also be reflecting on the data and what further support we can consider in the future.

Reporting on the overall BCF programme for 2023-25 will resume in September with quarterly reporting and an end of year return. In preparation for winter and to ensure ongoing alignment with urgent and emergency care recovery plans, the Quarter 2 report will include a check that your Intermediate Care Capacity and Demand plans are still fit for purpose as we enter months where capacity is often stretched. Your refreshed Intermediate Care Capacity and Demand plan needs to be submitted by 31 October 2023. All templates and guidance will be published on the Better Care Exchange. Further information on quarterly and end of year reporting will be confirmed in due course.

You will be aware that there are additional reporting requirements for the Additional Discharge Fund. The Government maintains a strong interest in improving timely discharge of patients; details of additional reporting on this part of the fund have been published. NHS England also requires a monthly return on packages provided to date, spend to date and forecast spend data on an ICB footprint. There is a commitment to review these reporting arrangements for 2024-25.

BCF Conditions for financial year 2023/24

As explained above, the BCF Policy Framework covers the financial years 2023/24 and 2024/25. NHS England expects that before any BCF funding for 2024/25 is made available it will write to areas to notify them that the BCF Conditions for 2023/24 set out in this letter will also apply to 2024/25.

If your area is in breach of its BCF Conditions or there is a material risk that it will breach a BCF Condition, then further conditions may be applied to BCF funding for

2024/25.

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

Yours sincerely,

Nicola Hunt

Senior Responsible Officer for the Better Care Fund
NHS England

Copy (by email) to:

Richard Barker, Regional Director, NHS England
Rosie Seymour, Programme Director, Better Care Fund team, Better Care Fund Programme, NHS England
Jenny Sleight, Better Care Manager, Better Care Fund Programme, NHS England

Report of the Wakefield District Health & Care Partnership
Wakefield Transformation and Delivery Collaborative
November 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.

Escalations to Committee

Urgent and Emergency Care Redesign Model: Phase 1

A large focus of the Urgent and Emergency Care Redesign programme, in phase 1, has been around the location of urgent care services and the benefit of co-locating current providers in one building. By co-locating providers in one building the offer to patients is greater, their urgent care needs can be met in one place and on the same day by the most appropriate staff member/health professional. It also benefits our staff by ensuring their skills are used appropriately as well as providing mutual support across the services.

To locate in a new building capital money of approximately £5 million must be secured to fund the fit out of the property to ensure its clinical suitability and safety. Numerous avenues to secure capital have been explored along with submitting bids to NHS England, all of which unfortunately have been unsuccessful.

As there are currently no capital monies available to enable co-location at this time, the scope of the programme has been reviewed and the proposal below was supported by the Transformation and Delivery Collaborative for NHS Property Services to complete negotiations with King Street landlord to enter into a new lease.

The UEC programme scope is much wider than the location of the urgent care services and there are areas for improvement and processes/pathways which can be delivered collaboratively across the system whilst remaining in existing locations. Therefore the remaining plans for phase 1 will remain unaffected by the above change.

The Transformation and Delivery Collaborative supported the priority pathways to be mapped out and streamlined where possible for the winter months;

- Same Day Emergency Care
- X-ray request
- Mental Health Support Workers
- Care Navigation in ED

The WDHCP Committee is asked to:

1. Recognise the challenges faced with securing capital monies and support the revised direction of the urgent care re-design programme.
2. Support development of the identified priority pathways which will provide most benefit to the Mid Yorkshire System during winter.

Healthcare Inequalities Steering Group

The Healthcare Inequalities Steering Group has undergone a redesign and refresh process and will be launched in November. Throughout August a collaborative engagement process brought together colleagues who were interested in further embedding the reduction of healthcare inequalities into the work of the Wakefield District Health and Care Partnership.

Wakefield continues to have significant health issues and variation in health outcomes dependent on where residents are born and live. People in the Wakefield district will die younger than in other parts of the country and will spend more years of their life in poor health. Healthcare inequalities are an important facet of the wider remit of health inequalities. Healthcare inequalities are about the access people have to health services and their experiences and outcomes. 20 – 30% of health inequalities are estimated to be attributable to inequalities in access to healthcare/ inequalities in healthcare.

The Healthcare Inequalities Steering Group will focus on reducing Healthcare Inequalities which includes access to services and improving experience and outcomes of those who experience health inequalities. It will also work with healthcare providers to influence the wider determinants of healthcare inequalities.

With a renewed focus and set of guiding principles the Steering Group will oversee the local development and delivery of the NHS England Core20Plus5 approach to reducing healthcare inequalities, will identify local priorities for understanding inequalities in access, experience and outcomes related to healthcare and will identify how we're contribute, locally, to the 10 ambitions of the West Yorkshire Integrated Care System.

This is recognition that healthcare inequalities is complex and that a long term view of good practice, impact and outcomes is needed. The Steering Group will ensure their work is data driven, that it utilises lived experience and is based upon local community research and evidence.

The Steering Group will develop a Community of Practice for healthcare inequalities Event(s) to showcase areas of good practice across our Partnership, to stimulate opportunities and enabling wider partnership approach to addressing healthcare inequalities. It aims to connect more of the system to itself.

The WDHCP Committee is asked to:

1. Support the redesign and direction of the Healthcare Inequalities Steering Group, which will report into the Transformation and Delivery Collaborative as an enabler programme.

Supporting the Framework for Investment Decisions

The Transformation and Delivery Collaborative has undertaken in a key role within the new Framework for Investment Decisions process on behalf of the WDHCP Committee. Throughout September and with an extraordinary meeting in October, the Transformation and Delivery Collaborative had the opportunity to review the models of care being proposed within the business cases to appraise the alignment of these with transformation and enabler priorities.

This was a helpful learning process which, for the first time, involved all partners in the business cases process and sparked some rich and meaningful discussions. The Transformation and Delivery Collaborative were asked to review the business case and agree if these should progress to the Investment Panel meeting.

All partners have provided positive feedback about the process and have highlighted the transparency and maturity of our Partnership. We are also looking at how we can make improvements to this process next year.

Transformation Highlights

Six Principles to Embedding Quality at Wakefield Place

At Wakefield Place, we are working on the national ambition to embed quality within transformation programmes. The aim of the 'embedding quality' work is to develop collective principles and a quality improvement approach that we can adapt and adopt for each programme to provide consistency in how we embed quality into the planning, delivery and evaluation of programme workstreams.

In June, the first workshop was held to discuss quality within our priority programmes and alliances and this highlighted that there is lots of good practice already happening but that there are also some common challenges and themes. Following further engagement with Alliances and Programmes, these six key areas of focus were agreed.

Engagement

This theme is about strengthening public engagement and involving those with lived experience

Using Insight

This theme is about using insight & intelligence from patient experience to inform priorities and outcomes

Coproduction

Involving people with lived experience is approaching our work by 'starting with people'. Coproduction is one of the methods of involving people.

Using QI Methodologies

This theme is about the routine use of quality improvement methodologies within programmes and alliances

Quality Outcomes

This theme is about explicitly aiming to improve experience of care (EoC) and measuring quality and EOC outcomes

Sharing and Learning

this theme is about developing a learning culture by consitently reviewing and sharing learning within and across programmes

Recent developments include:

- In September, an 'Embedding quality' FutureNHS online platform was launched which provides programmes with access to all the latest information, news, articles, events and tools and resources to support quality improvement in their work..
- In October, a 'Quality Drop in' Session took place to provide an opportunity for any member of the programmes/alliances to share something they were proud of, ask a question relating to quality or to explore a challenge together.
- In October, programmes and alliances will be provided with a programme-specific thematic analysis comprised of insight gathered by the Wakefield Quality Intelligence group (QIG). The QIG is a forum for gathering and interpreting soft intelligence on quality from across the Wakefield District Health & Care Partnership. These reports will be made available on a regular basis so programmes and alliances are able to systematically use this insight to inform new priorities or ongoing work.
- In November, a Coproduction workshop is planned with our involvement team and public health team to focus on involving and engaging with people with lived experience within programmes, with a specific highlight on coproduction.

NHS Impact

NHS IMPACT (Improving Patient Care Together) has been launched, by NHS England, to support all NHS organisations, systems and providers at every level, to have the skills and techniques to deliver continuous improvement. NHS IMPACT is a single improvement approach to support organisations, systems and providers to shape their strategy underpinning this with continuous improvement, and to share best practice and learn from one another.

The Transformation and Delivery Collaborative has agreed to undertake the self-assessment framework associated with the NHS IMPACT toolkit.

NHS IMPACT can inform the way we work across services and create the conditions in which continuous improvement is the "go to" method for tackling clinical, operational and financial challenges.

Integrating adult health and social care

Adult Social Care and Community Health are working with partners on the integration of services and structures within Intermediate Care, with the aim to improve outcomes for people who need care and support either following hospital discharge or to enable them to stay well in their own homes following a crisis or period of illness.

The new model of integrated community care comprises:

- **Anticipatory care approach** to enhance people's independence and to prevent, reduce and delay people's need for formal care and support
- **Enhanced care at home** – a reablement and recovery model of care which will see services working together to provide early targeted care and support to help people recover following a hospital stay or crisis at home. This is provided in people's own

homes when at all possible, and in dedicated residential recovery settings when necessary. It links into virtual ward and end of life services to ensure that people are supported safely at home as much as possible.
- **Proactive community in-reach** into hospital settings, opportunities to reduce avoidable hospital admissions and enhancing our ability to get people home fast following a hospital stay.

This new model builds on work already undertaken in recent years in Wakefield which is showing some signs of success in reducing people's length of stay in hospital, including for people with dementia. Some key initiatives contributing to these reductions include:

- Integrated Transfer of Care hub – multi-professional approach to supporting discharge safely and quickly.
- Dementia and Delirium support pathway – dedicated dementia/mental health expertise linked with 24hr care support working with care providers to plan early for discharging people with enhanced complexity due to dementia or delirium.
- Dovecote Lodge operating as a Recovery Hub with enhanced therapy support, enabling people to be diverted from an unnecessary hospital admission and cared for in a more appropriate setting before getting back home.
- Multi-professional admission avoidance team based in hospital – adult social care and community therapy working with acute staff to support people to get home with the support they need.
- Fast response from domiciliary care providers in Wakefield, enabling more people to get home with a package of care quickly when this is needed.
- Virtual ward - a safe alternative to acute bedded care, where people are seen and receive acute care in the place they call home. It is medically overseen and community delivered, soon to be enhanced by remote monitoring activity

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	9
Meeting date:	2 November 2023
Report title:	Stopping the start: Government plan to create a smokefree generation
Report presented by:	Stephen Turnbull, Interim Director of Public Health
Report approved by:	Stephen Turnbull, Interim Director of Public Health
Report prepared by:	Stephen Turnbull, Interim Director of Public Health

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

Previous considerations:

Executive summary and points for discussion:

Government have set out a new plan to create a smokefree generation. The plan proposes to:

- Legislate to raise the age of sale one year every year from 2027 onwards
- Double the funding for local authority Stop Smoking Services from next year
- Increase funding for awareness raising campaigns by £5 million this year and £15 million from next year onwards
- Increase funding for enforcement on illicit tobacco and e-cigarettes by £30 million from next year
- Launch a consultation on specific measures to tackle the increase in youth vaping

The paper provides details of the plan, the implications for Wakefield District, outlines next steps and recommends that the Government plans are supported and that partners continue to work together to bring Wakefield's smoking prevalence under 5% thereby achieving Smokefree status.

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.** Welcome the Government's proposed measures to create a Smokefree generation. **2.** Consider the Consultation on youth vaping and commit to providing a consultation response. **3.** Acknowledge the significant work underway to prepare for the legislation and additional funding opportunities and to support this work through active participation in the Tobacco Control Alliance. **4.** Receive further updates as this work progresses.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
No
Appendices
1. Presentation on creating a Smokefree Generation
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	Smoking is a significant contributor to mortality, morbidity and continues to drive health inequalities. Creating a Smokefree generation will help reduce inequalities and help create healthier residents and communities.
Quality and Safety	N/A
Equality, Diversity and Inclusion	Tobacco use is not distributed equally amongst communities. Efforts to create a Smokefree Generation will require consideration of how best to engage with communities most affected.
Finances and Use of Resources	Additional resources are being made available by government for local authority Stop Smoking Services. Existing investment in tobacco control measures, including stop smoking services, will need to be maintained.
Regulation and Legal Requirements	Primary legislation is required for elements of the programme and the details of regulations are not yet available.
Conflicts of Interest	N/A

Data Protection	N/A
Transformation and Innovation	Creating a Smokefree Generation seeks to transform the nations relationship with tobacco products and will be transformative.
Environmental and Climate Change	Tobacco products are damaging to the environment at every stage of their production and use. Driving prevalence down will have environmental benefits alongside significant health benefits
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	National polling suggests good support for these measures. The Tobacco Control Alliance will look to engage with citizens and stakeholders as the programme of actions develop.

1. Main Report Detail

1.1 **Tobacco use** is a significant public health issue globally, in the UK and in Wakefield. Tobacco is made from leaves of the tobacco plant and contains nicotine which is a highly addictive substance. All forms of tobacco use are harmful with no amount of use that is safe.

1.2 Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.

1.3 Smoking is not a lifestyle choice but a dependency requiring treatment. Smoking is highly addictive, with 4 in 5 smokers starting before the age of 20 and remaining addicted for the rest of their lives. By stopping young people from ever starting to smoke, we will protect an entire generation of young people from the harms of smoking as they grow older.

1.4 Smoking is the single leading preventable cause of mortality, leading to 64,000 deaths in England each year and harming nearly every organ of the body. Up to two-thirds of smokers die of smoking, and those who start smoking as a young adult lose an average of 10 years of life expectancy

1.5 Smokers do not have free choice. They are addicted. Most start as teenagers and wish they had never started. Two thirds of those who try smoking will go on to be daily smokers. The only choice is the choice to try that first cigarette.

1.6 **Creating a Smokefree generation.** Government have set out a new plan to create a smokefree generation. A command paper has been published that sets out the proposed actions the government will take to tackle smoking and youth vaping.

1.7 The main elements of the plan include legislation to increase the age of sale, increased funding for stop smoking services, increased funding for campaigns, increased funding for enforcement on illicit tobacco and e-cigarettes and a consultation on measure to tackle youth vaping. Each of these elements are detailed below

1.7.1 Age of Sale: The government will bring forward legislation making it an offence to sell tobacco products to anyone born on or after 1 January 2009. In practical terms this will require raising the smoking age each year until it applies to the whole population.

1.7.2 Stop smoking services: The government have committed to an additional £70 million per year to support local authority-led stop smoking services. Indicative allocations have been calculated based on population and latest smoking prevalence figure. The

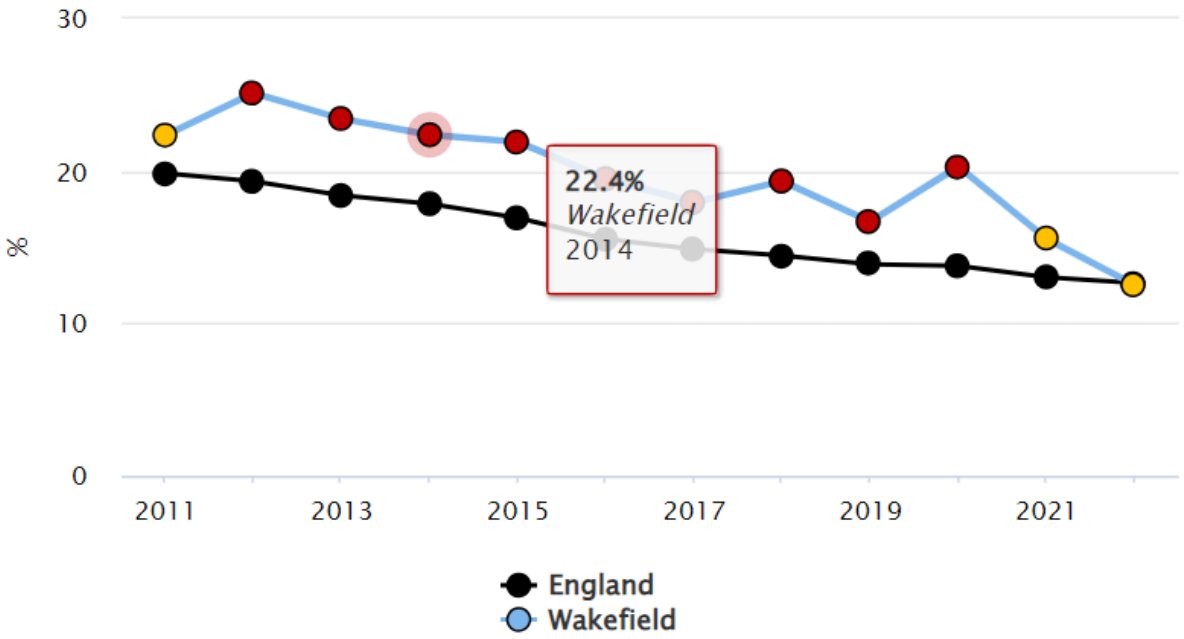
indicative allocation for Wakefield is £434,718 per year. Receipt of this funding is predicated on maintaining existing level of spend on local authority stop smoking services.

1.7.3 Campaigns: Additional funding has been made available for national campaigns to support the creation of a smokefree generation. A national approach will be taken building on campaigns such as 'Stoptober' but running year round. Messages will be amplified in areas of high prevalence and will be targeted at demographics most likely to start smoking or be current smokers.

1.7.4 Enforcement: Counterfeit and Illicit tobacco products are targeted at children and young people, and disadvantaged communities. The government programme to create a smokefree generation proposes a range of activities to address this issue including, new local powers for fines and funding for enforcement activities including trading standards.

1.7.5 Youth Vaping: There has been a recent surge in children vaping and it is accepted by government that vaping products are promoted in ways that appeal to children. A consultation has commenced on ways to tackle youth vaping and proposals include restricting flavours, product presentation and restricting sales.

1.8 **Implications for Wakefield:** Wakefield has made great progress in reducing the prevalence of smoking – with the latest estimate of prevalence being 12.5% and now mirrors the national average.



1.9 Through multiagency collaboration Wakefield has been working to reduce smoking inequalities however there are still significant differences in smoking rates in priority populations in Wakefield including in areas of high deprivation, routine and manual workers and people with a long-term mental health condition.

1.10 The plans set out by Government will bolster our local tobacco control programme and significantly contribute to the aim of achieving Smokefree status. Smoking prevalence less than 5% is deemed to be smokefree.

2. Next Steps

2.1 At a national level the focus is on ensuring that the proposed legislation is allocated parliamentary time. The King's speech on the 7 November will set out the legislation being brought forward in the next session of parliament. If parliamentary time is secured the government have indicated that this would be a free vote in the Commons. The opposition have indicated that they would support the legislation and polling suggests widespread public support. The tobacco industry and lobby groups will be active in lobbying MPs in an attempt to delay the legislation.

2.2 A consultation on measures to mitigate youth vaping has now been launched and runs until 6 December. The consultation can be found here. Creating a smokefree generation and tackling youth vaping - GOV.UK (www.gov.uk)

2.3 Locally a meeting of the Tobacco Control Alliance is being held to coordinate the responses to these announcements and to start to prepare for implementation of the measures.

2.4 Work was already underway to commission our Stop Smoking Services as the contract comes to an end in the summer of 2024. We will therefore be well placed to integrate the additional funding provision into our Stop Smoking Services.

3. Recommendations

3.1 That the partnership welcomes the Government's proposed measures to create a Smokefree generation.

3.2 The partners consider the Consultation on youth vaping and commit to providing a consultation response.

3.3 That the partnership acknowledges the significant work underway to prepare for the legislation and additional funding opportunities and to support this work through active participation in the Tobacco Control Alliance.

3.4 To receive further updates as this work progresses.

4. Appendices

4.1 Presentation on a Smokefree Generation

Office for Health Improvement & Disparities

A Smokefree Generation

Action to address smoking and vaping

10/2023

The Case For Change

- Tobacco is the one of the most preventable causes of ill health, disability and death, responsible for 64,000 deaths in England a year
- Almost every minute of every day someone is admitted to hospital because of smoking
- 75,000 GP appointments could be attributed to smoking each month
- It is estimated that the total costs of smoking in England are over £17 billion including £14 billion loss to productivity
- Three-quarters of current smokers would never have started if they had the choice again

Smokefree Generation

- Children turning 14 or younger this year will never be able to be legally sold cigarettes
- This will mean effectively raising the age of sale by one year each year for this generation (born on or after 1 January 2009)
- This will not criminalise smoking nor will it mean anyone who can buy cigarettes now will be prevented from doing so in the future
- This will implement the recommendation from the independent Khan Review

Funding

- Additional £70 million per year for next five years to support LSSS - in addition to the PHG, doubles spending from £68 million to £138 million
- Exact funding allocations communicated to LAs through the grant agreement process. Indicative funding allocations as an annex to the Command Paper
- Funding uplift based on number of smokers in each LA - targets high prevalence areas
- Additional £5 million this year then £15 million per year after to fund new national anti-smoking campaigns
- Funding on top of national Swap to Stop scheme (up to £45 million over 2 years) & financial incentives to support pregnant smokers (up to £10 million over 2 years)

Youth Vaping – UK-wide consultation

Ensuring vapes can continue to be made available to current adult smokers is vital to tackle smoking – must take a balanced approach. However, rates have tripled amongst children. UK wide consultation looks at new measures to reduce appeal, access, affordability of vapes to children:

1. Restricting the flavours and descriptions of vapes
2. Regulating point of sale displays in retail outlets
3. Regulating vape packaging and product presentation
4. Considering restricting the sale of disposable vapes – Defra led
5. Introducing a duty on vapes - HMT led
6. Introducing product standards for non-nicotine vapes and other consumer products

In addition, we will look to ban free samples of vapes and introduce age of sale for non-nicotine vapes – without consultation

Enforcement

To help support proposals we will need increase enforcement activity across smoking and vaping. To do this, we will:

- Strengthen enforcement activity, through new funding (£30 million a year) to HMRC, Border force and local Trading Standards

- Introduce new powers to fine rogue retailers on the spot who sell tobacco products or vapes to people underage

- Enhance age verification online to stop the sale of tobacco products and vapes to underage people online

Next Steps

- 8 week UK wide consultation on new legislative proposals to be launched this week (TBC), ending 7th December Creating a smokefree generation and tackling youth vaping - GOV.UK (www.gov.uk)

- Legislate when parliamentary time allows (Fourth Session Bill TBC in the King's Speech)
  - Scope of any Bill will likely follow scope of the Command Paper

- SSS funding allocations to be confirmed, delivered through a section 31 grant

- Other funding – marketing and enforcement – to be worked through in the coming weeks

- Expression of interest for first wave/pathfinder applicants opened 5/10/2023 for S2S

- Commencing tender process for financial incentives delivery partner

Carers
Wakefield & District

Carers Wakefield & District
Mid Yorkshire Discharge Support to Unpaid Carers

Justine Bilton - CEO

Carers Wakefield & District

Did you know??

- Census 2021 puts the estimated number of unpaid carers at 5 million in England and Wales. This, together with ONS Census data for Scotland and Northern Ireland, suggests that the number of unpaid carers across the UK is 5.7 million.
- The economic value of the contribution made by carers in the UK is £119 billion per year.
- This is around 35,000 in the Wakefield District. CW&D have just over 9000 Carers Registered.
- 59% of unpaid carers are women (Census 2021).
- One in seven people in the workplace in the UK are juggling work and care.
- 1 in 3 NHS staff provide unpaid care.
- Carer's Allowance is the main carer's benefit and is £76.75 per week (2023/24) for a minimum of 35 hours. It is the lowest benefit of its kind.
- Caring can have a significant impact on health and wellbeing. 60% of carers report a long-term health condition or disability compared to 50% of non-carers.

Carers Wakefield & District

What we do:

- **Wrap around service.** Community, Care Home Support and Hospital including Discharge Support.
- **Advice and Information;** Navigate the system, liaise with other professional/organisations, benefits/grants, legal (POA, wills/trusts).
- **Group and Peer Support.** 11 groups across the District.
- **Events and Activities.**
- **Training and Awareness;** Carers and Professionals/Public.
- **Contingency Planning Emergency Alert Plans.**

Carers Wakefield & District

Hospital Discharge Support

- From the point of admittance through to discharge and beyond.
- Navigate the hospital system and support through the discharge planning process.
- Liaise with hospital personnel, nurses/doctors, social workers, finance team, ward admin, Occupational Therapists, other VCSE organisations, Integrated Transfer Of Care (ITOC) hub.
- Check-in and follow-up following discharge (48hrs-1week-4weeks min).
- Signpost and refer on: Carers Wakefield Community/Care Home Support. Other Health and Social Care providers.
- The support provided increases family resilience and reduces readmission.

The Numbers (post discharge support)

- 123 referrals for discharge support alone since 1st Jan 2023 to Sept 2023 (9 months).
- 428 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.
- 31 Carers provided with on-going support from Community Carer Support Worker.
- 18 Carers provided with on-going support from Care Homes Carer Support Worker.
- 15 individuals were readmitted (but knew where to find us).
- More importantly the vast majority require no further support at this time (but know where to find us).

Carers Wakefield & District

"Knock on effect"

- 45 New Carers known to CW&D and therefore registered with their GP Practice.
- Supported the development of the Carer Lanyard (allowing Carers some benefits whilst their loved one is in hospital).
- Supporting the development of a WY&H wide Discharge Support Tool.
- Supporting a single referral process for the voluntary sector in WY&H Trusts.
- Supports the Trusts Working Carers Group (for staff).
- Honorary Contracts, so that patients can be located quickly etc.

Keys to Success

- Shared purpose with like partners in ITOC hub.
- Identifying key individuals with the ability to make things happen.
- ‘Can do attitude’
- Dedicated individuals with a flexible approach.

Carers Wakefield & District

Case Study

Back Ground

Joan is a carer for her husband Eddie. Eddie has a diagnosis of Parkinson's and Dementia. Joan suffers from Arthritis. A fiercely independent couple who did not want carers in their home.

Carers Wakefield have been supporting them with advice since 2020.

In the spring Eddie was admitted to hospital and Joan was told that he was dying and they had withdrawn medication. A day or so later he was sat up alert in bed.

Action

Hospital Carer Support Worker (HCSW) met with Joan on the ward. Joan was very anxious and not full understanding what was happening.

HCSW liaised with the discharge co-ordinator and hospital social work team to help Joan understand what was happening and what might be required to get Eddie home.

Supported Joan to understand the financial aspects and how any additional support might be funded by working closely with the Hospital Finance Team and Hospital Social Worker.

Support them to start to think about and plan Eddies funeral as per the couples wishes.

Support to get a Care Company in place that could meet Eddies needs for when he was discharged.

Liaise with the Discharge Lounge to communicate to the wider family and the Care Company when Eddie would be expected home so that everything was in place.

Discharge calls

Joan became very unwell just after discharge - she was diagnosed with Pneumonia. There was confusion over when the Care Company should be attending and that the SW had not returned any calls. HCSW contacted the Hospital SW team who had closed the case. Also spent time liaising with various community teams as there was a high risk that both Joan and Eddie could be admitted to hospital. SW team increased the calls back to 4 times a day, and also added a temporary care to support with meals while Joan was unwell.

On-going support

Joan was referred to CW&D Community CSW due to the complexity of both Joan and Eddies needs.

Referred the couple to:

Joan for a Carers Assessment by SCD.

Age UK for sitting service.

Occupational Therapy.

Aids and adaptations.

Joan states that without our support she thinks that they both would have been in a much worse place possibly with Eddie dying in hospital which is not what he wanted and Joan potentially admitted due to her own ill health and the strains of caring.

Carers
Wakefield & District

Thank you.

Any Questions?

Meeting name:	Wakefield District Health and Care Partnership (WDHCP) Committee
Agenda item no:	11
Meeting date:	2 November 2023
Report title:	WDHCP Outcomes Framework
Report presented by:	Becky Barwick, Associate Director of Partnerships and System Development
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Becky Barwick, Associate Director of Partnerships and System Development Natalie Tolson, Head of Performance & System Intelligence 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:

First draft of the framework was presented to the Partnership in July 2023 as part of the Strategy and Transformation Delivery Plan 2023/24.

Several iterations have been shared and discussed with Transformation Delivery Collaborative over Summer and Autumn 2023 and this Outcomes Framework has been developed and refined in conjunction with alliance and programme leads from across the partnership.

The purpose of this paper is to agree the WDHCP Outcomes Framework approach described in this paper and metrics with formal reporting to commence next month

Executive summary and points for discussion:

The Partnership are presented with the Wakefield District Health and Care Partnership Outcomes Framework that has been designed to provide the committee with oversight and monitor progress towards achieving our vision and Strategic Delivery Plan.

This paper describes the approach, and the framework (including baskets of indicators) can be found at **Appendix 1**. An example report attached with performance updates against the existing metrics is attached at **Appendix 2.**

The framework is built around our three investment and design priorities that will support the decision making we need to work towards the vision. There are nine outcomes (five primary and four secondary) with a basket of system leading indicators to monitor and show progress against

the delivery of these outcomes. The outcomes are also linked to the delivery of the Health and Wellbeing Board strategic outcomes and wider population level outcomes.

The development of the outcomes and system leading indicators have been designed jointly with executive and transformational leads, focusing on system priorities for 2023/24, with the view to refining the long-term outcomes as part of the three-year strategy.

System leading indicators for two of the outcomes (reducing healthcare inequalities and providing care closer to home or in the community) are still being agreed and will be included in the next report.

The workforce system indicators have been agreed and reporting against these new indicators will commence from December.

These additional metrics are new to our system and have been challenging to measure in the past due to the involvement of many partner organisations. However, the new Wakefield Linked Data Model presents a key opportunity now to develop these metrics, which are a reflection of our increasingly integrated ways of working.

All 'System Leading Indicators' (SLIs) will be mapped to the WDHCP outcomes, system priorities, HWBB outcomes, population outcomes and transformation programmes. In its final version the reporting structure will be through Power BI via a single portal and will be interactive and multi-dimensional, meaning that users can explore the breadth and depth of the data as needed. This will include all alliance programme dashboards developed in the same format (the 'Making Data Count' format) and accessible via a single portal.

Committee members should note that many of the indicators in the outcomes framework are long-term and there may not be changes perceptible between meetings. It is proposed that the reporting frequency is alternate months to the WDHCP committee in public. An option is that development sessions are used to 'deep dive' into areas of further enquiry or concern identified during the reporting cycle.

It is proposed that the process is iterative and will be refined over time. It is suggested that the indicators in the Outcomes Framework and the reporting process suggested in this paper are tested for at least six months to allow for some consistency to develop and to avoid the risk of over-analysis.

Agreeing this approach represents a significant achievement for WDHCP and reflects the maturity and levels of trust that exist within our partnership.

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: • Approve the Outcomes Framework and baskets of indicators • Approve the proposed reporting process • Agree to test the approach for at least six months
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
Appendix 1 – WDHCP Outcomes Framework **Appendix 2 -** Example Outcomes Report – October 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	Not directly applicable
Equality, Diversity and Inclusion	Not directly applicable
Finances and Use of Resources	Not directly applicable
Regulation and Legal Requirements	Not directly applicable
Conflicts of Interest	Not directly applicable
Data Protection	Not directly applicable
Transformation and Innovation	Not directly applicable
Environmental and Climate Change	Not directly applicable
Future Decisions and Policy Making	Not directly applicable
Citizen and Stakeholder Engagement	Not directly applicable

Wakefield District Health & Care Partnership

Wakefield Data & Analytics Service

WDHCP Strategic Delivery Plan Outcomes Framework - DRAFT

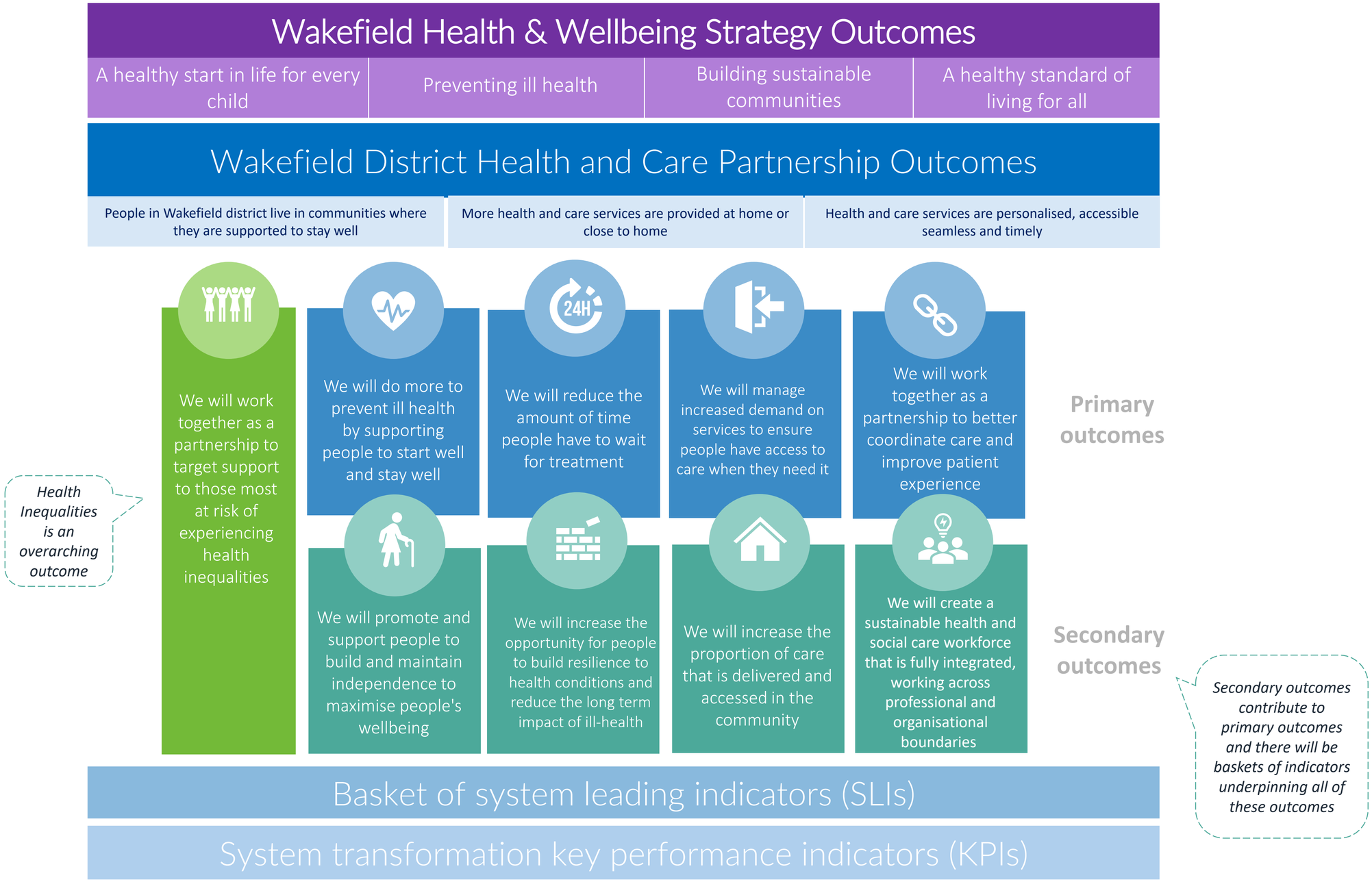
November 2023

WDHCP Strategic Delivery Plan Outcomes Framework

Approach

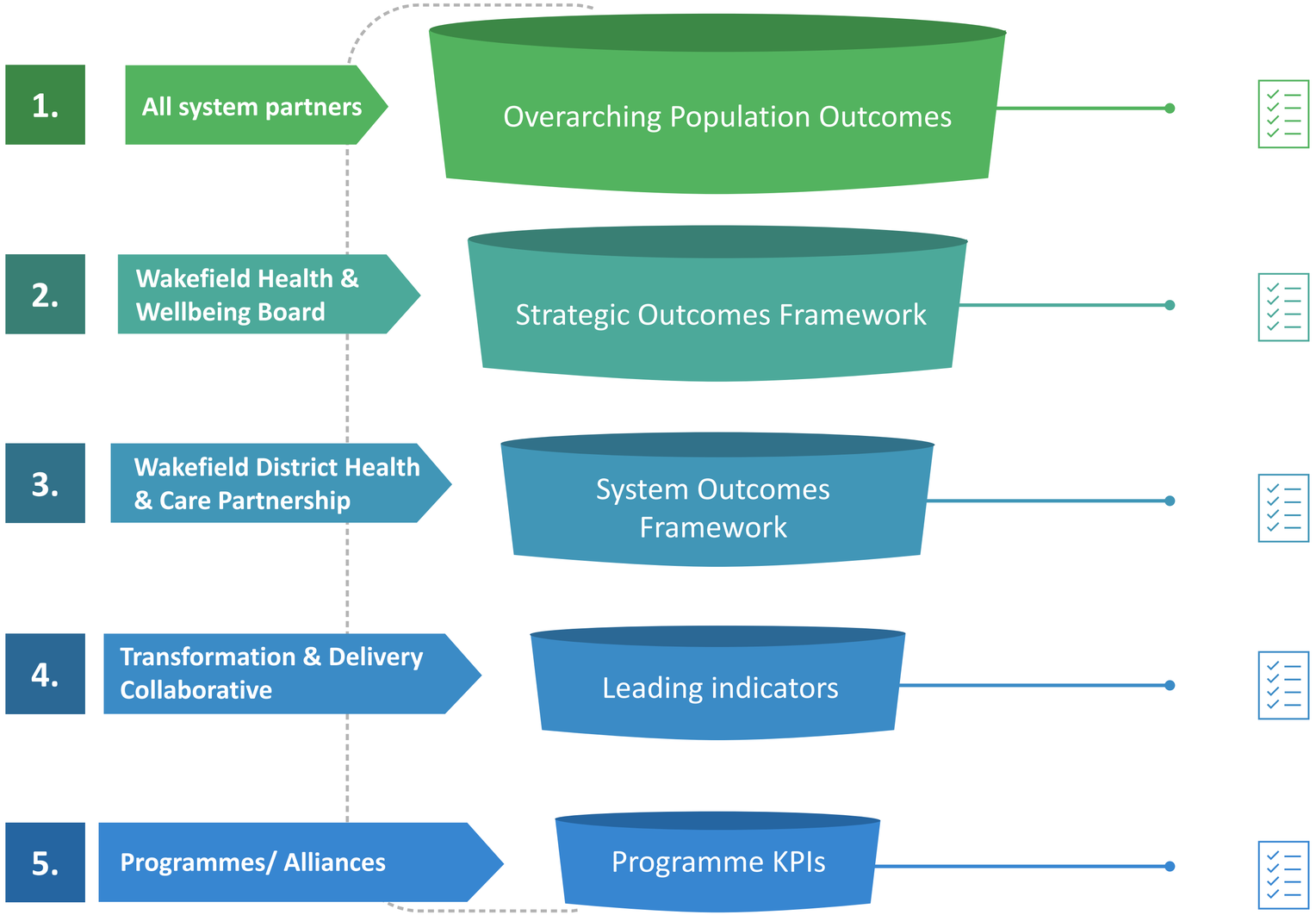
Our Wakefield District Health and Care Partnership outcomes framework will be the way that our committee will have oversight and monitor progress towards our vision. The basic structure of our outcome's framework is described below, including how this flows from our Health and Wellbeing Strategy outcomes framework which we contribute to.

The framework is built around our three investment and design priorities that will support the decision making we need to work towards the vision. There are eight outcomes (four primary and four secondary) with a basket of system leading indicators to monitor and show progress against the delivery of these outcomes.



Governance and Reporting Structure

The Performance & Outcomes Framework will be presented to the Partnership on a quarterly basis. A detailed insight review into a specified focus area will be undertaken and presented to the Partnership between the quarterly reporting periods.



The Wakefield System Performance and Outcomes Framework acts as the 'golden thread', linking programme metrics to leading indicators, outcomes, priorities and population level outcomes.

Each tier of information is presented across the Wakefield District Health and Care Partnership governance structure, providing assurance and accountability to the Partnership and Board.

The System Performance & Outcomes Framework will be presented to the Partnership on a quarterly basis with supporting narrative and updates from each executive programme lead.

Detailed insight reviews will be undertaken between the quarterly reporting period.

The System Performance & Outcomes Framework is an interactive dashboard that allows performance to be filtered at various levels.

Each transformation board / alliance has a dedicated programme dashboard, accessed via a central shared portal.

Performance information and assurance from programme KPIs and the leading indicators will also feed into the West Yorkshire ICB Board level Performance Report.

Partnership Outcomes and System Leading Indicators (SLIs)

We will work as a Partnership to target support to those most at risk of experiencing health inequalities

a) Reduce the gap in mortality rates for people with LD
b) Reduce the gap in mortality rates for people with SMI
c) Reduce mortality rates from cardiovascular disease in those aged under 75 years
d) Reduce mortality rates from respiratory disease in those aged under 75 years
e) Reduce inequality in access and uptake of cancer treatment
f) Reduce inequality in early diagnosis and screening uptake rates
g) Reduce inequality in the number of unplanned hospitalisation for chronic ambulatory care sensitive conditions

Over-arching population outcomes

a) Reduce the gap in healthy life expectancy
b) Reduce the gap in life expectancy

These leading indicators are still to be confirmed by the Health Inequalities Alliance.

Partnership Outcomes and System Leading Indicators (SLIs)

We will do more to prevent ill health by supporting people to start well and stay well

Start well

a) Reduce the proportion of mothers who smoke at the time of delivery
b) Increase the proportion of babies who are breast-fed at 6-8 week
c) Increase the proportion of children who achieved expected level of development at 2-2.5-year-old Health Visitor review
d) Reduce the rate of children who are severely absent from school
e) Reduce the rate of children on a child protection plan

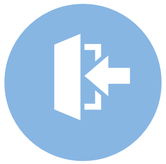
Live well

a) Increase early cancer diagnosis at stage 1 and 2
b) Increase the proportion of the population that is healthy/well
c) Reduce the proportion of the population who are overweight or obese
d) Reduce the prevalence of smoking in the population
e) Increase early diagnosis of hypertension

Partnership Outcomes and System Leading Indicators (SLIs)

We will reduce the amount of time people have to wait for treatment

a) We will reduce waiting times for Autistic Spectrum Disorder (ASD) assessments
b) We will reduce the number of long patient waits for planned treatment
c) We will minimise the length of time people have to wait for treatment in A&E departments
d) We will reduce the number of people waiting for adult social care assessments



We will manage increased demand on services to ensure people have access to care when they need it

a) We will increase the number of appointments available in GP practices
b) We will increase patient experience of using their GP service
c) We will reduce A&E attendances and benchmark in-line with our peers
d) We will manage the volume of GP referrals for consultant led services
e) Increase the use of talking therapies and other services (well women's centre, men's matters and Future Selph (16-25 years)
f) Increase the number of CYP (0-17 years) who are supported through the NHS funded mental health service that receive at least one contact

We will work together as a partnership to better coordinate care and improve patient experience

a) We will improve patient experience of being discharged from hospital
    I. Increase the speed of discharge for patients on pathway 1
    II. Decrease number of patients discharged from hospital on pathways 2 and 3
    III. Increase number of patients referred to community three days before their discharge date
    IV. We will increase the number of patients discharged from hospital back to their usual place of residence
b) We will reduce the number of high frequency users (super attenders) accessing multiple services across the system
c) We will provide seamless care by reducing the number of contacts people have with different services
d) Reduce the number of people who need to leave the district to get their care and support needs met

Partnership Outcomes and System Leading Indicators (SLIs)

We will increase the proportion of care that is delivered and accessed in the community

a) We will reduce the number of patients at high risk of admission being admitted in an emergency
b) Community diagnostic hubs (TBC)
c) TBC
d) TBC

These leading indicators are still to be defined by the Adult Community Integrated Board.

We will work in partnership to promote and support people to build and maintain independence to maximise people's wellbeing

a) Increase the provision of enhanced health and care services within supported independent living schemes
b) Reduce the number of people who are admitted in an emergency due to a fall
c) Increase the proportion of people receiving short-term support to maximise their independence, where no further request was made for ongoing support
d) Reduce the number of people whose long-term support needs are met by admission to residential and nursing care homes
e) Increase the proportion of older people who were still at home 91 days after discharge from hospital
f) Increase the proportion of people who receive long-term support who are enabled to live in their home or with family

Partnership Outcomes and System Leading Indicators (SLIs)

We will increase the opportunity for people to build resilience to health conditions and reduce the long-term impact of ill-health

a) We will increase the number of people living with a long-term health condition who have a personalised care and support plan
    i. Increase the number of people with serious mental illness who receive their NHS Health check
    ii. Increase the number of people with learning disabilities who receive their NHS Health check
    iii. Increase the number of people with diabetes who have an eight care processes check
b) Increase early dementia diagnosis rates
c) Increase the percentage of people with severe poor mental health who are in employment.
d) Reduce the number of emergency presentations for people with poor mental health.

We will create a sustainable health and social care workforce that is fully integrated, working across professional and organisational boundaries

a) Reduce staff vacancy rates
b) Reduce staff sickness levels
c) Increase the number of staff reporting that they enjoy their job
d) Reduce staff rates of turnover
e) Increase the number of new people coming into the health and social care workforce
f) Increase the number of staff in new roles (Nurse Associates/ACPs/Physician Associates)
g) Increase the number of people living in Wakefield who are training in health and social care

Wakefield District Health & Care Partnership

Wakefield Data & Analytics Service

Performance & Outcomes Framework

For Wakefield District Health & Care Partnership
November 2023

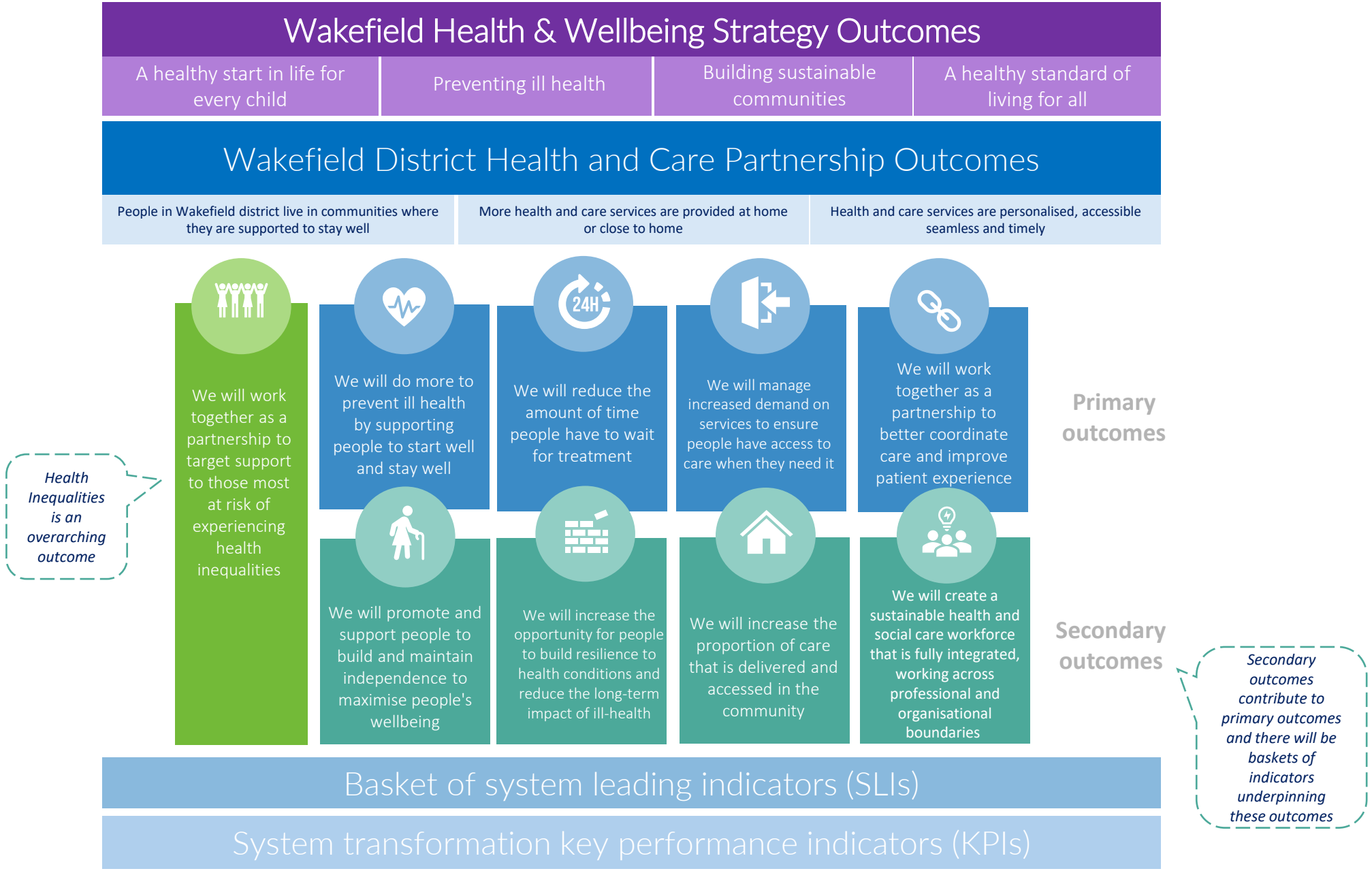
First draft for discussion

WDHCP Strategic Delivery Plan Outcomes Framework

Approach

Our Wakefield District Health and Care Partnership outcomes framework will be the way that our committee will have oversight and monitor progress towards our vision. The basic structure of our outcome's framework is described below, including how this flows from our Health and Wellbeing Strategy outcomes framework which we contribute to.

The framework is built around our three investment and design priorities that will support the decision making we need to work towards the vision. There are eight outcomes (four primary and four secondary) with a basket of system leading indicators to monitor and show progress against the delivery of these outcomes.



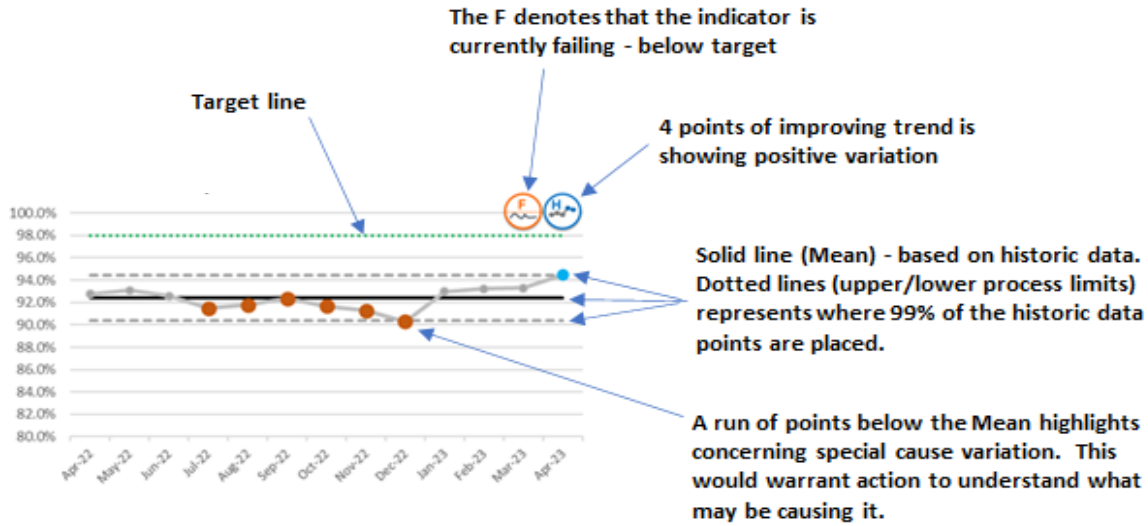
How performance is measured

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 indicates inconsistency hitting, passing and falling short of the target.	
Variation indicates consistency (P)assing the target.	
Variation indicates consistency (F)alling short of the target.	

Variation	
Common cause - no significant change.	
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	
Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	

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.

Summary of Key Findings

We will do more to prevent ill health by supporting people to start well and stay well

- The proportion of mothers who smoke at the time of delivery continues to report below the national ambition, however performance is starting to show gradual signs of improvement.

- The rate of children on a child protection plan (per 10,000) for Wakefield is better than the average position reported across our statistical neighbouring authorities, however, the rate is above the level levels seen last year.

- The prevalence of both adults and children who are overweight or obese (children at the end of school year 6) remains a challenge for Wakefield, with prevalence above the national average (latest data 2021/22) and the trend across the adult population showing signs of an increase.
- Overall, the proportion of smoking in the population is starting to show signs of an improved position, with Wakefield reporting a similar trend to the national average.

We will reduce the amount of time people have to wait for treatment

- The number of children waiting for an ASD diagnostic assessment remains. The waiting list and referrals into the service reduced in August and September which is linked to the national school holidays. 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.
- The number of Wakefield patients waiting over 65+ weeks for planned treatment is increasing and remains above local trajectory at 309 patients.
    - Pressured specialities with the highest number of patients waiting over 65 weeks remain ENT and Gynaecology, with both specialities reporting a spike in routine GP referrals this year.
    - The majority of long patient waits in T&O are patients waiting for treatment at Mid Yorkshire Teaching Trust. Gynaecology long waiters are patients specifically needing the complex endometriosis service requiring dual operating across specialties who have limited theatre capacity to work in tandem due to job plans.
- The urgent care system has been experiencing significant pressure, with A&E 4-hour waiting time performance for October currently reporting at 66.6% against a trajectory of 72.6%. Performance is being driven by pressures in the admitted pathway, with 4 hour waiting time performance of 21.4% (non-admitted 76.2%) and a high volume of ambulance arrivals/handovers. GP services are also experiencing high levels of demand.

Summary of Key Findings - Continued

We will manage increased demand on services to ensure people have access to care when they need it

- The number of CYP (0-17 years) who are supported through the NHS funded mental health service that receive at least one contact remains below the national requirement.

We will work together as a partnership to better coordinate care and improve patient experience

- The number of patients being discharged from hospital on pathways 2 and 3, which is a key Better Care Fund metric remains below target.
- The number of patients discharged from hospital back to their usual place of residence achieved the Better Care Fund trajectory in September (92.6% against a target of 92.5%) but performance remains variable.
- Across Wakefield, the number of patients with no right to reside reported an improved position compared to last year (sept 22 (102) to Sept 23 (77) equating to a reduction of 26%), demonstrating the benefits of a coordinated approach through IToCH and positive outcomes of working more collaboratively on shared challenges around discharges.

We will promote and support people to build and maintain independence to maximise people's wellbeing

- The number of people whose long-term support needs are met by admission to residential and nursing care homes (aged 65+ rate per 100k) is steadily reducing and is consistently meeting the local target.
- The proportion of people who receive long-term support who are enabled to live in their home or with family (aged 18+) is showing a month-on-month improvement.

We will increase the opportunity for people to build resilience to health conditions and reduce the long-term impact of ill-health

- The rate of early dementia diagnosis is showing an improved position and is meeting the local trajectory as agreed in the National Operating Plan.
- Wakefield is on track to deliver the SMI annual health check target and is above last year's performance for delivering LD health checks.

We will work together as a partnership to target support to those most at risk of experiencing health inequalities

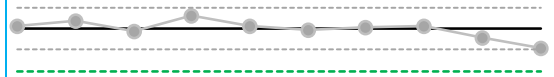
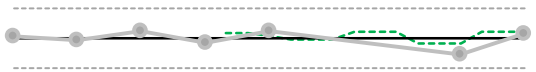
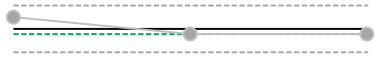
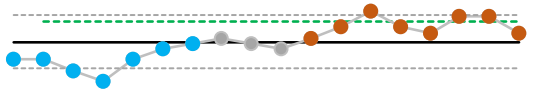
- Whilst these metrics are annual, performance against the number of unplanned hospitalisations for chronic ambulatory care sensitive conditions for this year is showing a deteriorating position against last year. Compared to Q1 last year, the increase is spread across several conditions but admissions for anaemia and hypertension have reported an increase for the last two quarters. This is a key Better Care Fund metric and performance is being reviewed by the LTC Steering Group.

We will do more to prevent ill health by supporting people to start well and stay well

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

We will support people to start well by:

Indicator	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	SPC	Trend Range: Start	Trend Range: Latest	Leading and contributing programmes: Planned care	Urgent care	Adult community	Childrens	Mental health	LD	Primary care	Housing	People
Reduce the proportion of mothers who smoke at the time of delivery	Q	Low	Q2 23/24	National	6.0%	10.3%				Q1 21/22	Q2 23/24				✓					
Increase the proportion of babies who are breast-fed at 6-8 week	Q	High	Q1 23/24	Baseline (Last yr)	35.5%	34.9%				Q1 21/22	Q1 23/24				✓					
Increase the proportion of children who achieved expected level of development at 2-2.5-year-old Health Visitor review	TBC	High		TBC	-				*Metric To follow*						✓					
Reduce the rate of children who are severely absent from school	A	Low	Jan 22-Mar 23	Baseline (Last yr)	0.4%	0.4%				Apr 21-Jul 22	Jan 22-Mar 23				✓					
Reduce the rate of children on a child protection plan (per 10,000)	M	Low	Sep 23	Statistical Neighbours	64	62				Apr 22	Sep 23				✓					

We will do more to prevent ill health by supporting people to start well and stay well

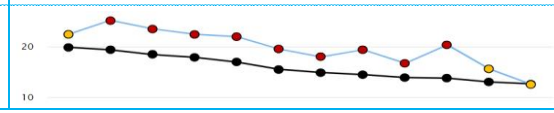
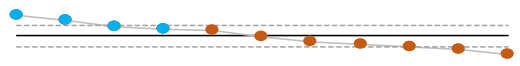
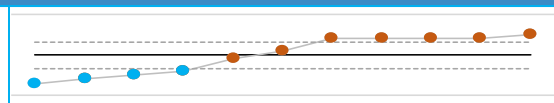
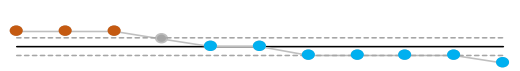
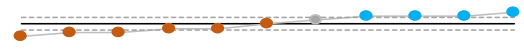
Linked WDHCP Priority: | Supported to stay well | Care in the community | Personalised, accessible, seamless and timely care

Linked WHWBB Priority: | Best start in life | Preventing ill health | Sustainable communities | Healthy standard of living

We will support people to live well by:

England
Wakefield
Not significantly different to England average
Significantly worse than England average

Leading and contributing programmes
TBC

National Indicator	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	SPC	Trend Range: Start	Trend Range: Latest	Planned care	Urgent care	Adult community	Childrens	Mental health	LD	Primary care	Housing	People
Increase early cancer diagnosis at stage 1 and 2	A	High	2020	National	52.3%	50.9%				2013	2020									
Reduce the prevalence of children who are overweight or obese (year 6)	A	Low	2021/22	National Avg	37.8%	40.7%	H			2006/07	2021/22				✓					
Reduce the proportion of the adult population who are overweight or obese (18+) (Active Lives Adult Survey)	A	Low	2021/22	National Avg	63.8%	76.4%				2015/16	2021/22									
Reduce the prevalence of smoking in the population (annual adult population survey)	A	Low	2022	National Avg	12.7%	12.5%	L	F		2011	2022									
Increase the proportion of the population that is healthy/well	M	High	Aug 23	TBC	-	57.8%	L			Oct 22	Aug 23									
Local insights																				
Reduce the proportion of the adult population who are overweight or obese (18+) (QOF)	M	Low	Aug 23	Local	-	12.00	H			Oct 22	Aug 23									
Reduce the prevalence of smoking in the population	M	Low	Aug 23	Local	-	14.60	L			Oct 22	Aug 23									
Increase early diagnosis of hypertension (prevalence)	M	High	Aug 23	Local	-	16.40	H			Oct 22	Aug 23									

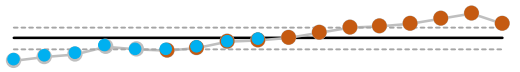
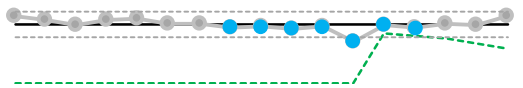
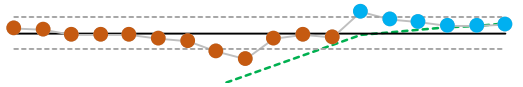
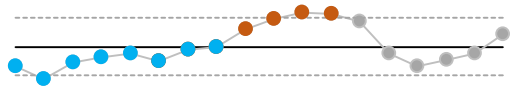
Performance against these metrics is reported annually, with a long-time lag. The Wakefield linked data model (GP clinical data) has been used to develop local insight against these areas. Local monitoring will differ to the national position but the trend will provide early direction of travel.

We will reduce the amount of time people have to wait for treatment

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

Leading and contributing programmes

Indicator	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	SPC	Trend Range: Start	Trend Range: Latest	Planned care	Urgent care	Adult community	Childrens	Mental health	LD	Primary care	Housing	People
Reduce waiting times for Autistic Spectrum Disorder (ASD) assessments	M	Low	Aug 23	Trajectory	-	1424	H			Apr 22	Aug 23				✓	🔗				
Reduce the number of long patient waits for planned treatment (65+ weeks)	M	Low	Aug 23	National	157	309		F		Apr 22	Aug 23	✓								
Minimise the length of time people have to wait for treatment in A&E departments (waits 4+ hours)	M	High	Sep 23	National	71.4%	70.6%	H	?		Apr 22	Sep 23		✓							
Reduce the number of people waiting for adult social care assessments	M	Low	Sep 23	Local	-	436				Apr 22	Sep 23			✓						

We will manage increased demand on services to ensure people have access to care when they need it

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Increase the overall experience of patients GP practice	A	High	2023	National average	71%	73%				2020	2023							✓		
Increase the number of appointments available in GP practices	M	High	Aug 23	National average	450.05	538.88				Apr 22	Aug 23							✓		
Reduce Paediatric A&E attendances to benchmark in-line with our peers (0-17, rate per 1,000)	M	Low	Sep 23	n/a	33.38	37.67				Apr 22	Sep 23		🔗		✓			🔗		
Reduce A&E attendances to benchmark in-line with our peers (18+, rate per 1,000)	M	Low	Sep 23	n/a	27.05	28.76				Apr 22	Sep 23		✓					🔗		
We will manage the volume of GP referrals for consultant led services *MYTT	M	Low	Aug 23	Baseline (Last yr)	5200	5606				Apr 22	Aug 23	✓								
Increase the use of talking therapies and other local services	M	High	Sep 23	TBC	-	1343				Apr 22	Sep 23					✓				
Increase the number of CYP (0-17 years) who are supported through the NHS funded mental health service that receive at least one contact	M	High	Jun 23	National	8000	5515				Apr 22	Jun 23			🔗		✓				

We will work together as a partnership to better coordinate care and improve patient experience

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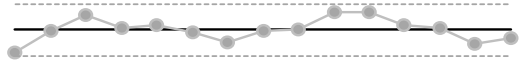
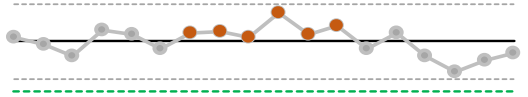
Leading and contributing programmes

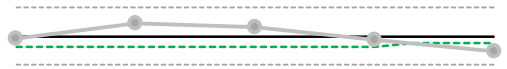
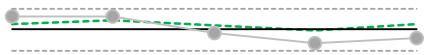
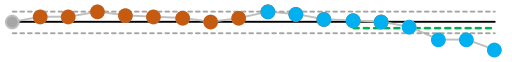
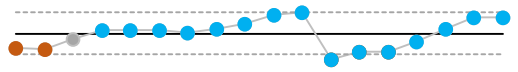
Indicator	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	SPC	Trend Range: Start	Trend Range: Latest	Planned care	Urgent care	Adult community	Childrens	Mental health	LD	Primary care	Housing	People
Reduce the average number of days patients have had no reason to reside on pathway 1	M	Low	Sep 23	n/a	-	6.04				Jul 22	Sep 23			✓						
Reduce the number of patients discharged from hospital on pathways 2 and 3	M	Low	Sep 23	National / BCF	5.0%	7.2%				Apr 22	Sep 23			✓						
Increase the number of patients referred to community three days before their discharge date	M	High		TBC	-				*Metric To Follow*					✓						
Increase the number of patients discharged from hospital back to their usual place of residence	M	High	Sep 23	BCF	92.5%	92.6%				Apr 22	Sep 23			✓						
Reduce the number of high frequency users accessing multiple services across the system	M	Low		TBC					*Metric To Follow*					✓						
We will provide seamless care by reducing the number of contacts people have with different services	M	Low		TBC	-				*Metric To Follow*			🔗	🔗	🔗	🔗	🔗	🔗	🔗	🔗	
Reduce the number of people who need to leave the district to get their care and support needs met	M	Low		TBC	-				*Metric To Follow*					✓						

We will promote and support people to build and maintain independence to maximise people's wellbeing

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

Leading and contributing programmes

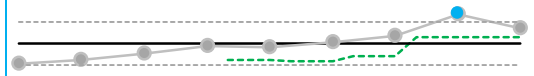
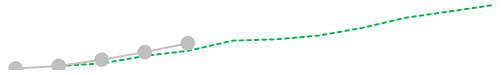
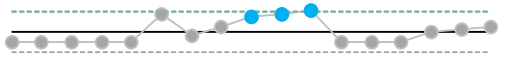
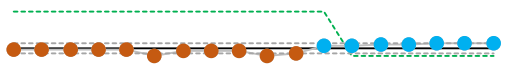
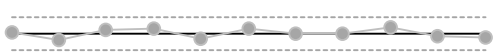
Indicator	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	SPC	Trend Range: Start	Trend Range: Latest	Planned care	Urgent care	Adult community	Childrens	Mental health	LD	Primary care	Housing	People
Increase the provision of enhanced health and care services within supported independent living schemes	M	High		TBC	-				*Metric To Follow*					✓					🔗	
Reduce the number of people who are admitted in an emergency due to a fall	Q	Low	Q1 23/24	BCF	450.90	409.50				Q1 22/23	Q1 23/24			✓					🔗	
Increase the proportion of people receiving short-term support to maximise their independence, where no further request was made for ongoing support	A	High	2021/ 22	National Avg	77.6	70.5				2017/ 18	2021/ 22			✓						
Reduce the number of people whose long-term support needs are met by admission to residential and nursing care homes (aged 65+ Rate per 100k)	M	Low	Sep 23	BCF	659	584				Apr 22	Sep 23			✓						
Increase the proportion of older people who were still at home 91 days after discharge from hospital	Q	High	Q2 23/24	BCF	84.5%	85.4%				Q1 22/23	Q2 23/24			✓						
Increase the proportion of people who receive long-term support who are enabled to live in their home or with family (18+)	M	High	Sep 23	n/a	-	69.3%				Apr 22	Sep 23			✓						

We will increase the opportunity for people to build resilience to health conditions and reduce the long-term impact of ill-health

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

Leading and contributing programmes

Indicator	Frequency	Desired direction	Latest Period	Target type	Target	Actual	Variation	Assurance	SPC	Trend Range: Start	Trend Range: Latest	Planned care	Urgent care	Adult community	Childrens	Mental health	LD	Primary care	Housing	People
Increase the number of people with serious mental illness who receive their NHS Health check	Q	High	Q1 23/24	Plan	1461	1602				Jun 21	Q1 23/24					✓		🔗		
Increase the number of people with learning disabilities who receive their NHS Health check	M (YTD)	High	Aug 23	Baseline (Last yr)	18.3%	25.6%				May 22	Aug 23						✓	🔗		
Increase the number of people with diabetes who have an eight care processes check	M	High	Sep 23	National	60.0%	30.3%				May 22	Sep 23							✓		
Increase early dementia diagnosis rates	M	High	Sep 23	National	62.0%	63.4%				Apr 22	Sep 23					✓		🔗		
Increase the percentage of people with poor mental health who are in employment.	A	High		National Avg	-				*Metric To Follow*							✓				
Reduce the number of emergency presentations for people with poor mental health.	M	Low	Aug 23	Local	-	343				Oct 22	Aug 23		🔗			✓				

We will increase the proportion of care that is delivered and accessed in the community

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

System leading indicators supporting delivery of this outcome are still in development. The Integrated Community Transformation Board has established a Working Group to map the inputs, outputs and associated outcomes for its transformation programmes of work. The Group are scheduled to meet w/c 13th November to finalise the system leading indicators for the outcomes framework. These will be included and reported against in the next report.

We will create a sustainable health and social care workforce that is fully integrated, working across professional and organisational boundaries

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

The People Alliance has agreed seven leading system indicators. These new indicators are being developed and will be reported against next month. Performance will be presented at a system level, but provider level performance will be available for comparison. The system leading indicators are:

a) Reduce staff vacancy rates
b) Reduce staff sickness levels
c) Increase the number of staff reporting that they enjoy their job
d) Reduce staff rates of turnover
e) Increase the number of new people coming into the health and social care workforce
f) Increase the number of staff in new roles (Nurse Associates/ACPs/Physician Associates)
g) Increase the number of people living in Wakefield who are training in health and social care

We will work together as a partnership to target support to those most at risk of experiencing health inequalities

Linked WDHCP Priority:	Supported to stay well	Care in the community	Personalised, accessible, seamless and timely care

Linked WHWBB Priority:	Best start in life	Preventing ill health	Sustainable communities	Healthy standard of living

System leading indicators supporting delivery of this overarching outcome are still being confirmed by the Health Inequalities Alliance. Provisional indicators include:

a) Reduce the gap in mortality rates for people with LD

b) Reduce the gap in mortality rates for people with SMI

c) Reduce mortality rates from cardiovascular disease in those aged under 75 years

d) Reduce mortality rates from respiratory disease in those aged under 75 years

e) Reduce inequality in access and uptake of cancer treatment

f) Reduce inequality in early diagnosis and screening uptake rates

g) Reduce inequality in the number of unplanned hospitalisation for chronic ambulatory care sensitive conditions

Overarching population outcomes

a) Reduce the gap in healthy life expectancy

b) Reduce the gap in life expectancy

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	12
Meeting date:	2 November 2023
Report title:	Addressing Health Inequalities in Wakefield District - Core20PLUS5 Investment Summary and Next Steps - Development of the Healthcare Inequalities Steering Group and Community of Practice
Report presented by:	Becky Barwick, Associate Director of Partnerships and System Development
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Amritpal Reyat, Strategic Programmes and Health Inequalities Lead

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

Previous considerations:

- A proposal for allocating the Core20PLUS5 investment was approved by WDHCP committee on 22nd September 2022
- A summary of the contents of this paper was presented at the Health and Wellbeing Board on 9 September 2023

Executive summary and points for discussion:

This paper is about the NHS's framework for addressing health inequalities. The framework is called Core20PLUS5 released in 2022.

The framework comes with £1.04m recurrent funding for Wakefield District Health and Care Partnership. A set of criteria and approach was previously agreed to be used to allocate investment.

The overall Core20PLUS5 framework has been implemented locally adopting a partnership approach.

The Health Inequalities Steering Group has undertaken a Task and Finish group exercise to support its development, scope and business. Alongside this work a Community of Practice will also be developed and nurtured.

This paper also describes the evaluation outcomes and next steps for allocating Core20PLUS5 funds.

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 evaluation following the investment process 2. Note the next steps and priorities for the Core20Plus5 leadership group around allocation of future funding 3. Note the develop of the Healthcare Inequalities Steering Group
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. Value for Investment/ Evaluation **2.** Lived experience stories **3.** Healthcare Inequalities Steering Group Terms of Reference.
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 Core20PLUS5 framework includes a targeted approach to work with the most deprived communities where residents are at greater risk of experiencing health inequalities approach. It advocates a community development approach to addressing this.
Quality and Safety	Implementation of the Core20PLUS5 framework will support the quality agenda as it includes a targeted approach to consider those with protected characteristics.
Equality, Diversity and Inclusion	Implementation of the Core20PLUS5 framework will support the EDI agenda as it includes a targeted

	approach to consider those with protected characteristics and those who are most marginalised.
Finances and Use of Resources	Finance and contracting colleagues are represented within the leadership group and will oversee the allocation of resources.
Regulation and Legal Requirements	N/A
Conflicts of Interest	Any conflicts of interest will be managed according to our policies.
Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	Core20PLUS presents us with an opportunity to test new approaches to addressing health inequalities, something we are committed to.
Citizen and Stakeholder Engagement	Citizen and Stakeholder engagement and involvement will be carried out at all necessary levels of this framework. It is something all working on Core20PLUS5 are committed to.

1. Main report detail

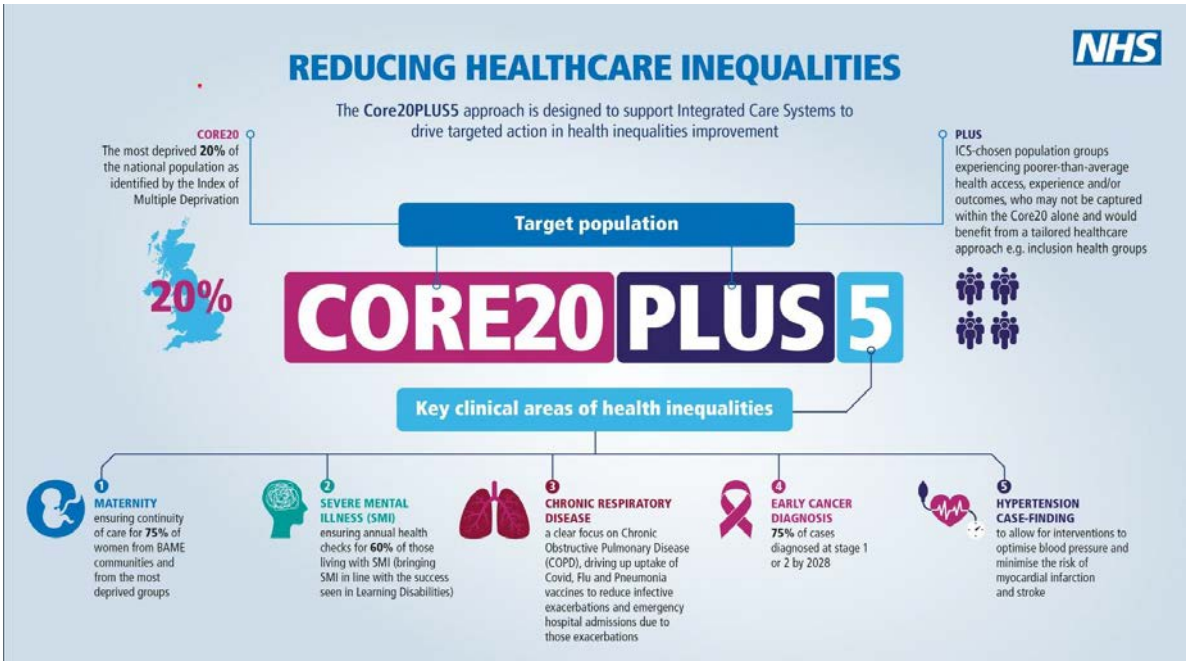
1.1 Purpose of this report

The purpose of this paper is to provide an update to the Wakefield District Health and Care Partnership Place Committee following the investment of the Core20PLUS5 funding which was just over £1.04m recurrent funding and to describe the development of the Healthcare Inequalities Steering Group and the Community of Practice across the Wakefield system.

The investment has been allocated for 2022/23 and 2023/ 24

1.2 Background

1.2.1 Core20PLUS5[1] is the NHS England (NHSE) approach to addressing health inequalities. It is a board framework expected to be considered for all commissioning, transformation and delivery where possible. The framework comes with some funding expected to be used to supplement local implementation. There was **£1.04m** recurrent funding for WDHCP from last two financial years.



1.2.2 The Core20PLUS5 framework is designed to address health inequalities for people at greatest risk of experiencing health inequalities:

- People who live in geographical areas of highest deprivation according to the Office of National Statistics Indices of Multiple Deprivation (IMD)

[1] http://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5

- People who belong to health inclusion groups or who have protected characteristics

1.2.3 There is an expectation that approach includes wider determinants of five NHSE clinical priority areas:

- continuity of care in maternity
- respiratory illness
- hypertension case finding
- severe mental illness
- early cancer diagnosis

1.2.4 There are also five NHSE health inequalities planning priorities that we will be expected to deliver:

- Restore NHS services inclusively.
- Address digital exclusion.
- Ensure datasets are accurate.
- Accelerate preventative programmes targeted at those most at risk.
- Strengthen leadership and accountability.

1.2.5 This framework offers a significant opportunity to progress key strategic aims which are reflected both in the Wakefield District Health and Care Partnership and in the newly co-produced vision and purpose of the WDHCP.

2 Core Investment Proposal

2.1 At the WDHCP committee meeting in September 2022, it was agreed that the following 'core' investments would be made.

CORE20

a) **Building healthy and sustainable communities – the Wakefield way £500K.** This is our local approach to community development, seen as key to addressing health inequalities for those living in our most deprived communities. A model will be developed that is targeted and tailored to the specific needs of communities. It will be co-produced alongside partners and existing community assets. The key aim of the project is that communities become more self-supporting places and better resourced, preventing crises through early intervention, increased support to volunteer, train and work and families able to contribute as assets.

PLUS

b) West Yorkshire Finding Independence (WY-FI) £185K

This will be a contribution to the WY-FI (West Yorkshire Finding Independence) scheme which works with the most with vulnerable groups, those with the most chaotic lifestyles to deliver personalised intensive support to work towards a stable and structured (and more healthy) life.

c) Roving health inclusion team 200K

Building on the learning from the roving vaccination team, a health and wellbeing team will be established that will carry out focused and targeted work with specific groups at more risk of experiencing health inequalities. This service will work in tandem with relevant VCSE service including Live Well Wakefield and Citizen's Advice Bureau and be established on a pilot basis initially.

	Amount	**Element**
Building Healthy and Sustainable Communities	£500K recurrent	Core20
WY-FI	£185K recurrent	PLUS
Roving Health Inclusion	£200K recurrent	PLUS

3 Bidding Process for funding not pre-committed

3.1 At the WDHCP committee meeting in September 2022, it was agreed that a bidding process would be undertaken to allocate funding, which was not pre-committed for the core investment proposal, using the following criteria:

- Relates to one or more of the five clinical focus areas or PLUS group
- Has a clear rationale for reducing inequalities in access to healthcare, outcomes of healthcare, or population health in either a CORE20 or PLUS group of the population, or both
- If relevant, are supported by the priorities of a Clinical Network or Alliance (eg Respiratory or Mental Health Alliance)
- May come from any NHS, VCSE, local authority or public sector organisation provided they can demonstrate substantial impact on the two above criteria. Partnership or collaborative bids are welcome but please identify which organisation will be responsible for the funding.
- May be for recurrent or non-recurrent funding. Bids for recurrent funding with additional non-recurrent start-up costs are welcome. Please indicate whether you would like to be considered for non-recurrent funding if your project is not prioritised for recurrent funding.
- May include match or part funding from the applicant organisations. Match funding is not compulsory but we want this funding to have as much impact

as possible. Proposals for part funding from larger organisations who are able to do so are therefore welcomed.

- Are prepared to report regularly on activity and outcomes to the CORE20PLUS5 steering group
- For preference, are able to spend non-recurrent money by the end of March 2023

3.2 The total amount available during the bidding process was:

- £240K recurrent
- £750K non-recurrent
  (the non-recurrent amount was greater than originally thought due to in-year slippage from the recurrent schemes).

3.3 Bids were invited from the wide partnership and were assessed and scored against the criteria.

3.4 24 bids were received, and the available funds were oversubscribed by 3 times.

3.5 The following bids received the highest moderated scores during the process and were agreed to be funded:

	Recurrent	Non-recurrent
Turning Point, Spirometry		3,700
Turning Point, Dual diagnosis training		2,000
Rosalie Ryrie Trust, CBT for victims and perpetrators of domestic abuse		44,960
SWYPFT, Health checks for those on SMI register		30,000
MYHT, maternity befrienders for women new to the country and/or women with limited English language		206,041
Wakefield Council, pulmonary rehab	50,000	19,200
Wakefield Council, pulmonary rehab consultation – understand barriers		30,000
Wakefield Council, Warmer Homes extension	48,500	
Wakefield Council, Energy Savers		200,000
Leeds GATE, health inequalities for gypsy and traveller groups	55,000	
Live Well Wakefield, link workers		160,000

3.6 For 2023/24 no new funding was awarded due to the pre-committed funding and allocation of funding through the bidding process.

3.7 Funding for 2024/25 has not officially been confirmed as yet but will be confirmed in November 2023 via the WY Core20PLUS5 leadership group. Once confirmed funding will be allocated to the pre-committed programmes.

4 Measuring impact

4.1 The WDHCP Core20PLUS5 leadership group designed an evaluation process which seeks to understand the impact the Core20PLUS5 funding made across the system.

4.2 The lived experience and stories told were central to understanding the impact our grassroots VCSE organisation have.

4.3 Table 1, Investment Value, *appendix 1,* shows the activity undertaken across those Core20PLUS5 projects started and outcomes for projects. Data is being updated and collected on a quarterly basis and support provided to grassroots organisations to support completion.

4.4 The impact through lived experience stories are also being collected and shared as part of the evaluation process. Some of the stories have been shared in *appendix 2.*

5 Future Core20PLUS5 investment

5.1 The Core20PLUS5 funding allocation for 2024/25 is due to be officially confirmed by November via the WY Core20PLUS5 leadership group.

5.2 The Wakefield District Core20PLUS5 leadership group are meeting in November, following confirmation of funding to discuss the allocation to pre-committed and any uncommitted funding. A light touch approach for allocation will be utilised noting the above along with evaluation of programmes; again, using the principles used previously to invest in a local targeted approach to addressing health inequalities in ‘core’ communities to:

- Support people and families to achieve their vision of a good life, use their gifts and make their contribution.
- Help communities to be self-supporting and to flourish. Transforming systems, building bridges and strengthening relationships between citizens, communities and services
- Work closely with Primary Care Networks, local VSCE organisations and other community-based networks, based on evidence from the

Joint Strategic Needs Analysis and focusing on the most deprived parts of the district.

- Choose places with high risk factors and low assets.
- Invest in coordinating resources for the identified places.
- Invest in asset-based community development offer for those places.
- Additional local priority inclusion groups include:
    - Vulnerable migrants
    - Unpaid carers
    - People living with severe mental illness and/or learning disabilities
    - People experiencing homelessness, contact with criminal justice system and/or drug and alcohol dependency
    - Sex workers
    - Trans people

6 Development of the Wakefield District Reducing Healthcare Inequalities Steering Group (RHISG)

6.1 Wakefield continues to have significant health issues and variation in health outcomes dependent on where residents are born and live. People in the Wakefield district will die younger than in other parts of the country and will spend more years of their life in poor health.

6.2 Healthcare inequalities are an important facet of the wider remit of health inequalities.

6.3 Healthcare inequalities are about the access people have to health services and their experiences and outcomes.

6.4 20 – 30% of health inequalities are estimated to be attributable to inequalities in access to healthcare/ inequalities in healthcare.

6.5 Weekly Task and Finish group meetings were convened though-out August where members co-produced a redesign of the Reducing Healthcare Inequalities Steering Group.

6.6 The group has developed a slide-deck which will be used to highlight the work of the Steering Group and raise awareness of why there is a need to build equity through ‘intentionality’ in the work we do.

6.7 The Healthcare Inequalities Steering Group will focus on reducing Healthcare Inequalities which includes access to services and improving experience and outcomes of those who experience health inequalities. It will

also work with healthcare providers to influence the wider determinants of healthcare inequalities.

6.8 The re-launch of the Reducing Healthcare Inequalities Steering Group will take place in November 2023

6.9 Development of a Community of Practice is also taking place with its launch will happen in the New Year. The areas of focus will be:

- Event(s) to showcase areas of good practice.
- Stimulating opportunities and enabling wider partnership approach to.
- addressing healthcare inequalities.
- Connecting more of the system to itself.

6.10 Both the, Reducing Healthcare Inequalities Steering Group, and the Community of Practice are aligned to the Transformation and Delivery Collaborative as a key enabler programme. The terms of reference and governance map are appended for further information in *appendix 3*.

7 Recommendations

7.1 The WDHCP Committee is asked to:

- Note the Core20PLUS5 funding allocations for 2022/23 and 2023/24
- Note the evaluation process.
- Note the process and principles of the allocation for 2024/25 Core20PLUS5 investment.
- Note the development of the Reducing Healthcare Inequalities Steering Group and Community of Practice.

Appendix 1
Core20Plus5: Investment Value
To date:

Scheme	Core20PLUS5 Element	Impact
Building Healthy and Sustainable Communities – *our local approach to community development*	Core20	Workshops have commenced in the first 4 areas. (10 in total), to develop a local, co-produced. approach to improving health and wellbeing. Key themes accessed and further conversations are happening. The 4 workshops will look at the following: • **Session 1**: **Introductory Workshop** - Why people got involved and the idea of "building healthy and sustainable communities". • **Session 2: Local 'Assets'**. Discuss local assets and look at what is having a positive impact on community, health and wellbeing. • **Session 3: What's the dream?** What could be better? Identify what resource/approach is needed to make that happen. • **Session 4**: **Final session** we'll come together to start making plans for the next steps and reflect on what has been learnt/discovered/explored. In addition, there will be facilitated children and young people workshops, which will mirror the community workshops. They will be interactive for the Children and Young People to contribute their thoughts and ideas. Community Engagement and co-produced/appreciative inquiry approaches have been successful in understanding the assets, gaps and priorities for the 4 areas we have been working in H&S Communities CoP has been established & connecting conversations/assets. Feedback from workshops on priorities to relevant forums, e.g., use of libraries, sharing buildings and resources, VCSE investment, co-operation with PCNs Promoting new collaborative ways of working between stakeholders. Rich assets in all areas, focus on connecting people into these and identifying gaps and opportunities to support residents to attend.

West Yorkshire Finding Independence ***– working with the most vulnerable in our population***	PLUS		**WY-FI+** **Oct – March 2023**	**WY-FI+** **April – June 2023**
		WY-FI Referrals	81	25
		Case finding (review of referral against service criteria)	11	5
		Case load	36	47
		IHS Referrals	64	32
		Assessments	9	7
		Case Finding (review of referral against service criteria)	17	19
		Assessments	7	
		Caseload	15	17
Roving Health Inclusion ***– building on the learning from the roving vaccination team***	PLUS	Data is being collated – KPIs have been developed (at August service had only been established for 2 months). Available at September reporting update.		

Scheme	Core20PLUS5 Element	Impact
Turning Point spirometry and dual diagnosis training	5 and PLUS	Under review
Rosalie Ryrie domestic abuse CBT	PLUS	In 4 months engaged with over 80 clients, which exceeds our proposal and on average we are taking 10-15 referrals per month. Since 1 April: • 80 Males – 71 Females referred. • 44 Males and 36 Females engaged. Since 31 July: • 9 males & 7 females are book in for initial assessment. • currently have 17 males and 3 females on a waiting list
SWYPFT SMI healthchecks accessible materials	5 and PLUS	To increase annual uptake of the annual physical health check for those on the SMI register in line with national ambition of 60% by 2024/25 and seek to increase to 80% after five years. Development of SMI packs (10,000 copies): Design group established including those on the SMI register. Health information developed with the commission of a local artist to create illustrations and local landmarks. Through co-production events the need for translating these documents is apparent. Further consultations with underrepresented groups are planned to ensure tine of the pack is accessible and culturally appropriate. An Interoperability Operational Steering group has also been established as intelligence was being received that colleagues in primary care regularly report being unable to see data recorded by secondary care in patient records, there is also an issue with access to aggregated data sets. Development of a 'Top tips' video for all PC staff from the perspective of those with lived experience.
MYHT Maternity befrienders for women recently arrived	5 and PLUS	Under review

Pulmonary rehab	5 and PLUS	Lead Activator role appointed to. Level 4 Respiratory Training Loughborough University for 7 Activators. Training to commence spring 2024. Promotional material developed. Pilot to commence quarter 3. Digital offer identified to be developed.
Wakefield Council Warmer Homes and Energy Savers	5 and PLUS	452 referrals were generated in a little over 6 months. This exceptionally high figures due to the unprecedented impact of the cost-of-living crisis over Q3 and Q4 22/23. A target of 360 referrals has been set for 23/24. A complementary objective is to set up new partnerships and deliver training and awareness raising. Up to March 23, 10 partnerships has been established with Social Prescribers (4 PCNs, 2 respiratory clinics, East and West Social Care and both maternity teams). 125 training/awareness raising sessions have been delivered reaching 305 members of staff. **Energy Savers -**Delivery will commence in Q3 23/24. The aim is to install 120 fully funded improvement measures broken down by: •40 owner occupied loft or cavity wall insulation improvements •40 private rented sector loft or cavity wall insulation improvements •40 private rented sector heating improvements When delivered reported data will include the following modelled outcomes: • Energy efficiency improvement • Energy bill savings • Fuel poverty reduction In addition, health and wellbeing monitoring will also be collected on scheme measure recipients.
Leeds GATE targeted health inequalities work	PLUS	Links made with Vaccine services through H&C Partnership to offer children and adults flu vaccines on site. Working partnership created with Turning Point for MH support. Point of contact for referrals and information and advice.

		. Health advocacy: 40 one -to-one appointments offered. 11 Total drop-ins and outreach sessions 7 – 6 referrals were made to health drop in with our working partnership Maybush outreach nurses & 1 external referral made to Turning Point - Benefits/Welfare rights – 14 members, with a secondary need of mental health. - Total mental health primary appointments – 6 members – all together 20 including those members whose benefits or welfare rights affected their mental health. - Maternal health/family support – 3 - Housing needs – 2 - Living conditions/repairs support – 7 - Health advocacy – 6 - Education needs/support - 3
NOVA – Live Well Wakefield	Core 20 and 5	Activity to commence

Wakefield District Health & Care Partnership

WDHCP Core20PLUS5 Lived experience Appendix 2

Amritpal Reyat, Strategic Programmes and Health Inequalities Lead

November 2023

Case Study 1

- BL was referred via the Healthy Housing Pathway by Live Well, the local social prescribing service. They advised that BL and her elderly husband were living in a property that was being heated by only 2 old style storage heaters, both of which were not working properly, and the house was freezing cold.
- Both BL and her husband were living with numerous health conditions that were being negatively affected by the cold conditions, including various types of arthritis, mental health and polymyalgia.
- The couple had a combined income of under £10,000 per year and so were unable to afford to affect the repairs themselves.
- When the Energy Team advisor attended to complete the application form for assistance with this, she noted that there was no gas getting to the hob in the kitchen.
- The application was submitted, and the contractors survey found that it was possible to install a brand-new central heating system for the couple, complete with boiler, radiators and controls to operate it, replacing the 2 barely adequate storage heaters previously used.
- From referral to installation was 4 weeks, including a period of closure for the Christmas break.

Case Study 2

- CR was living with her 16-year-old daughter at a privately rented address in Wakefield in December 2022. She had been diagnosed with Multiple Sclerosis earlier in the year and was no longer able to manage the stairs and so had been sleeping in the living room while she awaited a more suitable property to become available.
- The landlord of the property sent out a gas engineer to conduct the annual gas safety check, he condemned the gas fire in the property, which also powered the back boiler and left the property, leaving her with no heating or hot water.
- CR presented at her GP due to ill health and the GP referred her to Live Well Social Prescribing team for support with a range of issues, housing conditions being one of them.
- The Live Well Advisor who took the referral, contacted the Warm Homes Coordinator, following attendance at an outreach meeting several weeks earlier, to discuss the particulars of the case and find out if we could arrange any emergency heating to tide her over the upcoming Christmas Period.
- WHC contacted a range of organisations internally and arranged a prompt referral into the Local Welfare Provision, who took a verbal referral and made special arrangements for their goods supplier to drop off 2 oil filled radiators the following day.
- CRs case was also referred into Wakefield Energy Team as a priority referral to try and get the hot water back on in the house as soon as possible and the Enforcement team were also notified to look into the landlord leaving a vulnerable tenant without adequate heating or hot water for over 2 months.
- Measures were able to be installed into the property from the energy team
- The landlord cooperated with the enforcement team and was found to have acted reasonably and responded quickly to the tenants' issues in the first instance.

Stories

"Wouldn't have been able to see/have access to my Children"

"I would have been in jail or dead if it wasn't for this support"

Wouldn't have been able to see/have access to my Children

"The service helped me get shopping when I had nothing to eat every week for a fiver, even if I managed to find a bed to sleep in"

"My navigator is the only person I can really trust she has helped find my best friend, my little dog"

"I don't feel alone now"

" …everything's a lot more positive and I'm getting more stable around methadone"

"I didn't want to wake up before I had a WY-FI worker. I couldn't go to work because I had no money or nothing inside me"

Wakefield District Health & Care Partnership

Healthcare Inequalities Steering Group – Terms of Reference v0.1

The Healthcare Inequalities Steering Group will focus on reducing Healthcare Inequalities which includes access to services and improving experience and outcomes of those who experience health inequalities. It will also work with healthcare providers to influence the wider determinants of healthcare inequalities.

Scope

1. Oversee local development and delivery of the NHS England Core20Plus5 approach to reducing healthcare inequalities. This includes responsibility for the allocation of funding and assurance on delivery of funded initiatives.
2. Identify local contributions to the 10 ambitions of the West Yorkshire Integrated Care System and ensure there are appropriate links with the WY ICS Improving Population Health arrangements.
3. Oversee the implementation of healthcare inequality related actions identified within Health Needs Assessments.
4. Identify local priorities for understanding inequalities in access, experience and outcomes related to healthcare influencing actions to be undertaken by all health and care providers to improve these.
5. As part of the Transformation Delivery Plan, work with the various Alliances and Programmes to ensure that work to reduce healthcare inequalities is being data led and embedded.
6. Direct the scope and reach of the Healthcare Inequalities Community of Practice events.
7. Identify opportunities for the healthcare system to contribute to a reduction in wider health inequalities.
8. Connects in with other parts of our system responsible for addressing the wider determinants of health inequalities where we want to share local evidence and opportunities for improvement.

Governance and Arrangements

Governance

- The Steering Group will report to the Transformation and Delivery Collaborative within the Wakefield District Health and Care Partnership.

Meeting arrangements

- Meetings will take place bi-monthly with a minimum of 5 per year.
- Where formal decisions need to be made a quoracy of 60% will be required.
- The Steering Group will develop an annual work programme.
- The Steering Group will record any risks and issues identified and seek to understand where risks need to be cited on Partnership and/or organisations' risk registers.
- Should the Steering Group identify any opportunities to influence the reducing of wider health inequalities and the wider determinants it will escalate as appropriate as part of the governance.

Wakefield District Health & Care Partnership

Principles

1. We recognise that health inequalities are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control.
2. We recognise that healthcare inequalities is complex and that a long term view of good practice, impact and outcomes is needed.
3. We recognise where health and care providers are already making significant progress and will celebrate the success and achievements in reducing healthcare inequalities.
4. We will be data driven and use national and local intelligence to underpin our work around access, experience and outcomes.
5. We will be led by narratives of lived experience.
6. We will include local community research and evidence including findings from engagement work where person reported barriers and opportunities are identified.
7. We will draw upon and share best practice from national and local sources.
8. We will work as a partnership to identify the issues and problems and work together to agree the solutions.
9. We will work with the Wakefield Health and Care Partnership to avoid duplication, promote collaboration and sustainability.
10. We will welcome input from all health and care providers where they want to share challenges and wider opportunities relating to healthcare inequalities.

Membership

Core Membership

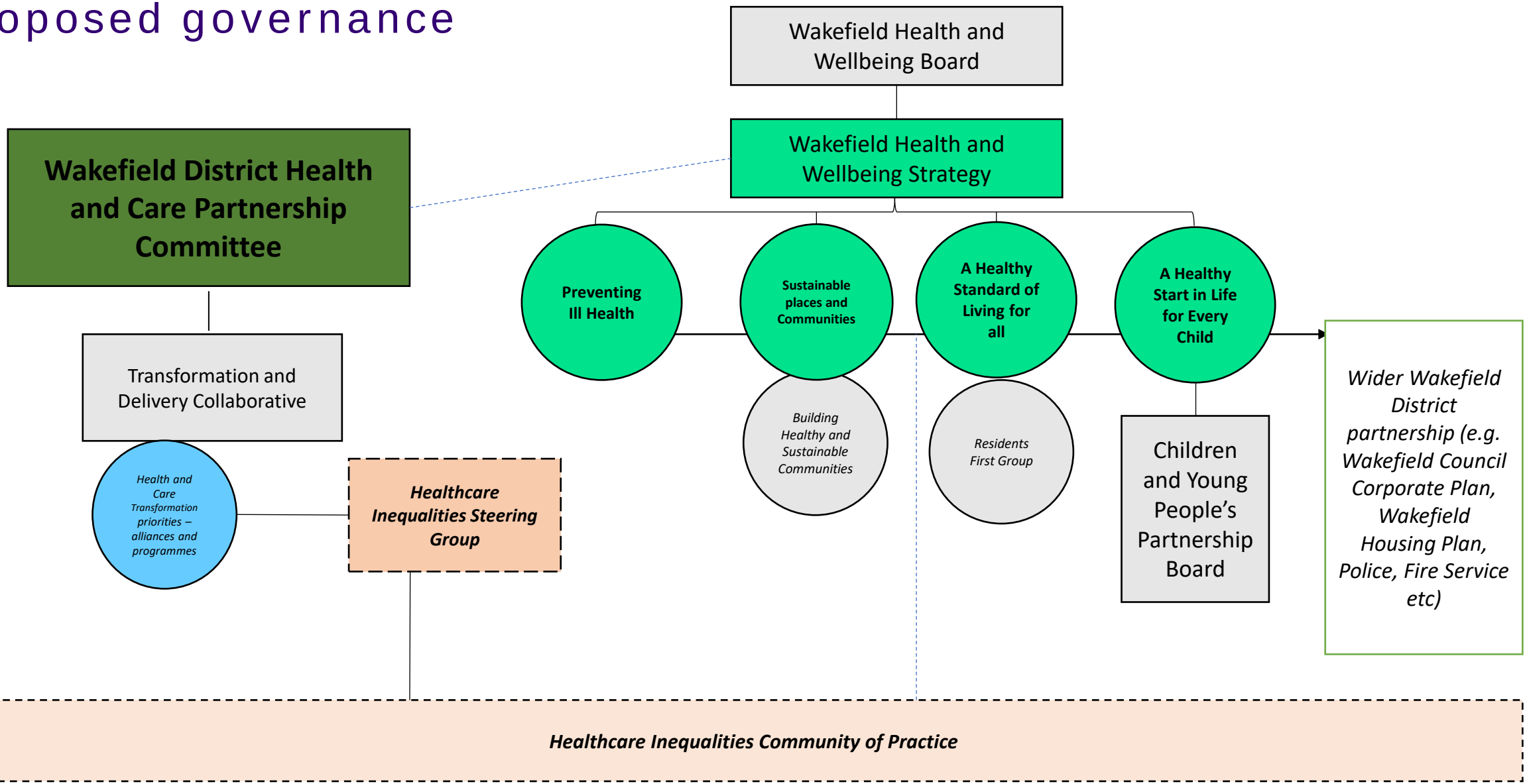
Chair: Keith Ramsey, Chair of MYTT
Deputy Chair:

Public Health: Clare Offer (Consultant in Public Health), Jim Leyland (Service Manager – Healthy Places & Communities), Jo Fitzpatrick (Associate Director Population Health: Personalisation & Engagement), Kerry Murphy ( )
WYICB- Wakefield Place: Ruth Unwin (Director of Strategy), Amrit Reyat, (Strategic Programmes & Health Inequalities Lead), Becky Barwick (Associate Director Partnerships and System Development),
Communications: Olivia Earnshaw (communications)
Engagement: Dasa Farmer (engagement)
BI: Emil Frances-Chi (Lead Analyst - Population Health Management)
MYTT: James Brownjohn, (MYTT HI lead), Community ops rep??
SWYPFT: Zahida Mallard (Equality, Diversity, Inclusion Lead)
VSCE: Katherine Walker (VCSE nominated rep)
Programmes: Tracy Lewin (children's and maternity), James Brownjohn (Planned Care), Natalie Knowles (Primary Care Development Manager), Emma Hankinson (Mental Health)

- Core members are asked to send nominated deputies if there are unable to attend.
- Other colleagues may be invited to attend for specific agenda items.

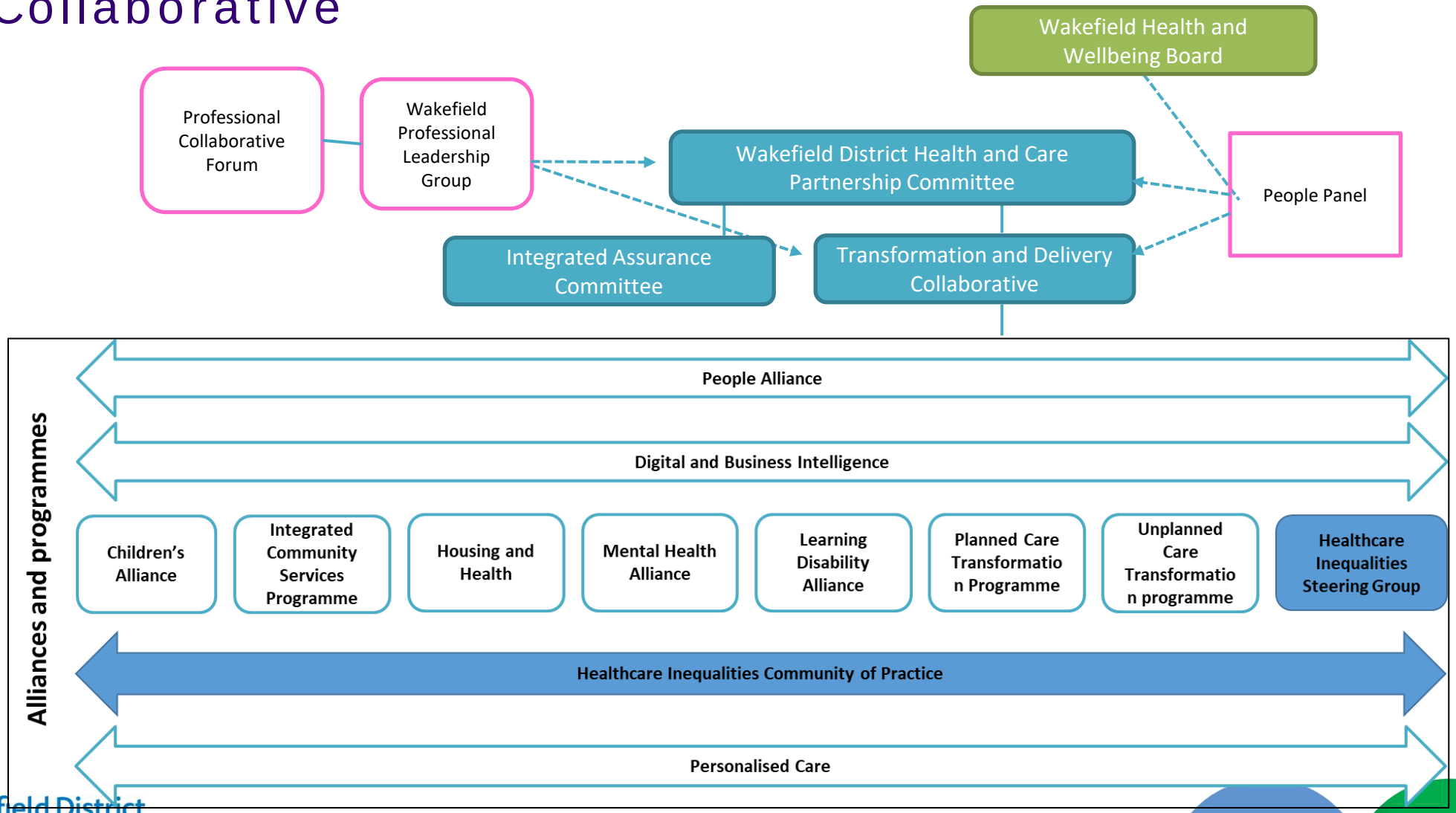
Wakefield District Health & Care Partnership

Proposed governance



Wakefield District Health & Care Partnership

Alignment with the Transformation and Delivery Collaborative



Wakefield District Health & Care Partnership

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	13
Meeting date:	2 November 2023
Report title:	Summary of 2023/24 Quarter 2 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 at the Integrated Assurance Committee with a summary report being shared with Partnership Board.

Executive summary and points for discussion:

The Partnership Committee is presented with a summary of the 2023/24 Q2 Quality, Safety and Experience report for Wakefield place which was presented to the Integrated Assurance Committee on 25 October 2023. 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.

To ensure consistency and avoid duplication of reporting to the ICB Quality Committee the format of the paper is a Committee Escalation and Assurance Report – Alert, Advise, Assure (commonly referred to as triple A report) alongside the Q2 Assurance Wheel against the Partnership's 'I' statements.

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 note the: a. full report was presented to the Integrated Assurance Committee on 25 October 2023; and b. current place risks and assurances related to quality, safety and experience presented in the triple A report and 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 – Committee Escalation and Assurance Report – Alert, Advise, Assure Appendix Two - Summary of 2023/24 Quarter 2 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.

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Appendix One

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from:	2023/24 Quarter 2 Quality, Safety and Experience report
Date of meeting:	2 November 2023
Report to:	Wakefield District Health and Care Partnership Board
Report completed by:	Laura Elliott, Head of Quality
Date:	20 October 2023

Key escalation and discussion points from the meeting

Alert:

- **Pioneer Health Care** are contracted to provide extra capacity for planned care as part of the ongoing management of elective waiting lists. They provide outpatient consultations within the district with planned procedures undertaken in private hospital premises within the region. There are some patient safety concerns being investigated by the provider following a serious incident, and the provider has raised quality issues about one of the hospitals where they provide elective surgery. Meetings are being held with the provider to discuss the issues and an internal quality intelligence meeting has been arranged for 25 October 2023.

Advise:

- **Tieve Tara Medical Centre** were subject to a CQC inspection carried out under the new registration of Spectrum Community Health. The practice was rated **Requires improvement** (previously rated Good) overall**.** The practice took immediate steps to mitigate the specific issues identified and have developed an action plan to ensure compliance with the regulations and the other areas of improvement identified.

- **Adult Social Care -** there are currently three providers rated **Inadequate**, and a further three adult social care services subject to our **formal enhanced quality surveillance** processes. All these services are receiving quality improvement support in line with our Integrated Quality Assurance Framework and relevant to the quality concerns identified.

  A home care provider rated **Inadequate** had the Notice of Decision issued by the CQC upheld at tribunal in September 2023 and the service closed in mid-October with all packages of care being safely moved to other providers. A care home rated **Inadequate** is due to close temporarily in order to address the quality and care issues identified.

- The CQC conducted an **unannounced inspection** of Medical and Urgent and Emergency care core services on the Dewsbury and Pinderfields sites of **the Mid Yorkshire Teaching Trust** (MYTT) from the 12 to the 14 September 2023. Initial feedback has not raised any immediate concerns or actions and the Trust is working

through the data and information requests. The CQC informed that they will **not** be extending the inspection to a full 'Well Led' review.

Assure:

Quality at Place

- the **CKW Patient Safety Network** met twice in Q2 focussing on Phase 5 of the Patient Safety Incident Response Plan (PSIRP), hearing from MYTT colleagues about their Quality Improvement approach to PSIRP development and from Locala about compassionate support and involvement of colleagues.
- in September our **Experience of Care Network** were thrilled to win a Patient Experience Network National Award (PENNA) in the Strengthening the Foundation category.
- our **Embedding quality improvement in priority programmes** is gaining momentum with six key themes identified as key areas of support to the Partnership's programmes/alliances - engagement, using insight, coproduction, meadsuring quality outcomes, increasing QI capability, and promoting a culture of sharing and learning

Freedom to Speak Up - The report included a summary of national and ICB correspondence following the Letby conviction and the **importance of listening to the concerns of patients, families and staff**. Providers of NHS care are to implement strengthened Freedom to Speak Up policies by January 2024.

National Patient Surveys - The **results and improvement actions** from a number of national patient surveys published this quarter - Urgent and Emergency Care; Adult Inpatient; Cancer; and GP Survey – were included in the report.

Adult Social Care - An annual review of **progress and outcomes** from the Tendable App used as a quality assurance tool for Resident Safety Walkabout (RSW) visits in adult social care services has been undertaken.

Wakefield District Health & Care Partnership

Appendix Two

Quality, Safety and Experience Report – Summary for Partnership Board

2023/24 Quarter 2

Introduction

This summary is based on the latest place-based quality report which was presented to the Integrated Assurance Committee on 25 October 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. Using the 'I' statements enables reporting about quality, safety and experience of care against the Partnership's person-centred aspirations.

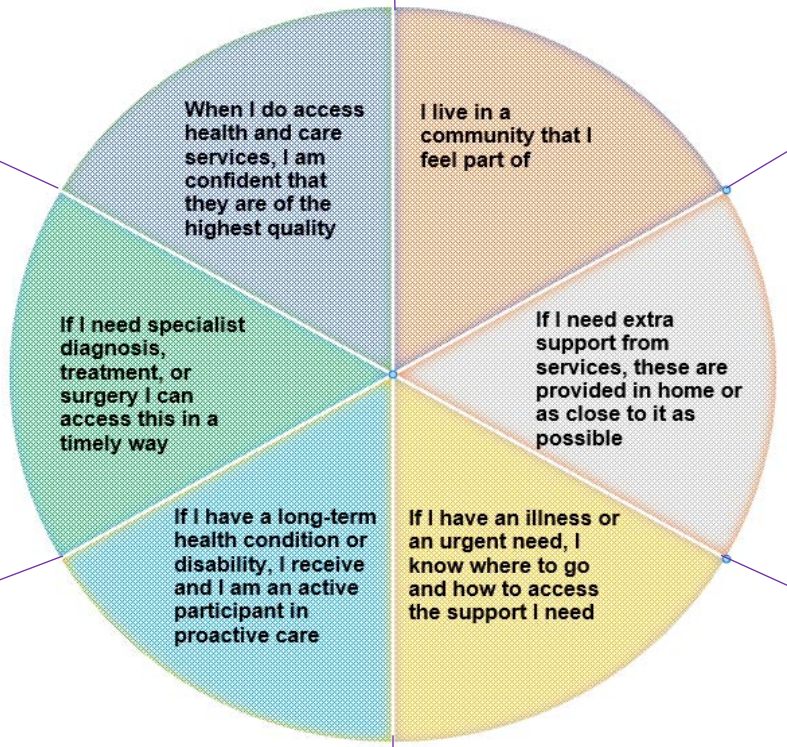
The summary report presents the Assurance Wheel designed as an 'at a glance' one page summary of the risks and assurances identified in Quarter 2 and supplements the Escalation and Assurance Report – Alert, Advise, Assure at Appendix 1.

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

- **282** items shared at Quality Intelligence Group – key themes included general experience of care, ADHD Diagnosis/Assessment, booking of appointments and access to mental health services. QIG celebrated its 10th anniversary in August.
- In September, our Experience of Care Network won a Patient Experience Network National Award (PENNA) in the Strengthening the Foundation category.
- Our Patient Safety Network has met twice and heard from MYTT and Locala colleagues about their QI approach to PSIRP and compassionate support and involvement of colleagues respectively.
    - Our programme to 'embed quality in transformation programmes' is gaining traction - six key themes have been identified and a monthly bulletin produced for colleagues in alliances/programme.

- Spectrum Community Health's Integrated Sexual Health Service has been rated **Good** overall and in all domains by the CQC
- Antimicrobial Resistance – the Medicines Optimisation Team are exploring alternatives to antibiotic therapy – audit of the use of methenamine and Otigo ear drops will take place across West Yorkshire in the coming months
- Wakefield Council Family Hub - small grants awarded to schools and VCSE partners to deliver a programme of interventions resulted in positive feedback



- MYTT reported a Never Event in August related to wrong site surgery
- Maternity Befriending scheme has been set up for women who have recently arrived in the UK (Core20Plus5). Two Befrienders are now in post and have already received 23 referrals.
- 2022 national cancer patient experience survey report released 2023 – 2 questions scored 'below expected' for the ICB and 14 questions were below expected for MYTT.
- Positive feedback from patients during walkabout to White Rose Surgery at Pioneer/Phoenix facility.
- There are some patient safety concerns being investigated at Pioneer Health Care and the hospitals where services are provided

- Tieve Tara Medical Centre have declined in their CQC rating from **Good** to **Requires Improvement**
- Wakefield scored above the WY average in 85% questions in the national GP survey with five PCNs scoring above national and WY average for overall experience of their GP practice
- 78% of care homes and 68% 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.
- 15 Resident safety walkabouts in adult social care were conducted during Q2

- 2022 CQC Adult Inpatient Survey report – MYTT 'below expected' in 4 areas. Focus on nutrition and hydration, and communication relating to discharge
- YAS are piloting the use of Mental Health Response Vehicle (MRHV) in Wakefield to mitigate the increased volume of mental health calls – 66% of calls avoided a subsequent attendance at ED.
- 17 actions have been completed in MYTT'S CQC Improvement Plan and a further 11 are on track to deliver in specified timescales.
- Positive feedback from walkabout on Spinal Injuries unit at Pinderfields Hospital

- Positive feedback from walkabout conducted on Stroke unit and Ortho-Geriatric wards at Pinderfields Hospital
- 2022 Urgent and Emergency Care survey shows waiting time as the lowest scoring component in MYTT – work ongoing to increase capacity in alternative urgent care services.
- MYTT has commissioned a new Intra-Facility Transfer (IFT) provision between hospital sites to improve patient flow and reduce waiting times in ED following a decision to admit.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	2 November 2023
Report title:	Month 6 Financial Position
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:

Integrated Assurance Committee – 25 October 2023

Executive summary and points for discussion:

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

The ICB in Wakefield reported £4m adverse variance to its planned surplus of £5.9m in line with the agreed reporting position of the WY ICS with NHS England.

The Mid Yorkshire Teaching Trust and South-West Yorkshire Partnership Mental Health Trust have reported in line with their break-even control.

Risks to the achievement of the NHS Financial Plan across all the Wakefield Place:

- Pay Costs – including pay award cost exceeding funding and industrial action excess costs.
- Non-Pay Inflation i.e., Utilities, PFI, and Managed Contracts
- Primary Care Prescribing Costs
- Elective Services Recovery
- Achievement of waste reduction and efficiency plans

The Wakefield Council forecast position, Month 6, is £0.1m favourable to plan for public health and social care.

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 6 Forecast Year End Position. 2. Understand the numerous financial risks contained within the forecast outturn and the mitigating actions being taken to manage 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
1. WY ICB: West Yorkshire Integrated Care Board 2. WY ICS: West Yorkshire Integrated Care System 3. NHSE(I): NHS England (and Improvement) 4. Fav/(Adv): Favourable/Adverse 5. ESRF: Elective Services Recovery Fund 6. EBITDA: Earnings before interest, tax, depreciation and amortisation 7. WRP: Waste reduction plan 8. MYTT – Mid-Yorkshire Teaching NHS Trust 9. SWYPFT – South-West Yorkshire Partnership Foundation Trust 10. ERF – Elective Recovery Fund

What are the implications for?

Residents and Communities	**Not directly**
Quality and Safety	**Not directly**
Equality, Diversity and Inclusion	**Nil**
Finances and Use of Resources	**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 6 (30th September 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 year to date and forecast position for Month 6 is as follows:

	YTD income / budgets £m	Income / budgets to adjust £m	YTD income / budgets £m	YTD costs £m	YTD Surplus (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	396.2	0.0	**396.2**	**396.4**	**(0.2)**	**3.0**
Mid Yorkshire Teaching NHS Trust	355.3	10.3	**365.6**	**376.4**	**(10.8)**	**0.0**
South West Yorkshire Partnership NHS Foundation Trust	202.6	0.8	**203.4**	**202.3**	**1.1**	**1.3**
Wakefield Place - Total	**954.1**	**11.1**	**965.2**	**975.1**	**(9.9)**	**4.3**

	Full Year income / budgets £m	Full Year costs £m	Full Year Surplus / (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	**789.4**	**787.5**	**1.9**	**5.9**
Mid Yorkshire Teaching NHS Trust	**713.2**	**713.2**	**0.0**	**0.0**
South West Yorkshire Partnership NHS Foundation Trust	**405.8**	**405.8**	**0.0**	**0.0**
Wakefield Place - Total	**1,908.4**	**1,906.5**	**1.9**	**5.9**

Wakefield Council - Social Care and Public Health	Annual budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m
Adults Social Care	**106.4**	**105.9**	**0.5**
Childrens Social Care	**56.1**	**56.5**	**(0.4)**
Public Health	**22.6**	**22.6**	**0.0**
Wakefield Council - Total	**185.1**	**185.0**	**0.1**

1.5 Both NHS Trust organisations reported the year end forecast within the planned position. The delegated ICB position is £4m adverse to plan due to release of the system pressure in line with the agreement with NHSE. There

are also emerging risks within all organisations that were not reported within the Month 6 position which are set out below.

1.6 Wakefield District Council has advised it is experiencing financial pressures within social care due to agency costs and inflation within adult services, and increased 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. MYTT current forecast position assumes the full value of ERF is allocated.
- Increasing use of Independent Sector providers to meet planned care demand which are currently unfunded, potentially to value of £2.5m. 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 risks within the delivery.
- The increasing demand on all services across Place, and out of area placements at SWYPFT.
- Continued use of temporary (premium) staffing costs aligned to increasing demand within MYTT.
- Increasing acuity of our patients.
- ICB prescribing cost pressures over and above planning assumptions. MYTT are experiencing unfunded overspends on high-cost drugs.
- Further cost inflation
- Cost of further industrial action

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 and Prescribing.

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 6 (September) there is 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.

Organisation	I&E reported Month 06 23/24		I&E forecast		
	YTD Plan £m	YTD Surplus / (Deficit) £m	FOT Plan £m	FOT Surplus / (Deficit) £m	FOT Variance £m
Bradford ICB	3.1	(1.5)	6.2	0.0	(6.2)
Calderdale ICB	2.8	1.2	5.6	3.5	(2.1)
Kirklees ICB	2.9	(0.8)	5.7	1.5	(4.2)
Leeds ICB	0.8	(7.3)	1.6	(6.9)	(8.6)
Wakefield ICB	3.0	(0.2)	5.9	2.0	(4.0)
Core ICB	0.0	0.0	0.0	0.0	0.0
West Yorkshire ICB Total	**12.5**	**(8.5)**	**25.0**	**0.0**	**(25.0)**
Airedale NHS Foundation Trust	(2.3)	(4.4)	(4.3)	(4.3)	0.0
Bradford District Care NHS Foundation Trust	(2.5)	(2.4)	0.0	0.0	0.0
Bradford Teaching Hospitals NHS Foundation Trust	0.0	(2.0)	0.0	0.0	0.0
Calderdale And Huddersfield NHS Foundation Trust	(11.6)	(12.6)	(20.8)	(20.8)	(0.0)
Leeds and York Partnership NHS Foundation Trust	0.1	0.0	0.1	0.1	0.0
Leeds Community Healthcare NHS Trust	0.0	0.0	0.0	0.0	0.0
Leeds Teaching Hospitals NHS Trust	(7.1)	(18.2)	0.0	0.0	0.0
Mid Yorkshire Teaching Hospitals NHS Trust	0.0	(10.8)	0.0	0.0	0.0
South West Yorkshire Partnership NHS Foundation Trust	1.3	1.1	0.0	(0.0)	0.0
Yorkshire Ambulance Service NHS Trust	0.0	7.3	0.0	0.0	0.0
West Yorkshire Provider Total	**(22.1)**	**(41.9)**	**(25.0)**	**(25.0)**	**(0.0)**
West Yorkshire ICS Total	**(9.6)**	**(50.4)**	**0.0**	**(25.0)**	**(25.0)**

4. Recommendations

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

4.1 Note the Month 6 year to date and forecast position across Wakefield.

4.2 Understand the numerous financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15
Meeting date:	2 November 2023
Report title:	Wakefield Place Risk register
Report presented by:	Ruth Unwin, Director of Strategy
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:

Integrated Assurance Committee – 25 October 2023

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 **15 risks** on the Wakefield Place Risk Register, none of which are marked for closure, leaving a total of **15 open risks**.

Meetings with partnership risk colleagues continue with new risks identified to include on the Wakefield District Health and Care Partnership (WDHCP) risk register and discussions in relation to emerging risks and process for escalation to the partnership register.

The Risk Management Operational Group met on the 18 October to consider common risks across places and core – the common risks are attached at appendix 2.

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 Integrated Assurance 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 2. Common place risks
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 4 of 2023/24) which commenced on 19 September and ends after the West Yorkshire ICB Board (WY ICB) meeting on 21 November 2023.

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.

Meetings with partnership risk colleagues continue with new risks identified to include on the Wakefield District Health and Care Partnership risk register and discussions in relation to emerging risks and process for escalation to the partnership register.

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 **15 risks** on the Wakefield Place Risk Register, none of which are marked for closure, leaving a total of **15 open risks**.

2.7 The Risk Management Operational Group met on the 18 October to consider common risks across places and core – the common risks are attached at appendix 2.

2.8 Risks Marked for Closure

There are no risks marked for closure in this risk cycle.

2.9 New Risks this Cycle

The following risks, highlighted as emerging risks at the 7 September WDHCP Committee meeting, have been added to the WDHCP risk register.

Risk ID	Strategic Objective	Risk Rating	Principal Risk
2370	Tackle inequalities in access, experience, outcome	15	There is a risk that, following the Home Office Policy decision to implement double occupancy for contingency accommodation for asylum seekers, health services will experience significant increase in demand and add additional pressure onto service providers.
2390	Improve healthcare outcomes for residents	16	Rising costs of Learning Disability placements: Placement costs (high cost packages, providers) Due to the government focus on ensuring discharge from long stay hospital into community settings and the resultant increase in charges for community services. There is a risk of a continued increase in pressures on current adult social care and health budgets. Which could result in a redirection of resources from other areas with detrimental impacts, or the inability to place in appropriate, local placements.
2388	Improve healthcare outcomes for residents	12	Due to increases in building/material costs, quicker referral processes for grant applications, an increase in approved contractors increasing the speed of completion and the implementation of discretionary elements to the Disabled Facilities Grant. There is a risk that there will be insufficient funding to complete adaptations in a timely manner. Which may impact the ability for people to continue living independently and cause reputational damage.

2.10 Emerging Risks this Cycle

The following risks were detailed in the WDHCP Committee report dated 7 September including an update for this risk cycle:

- There is a risk that some tenders within the learning disability service may not be successfully met due to current market pressures – Risk to be managed on the Adult Social Care Risk Register.
- There is a financial pressure risk due to the rising costs of learning disability placements (high-cost packages) – Risk to be managed on the Adult Social Care Register and transferred to the WDHCP Risk Register for oversight.
- 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 - Risk to be managed on the Adult Social Care Register and transferred to the WDHCP Risk Register for oversight.
- 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 – the risk remains as emerging but it is not felt necessary at the moment to place on either the Adult Social Care risk register or the WDHCP risk register.

2.11 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
2390	Improve healthcare outcomes for residents	16	Rising costs of Learning Disability placements: Placement costs (high cost packages, providers) Due to the government focus on ensuring discharge from long stay hospital into community settings and the resultant increase in charges for community services. There is a risk of a continued increase in pressures on current adult social care and health budgets. Which could result in a redirection of resources from other areas with detrimental impacts, or the inability to place in appropriate, local placements.
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.

2370	Tackle inequalities in access, experience, outcome	15	There is a risk that, following the Home Office Policy decision to implement double occupancy for contingency accommodation for asylum seekers, health services will experience significant increase in demand and add additional pressure onto service providers.
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
2388	Improve healthcare outcomes for residents	12	Due to increases in building/material costs, quicker referral processes for grant applications, an increase in approved contractors increasing the speed of completion and the implementation of discretionary elements to the Disabled Facilities Grant. There is a risk that there will be insufficient funding to complete adaptations in a timely manner. Which may impact the ability for people to continue living independently and cause reputational damage.
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
2129	Healthy standard of living for all	12	There is a risk of delays in people accessing planned acute care due to higher demand and the legacy impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.

2.12 Increasing scores

There are no risks which have increased in this risk cycle.

2.13 Decreasing scores

The following risks have decreased following review by risk owners:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2132	Healthy standard of living for all	6	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 if a new lease cannot be agreed with the landlord. This service plays a vital role in the delivery of services at a place level.	The risk has significantly reduced this month due to positive discussions related to the lease.
2146	Healthy standard of living for all	3	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 to reduce waiting times and offer alternative solutions has been approved and funding identified to implement which will reduce the risk.
2182	Prevention of ill health	9	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.	Risk reduced so it is consistent with the Kirklees risk.

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 21 November 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.

Wakefield District Health and Care Partnership Place Risk Register - October 2023

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
2390	11/10/2023	WDHCP	Improve healthcare outcomes for residents	16	(I4xL4)	4	(I2xL2)	Melanie Brown	Melanie Brown	Melanie Brown	Rising costs of Learning Disability placements: Placement costs (high cost packages, providers) Due to the government focus on ensuring discharge from long stay hospital into community settings and the resultant increase in charges for community services. There is a risk of a continued increase in pressures on current adult social care and health budgets. Which could result in a redirection of resources from other areas with detrimental impacts, or the inability to place in appropriate, local placements.	Adult Commissioning Panel is a quality assurance forum for all requested packages over the residential allowable rate of £613, set within the adult care and support plan, regardless of whether the request is for a residential placement or not. Panel includes operations manager, team managers, finance and CHC advisor. Process for packages of care joint funded with the ICB whereby they are quality assured at ACP then forwarded to the ICB for approval. Joint working between health and social care prior to submission is intended to ensure appropriate assurances for LA and ICB Supported Living vacancies monitored and circulated regularly, and a nominations process in place to enable vacancies to be filled in a timely way Close work with commissioning team to limit impact of requests from providers for high percentage uplifts	tbc	Closer working between LA care managers and ICB care managers on joint funded cases to source and agree on care packages which meet both clinical and social care needs in the most cost effective way, whilst also maintaining choice and a person centred approach. Work is ongoing to review supported living tenancies that have been vacant for some time to identify contributing factors and remove barriers, which currently include staff recruitment issues. Targeted positive recruitment to vacancies is happening. This may also result in some reconfiguration of placements and decommissioning of properties not required. Decrease in number of vacancies has been achieved and work continues. Targeted reviews of supported living properties to ensure that the care and support hours are appropriate for the needs of the tenants, and if necessary to review the individuals assessed needs and appropriateness of the type of provision Planned build of a small unit for people with learning disabilities and complex needs within district to reduce the need to place out of area. Review of Transitions process includes closer working with all areas of Children's services to encourage awareness of adult social care eligibility and importance of development of independent living skills for young people from age 16 years - work ongoing. Continued work with commissioning, preferably to include work around contracts for residential placements not currently covered by residential framework and use of CHIPPA or similar to calculate fair costs of care and support. Increase in cost of living impacts on placements budgets. Further overview and scrutiny at senior level, e.g paper to DMT. In addition to the above, a High Cost Review invest to save project has been set up, with the aim of targeting the most appropriate placements in order to understand actual support levels, reduce the amount of individual (1:1) and 2:1 support commissioned. A small team is being set up across LA and ICB. Use of IESE Care Cubed calculator assists with identifying appropriate costs and is being looked into as a tool to support with the High Cost Reviews.	tbc	tbc			New - Open
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 financial reporting to partnership committee including whole ICS reporting; 2. Risks openly and transparently shared; 3. Efficiency saving schemes are reported and risks; 4; any changes to investment funding reported through Alliance / programme boards ; 5. financial plans approved at partnership committee; 6. Now operating under the NHS Expenditure Controls Regime 7. Investment decision making framework now in place with Investment Panel due to meet in October;	1. Joint efficiency schemes - Trust and ICB needs developing; 2. 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	1. Presentation to Partnership Committee - feedback on financial plan and high level of risk is clear and understood 2. Presentation to Partnership Committee - feedback on ongoing financial position and high level of risk is clear and understood	Work programme for IAC - what do they want to concentrate on for deep dives			Static - 2 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 - 2 Archive(s)
2370	30/08/2023	WDHCP	Tackle inequalities in access, experience, outcome	15	(I3xL5)	6	(I2xL3)	Christopher Skelton	Christopher Skelton	Melanie Brown	There is a risk that, following the Home Office Policy decision to implement double occupancy for contingency accommodation for asylum seekers, health services will experience significant increase in demand and add additional pressure onto service providers.	Additional capacity has been identified for some providers to ensure initial assessments can be completed within a reasonable time frame. Support from system partners in regards to additional mental health capacity. Additional funding and plan for vaccination programme has been developed. Health and LA partnership meetings in place alongside accommodation provider (Mears). WMCER escalation of risks completed	Engagement with Home office/MEARS as immigration provider in managing the number; nature and timing of migrants brought into hotel accomodation. Formal reporting structures being enacted between Immigration Services and Health and Social Care Providers.	Additional staff member being recruited. Information sharing arrangements are in place between system partners. Vaccination Plan agreed with providers. Recent IMT - strong health and social care partnership arrangements to support health and care needs of migrants. Letter sent to Mears from AO of Wakefield 02 October 2023 requesting assurance on the areas raised and a meeting with Mears is scheduled in later October 2023.	None.	Home Office relationships and engagement. Shared health information to effectively manage the services.			Increasing
2128	04/10/2022	WDHCP	Giving every child the best start in life	15	(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	Oct 2023 An options paper was developed and presented to a number of governance and investment forums within WDHCP. The preferred option has been supported which would allow for increased investment in the diagnosis pathway - the impact of different funding levels in 23/24 and 24/25 are currently being worked up and also what's achievable and the timescales in terms of recruitment in order to finalise the investment required. Service development plans to offer support CYP with high needs requiring support from CAMHS for neuro diversity and ARFID are also being developed. 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 waiting 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 - 2 Archive(s)
2388	11/10/2023	WDHCP	Improve healthcare outcomes for residents	12	(I4xL3)	6	(I3xL2)	Melanie Brown	Melanie Brown	Melanie Brown	Due to increases in building/material costs, quicker referral processes for grant applications, an increase in approved contractors increasing the speed of completion and the implementation of discretionary elements to the Disabled Facilities Grant. There is a risk that there will be insufficient funding to complete adaptations in a timely manner. Which may impact the ability for people to continue living independently and cause reputational damage.	Budget Forecasting in place, Alternative grant sources identified. Reviewing of all active and cases awaiting allocation for a grant officer. Services continually looking to identify cost effective build solutions. Engagement with senior leadership. Engagement with finance to discuss ways to reduce costs, Engagement with legal around statutory requirements. Engagement with Comms to ensure any communications minimise reputational damage.	tbc	Review of Regulatory Reform Order, Engagement with Internal Comms/Legal. Calculation of Run Rate alongside finance. Exploring transfer of LOLLERS to Equipment Services. Discussions with Personal Assessment Team to determine resource required for financial assessments.	tbc	tbc			New - Open

Wakefield District Health and Care Partnership Place Risk Register - October 2023

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) Transformation Delivery collaborative receives reports on integrated community board 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 in ICB and WMDC track budget pressures throughout the year. 4) Grants and other funding opportunities such as ASC discharge funding 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 domicilary 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			Static - 1 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.	1. Planned Care Programme activities including support for specialities on demand management. 2. Validation of the waiting list Independent sector contracts in place to increase capacity 3. Patient are offered choice to be seen by an alternative provider 4. Tools such as PIFU and The Shared Referral Pathway (SRP) are involving primary and secondary care 5 The Planned Care system leads work closely with WYAAT programmes to optimise capacity across West Yorkshire 6. Focused work on patient flow to ensure timely discharge and optimise use of bed capacity.	None currently identified	1. Performance report to Integrated Assurance Committee quarterly. 2. Performance report to WDHCP Committee bi-monthly. 3. CQC inspections/reports 4. Audit reports commissioned as required 5. Planned Care Alliance is revising its work programme and terms of reference to respond to these priority areas strategic direction of planned care.	1. Mainly two specialities contributing to the waiting time issues (Gynaecology and ENT) both have full overarching actions plans in place. 2. The waiting list size has started to level out and all theatres are now open at MYTT. 3. SRP has commenced in dermatology for suspected cancers an improving performance to a small degree.	Some specialities with excessive waits have no alternative capacity options across WYAAT.			Static - 2 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 - 3 Archive(s)
2182	28/10/2022	Wakefield Integrated Assurance Committee	Prevention of ill health	9	(I3xL3)	6	(I3xL2)	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 shared with WY AMR lead with the potential that the plan becomes the WY Gram Negative Reduction Plan, revisions on CKW plan continue. 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 4. To develop a system approach to Patient Safety Incident Response Framework			Decreasing
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			Static - 1 Archive(s)
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 - 4 Archive(s)
2132	04/10/2022	WDHCP	Healthy standard of living for all	6	(I3xL2)	6	(I3xL2)	Melanie Brown	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 if a new lease cannot be agreed with the landlord. 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 accommodation 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. NHS Property Services are currently negotiating an extension of the King Street lease with landlord.	No Gaps identified.	Transformation Delivery Collaborative receives regular updates and highlight reports at the UEC Transformation Board.	Negotiations with the landlord to extend the lease are progressing and are positive. It is hoped that an agreed position can be reached by end October 2023.	None identified			Decreasing

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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 - 4 Archive(s)
2146	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	3	(I3xL1)	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 - Business case went to TDC and subsequently funding identified and BC will be implemented shortly.	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, this was undertaken by TDC in September 2023 and Investment panel on 12th October 2023.			Decreasing

Mapping of risks – 4th risk cycle of 2023/24 (as at 19 October)

COMMON RISKS

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Common Risk
Kirklees (2195)	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	3	3	9 ↓	Common risk re: impact across the system / OPEL 4
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	2	9 ↑	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	4	16	
Wakefield (2135)	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.	3	3	9	Common risk re: CAMHS
Leeds (2243)	There is a risk of delay in accessing MH treatment due to the significant increase in referrals over the past years and a lack of capacity within MindMate SPA to deal with referral numbers, resulting in young peoples mental health deteriorating whilst they are waiting to be triaged by MindMate SPA.	3	4	12	
Calderdale (1977)	There is a risk that Children and Young People's (CYP) will be unable to access timely therapy due to:- a) increase in demand, b) existing high waiting times and c) inability for provider to recruit to vacant posts	3	3	9	

	In particular the risk relates to the waiting times for speech and language (SLT) and occupational health therapies, where we have received a significant increase in the number of referrals in 21/22 compared to previous year. For example SLT new appointments in September 2019 compared to September 21 was an increase of 245%. The same comparison period for follow up shows an increase of 98%. In September 21 there were 1314 CYP waiting for a new appointment, 296 waiting for a follow-up with an average wait of 157 days (however, this picture has increased). During Covid-19 lockdown, therapy staff at CHFT were redeployed (as this was a f2f service). Once services reopened, staff returned and virtual/telehealth appointments were offered Workforce remains a risk with vacancies across therapies which Provider are unable to recruit to (national picture)				
Kirklees (2196)	There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring when in crisis. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised.	3	3	9	
Calderdale (1864)	There is a risk that people with complex mental health needs will not receive the right level of support that they require to meet their needs This is due to current capacity within community mental health services both health and social care resulting in escalating crisis situations for people in the community and requests for out of area locked rehabilitation hospital placements; and delays in discharge for people who are ready to leave out of area locked rehabilitation hospital placements . This leads to an increased pressure upon CCP Specialist Care/CHC team and to potentially increased costs for CCP.	3	2	6	Common risk re: mental health services capacity and demand
Leeds (2018)	There is a risk of increased rates of avoidable deteriorations in mental health, due to increased mental health demand, alongside insufficient capacity to provide access to proactive community mental health intervention and support , exacerbated further by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent adverse impact on mental health presentations to ED and YAS, increased lengths of stay and reduced system flow in mental health beds, and increased numbers of out of area acute mental health and PICU bed days.	4	4	16	
Calderdale (1493)	Risk that patients being discharged from hospital are subject to delays in their transfer of care due to health and social care systems and processes are not currently optimised, resulting in poor patient experiences, harm to patients, risk of hospital acquired infection, additional pressure on the acute bed base and pressure on elective recovery plans.	4	4	16	Common risk re: delayed transfers of care
Kirklees (2071)	There is a risk that we will not be able to meet the 2022/23 national Transforming Care trajectories due to 1. to lack of funding in the system to develop new models of care	2	2	4	

	2. lack of workforce capacity and capabilities 3. inadequate accommodation provision 4. potential risk of hospital closures impacting on additional discharges This will result in the delayed discharge of people currently in an inpatient bed due to there not being the right provision and the right support to put in place within a community setting.				

Covid Backlog / Risk of Harm / Performance/ Statutory Duties Risks

Place	Risk	I	L	Score	Proposed Action
Wakefield (2132)	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	3	2	6 ↓	Common risk re: emergency departments demand
Kirklees (2331)	There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target of 76% due to pressures associated with unavoidable demand, patient choice, capacity and flow out – resulting in long waits, overcrowded ED, harm to patients and patient experience being compromised.	3	4	12	
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	3	9 ↑	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers and acuity of inpatients and the numbers in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	4	16	
Wakefield (2182)	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	4	3	12	Common risk re: gram negative blood

	health or social care interventions, resulting in failure to meet the requirements of the single oversight framework (should this measure be included).				infections reduction target
Kirklees (2058)	There is a risk that the WY ICB Kirklees Place will not achieve the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to the gaps identified in the key controls; resulting in a risk to population health and experience.	3	3	9	Risk Operational Group flagged query on different impact scores.
Kirklees (2327)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT and MYHT will result in: long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution.	3	3	9	Common risk re: failure to meet Constitutional standards
Calderdale (2162)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT will result in; long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution	3	4	12	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2016)	As a result of the longer waits being faced by patients and limited capacity for treatments, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.	4	3	12	
Wakefield (2129)	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.	4	3	12	
Kirklees (2330)	There is a risk that Kirklees Health and Care Partnership will fail to achieve national performance standards (set out in the NHS constitution), and in line with the Operational Recovery Plan for 2023/24 resulting in poor provider performance, poor organisational reputation and non-compliance with the constitutional standards for waiting times across the Kirklees system.	3	3	9	
Kirklees (2049)	There is a risk that Kirklees and Wakefield place will fail to meet the required cancer standards for 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT), resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on Kirklees and Wakefield places.	3	4	12	
BDC	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS	3	5	15	

(2168)	There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place based contribution to the annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care.				
Wakefield (2146)	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.	3	1	3 ↓	Common risk re: adult ADHD assessment
Leeds (2354)	There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients, long waiting list and increased right to choose requests which will cause impact to patient outcomes and significant financial impact	3	5	15	
BDC (2227)	There is a risk of further deterioration for adults with ADHD waiting for assessment, diagnosis and immediate post-diagnostic support due to staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for this service resulting in complaints from patients and referrers and scrutiny from council elected members. Inequitable access to services for those who do not exercise Right to Choose and request a referral to an independent sector provider.	3	5	15	
BDC (2266)	There is an increase across adult and children of an increase of Right to Choose requests for both ADHD and Autism assessments. This will lead to a significant unbudgeted cost to the ICB (GP's can refer to any provider that is on a NHS framework and the ICB get the invoice in retrospect. In children's the annual cost projected this year is over £200,000	4	4	16	
Kirklees (2180)	There is a risk of non-compliance with the Children & Families Act 2014 and the Health and Care Act 2022 relating to ICB responsibilities with regard to Children with Special Educational Needs and Disabilities (SEND). This is due to Education, Health and Care Plans not being completed within statutory timescales. A key factor is that Health information is not always provided by clinicians in a timely manner. Resulting in delayed assessment of needs and Health provision not being in place to support access to education. This can lead to complaints, appeals and tribunals.	3	4	12	Common risk re: SEND and Children & Families Act statutory duties
Leeds (2253)	There is a risk of not fulfilling the statutory duties to provide timely health advice into EHCPs for CYP with SEND within legislative timescales due to increasing pressures on the system, resulting in delayed support for CYP with SEND and that the EHP Plans do not accurately reflect the needs of CYP and could impact on outcomes and aspirations of CYP. *The consequence is that the contribution of health advice to the ECH Assessment process does not meet with the statutory duties.	3	4	12	
Calderdale (2219)	There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases	3	5	15 ↑	

	resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints.				Common risk re: posture and mobility service
Kirklees (2218)	There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints.	3	5	15	

ICB Workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2078)	There is an ongoing risk of a continual increase in overdue CHC/joint funding/FNC reviews due initially to business continuity arrangements during Q4 21/22 (when "low risk" reviewing activity was paused), but since, vacancies, recruitment challenges and sickness absence in the CHC clinical team, resulting in a poorer patient experience and a negative impact on the CHC activity and delivery. The number of overdue reviews continues to increase.	3	4	12	Common risk re: continuing healthcare workforce challenges
Kirklees (2074)	There is the risk of delays to Continuing Care administration processes and workflows due to a staff shortage in the business support team, resulting in an impact to clinical workflows, the wellbeing of the team, patient experience and a potential impact to organisational reputation. It also has an impact on the financial position of the CHC team, with delays to invoices being paid and potential impact to NHSE mandated activity.	3	3	9	
Wakefield (2181)	There is a risk of delayed response to changes in healthcare needs or discharge from hospital for children requiring Continuing Healthcare packages due to MYHT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract resulting in the additional costs to the ICB associated with commissioning of external providers.	3	1	3	
Wakefield (2297)	Capacity and workforce pressures within the CHC contracting team could result in delays in commissioning patient care, dealing with provider issues and processing payments.	3	3	9	
Calderdale (2092)	The Continuing Healthcare team is currently significantly short staffed with eight (8) live vacancies. This is at a time where the team is experiencing high volumes of complex case management and increased scrutiny and requests for information coming from NHSE. There is a risk with regard to the	3	3	9	

	organisational effectiveness in the delivery and quality of the service provided, patient/carer dissatisfaction and increase in complaints leading to reputation damage to the organisation, non-compliance in meeting national assurance targets set by NHSE, and with regard to financial efficacy. Due to the reallocation of work over fewer staffing numbers, there is a risk of staff burnout, leading to increased sickness levels and difficulty in staff retention resulting in high staff turnover within the team. Staff have alerted Over the past 12 months five staff within the learning and disability and mental health fraction of the team only, have left the team citing excessive caseload as the reasons for leaving. Recruitment to these positions in particular and within Children's Continuing Care has proven to be challenging despite going out to recruitment for these positions on multiple occasions. There are also several projects relating to service improvement occurring across the Calderdale footprint that various staff within the team are contributing to. All these projects aim to provide a more joined up approach and economical delivery model for the people of Calderdale. The current level of staffing shortage within the team risks a delay to the progress of these projects as staff focus on ensuring statutory functions are prioritised.				

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2154)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	Common risk re: maternity services Also see corporate risk.
Calderdale (2156)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	
Leeds (2272)	There is a risk to pregnant people of not achieving the preferred elements of care identified in individual personalised care plans, due to midwifery staffing issues (both recruitment and retention), resulting in a potential for poorer outcomes and experience of care	2	3	6	
Leeds (2269)	There is a risk of poor quality care to pregnant people and their families due to workforce short and long-term challenges (eg: industrial strike action across the maternity sector, recruitment challenges, sickness and absences, etc), resulting in poor patient experience, safety, and clinical effectiveness.	2	3	6	
Wakefield (2128)	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	3	5	15	Common risk re: waits for CYP neurodiversity

	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.				Also seek corporate risk.
Calderdale (1338)	There is a risk that children and young people (CYP) will be unable to access timely mental health services (in particular complex 'at risk' cases and Autism Spectrum Disorder/Attention Deficit Hypertension Disorder (ASD/DHD)). This is due to a) waiting times for ASD (approx. 14 months) b) lack of workforce locally and nationally to recruit into this service and c) appropriate services not being available for CYP as identified in SEND. Resulting in potential harm to patients and their families.	4	3	12	
Kirklees (2240)	There is a risk of children being unable to access a timely diagnostic service for neurodevelopmental conditions. This is due to increased demand for the service and the impact of the Covid 19 pandemic on provision of the service. At the end of Jan 23 the average waiting time for assessment was 68 weeks, with 1282 children waiting for assessment. resulting in delays to timely diagnosis, may also impact upon access to other support services across Health, Education and Social Care and reputational damage.	3	4	12	
Leeds (2301)	There is a risk of CYP being unable to access a timely diagnostic service for neurodevelopmental conditions (Autism and ADHD) due to rising demand for assessments and capacity of service to deliver this (ICAN for under 5, CAMHS for school age). Delays in access to timely diagnosis may impact upon access to other support services across health, education and social care but also no compliance with NICE standards for assessment within 3 months from referral.	3	5	15	
BDC (2039)	CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS There is a risk of further deterioration in the statutory duty service offer for children waiting for assessment, diagnosis and immediate post diagnostic support. This results in non-compliance with the NICS (non-mandatory) standard for first appointment by three months from referral which was highlighted as an area for a remedial Written Statement of Action in the Ofsted/CQC local area SEND inspection held in March 2022.	4	4	16	
Kirklees (2147)	There is a risk to the ability of care homes to be able to provide safe, high quality and person centred care due to staffing levels, high cost agency usage, increased costs of living and increased intensity of need of residents. This results on an increased requirement on the systems to provide intense responsive support to care homes, and risks care homes de-registering or closing due to financial unsustainability.	3	3	9	Common risk re: care homes staffing
Calderdale (2149)	There is a risk to the ability of care homes to be able to provide a safe, high quality, person centered quality lifestyle due to staffing capacity and gaps in knowledge resulting in poor quality care and experience.	3	3	9 ↑	
Wakefield (2138)	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.	3	3	9	

Leeds (2008)	There is a risk of an inability to attract, develop and retain people to work in general practice roles due to local and national workforce shortages resulting in the quality of and access to general practice services in Leeds is compromised.	2	3	6	
Calderdale (1434)	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles.	4	2	8	

Quality and Safety Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2179)	There is a risk of Looked After Children (LAC) not receiving an Initial Health Assessment (IHA) or Review Health Assessment (RHA) within statutory timescales. This is due to an increase in the complexity of individual cases and increasing numbers of LAC from outside the area living in private children's homes Kirklees. This includes an increase in Unaccompanied Asylum Seeking Children (USAC), resulting non achivement of mandatory timescales Resulting in performance targets not being met and assessments being carried out late. Health needs may not be identified early enough to ensure that support is put in place promptly.	4	4	16 ↑	Common risk re: Looked After Children health assessments
Leeds (2257)	There is a risk of not meeting target for Initial Health Needs Assessment completion for CLA, lack of capacity within service responsible for delivering IHNAs, resulting in health plans not being available for the first multidisciplinary Child Care Review meeting, delay in identification of health issues and subsequent support. There is also a risk of potential breach of statutory duty.	3	4	12	

Finance and Contracting Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2204)	Capital Availability - There is a risk that capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments	4	2	8	Common risk re: capital spending limits
BDC (2170)	CAPITAL AVAILABILITY There is a risk that NHS capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments.	5	4	20	
Wakefield (2142)	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.	4	4	16	

Kirklees (2116)	There is a risk that the transformational changes required to address the approved case for change programme (CHFT) will not be achieved within the required timescales, due to delays in allocating Business Case funding for Huddersfield Royal Infirmary (HRI) due to current political changes. Resulting in failure to deliver improved patient experience, better clinical outcomes and overall system sustainability.	3	3	9	Common risk re: CHFT business case funding Query raised re difference in scoring
Kirklees (2064)	There is a risk that the allocated Full Business Case funding for Huddersfield Royal Infirmary (HRI) is not released by the secretary of state (Her Majesty's Treasury), due to current political changes, within the required timescales, resulting in an inability to fully implement the estate changes required to address the case for change and failure to deliver overall system financial sustainability.	3	2	6	
Calderdale (821)	There is a risk that the allocated funding is not secured due to the Full Business Case (FBC) not being approved by Her Majesty's Treasury, resulting in an inability to implement the transformational changes required to address the Financial and Quality and Safety case for change and failure to deliver improved patient experience, better clinical outcomes and overall system financial sustainability	4	2	8	
BDC (2220)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	4	16	Common risk re: prescribing costs
Leeds (2158)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	4	16 ↑	
Wakefield (2329)	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.	4	4	16	Common risk re financial plan and financial control target
Leeds (2014)	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and new cost pressures in 2023 – 24. This could result in the system as a whole not meeting the statutory duties.	5	4	20	
Kirklees (2306)	There is a risk that the Kirklees place as part of West Yorkshire will not achieve its financial control target due to financial pressures within the system of Kirklees and wider West Yorkshire system pressures, alongside having a large QIPP target to achieve financial balance. This risk is due to, in part, a number of elements - increased costs in all business areas - pressures due to inflation and pay - high QIPP target - under delivery of efficiency programmes The result of failure to deliver will be a risk to the achievement of the overall West Yorkshire ICS financial plan which could result in failure to deliver statutory duties, reputational damage and additional scrutiny from NHS England	4	4	16	

Kirklees (2328)	The risk is that Kirklees Place will fail to deliver our 2023/24 planned Recovery trajectory for the 23/24. This is due to the significant financial challenge & the inability to identify enough schemes that will deliver the required recurrent & non recurrent value for 2023/24 or plan for 2024/25. Failure to deliver the plan will result in a risk to the overall achievement of Kirklees place financial plan and financial statutory duties& have an impact on the overall west yorkshire recovery plan.	4	4	16
Calderdale (2300)	The risk is that WYICB-Calderdale Place will fail to deliver the 2023/24 financial plan. This is due to 23/24 financial plan submitted to the WYICB including a number of pressures/risks which have been articulated in the plan development process.. These risks include activity pressures on independent sector acute contracts, prescribing and under-delivery of QIPP. The QIPP challenge for 23/24 is significant at around £5m as a minimum. This includes a £2.3m share of WYICB additional savings requirement. The result of failure to deliver the plan in Calderdale will be a risk to the overall WYICB achievement of its financial plan and financial statutory duties.	4	3	12
Calderdale (2299)	There is a risk that the Calderdale Cares Partnership part of the WYICS will not as a system deliver its planned financial position. This is due to in part to several key elements including : - the level of inflation, the scale of efficiency challenge, uncertainty around ERF income, pay award uplift, under delivery of efficiency programs, higher than planned agency costs and use of non recurrent resources. Strike related cost pressures continuing to add risk. The result of failure to deliver will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHS England and a requirement to make good deficits in future years.	4	3	12
BDC (2338)	IN-YEAR FINANCIAL PERFORMANCE There is a risk that we do not achieve the financial plan surplus target for 2023/24 due to shortfalls against savings plans, additional cost pressures and financial penalties relating to the Elective Recovery Fund scheme. Following the completion of the planning round for 2023/24, there is an additional savings requirement of £6.1m that needs to be met if financial plan targets are to be achieved.	5	4	20
BDC (2337)	UNDERLYING FINANCIAL DEFICIT There is a risk that we do not address the underlying financial deficit and establish a financially sustainable position over the medium term. Following the completion of the planning round for 2023/24, the underlying financial deficit has increased further and therefore this remains a critical risk.	5	4	20

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday 15 August 2023, 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Mel Brown	Chair
Colin Speers	Executive System Healthcare Advisor
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Karen Parkin	Operational Director of Finance (Wakefield Place)
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
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
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
Catherine Breadmore	Third Sector Strategy Group
Adam Sheppard	Chair of Professional Collaborative Forum
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Michala James	Senior Manager - Partnerships and System Development
Dominic Blaydon	People Alliance
Debbie Brevin	Conexus
Emma Hall	Chief Officer of Planning and Partnership, MYTT
Amanda Miller	General Manager, Wakefield Community Services, SWYFT
Chris Skelton	Associate Director of Primary Care, (Wakefield Place)
Matt England	Planned Care Alliance, Associate Director of Planning and Partnerships, MYTT
Wendy Quinn	Director of Operations, MYTT
Gemma Gamble	Senior Strategy & Planning Manager, (Wakefield Place)
Chris Evans	Chief Operating Officer, MYTT
Abby Trainer	Director of Community Services, MYTT

Name	Representing
Lucy Beeley	Director of Operations, MYTT
Carolyn Gullery	Interim Chief Operating Officer, MYTT

Apologies

Name	Organisation
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative
Phillip Marshall	Joint SRO Workforce
Sarah Roxby	Housing and Health Partnerships Chair, Service Director – Housing, WDH
Gary Jevon	CEO, Healthwatch
Peta Stross	Director of Integrated Health & Care Operations and Quality, MYTT & Wakefield Council
Abdul Mustafa	PCN Representative, PCN Clinical Director
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services - MYTT
Richard Main	Head of Digital, Wakefield ICB
Kerry Stott	Unplanned Care Transformation Programme, Programme Manager for Urgent Care Redesign / Unplanned Care
Steve Knight	Conexus Health Care, CEO
Linda Harris	Joint SRO Workforce

Administration

Agenda No	Minutes
1	**Welcome and apologies** MB welcomed everyone to the meeting. Apologies were noted as above.
2	**Declarations of Interest** There was a conflict of interest for Debbie Brewin on Item 7 children's Observation Hubs due to Conexus' involvement in the proposals. It was agreed that DB could remain part of the discussions for this item. There were no other declarations of interest.

Agenda No	Minutes
3	**Minutes of the meeting held on 25 July 2023** The minutes of the meeting held on 25 July were agreed as a true and accurate record with the exception of: • Paulette Huntington's name to be amended from Hutchinson • Adam Sheppard had sent his apologies for the meeting.
4	**Action Log** Action 1 – Weight Management Service – a paper will be brought to the September meeting in relation to this item. Action 2 – Terms of Reference Children's Alliance nomination – JL to forward this to MJ. Action 3 – Maturity Matrix – this was ongoing with those Alliances volunteering to use the matrix asked to provide feedback to MJ. Action 7 – Transformation Delivery Plan – a reminder for any comments to be sent to RB by the end of August. It was noted that all other actions had been closed. Discussion took place in relation to Action 4 – Framework for Investments – KP explained that the framework for investment should be used for both investment and dis-investment where the wider system was impacted; it was not just for 'new' money. KP confirmed that business cases for the next financial year would need to be received by the end of November and for this current year by September. AS expressed concerns that the Professional Collaborative Forum had not been engaged with this process and other items on the day's agenda. MB advised that MJ did input and provide feedback from the Professional Collaborative Forum and it was agreed that a representative from this group would form part of the Framework for Investment Panel. It was agreed that all business cases for investment would be presented to the Professional Collaborative Forum to support the model of care and then the Transformation and Delivery Collaborative, before they are submitted for the 30 September deadline.

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5	**Chair's opening remarks, apologies and declarations of interest** MB welcomed Chris Evans, Chief Operating Officer who has replaced Trudie Davies at MYTT, to the meeting and a round of introductions were made.
6	**Escalations from alliances / programmes** MB raised the challenges being faced within the Urgent Care programme in relation to accessing capital resources. A meeting would be taking place the following week to talk through the first and second phase of the model of care in the context of capital funding. ME advised that there had been an escalation at the last MH Alliance on concerns relating to the NHS England requirement for a Mental Health 111 service from April 2024; this was being escalated through the West Yorkshire Learning Disability and Autism to the ICB. A letter outlining the concerns had been sent to NHSE and ME would arrange to circulate this to the TDC (letter circulated by JLa during the meeting). LW raised an issue which had been discussed at the Learning Disability Alliance relating the CQC requirement that all regulated services need to have undertaken the Oliver McGowan training (or equivalent). The training consisted of a full day face to face training with a facilitator and a person with lived experience. This was expected to be undertaken for anyone who had access to people with a learning disability or autism. A task and finish group had been established to oversee this and highlight risks. LW to link in with DB relating to whether People PMO could assist with this. **Action** **LW and DB to discuss the Oliver McGowen training.** LW further referred to the Short Breaks service which was currently experiencing some challenges in terms of tenders which could lead to the lack of availability of providers on the My Life framework. **Action:** **LW to meet with GG/JLa to discuss risks being put on the WDHCP risk register.**
7	**Children's Observation Hubs business case** Jenny Lingrell (JL), Debbie Brewin and Dr Omar Alisha presented this item. JL explained that the children's hub concept had been developed following data which had highlighted that MYTT was an outlier for paediatric ED attendance as an alternative provision to the ED. The former Provider Collaborative (now TDC) had

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	asked for a full business case to be worked up. It was noted the business case had been completed using the new Framework for Investment template. The business case proposed a 16 week pilot over the winter period to test the model with the aim to obtain a more in depth understanding of the demand, impact and costs to help build a more robust business case for ongoing investment. Data analysis had showed that a high number of children presenting at ED or Children's Assessment Unit (CAU) were discharged with advice and guidance and whose meet could be met in a Primary Care setting with the time to monitor them; most of these children presenting with respiratory, fever or gastric symptoms. Data suggests there were around 150-200 children per week falling into this category. Based on these numbers the proposal was for the hub to have the capacity to support a maximum of 20 children per evening (140 per week). JL explained the hub would be staffed by GPs and Primary Care Nurses with close links and clear pathways between the hub and the paediatric team at MYTT; the hub provided an option to monitor a child's health for up to 6 hours (remotely or face to face) to assess whether they could remain at home or of urgent care at a hospital was required. It would also be available as a point of contact for worried parents in the 24 hours following clinical assessment in any part of the system via a day pass arrangement. The aim of the proposals was to provide extra primary care clinical capacity to reduce ED attendances and hospital admissions for children aged 3 months to 16 years old in the Wakefield district. Discussion took place in relation to the proposals with Dr Omar Alisha explaining that the hub would provide the resource for GPs to refer a child to for observation rather than to the ED or CAU and the case studies had highlight the need for this type of facility to provide extra primary care capacity and reduce ED attendance. In relation to questions asked by PH, JL responded that the demand for the service would rely on a successful communications campaign so that there was an awareness of the service across the system. DB advised that in terms of staffing, this had been flagged as a risk but to offer reassurance the bank list was the most robust it had been. EH raised a question around protocol with the Framework for Investment and whether proposals that were not cash releasing would be considered as this proposal did not appear to be cash releasing.

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	KP responded that priority would be for cash releasing schemes however it was noted that some proposals would be around statutory duties and winter planning etc which would need to be considered to release capacity/pressure across the system. It was noted that a robust evaluation of the pilot would need to take place to determine impact etc. Discussion took place about the process which would be that should the TDC agree to send the business case to the Framework for Investment panel, once agreed there it would then go to the Wakefield District Health and Care Partnership Committee for onward approval. However, it was noted that as this was a winter scheme that would need to commence on 1 October that a more pragmatic solution to agree funding would be required. MB would speak with KP outside of the meeting to look at the funding decision using their delegated powers. It was **RESOLVED** that the Transformation and Delivery Collaborative: • MB and KP to look at the funding decision using delegated powers outside of the meeting to enable mobilisation on 1 October as part of the winter resilience plans .
8	**Outcomes framework update** Rebecca Barwick (RB) presented this item RB provided an update on the outcomes framework advising that work was still ongoing and thanking colleagues for their hard work and input so far in this regard. It was **RESOLVED** that the Transformation and Delivery Collaborative: • Noted the update.
9	**Transformation Delivery Plan – Highlight report template** Rebecca Barwick (RB) presented this item RB advised that following the previous meeting and feedback the template had been reworked and it was hoped this could be used in different forums. It was intended the highlight report be completed by each of the alliances/programmes ahead of the TDC even if it was a nil return. The reports could be used as a discussion reference at TDC to strengthen the approach across the system and highlight challenges where support could be provided.

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	TP believed it would be useful to trial the report in terms of what kind of information to include, for example in the achievement element which should include achievements against milestones rather than a list of tasks that had been completed. Feedback on any further tweaks to the report could be fed back to RB. It was **RESOLVED** that the Transformation and Delivery Collaborative: • Agreed to trial the Highlight report template with feedback, if any, to RB upon completion.
10	**Overview of Performance Report** Gemma Gamble (GG) presented this item GG introduced the item and thanked colleagues for their contributions to date. GG explained that over the past few months work had been ongoing to improve the process for collecting the supporting narrative that fed into the wider WYICB performance report and Wakefield Performance report. A narrative template had now been developed for each alliance / transformation lead to complete with the aim to simplify the process. It was noted there was still further work to do with some of the more newly established alliances. Discussion took place including around the pace of some of the metrics due to the nature of the work. MB asked for the report to be included on future TDC agendas. **Action:** **For the Overview of Performance Report to be included on future TDC agendas.** It was **RESOLVED** that the Transformation and Delivery Collaborative: • Noted the Wakefield Overview of Performance report.
11	**Housing and Health action plan** David Thorpe (DT) presented this item DT introduced the item providing an overview of the approach being led by the Health Housing and Social Care Partnership which aimed to 'Ensure alignment and coordination of housing to health needs to support people and improve health and wellbeing outcomes'. DT advised that a three-year action plan which started in 2023, would deliver a range of workstreams with the aim to improve the link between health and care needs and housing. DT guided the TDC through the action plan which included:

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	• 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 **Action:** **To circulate the Housing and Health action plan to TDC.** LW referred to the assistive technology that was mentioned in the action plan and she would liaise with DT directly in this regard. She updated the TDC on the Disabled Facilities Grant advising that the backlog caused by the pandemic had been significantly reduced. AM noted the importance of the Housing Coordinator role which was also a good example of partnership working. It was **RESOLVED** that the Transformation and Delivery Collaborative: • Noted the Housing and Health action plan.
12	**Update on the development of Integrated Neighbourhood Teams** Presented by Nichola Esmond (NE) and Abby Trainer (AT) AT guided the TDC through a presentation on the development of the Integrated Neighbourhood Teams. AT advised that the Fuller Stocktake Report (2022) had tasked each area in the country to develop integrated health and care staff who would share resources, information and form Multi-Disciplinary Teams (MDTs) in order to improve the health and wellbeing of the local community. AT updated on what was new and what had changed and the principles behind the model. The model was person centred with an Integrated Neighbourhood Team Coordinator to coordinate the different services of adult social care, adult community services,

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	VCSE partners and primary care. There would be seven of these teams in Wakefield district with each team working with the wider neighbourhood to address the route causes of ill health noting that different communities had differing challenges. AT explained that the Enhanced Care @ Home offer would help to keep people out of hospital if they required health or care support where it was possible by providing treatment and support in the community to prevent admission to hospital. It was noted that ambulance services would be able to call the INTs to support a person at home instead of taking them to a hospital and GPs could also request support for people through the team rather than admit them to hospital. At explained that by working collaboratively within the Emergency Department and other assessment teams within the hospital, the community teams could facilitate timely discharge and provide the care required to people in their own home or regular place of residence. The teams would 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. AT advised that by taking a population health approach, the system would develop a consistent approach to supporting people with frailty to high quality lives, optimising independence and quality of life. Access to services would take a 'no wrong door' approach and would maximise the value of technology in all its forms through the adoption of consistent and innovative approaches to its use. WQ suggested it would be good to have a discussion with AT on this initiative outside of the meeting. KP offered the support of the finance team to help pull some of the finance resource together to be better informed of the total budget for these areas. It was confirmed that the boundaries aligned with PCNs and Children's hubs. CE commented that he had been involved in similar work in a previous role and he would be happy to meet with AT to discuss the approach in Wakefield. AT advised that a meeting was already scheduled between them. It was **RESOLVED** that the Transformation and Delivery Collaborative: • Noted the ongoing work being done with and by the Integrated Neighbourhood Teams.
13	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no direct escalations for the Wakefield District Health and Care Partnership Committee. However, the following was noted:

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	• Capture the workforce capacity within the Learning Disability service on the risk register. **Action:** **Change the heading of this agenda item to 'Items for escalation to Wakefield District Health and Care Partnership Committee and other Committees'**
14	**Any other business** CSk referred to the Department of Health and Social Care plans for Women's Health Hubs as part of the Women's Health Plan. There was some non-recurrent funding available to support health and care for women and there was a standard specification for what might be included in the hub model. CSk would be liaising with relevant colleagues across the system, establishing what was already in place and what else might be required. CSk would update the TDC as necessary. The meeting finished at 4.30pm.
Date and time of next meeting: Tuesday, 26 September 2023, 2:00 pm – 5:00 pm	

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday 26 September 2023, 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Mel Brown	Chair (from 15.00 hours)
Colin Speers	Executive System Healthcare Advisor (Chaired on behalf of MB in her absence)
Karen Parkin	Operational Director of Finance (Wakefield Place) (from 15.00 hours)
Becky Barwick	Associate Director of Partnerships and System Development
Gareth Winter	Head of Finance, Wakefield Place (from 15.00 hours)
Elizabeth Goodson	Senior Finance Manager (Parternships), Wakefield Place, (from 15.00 hours)
David Thorpe	Housing and Health Group
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Catherine Breadmore	Third Sector Strategy Group
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Michala James	Senior Manager - Partnerships and System Development (minutes)
Dominic Blaydon	People Alliance
Emma Hall	Chief Officer of Planning and Partnership, MYTTwatermark
Amanda Miller	General Manager, Wakefield Community Services, SWYFT
Matt England	Planned Care Alliance, Associate Director of Planning and Partnerships, MYTT
Peta Stross	Director of Integrated Health & Care Operations and Quality, MYTT & Wakefield Council
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Steve Knight	Conexus Health Care, CEO
Clare Offer	Public Health Consultant, Wakefield Council
Gary Jevon	CEO, Healthwatch

Name	Representing
Jeremy Wainman	NHS Lead for Adult Mental Health and Dementia, West Yorkshire ICB - Wakefield Place
Freya Johnson-Smith	Deputy Director of Operations, Mid-Yorkshire Teaching Trust
Annie Jacques	Deputy Director of Operations - Therapies and Clinical Psychology, Mid-Yorkshire Teaching Trust
Luke O'Neill	Transformation Manager, Wakefield Place
Christus Ferneyhough	Public Health, Wakefield Council
Elliot Morrish	Community Transformation Programme Manager, MYTT

Apologies

Name	Organisation
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative
Phillip Marshall	Joint SRO Workforce
Sarah Roxby	Housing and Health Partnerships Chair, Service Director – Housing, WDH
Adam Sheppard	Chair of Professional Collaborative Forum
Paulette Huntington	Deputy Chair, People Panel
Abdul Mustafa	PCN Representative, PCN Clinical Director
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Richard Main	Head of Digital, Wakefield ICB
Kerry Stott	Unplanned Care Transformation Programme, Programme Manager for Urgent Care Redesign / Unplanned Care
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
Linda Harris	Joint SRO Workforce
Lisa Willcox	Chair of Learning Disability Alliance, Service Director, Adult Social Care - Mental Health and Learning Disabilities, Wakefield Council
Keely Robson	Director of Operations Surgery, Cancer and Access Booking & Choice, Mid-Yorkshire Teaching Trust
Wendy Quinn	Director of Operations, MYTT
Chris Evans	Chief Operating Officer, MYTT
Lucy Beeley	Director of Operations, MYTT

Administration

Agenda No	Minutes
1	**Welcome and apologies** CS welcomed everyone to the second formal meeting of the Transformation Delivery Collaborative. Apologies were noted as above. CS explained he would be chairing the first half of the meeting as MB was in meetings following the ICB Operating Model consultation meeting earlier that day.
2	**Declarations of Interest** There were no declarations of interest noted.
3	**Minutes of the meeting held on 15 August 2023 and action log** The minutes of the meeting held on 15 August were agreed as a true and accurate record. Action 1 – Weight Management Service – a paper will be brought to a future meeting in relation to this item. Action 2 – Terms of Reference Children's Alliance nomination – JL to forward this to MJ. Action 3 – Maturity Matrix – this was ongoing with those Alliances volunteering to use the matrix asked to provide feedback to MJ. ME advised that the Mental Health Alliance had trialled this and sent it to MB for comment; she would also forward to MJ. Action 7 – Transformation Delivery Plan – It was agreed to close this item as feedback had been provided within the specified time. Action 8 – Oliver McGowan Training – LW and DM to meet to discuss; to date the meeting had not taken possible due to diary commitments. It was noted that all other actions had been closed.

Agenda No	Minutes
4	**Programme Highlight Reporting: Escalations by exception** The following items were noted from the highlight reports: **Urgent Emergency Care** • It was noted all available options for capital monies to fit out a new building had been explored. Due to submitted bids been unsuccessful proposals to relocate the urgent care service had been put old hold. • Scope of the urgent care redesign programme required reviewing to reflect the change of direction. **Planned Care Redesign** • It was noted that MYTT was not going into a tiered performance process as part of the NHSE access recovery and had communicated its plans for the two major specialties that required improvement (ENT and Gynae). **Community Transformation Programmes** • The risks listed under escalations were noted.
5	**Business case overview** MJ outlined the item as GW had been delayed attending the meeting. It was noted that the paper had been circulated prior to the meeting. The paper was intended as a helpful guide when considering the items on the day's agenda and each business case had been RAG rated against the criteria for investment. CS added that there would be a list of those business cases that were unsuccessful in this round of investment should any further funding become available during the course of the year.
6	**SWYPFT Older People's Inpatient Transformation** Michele Ezro (ME) presented the paper ME explained that the business cased proposed to separate functional (older people's mental health) from organic (dementia) inpatient services and impacted across Calderdale, Kirklees and Wakefield (CKW) and the South West Yorkshire Partnership Foundation Trust (SWYPFT). The proposals were supported by NHSE and the Clinical Senate. The joint informal meeting of the impacted place Health and Care Partnership Committees held on the 1 September was noted; the meeting had provided detail around the proposals. MZ advised that most people could be supported to live well in the community. However, there was a need to better support the small proportion of people who were acutely unwell, who presented with complex needs and co-morbidities, and therefore required admission to an inpatient ward.

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	ME outlined the current service at SWYPFT - SWYPFT had five older people's mental health wards. These included: • A ward in Halifax at Calderdale Royal Hospital (mixed functional and dementia patients, 16 beds) • Two wards in the Priestley Unit in Dewsbury, located in Dewsbury and District Hospital (mixed functional and dementia patients, 30 beds; 15 male beds and 15 female beds) • Two wards in the Wakefield district – one on the Fieldhead Hospital site (mixed functional and dementia patients, 16 beds) and one at The Poplars in Hemsworth (dementia patients, 12 beds although not all of these beds at The Poplars were in use due to CQC recommendation being isolated from a hospital site). It was noted that in South Yorkshire, SWYPFT had a ward for people with functional mental health needs (10 beds) at Kendray Hospital in Barnsley however this was not part of this transformation. ME outlined the background and what had taken place to date including engagement and the national context. The risks of the current model were noted as were the risks surrounding not proceeding with the transformation programme. ME explained that nine options had been developed and these would deliver the vision for the service and meet national requirements in terms of non-mixed wards (functional and organic). The financial costs would mainly be met through SWYPFT who would be responsible for the capital investment and associated costs. The contribution for CKW would be £1.2m of which approximately £450k would be Wakefield's share which would mainly cover additional staffing costs and reconfiguration. It was confirmed that both an Equality and a Quality Impact Assessments had been completed and an extensive travel impact assessment had been undertaken. JW advised that it should be noted that there was some detrimental impact for some groups of patients in terms of all of the options but there were strong clinical reasons why the changes needed to happen. Once implemented it could result in the area having a centre of excellence. The governance arrangements were outlined which would be that the business case would be approved by a joint committee of CKW and so the decision could not be taken in isolation in one place. The decision was required in 2023/24 but the programme would not commence until 2025/26.

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	Discussion took place around the proposals with the consensus that this was the right way forward for older people's mental health services across CKW. It was **RESOLVED** that: It was noted that decision making would be taken by a Joint Committee across Calderdale, Kirklees and Wakefield and will sit outside of the Investment Panel. The case was brought for transparency and information alongside our agreed processes.
7	**Adult ADHD** Jeremy Wainman (JW) presented this item JW explained that the business case outlined proposals for additional investment to our local Adult ADHD Service to mitigate the financial risk, begin to reduce waiting times and to help us to understand the drivers of the increase in referrals. Wakefield Place faced a substantial financial risk associated to a significant increase in the referral rate for Adult ADHD assessment. The increase had exceeded the capacity of our local Service and had resulted in excessively long waiting times for assessments. NHS Choice was at the centre of the financial risk as it offered patients the choice (in consultation with their GP) of referral to an appropriate alternate provider. If someone opted out of our local Service to an appropriate out of area provider, the West Yorkshire ICB was compelled to fund the initial assessment and any aftercare. It was noted that currently every person on the waiting list had the right to choose. With a list of at least 700 people now and utilising an estimated cost of £1,225 per case (based on the average out of areas assessment and follow up costs) this equated to a financial risk in the region of £857,000. There were also some questions in relation to some private provider ADHD assessments not having the same thresholds as assessments done by the NHS for a positive diagnosis. This was a regional and national issue; Wakefield was not isolated in the increase in referrals. There was no particular reason that was known in relation to more referrals other than general awareness in society of the presentations and parents of children who were being diagnosed recognising those traits in themselves. Discussion took place in relation to the problem the business case was trying to solve with JW clarifying that it was to bring the waiting lists down which would in turn mitigate the financial risk and also to better understand the drivers for the increase in referrals. The business case was not asking for additional funding but was proposing using existing funding for the proposal. Although the proposal was not cash releasing it would mitigate against incurring additional costs.

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	It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Adult ADHD could be taken to the Investment Panel.
8	**Dementia** Jeremy Wainman (JW) presented this item JW explained that the national target for dementia diagnosis rate (Dementia Diagnosis Rate) which compared the number of people thought to have dementia with the number of people diagnosed with dementia, aged 65 and over was for at least two thirds of people with dementia to be diagnosed and this has been translated into a target percentage of 66.7%. As of July 2023, the Wakefield District diagnostic rate stood at 63.2%. For comparison the national rate for the same period was 63.8% and the overall West Yorkshire ICB rate 68%. The business case proposed funding to secure additional capacity to the existing SWYPFT Memory Clinic Service to enable the service to meet the current national Dementia diagnostic target. In addition to increase opportunities for CLEAR Dementia Care training to support those caring for people with dementia. KP asked what the impact was of not implementing the proposals with JW responding that at the moment there were no penalties of not reaching the national target. It was noted that dementia did not fit neatly into any of the alliances or programme boards; it sat under the Mental Health Alliance at present although it was not a mental health condition although did have some mental health presentations. ME added that the issues had been discussed at various forums including the Mental Health Alliance although the business case had not been presented. ME confirmed that mental health funding could not be used for dementia. CS questioned that dementia and neurodivergent conditions did not have a natural home and this was something to be addressed as he believed this could exacerbate inequality. **Action:** **Bring back a discussion paper for dementia and neurodivergent conditions and which alliance/programme they would best be homed.** It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Dementia could be taken to the Investment Panel.

Agenda No	Minutes
9	**End of Life** Elliot Morrish (EM) presented this item EM outlined the business case advising that in April 2022, the consultancy group the ValueCircle delivered a series of recommendations to the Wakefield End of Life Care Board which outlined how the palliative and end of life care (PEoLC) provision within Wakefield could be improved to ensure that it met the standards set by Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026. Following these recommendations, the End of Life Care Transformation Plan set out a number of different projects that would tackle the identified gaps. EM explained that it had been determined that to deliver the actions of the Transformation Plan, the required additional capacity would be 1 FTE Operational Lead and 1 FTE Project Manager. Resource for the 1 FTE Project Manager had been identified within the Community Transformation Team. The proposal was to fund the operational lead and this would be based at Wakefield Hospice and deliver on the transformation plan. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for End of Life could be taken to the Investment Panel.
10	**Bereavement services** Luke O'Neill presented the business case to enhance the level of support available through the Wakefield District Adult Bereavement Service, so that Tier 3 specialist interventions and counselling support are included in recurrent funding. LO outlined the benefits of including the specialist tier 3 interventions as • To ensure clients' needs are supported early and appropriately, at their first point of referral • Support the wider system in managing waiting times and lists. • Reduce waiting times for clients and time spent in the system, potentially being bounced from service to service and placing pressure on other waiting lists and services. Jenny Lingrell noted the position for Children's bereavement services. A complex grief procurement would go live at the beginning of October to provider tier 3 bereavement services, utilising SDF funding. It was noted the Mental Health Alliance had provided non-recurrent funding for the adult bereavement service this year from slippage this year, without precedent, as there were a lot of demands on mental health spend recurrently. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for End Bereavement Services could be taken to the Investment Panel.

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11	**Workforce Planning Tool** Dominic Blaydon presented the business case which set out proposals for the development of a system workforce planning tool that can support local partners in understanding their medium-and long-term workforce supply needs. The planning tool would also enable the system to test the impact of service redesign programmes on all parts of the local health and social care economy. DB outlined the national and local workforce context and that in order to deliver our role in workforce planning effectively, investment was needed in technical capability to have system-level oversight of workforce planning at every level. The business case proposed to pilot a workforce planning tool which had been shared with a number of groups including the People Alliance and the Professional Collaborative Forum. The business case proposed a shared funding arrangement with NHS England, West Yorkshire ICB (Wakefield), MYTT and Wakefield Council. However, NHSE advised they could not provide any funding this year. NE and PS advised the local authority and adult community services, respectively, would not be able to contribute funding for this. NE advised the local authority is looking at less expensive workforce planning solutions. CO proposed that it would be helpful to understand if a local planning tool could be developed internally before moving towards an external consultancy option. The suggestion to explore how workforce planning tools could be developed more locally, and be considered as part of our Integrated BI offer, was supported by a number of colleagues in the meeting. SK advised this tool was supported by the People Alliance and that the effectiveness of this would be down to all system partners using this as the main tool for workforce planning to fully utilise the investment. Also we need not to move away from the issue we're trying to fix and the priority of workforce planning across multiple partners. CS asked about if there are any IG readiness to take forward the tool, DB shared this was not an issue with the proposed workforce tool. MB proposed it would be helpful to reflect on the feedback from partners at TDC and take stock of the suggestions being proposed. PS offered to meet with DB to reflect on

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	this and DB agreed to meet with partners to understand if there was any potential to contributions to support the proposed pilot. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that we needed to explore workforce planning solutions further, with partners, and therefore the business case would not be taken to the Investment Panel.
12	**Workforce PMO Capacity** Dominic Blaydon presented the case to expand the PMO workforce with the addition of two full-time specialist posts; 1. Supply and New Roles, 2. Organisational Development. PS advised that the local authority had a role leading on supply and new roles and suggested a mapping of existing roles may be needed as other organisations may have similar roles. MB noted that partners do need to contribute to joint posts. DB recognised that joint funding could be complex as it was difficult to identify all beneficiaries, so he had tried to keep it simple. DB confirmed discussions were underway with partners on this. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the workforce PMO capacity business case could be taken to the Investment Panel.
13	**Children's Autism Pathway** Jenny Lingrell advised a revised business case had been circulated which had more detail than the one circulated with the papers and would therefore impact upon the RAG rating in item 5. Freya Johnson-Smith presented the case. Since the pandemic the number of children and young people being referred for an Autism Spectrum Disorder (ASD) diagnosis has consistently exceeded capacity. As a result, the waiting list had increased and children were now waiting more than 110 weeks from referral to diagnosis. The aim of the business case was to provide capacity to reduce backlog and have sustainable capacity to meet ongoing demand for the ASD diagnosis pathway for Children and Young People (CYP) population of Wakefield. Three options were presented as part of the business case. The service recommendation is to adopt option 2. This option provided the most cost effective and pragmatic approach to providing a NICE compliant, equitable and resilient service to the population of Wakefield.

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	CO noted the need to fix this pathway was obvious. KP noted this case required a large amount of resources and wanted to establish organisations' responsibilities in this. FJ advised that MYTT had needed to hire locums to release ASD capacity which had come at a great cost for the ADHD consultant. KP acknowledged that MYTT had taken some financial risk for this. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the Children's Autism Pathway business case could be taken to the Investment Panel.
	Items for escalation to Wakefield District Health & Care Partnership Committee No escalations.
15	**Papers for information** I. August Performance Report II. WY Supported Accommodation Living Needs Assessment (previously circulated)
16	**Any other business** None raised.
Date and time of next meeting: Extraordinary Meeting: Tuesday, 3 October 2023, 2:00 pm – 5:00 pm	

Wakefield District Health & Care Partnership – Minutes

People Panel

20 July 2023, 10am – 12noon, via MS Teams

Attendees: Megan Barker (minute taker), Dáša Farmer (DF), Stephen Hardy (SH), Princess Nwaobi, Laura Elliott (LE), Ruth Unwin (RU), Colin Hirst, Grace Owen, Janet Witty (JW), Sandra Cheseldine (SC), Paulette Huntington (PH), Dawn Athorn-Wright – Item 7, Sarah Mackenzie-Cooper (SMC), Angie Craig – Item 8, Jason Pawluk – Item 8, Kerry Murphy – Item 9, Rachel Cooper – Item 9, Natalie Knowles – Item 9

Apologies: Zahida Mallard, Jill Long, Mavis Harrison, Carol Smith, Richard Hindley, Christine Allmark, Sandy Gillan, Ross Grant

Agenda no	Item	**Actions**
1 (10:00am)	**Welcome and apologies**	
	ST welcomed everyone to the meeting and apologies were noted as above.	
2	**Declarations of interest**	
	There were no declarations of interest raised.	
3	**Minutes of meeting held on 08 June 2023**	
	People Panel agreed the minutes were an accurate record of the previous meeting held subject to a change in agenda item 6: *Equality Diversity and Inclusion update including Equality Delivery System 2 findings* – Following recommendations from SC a meeting took place with	

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	colleagues from Wakefield Hospice and SMC will be doing EDI work with them. - SC confirmed the meeting took place with Prince of Wales Hospice not Wakefield Hospice.	
4	**Matters arising**	
	DF confirmed there were no matters arising from previous to discuss.	
5 (10:15am)	**Quarter 1 2023/24 - Experience of Care Highlights**	
	Princess Nwaobi (PN) and Laura Elliott (LE) presented this item, PN informed the group she would be providing highlights from Quarter 1 2023/ 24. PN highlighted the key themes from the Quality Intelligence Group (QIG) for Quarter 1 and the number of times the theme has occurred within the last 12 months, an example of this is community midwives (positive feedback), this theme occurred once in the last 12 months. PN shared guest speakers are invited along to attend QIG, these are called ‘’So what?’’ guest speaker sessions. PN shared the theme for the session in April 2023 was ‘Update on the Emotional Wellbeing Service for Children and Young People’. Session 2 in May 2023 focused on ‘Update on Mid Yorkshire Teaching Hospital’s progress with Patient, Families and Carers Experience framework actions’ and finally the topic for June 2023 was ‘Update on the GP Practice access action plans’. PN shared within Quarter 1 Patient Safety Walkabouts (PSW) were undertaken at Urban House Initial Accommodation Centre in May 2023 and Dewsbury Hospital (Ward 2, 11 and Boothroyd Centre) in June 2023. PN also shared, that 6 quality visits were undertaken in Quarter 1 to GP Practices, positive findings from all the visits, an example being good processes in place for handling complaints and sharing learning. PN went on to share that during Quarter 1 Resident Safety Walkabouts (RSW) were conducted within 16 Adult Social Care services, these included 7 residential homes, 2 Learning Disability resident homes, 2 Domiciliary Care agencies and 5 nursing homes.	

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	PN shared that for context purposes, RSWs are carried out routinely across the Wakefield district, however some visits may be prioritised if quality concerns are raised by CQC or other local intelligence. LE shared summary from the Experience of Care Network Meeting which was held in June 2023. The focus of the meeting was on what people are telling us about their experience of waiting for planned care. LE shared examples of the following with the People Panel - key experience of care themes, Strategic challenges and actions as well as Actions for Network Members. ST queried if the ICB will be taking responsibility for complaints that can't be handled at practice level. LE shared she is keen to get intelligence on complaints that relate to Wakefield and will look to feedback into ways of practice working. RU shared the team that have come in from National Health Service England (NHSE) will focus predominantly on Primary Care complaints. CH shared the preference is complaints are dealt with as close to the situation as possible, worth looking at the broader intelligence, a benefit of the ICB arrangement is that we have the ability to learn from complaints made from other districts across Yorkshire. This is a key benefit of shared collaboration, partnership working. PH shared the ICB should aim to be an umbrella and tackle all complaints that arise. PH queried what is happening with PATCHS. LE shared she will ask Natalie Knowles for further information on this. DF shared this is the second time we have heard feedback of issues with logging into PATCHS. **ACTION –** DF to link in with Natalie Knowles (NK) and Chris Skelton to discuss the issues with PATCHS, could a guide be produced? Janet queried if the staff who came from NHSE have gotten transferred virtually and/ or physically too. CH and RU assumed bases wouldn't change, it is just how we operate as a district. ST queried Infection Prevention and Control (IPC) issues. LE shared the issues with IPC are more environmental, not the level of issues seen with IPC years ago.	**DF/ Natalie Knowles/ Chris Skelton**

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	LE shared Mid Yorkshire offer training for catheter's to staff employed by Local Authority (LA) within Adult Social Care. Janet raised the issues of catheters and patients struggling, especially those patients who live with long term conditions. LE shared 2023 GP Survey was published last week, LE and team are currently undertaking the usual report and analysis. **ACTION –** LE to bring some slides on the results of the 2023 GP Survey to the next People Panel meeting in September 2023. LE also shared that the CQC report for Ash Grove was recently published, Ash Grove received a CQC rating of good which is an improvement on their previous CQC rating.	**LE**
6 **(10:35am)**	**Integrated Care Board Update**	
	RU, DF and SMC presented this item. RU shared the Integrated Care Board (ICB) had their board meeting earlier this week. RU shared key discussions from the meeting. RU shared the team are producing a report of all the work which is taking place across the Wakefield District Health and Care Partnership (WDHCP), share a good story of investment. RU shared challenges with financial performance following Covid, greater level of scrutiny from NHSE, asking for the ICB to report more on expenditure. RU shared dental commissioning has been transferred into ICB. RU shared industrial action is taking place again this week, first strike in many years from Consultants, expecting a delay in treatment and lack of booking outpatients appointments.	

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	RU shared operating model for ICB, all ICBs are having to make a significant reduction in overhead costs, expected to spend 30% less by 2025, this means looking at consolidating certain teams, for example, Contracting, Commissioning / policies, Freedom of Information requests and Complaints. RU shared she is expecting a drive in how our work operates around the Partnership. RU shared Jo Webster's role is a good example of a Partnership focused role. SMC shared an update on EDI, still working on developing the Equality Delivery System 2022 (EDS22) approach, still supporting the Urgent Care programme, Older People services work is still on-going as well. SMC shared People Panel will be updated as and when we go out to the public to get feedback. SMC shared the Wakefield EDI group, recently had a key focus on workforce development, and the setting up of strategic equality staff networks, to ensure representation across the Wakefield district. DF shared an update on the engagement within asylum seeker accommodation, which is progressing. DF shared work is ongoing for the harmonisation of commissioning policies, working towards having joint policies, therefore reducing the need for different polices across five places. DF shared engagement around this to seek people's views went live on Thursday. DF shared an update on Urgent Care development, and the walk in centre, work is continuing and happening in terms of	

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	the Business Case, expecting a clearer idea towards the end of Summer 2023. DF shared that underneath the People Panel work is ongoing to additionally support the Mental Health Alliance and Children's and Young People programmes with groups/forums being set up to support the involvement within these. DF shared LE and team are embedding quality into priority programmes and alliances, recognising that there is an overlap in areas like Co-Production and involvement is part of the discussions to both establish involvement presence with the programmes but also to support colleagues. DF shared conference held last year to kick start the conversation of Co-Production and what this could look like locally. Workshop was held last month and working towards hosting another conference later on in the year, DF shared she will ensure conversations and opportunities to get involved are shared with programmes and alliances to support their development. DF another piece of work is the Maternity Led Unit (MLU) based in Pontefract hospital, births have been suspended at Pontefract for just under 4 years now (December 2019), looking for a permeant solution. RU shared Pontefract are still providing both antenatal and pre-natal care, they are just not providing actual birthing facilities. RU shared following a conversation with overview and scrutiny committee, they are keen that we don't want to open expectations with the public, we need to understand and identify the overall provision in the area.	**RU**

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	RU shared a report on MLU is going to Committee in September to discuss. RU shared that either engagement or a consultation process will follow, will continue to take advice from overview and scrutiny. **ACTOIN –** RU to bring back further detail on MLU to the People Panel in September 2023. SC shared she is not clear on what we are consulting on for MLU at Pontefract. RU shared we are looking to enforce a temporary change to a permanent change, that needs to be conversed to the public. Antenatal and pre-natal care will remain available at Pontefract.	
7 (10:55am)	**Introduction to Born and Bred in (BaBi) Wakefield**	
	Dawn Athorn-Wright (DAW) presented this item, DAW shared she is Senior Research Midwife and the Project Lead for BaBi Wakefield. DAW provided background information on BaBi. BaBi spreads as far as Wakefield, Leeds, Doncaster and East London. The BaBi study was created to look at tackling health inequalities and working with partners and collaborators to address the issues. DAW shared she has been involved with BaBi Wakefield from the starting scope. Recruitment opened for BaBi back in April 2022, an initial target of 250 recruits was set, the target went on to be exceeded and currently BaBi Wakefield is running just short of 1300 recruits. DAW shared BaBi is offered to all expecting mothers within Wakefield hospitals, an information sheet on BaBi is	

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	translated in 9 different languages, and the English version is currently published on the website. DAW shared BaBi has embedded their information into the BadgerNet app, which is an accessible maternity mobile app. DAW shared midwives within Wakefield hospitals are encouraged to share information on BaBi to expected mothers via the online portals and well as providing physical paper resources. DAW shared she has trained over 100 midwives, and BaBi has recently been added as mandatory training for all midwives. DAW shared that 4 healthcare assistants as well as 3/ 4 student midwives have completed the training voluntarily. DAW shared she is working with DF to spread the message and understand any barriers with BaBi. DAW shared a priority setting exercise was completed a few months back, Covid and Metal Health were highlighted as possible issues with BaBi. DAW shared the team are planning to take BaBi 'on tour' to spread the message. DAW shared a good news story, the BaBi team held a teddy bears picnic on the anniversary of the public BaBi launch (06 June 2023), this party was held at Thornes Park in Wakefield, and had great engagement. DF shared reflections on the project, which has a real sense of get up and go. DAW shared the BaBi project feels like the 'power of yes'. DF shared it is great to have support from local authority and South West Yorkshire Partnership colleagues.	

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	LE asked if there are links with National Maternity Voices, DAW shared there are regular meetings with Maternity Voices Partnership (MVP). ST shared his congratulations with DAW and team for their work on BaBi so far.	
8 (11:15am)	**Overview of Non-Surgical Oncology (NSO)**	
	Angie Craig (AC) – NSO System Programme Director and Jason Pawluk (JP) – Director presented this item. AC shared background information on what Non-surgical Oncology is and isn't. AC shared NSO services have gotten reviewed, we have an ageing population and patient outcomes are improving, people are receiving treatment for longer. AC shared how NSO reviewed their service, spoke to people with an interest in cancer to identify the best solution, principles were agreed. AC shared the work undergone for patient engagement and co-design. AC shared the new NSO Model with the People Panel. The new model should cause no changes to radiotherapy. AC shared NSO implementation Governance Model, Len Richards (Chief Executive of Mid Yorkshire Teaching Hospitals) chairs the NSO delivery group. AC shared under the new NSO model hearing the People Panel's view is important, what is important to you, what have we possibly not thought of and how can we improve our ideas are key questions we are keen to ask. ST queried if the Equality Impact Assessment has gotten completed, AC shared this is yet to be complete. The group asked for the EIA to be started. ST queried if AC and team are ready to answer any questions the public may have.	
9 (11:35am)	**Gypsy Health Needs Assessment**	

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	Kerry Murphy (KM) and Rachel Cooper (RC) presented this item. KM shared the assessment was completed and signed off in 2023, Leeds Gate commissioned the assessment. KM shared background information on the assessment. KM shared the key findings are spilt up into 10 categories. KM shared a good news story, in that Jo Webster has agreed to be the SRO for the work. KM provided background information on a select few findings. KM shared recommendations with the group. KM shared the work has already gotten shared at a number of strategic meetings. Regular operational working group (meet bi weekly), the meeting agendas include community priorities, health/ education and digital themed discussions. KM shared the start of the first strategic meeting is coming, KM shared that a comprehensive action plan is also in place for the work. KM shared that Natalie Tolson is supporting with the Primary Care element of the work. DF shared her support for the work, touched upon the trust you need to build to engage with a community is integral. ST shared his support and the support of the group going forwards for any help KM and team may need. ST suggested possibly re-establishing links with Hilary Copper. KM asked People Panel to keep the awareness of the work on their radar. **ACTION –** Leeds Gate representative to attend a future People Panel, RC and DF to link in with one another.	**RC/ DF**
10 (11:55am)	**Any other business** ➢ **Date and time of next meeting**	
	No one on the call raised any other business. ST confirmed the date and time of the next meeting will be Thursday 14 September 2023, 10:00 – 12:00.	