Wakefield District Health & Care Partnership

Partnership Committee Agenda

Tuesday, 9 January 2024 – 2.00pm until 5.00pm

Boardroom, White Rose House, Wakefield, WF1 1LT

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 can be found on our website Declarations (mydeclarations.co.uk). *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
2.00		**Break**		
2.10	**4**	**Minutes from the meeting held 2 November 2023 including Matters Arising and Action Log**	Approval	Chair
2.15	**5**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.20	**6**	**Chair's opening remarks (v)** • **Mental Health Alliance Video**	Information	Chair
2.35	**7**	**Report of the Place Lead (d)**	Endorse	Jo Webster
2.45	**8**	**Report from the Chair of the Transformation and Delivery Collaborative (d)**	Assurance	Mel Brown

Time	Agenda no	Item	Purpose	Lead
2.50	**9**	**Public Health Profile – Health Determinants Research Collaborations Update (p)**	Discussion	Clare Offer
3.10	**10**	**Future Selph Overview (16-25 Years Mental and Emotional Wellbeing Service) (p)**	Discussion	Sean Rayner / Grainne Cuerden
3.30		**Break**		
3.40	**11**	**Pontefract Midwife Led Unit (d)**	Approval	Penny Woodhead
4.05	**12**	**Operational Planning Update (v)**	Assurance	Becky Barwick
4.20	**13**	**Quality Update report (d)**	Assurance	Penny Woodhead
4.30	**14**	**Finance Update Month 8 (d)**	Assurance	Amy Whitaker
4.40	**15**	**Wakefield Place Risk Register (d)**	Assurance	Ruth Unwin

Final items

Time	Agenda no	Item	Purpose	Lead
4.50	**16**	**Issues to alert, advise or assure the ICB Board on (v)**	Discussion	Chair
	17	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board (v)**	Endorse	Chair
	18	**Items escalated from other Boards (v)**	Discussion	Chair
	19	**Items for escalation to other Boards (v)**	Discussion	Chair
4.52	**20**	**Receipt of minutes from the sub-committee (d)** • **Minutes of the Transformation and Delivery Collaborative, 3 October and 17 October 2023 (d)** • **Minutes of the Integrated Assurance Committee 25 October 2023 (d)** • **Minutes of the People Panel from 2 October 2023 (d)**	Endorse	Chair

Time	Agenda no	Item	Purpose	Lead
4.55	**21**	**Any other business (v)**	Discussion	Chair
5.00	**22**	**Date and time of next meeting:** 7 March 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.

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Thursday, 2 November 2023, 14.15 – 17.00

Via MS Teams

Present

Name	Title, Organisation
Dr Ann Carroll (Chair) (AC)	Independent chair, Wakefield District Health & Care Partnership
Jo Webster (JW)	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Mark Brooks (MBr)	Chief Executive, South West Yorkshire Partnership Foundation 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
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
Sarah Roxby (SRo)	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance

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)

Name	Title, Organisation
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
Lynn Hall (LH)	LMC Representative
Steven Knight (SK)	Managing Director, Connexus
Jane Madeley (JM)	Non-Executive, West Yorkshire ICB
Ruth Unwin (RU)	Director for Strategy, Wakefield District Health & Care Partnership
Linda Harris (LHa)	SRO (Co Lead Workforce)
Peta Stross (PS)	Director of Integrated Health & Care Operations and Quality, MYTT & Wakefield Council

Apologies

Name	Title, Organisation
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
Richard Hindley (RH)	Independent Member, Wakefield District Health & Care Partnership
Gary Jevon (GJ)	Chief Executive, Healthwatch Wakefield
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust
Stephen Hardy (SH)	Independent Member, Wakefield District Health & Care Partnership (Chair)
Sean Rayner (SR)	Director of Provider Development – Southwest Yorkshire Partnership NHS Foundation Trust, Chair of the Mental Health Alliance
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council
Clare Offer (CO)	Public Health Consultant, Wakefield Council
Karen Parkin (KP)	Operational Director of Finance, Wakefield Place
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust
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

Administration Items

no	Minutes
104/23	**Welcome & Introductions** The Chair welcomed everyone to the meeting following the private session that had preceded this meeting. She welcomed the following who were observing the meeting: Jane Madeley, Non-Executive Director, West Yorkshire Integrated Care Board Peta Stross, Director of Integrated Health & Care Operations and Quality, MYTT & Wakefield Council Cheryl Shackleton, Strategic Partnerships Lead, Home Group She advised that it had been decided to have the meeting on-line due to the half term school holidays taking place in Wakefield that week.
105/23	**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 by using the Civica Declare system.
106/23	**Any Other private business notified in advance of the meeting.** The Chair advised that as the meeting was on Microsoft Teams that the Private Session had preceded this meeting and had commenced at 13.00 hours. The Public session commenced at 14.15 pm.
107/23	**Approval of minutes from the last meeting, action log and matters arising** The minutes of the meeting of the 7 September 2023 were agreed as a true and fair representation of the meeting. There were no outstanding actions on the action log.
108/23	**Questions from members of the public** There were no questions submitted by members of the public.

Main Items

	Minutes
109/23	**Chairs Opening Remarks** The Chair referred to the joint development session with the Health and Wellbeing Board and the representatives from the Voluntary, Community and Social Enterprise (VCSE) sector which had taken place in October. She thanked Paula Bee, Maddie Sutcliffe and Tina Turner for all of their work in shaping the session. She reflected on the significant

contribution the VCSE sector undertook in the Wakefield system and residents. Work would continue on the Third Sector Strategy and ensuring the voices from this sector are heard.

The Chair commented on the excellent work across the district in terms of engaging with communities and listening to those with lived experience; she introduced a video – Wakefield District Stronger Together Group – Peer Leaders using lived experience to improve services.

The thanked the group for all the work they do.

PW commented on the video showcasing the excellent work that the group undertook and how Wakefield was nationally recognised as a good example of co-design and co-production with residents.

110/23 **Report of the Place Lead**

Presented by Jo Webster (JW)

JW reflected on the video and shared the success of two recent awards which had been received by colleagues:

- 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 October.
- The Wakefield District Health and Care Partnership Wakefield System Workforce Team had been highly commended for developing an innovative approach to system workforce planning in the Healthcare People Management Association (HPMA) Awards.

She sent her congratulations to those involved and expressed how this was a reflection of colleagues across the district putting residents, people and communities at the heart of what we do.

JW referred to a letter received by Rob Webster, CEO for NHS West Yorkshire Integrated Care Board (WY ICB) and Cathy Elliott, Chair of the Board West Yorkshire ICB from Steve Barclay MP, Secretary of State for Health and Social Care regarding equality, diversity and inclusion roles within the NHS. When reading the letter, it was evident that there was 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. West Yorkshire ICB responded to the letter and this was attached at (appendix 1) of the paper.

	Minutes
	JW advised that the formal staff consultation for the NHS WY ICB Operating Model Review had commenced on 26 September 2023. The consultation period had been extended by two weeks to 24 November 2023 at 5:00pm. There had been a slight delay in the consultation period commencing for the Corporate Affairs Directorate and this extension would allow for both consultation periods to conclude at the same time. The final consultation document would be published on 11 December. JW advised that the Better Care Fund 2023-25 final plans had been submitted for regional assurance and approval and had subsequently received full assurance. MBr referred to the Our Year of Culture for 2024 and referenced the work being undertaken at South West Yorkshire Partnership Foundation Trust (SWYFPT) on Creative Minds and creative therapies and he would link in with the appropriate person at the council to ensure this was captured if not already done so. **It was RESOLVED that:** The Wakefield District Health and Care Partnership: • **Noted** the contents of the report.
111/23	**Report from the Chair of the Transformation and Delivery Collaborative (TDC)** Presented by Mel Brown (MB) MB provided an overview of the report, highlighting the following: • There had been a lot of work done focusing on supporting Urgent and Emergency Care in Quarter 3 /Quarter 4. The TDC had supported priority pathways to be mapped out and streamlined for the winter months: Same Day Emergency Care, X-ray request, Mental Health Support Workers and Care Navigation in Emergency Department. • Walk in Centre – numerous avenues had been explored to secure a new building but these had been unsuccessful. Positive discussions were taking place to review the lease at King Street and an update would be brought to the next meeting. • Health Inequalities Steering Group – this would be discussed in more detail at item 12 later in the agenda. • Progress was being made across the adult social care and adult health community services integration agenda with enhanced care at home. An anticipatory care approach was being developed in addition to putting in-reach support into hospitals. • The NHS Impact Tool (Improving Patient Care Together) had been launched nationally and provided the opportunity to draw down on tools and resources from across NHS England to deliver continuous improvement. **Action:** **PS and Abbey Trainer to attend a future meeting to share the progress on the Integration of Health and Care services.**

	Minutes
	PW referred to the Embedding Quality item which had been received by the TDC reflecting on the significant amount of work which had been undertaken in this regard. She had flagged this at the West Yorkshire ICB Quality Committee and offered to host a workshop to share this good practice. **It was RESOLVED that:** The Wakefield District Health and Care Partnership: • **Noted** the contents of the report. • **Recognised** the challenges faced with securing capital monies and support the revised direction of the urgent care re-design programme. • **Supported** development of the identified priority pathways which will provide most benefit to the Mid Yorkshire System during winter. • **Noted** the redesign and direction of the Healthcare Inequalities Steering Group, which will report into the Transformation and Delivery Collaborative as an enabler programme and would discuss this at item 12 later in the agenda.
112/23	**Tobacco Control** Stephen Turnbull (ST) presented this item ST guided the committee through the Office for Health Improvement and Disparities presentation on 'A Smokefree Generation – Action to address smoking and vaping'. It was noted that the Government had set out a new plan to create a smokefree generation. The plan proposed: • 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 ST outlined the implications for Wakefield: • Wakefield had made great progress in reducing the prevalence of smoking – with the latest estimate of prevalence being 12.5% mirroring the national average. • A multiagency collaboration was working towards reducing smoking inequalities however there were 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.

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

ST advised that there would be an additional £70m nationally a year to support local stop smoking services with Wakefield likely to get approximately £434,000 a year for the next four years. He explained that the remaining 12.5 per cent of people who remained smoking was likely to be a difficult cohort to help to stop; adding that there would need to be some innovative solutions to help people stop smoking. Alongside of this it was likely that enforcement activities would need to increase.

ST referred to a consultation exercise on measures to mitigate youth vaping which had been launched and ran until 6 December. The consultation could be found here. Creating a smokefree generation and tackling youth vaping - GOV.UK (www.gov.uk)

In response to a question from MC, ST advised that preventing people taking up smoking in the first place was a priority and the legislation should help with that by increasing the age of sale so that people will never have the opportunity to buy cigarettes, other incentives were smoke free places such as smoke free touchlines.

AC asked how the UK fared internationally with ST responding that there was a high prevalence of smoking in some European countries.

ST referred to vaping which was a growing issue especially with young people taking this up.

It was RESOLVED that:

The Wakefield District Health and Care Partnership Committee:

- **Welcomed** the Government's proposed measures to create a Smokefree generation.
- **Considered** the Consultation on youth vaping and commit to providing a consultation response.
- Acknowledged the significant work underway to prepare for the legislation and additional funding opportunities and **supported** this work through active participation in the Tobacco Control Alliance.

113/23 **Carers Wakefield Update**

Justine Bilton (JB), CEO, Wakefield and District Carers presented this item

JB guided the committee through a presentation highlighting the work of Carers Wakefield & District with a spotlight on the Mid-Yorkshire Discharge Support to Unpaid Carers workstream.

	Minutes
	JB outlined some of the facts and figures relating to unpaid carers advising that the economic value of the contribution made by carers in the UK was £119bn per year against a Carers Allowance of £76.75 per week; the lowest benefit of its kind. She explained that Carers Wakefield & District offer a wraparound service for carers and families in Wakefield District. This included a significant amount of time helping people identify and navigate the care system. JB advised that there was a very small Carers Wakefield & District team based within Mid-Yorkshire Teaching Trust Pinderfields Hospital site who would either receive referrals from the Integrated Transfer of Care (ITOC) Hub or go onto the wards and seek out carers during visiting time. The team supported individuals from admission to discharge and would start a conversation early in the admittance about the needs of the patient and carer/s as part of discharge planning. After discharge, there were check-ins and follow-ups with the carer at 48 hours, one week and four weeks. Carers and families were signposted to appropriate ongoing support helping increase family resilience and preventing readmission. There had been 123 referrals for discharge support between January and September 2023 with 428 post-discharge contacts to individual carers in addition to contacts made on behalf of carers to other agencies. Through this work 45 new carers had become known to Carers Wakefield & District and had therefore been registered with their GP practice. JB advised that a discharge support tool was being launched in February across West Yorkshire and support had been provided to Mid Yorkshire Teaching Trust's Working Carers Group. Discussion took place around the significant and much required work which Wakefield and District Carers undertook and their links with many of the partner organisations across the district. The impact for residents was beneficial and it was noted that case studies from the team had been shared on a national basis. In response to a question from SK, JB informed that training to carers was provided such as moving and handling, PEG feeding and Colostomy bags. In terms of administering medication some carers/families were willing to take on that role others were less confident. AC thanked JB for the presentation and for the important work undertaken by Wakefield and District Carers. **It was RESOLVED that:** The Wakefield District Health and Care Partnership Committee: • **Noted** the contents of the presentation.

	Minutes
114/23	**Outcomes Framework** Rebecca Barwick (RB) presented this item RB introduced the paper which outlined the Outcomes Framework which had been designed to provide the committee with oversight and monitor progress towards achieving the vision and Strategic Delivery Plan. It was noted that the first draft of the framework had been presented to the Partnership in July 2023 as part of the Strategy and Transformation Delivery Plan 2023/24 and several iterations had now been shared and discussed with the Transformation Delivery Collaborative (TDC) over the last few months. The Outcomes Framework had been developed and refined in conjunction with alliance and programme leads from across the partnership. RB advised that the Outcomes Framework was structured around three investment and design priorities which supported the decision making needed to work towards the vision. There were 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. It was noted 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) were still being agreed and would be included in the next report. It was proposed that the indicators and the reporting process were tested for at least six months to allow for some consistency to develop and to avoid the risk of over-analysis; noting that it was an iterative process which would be refined over time. It was noted that some indicators would naturally have slower progression that others and that where possible narrative would be included to highlight this. RB advised that a public facing version was being worked on to sit alongside the public facing version of the Strategic Delivery Plan. Discussion took place and it was acknowledged that this approach represented a significant achievement and reflected the maturity and levels of trust that existed within the partnership. JW suggested that consideration needed to take place of the role of the Integrated Assurance Committee and how the Outcomes Framework could inform that agenda. The committee agreed for the framework to be tested for at least six months and be reported at alternate meetings, with regular highlights to be reported in the TDC report.

	Minutes
	It was RESOLVED that: The Wakefield District Health and Care Partnership Committee: • **Approved** the Outcomes Framework and baskets of indicators • **Approved** the reporting process to be **alternate meetings** with regular highlights to be reported through the TDC report • **Agreed** to test the approach for at least **six months** Jane Madeley left the meeting (16.10 hours). Sarah Roxby left the meeting (16.10 hours).
115/23	**Core20Plus5 Update** Ruth Unwin (RU) presented this item RU presented the paper which outlined the NHS framework for addressing health inequalities. The framework was called Core20PLUS5 and was released in 2022. The framework for addressing health inequalities came with £1.04m recurrent funding for Wakefield District Health and Care Partnership and a set of criteria and approach was previously agreed by the committee to be used to allocate investment. RU explained that the overall Core20PLUS5 framework had been implemented locally adopting a partnership approach and an evaluation process had sought to understand the impact of the Core20PLUS5 funding made across the system. It was noted that the funding allocation for 2024/25 was due to be officially confirmed in November. RU outlined the development of the Health Inequalities Steering Group which had undertaken a Task and Finish group exercise to support the redesign of the Reducing Healthcare Inequalities Steering Group. RU advised that the Healthcare Inequalities Steering Group would focus on reducing healthcare inequalities which included access to services and improving experience and outcomes of those who experienced health inequalities. It would also work with healthcare providers to influence the wider determinants of healthcare inequalities Alongside this work a Community of Practice was also being developed to showcase good practice, enable opportunities for a wider partnership approach and connecting more of the system in this agenda. JW suggested that a more detailed paper be brought back to the committee with the impact the three bigger projects had made. JW referred to the Health Inequalities Steering Group questioning whether this was complicating the governance and she would welcome a discussion with RU outside of the meeting.

	Minutes
	Action: **A paper to be brought to a future meeting to include detailed information on the impact of the three big projects funded by CORE20PLUS5.** **Action:** **For JW and RU to discuss the Health Inequalities Steering Group and how this would fit into governance arrangements without duplication.** Discussion took place in relation to digital exclusion and to be mindful of people who did not have access to digital means. **It was RESOLVED that:** The **Wakefield District Health and Care partnership**: • **Noted** the Core20PLUS5 funding allocations for 2022/23 and 2023/24 • **Noted** the evaluation process with a paper to be brought back in January with additional detail on impact. • **Noted** the process and principles of the allocation for 2024/25 Core20PLUS5 investment. • **Noted** the development of the Reducing Healthcare Inequalities Steering Group and Community of Practice with a discussion to be had outside of the meeting on the group.
116/23	**Summary of 2023/24 Quarter 2 Quality, Safety and Experience report** Presented by Penny Woodhead (PW) PW outlined the details of the report which summarised the 2023/24 Quarter 2 Quality, Safety and Experience report for Wakefield place which was presented to the Integrated Assurance Committee on 25 October 2023. The report presented information from various sources including regulators, commissioners, service providers and the population. PW referenced the AAA report which was provided to the West Yorkshire Integrated Care Board (WYICB) and highlighted the following: • Pioneer Health Care – there had been positive movement on the position outlined in the report. • There was still no date for a CQC inspection for Mid Yorkshire Teaching Trust which had been due for a number of months, this was due to capacity at CQC. • 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 had been undertaken. **It was RESOLVED that**:

	Minutes
	The Wakefield District Health and Care Partnership: • **Noted** that the full report had been presented to the Integrated Assurance Committee on 25 October 2023. • **Noted** the current place risks and assurances related to quality, safety and experience presented in the triple A report and Assurance Wheel.
117/23	**Finance Update** Presented by Jo Webster (JW) JW outlined the details of the report which set 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. JW emphasised the risks associated 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. It was noted that the Planned Care Alliance continued to look at the cost of independent providers. JW advised that it was expected that there would be greater clarity of the month end position next month which was month 7 of the financial year. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • **Noted** the Month 6 Forecast Year End Position. • **Understood** the numerous financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.

	Minutes
118/23	**Wakefield Place Risk Register** Presented by Ruth Unwin (RU) RU outlined the details of the paper which presented the Wakefield Risk Register Report including those risks which had been rated 12 and above. It was noted that there were currently 15 risks on the register with none proposed for closure during this risk cycle. It was noted that the report had been discussed at the Integrated Assurance Committee on 25 October with the exception of Appendix 2 of the Report – Common risk Register which had not been available at that time. RU advised there had been three new risks during the risk cycle: • Risk 2370 relating to the Home Office policy decision to implement double occupancy for contingency accommodation for asylum seekers. • Risk 2390 relating to rising costs for learning disability placements. • Risk 2388 relating to risks around the Disability Facilities Grant for the remainder of the current financial year. PW advised there had been a discussion at West Yorkshire ICB Quality Committee relating to risk 2370 (double occupancy for contingency accommodation for asylum seekers) and whether this should be a corporate risk notwithstanding local risks in this regard. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • **Received** and **Noted** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. • **Considered** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
119/23	**Issues to alert, advise or assure the ICB Board on** No issues were raised.
120/23	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** No items had been received.
121/23	**Items escalated from other Boards** No items had been received.
122/23	**Items for escalation to other Boards** There were no items to escalate to other Boards.
123/23	**Receipt of minutes from the Sub Committee**

	Minutes
	• The minutes of the Transformation and Delivery Collaborative from 15 August 2023, the Minutes of the Transformation and Delivery Collaborative 26 September 2023 and the Minutes of the People Panel from 20 July 2023 were all noted.
124/23	**Any Other Business** There were no items for discussion. **The meeting ended at 16.42 hours.**

Date and time of next meeting: 9 January 2024, 14.00 – 17.00 hours.

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 02 November 2023

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status
111/23	Report from the Chair of the Transformation and Delivery Collaborative (TDC)	PS and Abbey Trainer to attend a future meeting to share the progress on the Integration of Health and Care services.	MB	March 2024	Added to the forward plan	CLOSED
115/23	Core20Plus5 Update	A paper to be brought to a future meeting to include detailed information on the impact of the three big projects funded by CORE20PLUS5.	RU	March 2024	Added to the forward plan	CLOSED

Report of the Wakefield District Health & Care Partnership
Wakefield Place Integrated Care System (ICS) Health and Care Leader
Tuesday 09 January 2024

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

The NHS West Yorkshire Integrated Care Board

The NHS West Yorkshire Integrated Care Board (ICB) met on the 21 November and a copy of the papers can be found here: NHS West Yorkshire ICB Board Meeting - 21 November 2023 West Yorkshire Health & Care Partnership.

The Board had a focused discussion on Primary Care where they considered a paper which had been prepared collaboratively between Place primary care leads and the West Yorkshire team. They also received a number of assurance papers for system performance and winter planning.

The West Yorkshire Health and Care Partnership Board

The West Yorkshire Health and Care Partnership Board met on the 05 December and a copy of the papers can be found here: West Yorkshire Health and Care Partnership Board meeting - Tuesday 5 December 2023 West Yorkshire Health & Care Partnership (wypartnership.co.uk)

The board heard how collective action had taken place to date to understand and address inequalities as a system and from the suicide prevention team around suicide prevention projects and to consider an approach for more sustainable funding.

Health and Care Act New powers.

New duties, new regulations, and changes to long established practices. The Health and Care Act 2022 includes provisions that will mean big changes in the regulatory landscape for people running major service change and reconfiguration programmes. Regulations enacting these changes are expected imminently. The powers, the process, and what to expect includes:

- The Health Scrutiny regulations are changed,
- Commissioners' new notification duty comes into effect,
- The Secretary of State's new call-in power is enacted, and
- The enactment of the Secretary of State's catalyst power that will complete the set of these new powers.

NHS England Locality Team for West Yorkshire

From Friday, 1 December, the NHS England Locality Team for West Yorkshire transferred into NHS West Yorkshire ICB to become the ICB Planning and Performance Directorate.

The team has in effect, been embedded in the integrated care system for several years. This formal transfer is part of wider changes to both NHS England and ICB operating models. It reflects the fact that the ICB now has statutory responsibility for planning and performance issues in West Yorkshire.

The team's role, and relationship with partner organisations, will continue largely unchanged. The team will continue to:

- Manage the West Yorkshire system co-ordination centre
- Co-ordinate operational and winter planning
- Co-ordinate Better Care Fund planning
- Co-ordinate mutual accountability arrangements across the ICS
- Work with provider organisations on operational delivery issues
- Link with West Yorkshire transformation programmes on assurance requirements
- Be an interface between the system and the NHS England regional team.

Anthony Kealy, Director of Planning and Performance, will lead the Emergency Planning function as Accountable Emergency Officer for the ICB.

Infrastructure Strategy for West Yorkshire.

There is a national and local requirement to develop an Infrastructure Strategy for West Yorkshire. This responsibility is currently part of the remit of the WY ICS Capital & Estates Strategy Board (CESB).

A review of the leadership and governance arrangements to progress this agenda has been undertaken, overseen by the CESB who have agreed that these should be revised to ensure sufficient focus on the key priorities and responsibilities that are required to be delivered. The conclusion is that two groups will be established:

- An Infrastructure Strategy Oversight Group, chaired by the ICB Director of Finance (DF), bringing together provider collaborative lead Chief Executive (and a small number of others), meeting quarterly, and focussed on oversight of Strategy development and implementation and providing ICS review and support for strategic business cases.
- An Infrastructure Strategy Development Group which will be a partnership group, chaired by the ICS lead DF for capital (Leeds and York Partnerships NHS Foundation Trust DF), focussed over the next six months to develop the strategy.

Nick Phillips, Associate Director of Estates & Facilities at South West Yorkshire Foundation Trust is Wakefield representation.

The King's Speech 2023

His Royal Highness King Charles III delivered his first speech on 7 November 2023. This focussed on growing the economy, strengthening society and crime reduction. Health-specific announcements included tackling smoking by raising the age of sale for tobacco products which the Wakefield Health and Wellbeing Board had a focused discussion at their meeting on 23 November and implementing the NHS Long Term Workforce Plan, both of which we support and look forward to supporting as plans develop.

Wakefield Place

Finance Re-forecast Position.

On the 08 November NHS England asked systems to complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year. An allocation of £800 million was available to systems sourced from a combination of reprioritisation of national budgets and new funding.

On the 17 November the WDHCP Chair, Wakefield Accountable Officer and the Wakefield Place Finance lead met to agree the Wakefield Place submission.

This most likely position was submitted at noon on Friday 17 November and included:

- £5.3m off plan position for Wakefield ICB which is a £0.6m surplus
- £13.2m off plan position for MYTT which is a £13.2m deficit

Further meetings have taken place across the West Yorkshire ICB and with NHSE and an overall West Yorkshire balanced plan has been submitted.

Gary Jevons, Healthwatch Wakefield

We are sorry to hear of Gary's resignation of his position as CEO of Healthwatch Wakefield having worked for many years in Wakefield and championed the voice of our residents. On behalf of the Wakefield District Health and Care Partnership committee I would like to express our personal appreciation for the contributions that Gary has made to the committee.

For an interim period, Stacey Appleyard from Healthwatch Kirklees will be taking an SRO role at Healthwatch Wakefield following Gary's departure.

Operating Model

We continue to make progress against our agreed milestones in the development of an ICB Operating Model which can deliver our key strategic priorities whilst meeting the Government's target to reduce our running costs.

Regular meetings with Trade Union representatives (Staff Side) have taken place, led by the ICB Director of People, Kate Sims, throughout the consultation process to maintain the crucial

two-way dialogue aimed to address any issues or concerns as they arose. Arising from this, the staff consultation process was extended by two weeks and closed on Friday 24 November 2023.

Following closure of the staff consultation process, a post consultation report was produced which responded to the staff consultation engagement acting on feedback received, including changes to structures published as part of the consultation documentation on 26 September 2023. The final post consultation report was published on Monday 11 December 2023, supplemented by an All Staff Briefing and local ICB Directorate and Place briefings.

The outcome of the consultation will inform the final ICB Operating Model which will then move to implementation in early 2024.

Frailty Virtual Ward Update

Adult Community Services have recently celebrated their one-year anniversary of the Frailty Virtual Ward. It is with immense joy and a sense of accomplishment that we can celebrate such a significant milestone.

As Adult Community Services reflect on the past 365 days, it is evident that the dedication, hard work, and unwavering commitment to improving the lives of people in our district has made a real difference. The Frailty Virtual Ward has proven its potential and has also become a vital part of our healthcare system for many of the people of Wakefield we have managed to keep safe and cared for in their own home.

Some key highlights from our journey over the past year include:

- **Impactful Patient Care:** Specialist care provided to 992 people, enhancing their quality of life, and preventing them from being in a hospital bed.
- **Dedicated Team:** Acknowledgement and thanks to the incredible team for their dedication and hard work. Everyone has played a significant role in making this initiative a success.
- **Partnership Working:** The service has worked closely across teams, organisations and places, forging trusted, meaningful connections and making a positive impact that can be further built upon to support more people.

- **Exceeding Expectations:** Wakefield had a target number 30 beds by December 2023, and on average in October there were 31 open beds with a current run rate of 40. The target for bed numbers has been exceeded with 11 out of 12 months since go live which is a huge achievement.

As we look to the future, we remain committed to the potential of Virtual Wards and delivering hospital at home services. We have potential to reach even more patients, to enhance our services, and continue making a real difference in the lives of those we serve. Remote monitoring will be coming online this winter, which is another exciting development.

New District Nurses Diabetes Champion Model

We are excited to introduce the District Nurses Diabetes Champion Model. Our new champions are about to undertake training that will equip them to improve the quality, safety and promote self-care in the treatment of diabetes in the community. The team will foster collaboration with our colleagues in primary care, care homes, acute care and with service-users and their families. Champions will be empowered to challenge existing practice and policy highlighting where improvements can be made.

Community diabetes leads will meet regularly and in the coming months we will be focusing on existing procedures, individualising plans of care with service users and how we support and encourage self-care. We are excited about creating this new network of diabetes champions in the community and are optimistic about what this group can achieve for people.

YAS Pathways Roadshow

Colleagues from Urgent Community Response, frailty virtual wards, Pinderfields Emergency Respiratory Team (PERT), Same Day Emergency Care (SDEC), Mid Yorkshire Therapy, social care direct and community transformation teams attended the Yorkshire Ambulance Service Pathways Roadshow at Pinderfields Emergency Department on the 11th of October 2023. The aim was to meet ambulance crews and discuss services that provide appropriate support to people, either in the community or out of hospital. Colleagues interacted with ambulance crews and got feedback on barriers to access and suggestions for improvements. It was a successful day with engaging conversations with crews. Feedback will be utilised to make changes that enable more referrals to these services.

Integrated Neighbourhood Model

Progress is continuing to be made on the Integrated Neighbourhood Teams (INTs), this model will take a proactive approach to improving the health and wellbeing of the people they serve, providing support to people before they require specialist services allowing them to maintain their independence and quality of life for longer. INTs will ensure that people receive the right service, at the right time near to the place that they call home. This will be achieved by developing an integrated workforce that has the correct mix of skills and expertise to support their local community. In turn, the workforce will feel valued and empowered. Recognising that GPs are the main point of access to care, Integrated Neighbourhood Teams will be based around Primary Care Networks allowing community services to work seamlessly with Primary Care. Next steps will be identifying estates across the Wakefield District for the Hub bases.

NHS Confederation Report

In a new report jointly commissioned by the NHS Confederation, The Health Foundation and the Q community, Prof Sir Chris Ham offers a comprehensive assessment of the opportunities and challenges that thinking through the lens of systems can bring for improvement. The report looks at the history of improvement within the NHS, bringing it up to date with real examples of improvement being done today through integrated care systems.

Report of the Wakefield District Health & Care Partnership
Wakefield Transformation and Delivery Collaborative
09 January 2024

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.

Highlights from the Transformation and Delivery Collaborative

King Street Walk-in Centre

In our last report we highlighted the challenges faced with securing capital monies and the Committee supported the revised direction of the urgent care re-design programme. I am pleased to report we have successfully secured a further three-year lease for the Walk-in Centre to remain in King Street.

Housing, Health and Social Care Partnership

Highlights of how the work of the Housing, Health and Social Care Partnership is enabling our priority programmes were presented to the November meeting of the Transformation and Delivery Collaborative.

- The Partnership has appraised the use of Independent Living Schemes for Virtual Ward highlighting the facilities available.
- In Delivering prevention measures using telecare technology in the home environment, 70 Alarms commissioned to support Urgent Community Response.
- Mental health and wellbeing support are in place for residents and are linked with Primary Care Network social prescribing services.
- Housing coordination services are in place across mental health and acute trusts at Fieldhead Hospital and Pinderfields Hospital.
- A Mental Health Discharge Solutions Project underway with one tenanted Property.
- Supporting affordable warmth priorities to ensure tenants and residents maximise income and opportunities for grant funding. Generated 532 referrals with 93 energy measures installed and 20 people taking up enforcement notices.

It is recommended that highlights of the Housing, Health and Social Care Partnership is presented to the Wakefield District Health and Care Partnership Committee in March 2024.

Children's Observation Hub

Since the Children's Observation Hub was launched in October, 701 children have supported by the hub. Of the 701 children seen, 35 patients went on to need admission and the other 95% were supported at home. The number of referrals & day passes issued by practices is going up week by week. In the week from 11 December to 17 December the hub saw 111 children, which is the busiest so far.

In addition at least 1,521 day passes were issued electronically, to provide reassurance and a contact number for parents who are worried about their child later in the day. Of those only 10% converted to a case in the hub. The service is receiving positive feedback from families. Here are two examples;

- "My husband rang at 8am this morning for our two year old son and he spoke to a very helpful receptionist and then a lovely GP rang him back and we had a face to face appointment by 9am. By 9:30am my son had been seen by the lovely GP, examined thoroughly and started on antibiotics for a chest infection. Not only was my son seen and treated within an hour and a half, we were given a 24 hour pass for the emergency doctor."
- "As a mum, who unfortunately could not take him to the GP myself due to work commitments, I found having the option to see a doctor in the next 24 hours if I had any concerns about him so reassuring and is such an excellent service - so thank you so much to everyone involved in our son's care."

The new hub aims to improve patient care for around 140 children and their families every week and reduce unnecessary trips to the emergency department (ED) and children's assessment unit (CAU) at Mid Yorkshire Teaching NHS Trust.

Parents and carers of youngsters aged three months to 16 years old who are assessed with amber symptoms of fever, respiratory illness or tummy upset can be referred to the hub by their GP practice or out-of-hours service for remote monitoring or physical observation if needed for a period of time.

The hub runs as a pilot from mid-October 2023 to mid-February 2024 and is being delivered by Conexus Healthcare CIC, a GP-led, not-for-profit group made up of all GP practices in Wakefield on behalf of Wakefield Council and Mid Yorkshire Teaching NHS Trust.

Hospices supporting discharge

Our local hospices are doing more to support discharges from hospital for palliative patients. The Prince of Wales Hospice and Wakefield Hospice have received some non-recurrent funding to support our discharge processes for palliative patients. Both hospices are increasing the number of patients which are transferred from hospital and are admitted from home which avoids a hospital admission. Both hospices continue to work closely with system partners to ensure that hospice services are more accessible to people in the end stage of their illness.

Review of Individual Placement and Support Service
The Mental Health Alliance has shared a good news story. Following the Fidelity Review of the Individual Placement and Support Service, Wakefield scored 118 out of a possible 125 achieving exemplary status. The highest score for an IPS service in the country at the time was 119.

Individual Placement and Support Services are newly established and are typically expected to score around the 80-90 mark. We also achieved the “Exemplary” IPS Grow Quality Kite Mark which relates to the quality of clinical integration, employer engagement and supporting over 30% of those accessing IPS into paid employment.

Outcomes Framework
An ambitious outcomes framework was signed off at the WDHCP committee in November, demonstrating the maturity of out partnership. The detailed outcomes report will be received by the committee every other public meeting. The Transformation Delivery Collaborative will be the engine room for delivering the outcomes and that includes monthly oversight of progress, monitoring and action on any risk as well as alignment of priorities across the programmes to ensure collective effort.

People Alliance
The People Alliance provided highlights of the partnership work taking place in delivery of the People Plan

- ***Future Workforce Development Session: 7th November***

The Alliance worked alongside the WY Integrated Care Board’s (WYICB) Programme Management Office on this event, which focussed on the adult social care workforce. We looked at workforce challenges and this sector and how we as a system can address these.

- ***St Georges Recruitment Fair***

The Alliance coordinated a health and social care recruitment fair on 26th October at St Georges Community Centre. It was an incredibly successful event which signifies a new approach to recruitment moving forward. Thanks to all the partners who organised stalls and contributed to the event. Special thanks to Ellie Valentine and Jo Fitzpatrick for their fantastic leadership and energy. Also thanks to Breaking Barriers for their support on the day and in preparing for the event. Over 100 people attended throughout the day with a number of people being offered jobs on the day. Many more people to have follow up interviews scheduled and lists of people to follow up.

FUTURE SELPH

16-25yrs Mental and Emotional Wellbeing Service

Grainne Cuerden

Project Manager

Aims

- Background to the service
- Who is it for & What does it provide
- Who provides it
- How to refer
- What has it achieved to date
- Plans for 24/25

Background

- Identification of funding through CCG/Mental Health Alliance to support cohort of young people who were ‘falling between the gaps’ of statutory services or early stages of social/mental health challenges
- Proposal to develop early intervention service to provide targeted support
- Recognition of VCSE sector in providing support to young people

Background 2

- Principle of prevention and early intervention
- Developed through East/West advisory boards led by Clinical Directors:
  - Dr Nadim Nayyar
  - Dr Carolyn Hall
  - Dr Phil Earnshaw

Approach

- Delivered by five VCSE youth organisations in Wakefield
- Structured around a framework
  - Community engagement and partnership working
  - Emotional and mental wellbeing
  - Physical health and activity
  - Professional advice e.g. housing, employment and training

  - Future Selph fully operational April 2022

Who is it for?

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- Those at risk of long-term mental illness
- Likely to target those that have experienced trauma
- Those that will respond well to a non-statutory, non-medicalised, holistic approach
- Primary presentation of complex and challenging behaviour not improved through contact with services.
- Primary presentation consistent with personality disorder/emerging personality disorder/ dual diagnosis/ trauma/ eating disorders/Autistic Spectrum Disorders
- Young people who experience multiple social, educational, political and economic challenges
- Youth offending activity
- Care leavers
- Those excluded from education
- Domestic violence
- Young parents/young carers

Anticipated Outcomes

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- Reduce the number of young people requiring ongoing support from adult mental health services
- Reduce access and reliance on crisis pathways to provide support
- Increase the use of community-based support and self-help resources
- Increase attainment, retention to education, employment or training and overall self confidence
- Increase positive social and emotional relationships
- Improve the emotional wellbeing and resilience of young people
- Maximise life chances of young people through raising esteem, aspirations and offering opportunities

What does it provide?

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- Personalised support with key mental and emotional wellbeing challenges
- Development of a bespoke action plan
- Programme of support to address issues identified
- Delivered through combination of one to one and group work
- Regular meetings and review at appropriate venue/place/mechanism
- Professional support and advice e.g. housing, employment, further education
- Peer support
- Uses WEMWBS as a basis for assessment and measurement/monitoring of improvement

Who can refer?

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Anyone!

GPs

Mental Health Practitioners

Social Workers

Nurses

Colleges

Live Well

JobCentre

How does it work?

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- Initial contact within 48 hours/one week followed by Initial meeting to identify challenges/issues/reasons for referral/suitability and benchmark emotional wellbeing
- Follow up meetings to develop plan to address challenges and monitor progress
- Programme of support and activity e.g. anxiety management, relaxation strategies, group work, physical activities, education/employment/housing
- Progress monitored and measured using WEMWBS (Edinburgh Warwick)
- Exit from programme
- Post-interview reassessment

The 5 VCSE Providers of Future Selph

- The Youth Association
- YPEP – Young People's Empowerment Project
- SMaSH – Self Management and Self Help
- Rycroft Leisure
- St. George's

Our Journey to Perfect Partnerships

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Forging a Bond

Signposting e.g. Turning Point

Joint Working e.g. Compass

Cross Referral

Young Lives Consortium and Nova

G.Ps and Mental Health Practitioners

CAMHS & Adult Mental Health Services

What are our outcomes so far?

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- Number of People supported to date =

355 22/23 and 176 YTD 23/24

- Excellent feedback from participants
- Partnership working and VCSE development
- Individual improvement according to WRF
- Employment/Volunteering & Further Education

Does it work? (1)

FUTURE SELPH

"I started Selph and I wasn't sure what I wanted out of life, I had no support, I just didn't want to be here no more. Selph allowed me to get the support to get better and it allowed me to be brought out of my shell and talk to others. It also allowed me to figure out what I wanted to do with my life and it allowed me to believe in myself."

"When I started I was in a bad place, I didn't go out even with people like I knew, current friends and stuff, cos I had no self-confidence and that, Selph has helped me build on that confidence and given me confidence to meet new people and Learn new skills, life skills to help me throughout life."

Does it work? (2)

FUTURE SELPH

“I’m starting to see that I can feel good about myself, and that I deserve it. I understand that I can live with this stuff, good and bad, and that there are others just like me……. I hope that everyone who feels like me can speak to someone at SELPH. It’s a gamechanger. Thank you”

Does it work? (3)

H's Mum "Having a son who suffers with terrible anxiety and social anxiety is a challenging and daunting task to have to deal with, being a single working parent with two sons at home, I needed some help, so I took H to see our GP and he was referred to SMaSH.

H has suffered terrible bullying at school to the point that he didn't trust anyone or was able to deal with any social interactions. At 19 years old, this wasn't improving until we were referred to SMaSH. We didn't have to wait long for SMaSH to come to see him, and they immediately made an impression on us both to how kind and warm they were, and I could tell they genuinely wanted to help H.

Through working with H on a weekly basis, attending our home, he built trust with him and set him tasks to do to help him improve his anxiety. This has helped H to go out with friends more and he will be attending University shortly this month. The change in H has been amazing this year, he makes his own decisions about what he wants to do, and his confidence is growing all the time. He goes out with friends weekly now. H had never taken a bus journey on his own or travelled to another town on his own. He travelled all the way back from Croatia alone when we went on holiday, going through the airport, checking in and flying alone, I never would have thought this was possible for him, it would have been challenging for anyone let alone someone who struggled to get on a bus a few months ago.

H is now looking forward to starting University and has even shown an interest in the student exchange program where he could study in New Zealand for 6 months, I'm so proud of how far he has come and this wouldn't have been possible without SMaSH, the work they do with young adults is amazing and so valuable, I can't thank them enough for the support they have given us. "

H – "I first started working with SMaSH after experiencing a panic attack on my first shift at a new job. I was anxious to meet him and I didn't know what to expect. I have suffered with anxiety for as long as I can remember, I was always scared at school, in new social situations, speaking to anyone I didn't know, I lived in my room constantly where I felt safe. Everything scared me.

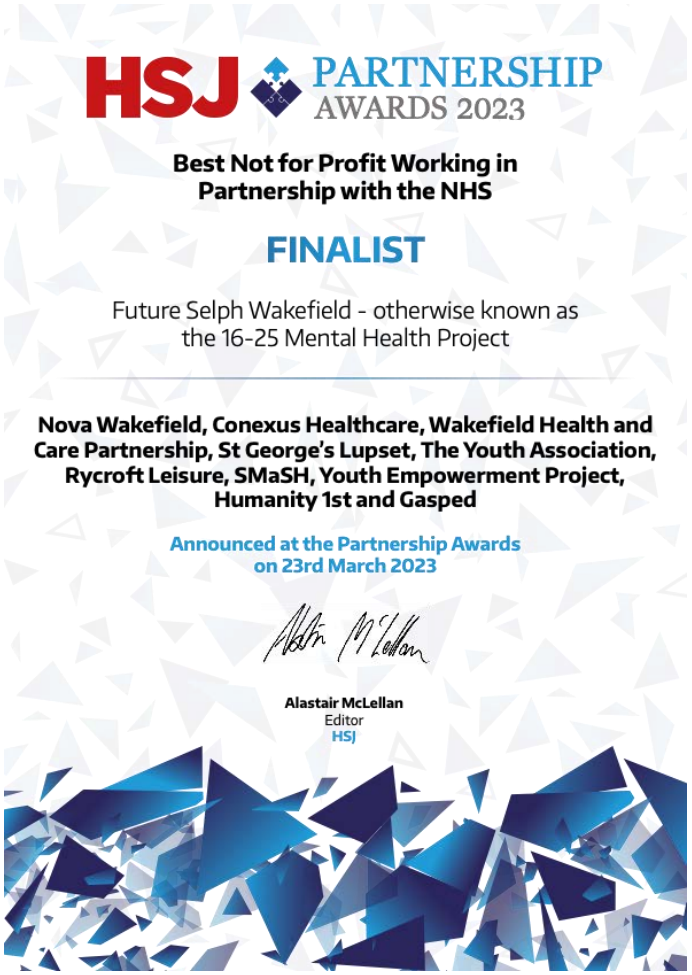
I liked him instantly as I knew he would help me. He visited weekly and we worked through my past experiences which have led me to be the way I was.

Talking with him and working through the goals he set with me each week, helped me to gain more confidence and this helped me go out more, I wanted to get better and be ready for university. This is the first time I've ever had help like this, and the service SMaSH provides is so helpful to people like me.

I am now looking forward to starting University and experiencing all the things that this stage of my life can bring. This wouldn't have been possible without their help."

Does it work?

FUTURE SELPH



Where next?

- WEMWBS
- Proxy indicators
- Evaluation
- Surveys and post intervention feedback
- Website
- 24/25 Contract

FUTURE SELPH

Questions?

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	9 January 2024
Report title:	Pontefract MLU service model
Report presented by:	Penny Woodhead, Director of Nursing and Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality
Report prepared by:	Ruth Unwin, Director of Strategy, WDHCP, & Tracy Lewin, Senior Commissioning Manager Maternity and Children's Services

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

Previous considerations:

This issue has previously been discussed by the WDHCP Committee, by MYTT Trust Board and by the former NHS Wakefield CCG on numerous occasions.

Executive summary and points for discussion:

A decision was taken in autumn 2019 to temporarily suspend births at Pontefract MLU on the grounds of clinical safety. The decision was supported by the wider system due to staff shortages to enable workforce to be prioritised to support the labour ward and MLU at Pinderfields, where the vast majority of the district's births take place.

Where a service change is introduced as an urgent action for safety reasons, there is a requirement to formalise any permanent solution and to comply with the statutory duty set out in section 242 of the 2006 Health Service Act to 'consult, engage or otherwise inform' the public.

Prior to the temporary suspension of births at the Pontefract maternity unit, there had been extensive public and staff engagement, including discussions with the Yorkshire and Humber Clinical Senate and NHSE with the intention of progressing to formal consultation on a revised service model, which would not include provision of intrapartum care (care during active labour/births).

More recently, the MYTT Board and WDHCP committee have received updates on the position and there is a recognition that a formal decision needs to be taken on the future model so that the service can make long term plans for deployment of resources to meet national maternity standards.

The proposal is that the temporary suspension of the birthing facility should be made permanent and that the maternity service at Pontefract Hospital should continue to focus on the provision of

ante-natal and post-natal care and family support, complemented by community midwifery services and home births.

The paper also describes how this permanent change and the range of services provided at Pontefract Hospital will be communicated to the public.

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

How will the proposal affect local people and how have people's views shaped it?

The proposal would mean that there is no facility for births at Pontefract. The service would retain a full range of ante-natal and post-natal care, which has been enhanced in recent years. Prior to the temporary suspension of this service approximately 200 women a year chose to birth at Pontefract. A significantly higher number of women from the east of the district chose to birth at the alongside midwife led unit at Pinderfields or in the consultant led obstetric ward. There has been extensive engagement during 2018/19 with the public and stakeholders on the future service model and continued engagement with the local Maternity Voices Partnership, which represents the views of women and families. The proposal reflects feedback from engagement that people want safe staffing levels, to receive care as close to home as possible and to be able to choose where to give birth: safer staffing levels will be achieved across the whole service as staff are not being stretched to accommodate births across three sites; the proposal focuses resources on providing high quality ante-natal, post-natal and family support to women throughout their pregnancy and subsequently at Pontefract and in the community; women will still have the choice within the district of birthing at home, in a midwife led unit or in an obstetric ward, based on clinical assessment.

There has also been regular dialogue with the Adult Services, Public Health and the NHS Overview and Scrutiny Committee. It is accepted that there would be no benefit to formal consultation on this issue and that a communications approach is proportionate due to the fact that the birthing facility has not been available for more than four years.

Should any issues be raised that have not previously been addressed, there is a commitment to engage with relevant stakeholders to identify solutions.

Why is this proposal or issue being brought to the WDHCP committee?

The proposal is to make permanent a temporary change to the service model. Committee approval is sought due to the potential public interest.

Recommendation(s)

The Wakefield District Health and Care Partnership is asked to:

1. Approve the proposal that the temporary suspension of the birthing facility should be made permanent and that the maternity service at Pontefract Hospital should continue to focus on the provision of ante-natal and post-natal care and family support, complemented by community midwifery services and home births.

2. Take assurance that there are robust plans in place to communicate the model of service and the commitment to retaining a thriving hospital at Pontefract.
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. A comprehensive document setting out the Case for Change is available on request
Acronyms and Abbreviations explained
WDHCP – Wakefield District Health and Care Partnership MYTT – Mid Yorkshire Teaching NHS Trust

What are the implications for?

Residents and Communities	No new impact as the birthing facility has been suspended since 2019
Quality and Safety	Suspension of births has enabled staffing resources to be deployed more effectively, enhancing safety across the whole maternity service. This is confirmed by the improved CQC rating.
Equality, Diversity and Inclusion	An equality impact assessment has been undertaken.
Finances and Use of Resources	The proposal supports more effective deployment of resources
Regulation and Legal Requirements	The statutory duty to engage, consult or otherwise inform would be met through a comprehensive communications exercise**.**
Conflicts of Interest	None identified
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	There has been extensive engagement with the public dating back to 2018. The paper describes the proposed arrangements for communication

1.0 Executive Summary

This paper describes the proposal that the temporary suspension of the birthing facility at Pontefract maternity unit (Friarwood Birth Centre) should be made permanent and that the service at Pontefract Hospital should continue to focus on the provision of high-quality ante-natal and post-natal care and family support, complemented by community midwifery services and home births.

The paper also describes how the permanent change and the range of services to be provided at Pontefract Hospital will be communicated to the public.

2.0 Introduction and Purpose

The report sets out proposals for formalisation of the maternity service model for the Wakefield District.

The proposal is to confirm that there is no evidence to support reintroduction of intrapartum care at Pontefract Hospital and this would formally cease to be part of the service model. Ante-natal and post-natal care and support would continue to be provided at Pontefract Hospital and in the community and home births would continue to form part of the service offer. Women from the east of the district would be offered a choice of birthing at home, at the Pinderfields birth centre or the labour ward at Pinderfields, based on clinical assessment.

Discussions have taken place with the Chair and Scrutiny Officer for the Adult Services, Public Health and the NHS Overview and Scrutiny Committee for Wakefield. It is acknowledged formal consultation would not be of benefit and the statutory requirement to engage, consult or otherwise inform would be met through a communications approach, with the caveat that, if any significant issues were raised as a result of the decision, further engagement with relevant stakeholders would take place to identify solutions to resolve these.

3.0 Assessment

The facility to give birth at Pontefract Midwife Led Unit was suspended in autumn 2019. This was due to the need to deploy midwives to maintain safety in services with high activity and greater clinical need. Prior to this, the unit had closed to births frequently and there was ongoing work to develop a sustainable model of care, including engagement with the public and the Yorkshire and Humber Clinical Senate.

Uptake of the service has always been lower than intended (c200 per year, requiring 1 midwife and 1 HCA to be on standby 24/7) and most women from the east of the district were choosing to birth at Pinderfields or being guided to do so for clinical reasons.

Successful recruitment means the midwifery workforce has been strengthened. However, the national focus on maternity safety confirms the need to ensure staff are deployed effectively to reduce risk of harm.
The CQC rating of maternity services has improved since the suspension of births at Pontefract and this has largely been due to improved staffing levels due to recruitment and better deployment.

It is noted that NICE guidance on birth choices introduced in 2014 was amended in September 2023 and now states: '*Commissioners and providers, **including networks of providers**, should ensure that all 4 birth settings (home, freestanding midwifery unit, alongside midwifery unit and obstetric unit) are available to all women (**in the local area or in a neighbouring area)***'.

A comprehensive case for change has been developed setting out the context and clinical rationale for the proposed service model. This includes equality and quality impact assessment.

4.0 Communications Plan

Communications will focus on raising awareness of the range of birthing options – including home birth and providing reassurance of the commitment to maintaining a thriving hospital at Pontefract, including services to support women and families during pregnancy and in the early years.

The aim will be to encourage uptake of ante-natal, post natal and family services offer in the east of the district & at the maternity unit to improve maternal and child health outcomes.

4.1 Communications channels

The communication channels that will be used to deliver messages are listed below. This includes channels managed by the Trust's Communications Team, as well as those for which other individuals, teams or services are responsible for.

<u>Internal (MYTT)</u>

- All user email
- Staff intranet
- MY Weekly Briefing email
- Chief executive's weekly message to staff

External

- Trust website
- Briefing to MPs
- Briefing to OSC & councillors
- Briefing to key stakeholders, including VCSE and community groups
- Local media

Target audiences

- Staff
- Public
- Visitors
- MPs
- Stakeholders (this will include targeted communications to community and voluntary sector groups with a particular interest in women's health, children and families)

4.2 Key messages

- We cannot justify deployment of midwives to cover the low number of births at Pontefract as we do not have enough midwives to safely staff three sites and community services.
- Those giving birth will still have a choice of where they give birth (Pinderfields MLU, Pinderfields Obstetric led ward, at home).
- When the Friarwood Birth Centre was open, the uptake of the service was lower than intended with an average of 200 births per year. Indeed, more women from East of the Wakefield district chose to use the Midwife Led Unit at Pinderfields Hospital.
- Postcode data demonstrates that Pontefract MLU was mostly used by women living in Pontefract postcode areas, however women from Pontefract gave birth in larger numbers at Pinderfields MLU than at Pontefract, Engagement suggests people prefer being in an MLU next to an obstetric ward should the need for medical support and intervention arise.
- Due to not having enough midwives to safely staff all sites at once – the Trust was often forced to divert midwifery resource to Pinderfields where the vast majority of births take place. This resulted in the Friarwood Birth Centre often being open and shut with little notice.
- Opening and closing due to midwife availability is not a sustainable way to manage the service. It results in uncertainty for women planning their birth and is an equally poor experience for the midwives who work there.

- All other maternity related services will continue to run from the unit:
    - antenatal and postnatal care,
    - obstetric scanning (dating and growth scans),
    - consultant clinics,
    - gestational diabetes services,
    - specialist maternal health midwife,
    - stop smoking services,
    - in-patient monitoring,
    - overflow appointments from Pinderfields maternity unit,
    - staff training
    - plans are underway to introduce parent education classes
- We are committed to our investment of Pontefract Hospital and the communities it serves:
    - Since September 2019 there has been £15.2m of additional revenue and £7.4m of capital investment in Pontefract (total £22.6m).
    - There is £61m worth of annual activity that takes place on the Pontefract site.

In the year from November 2022 – November 2023:

- just over 102,000 outpatient appointments have taken place at Pontefract Hospital
    - more than 13,500 of these have been for a gynaecology related issue, to see a midwife or to see an obstetrician.
- 13,500 patients have undergone elective surgery at Pontefract Hospital
- there have been just over 52700 attendances to our Urgent Treatment Centre
- and we have also had just over 300 non-elective admissions.

Additionally, during this time only 5% of outpatient appointments at Dewsbury and 14% at Pinderfields were for people who lived in Pontefract.

5.0 Recommendations

The Wakefield District Health and Care Partnership is asked to:

1. Approve the proposal that the temporary suspension of the birthing facility should be made permanent and that the maternity service at Pontefract Hospital should continue to focus on the provision of ante-natal and post-natal care and family support, complemented by community midwifery services and home births.
2. Take assurance that there are robust plans in place to communicate the model of service and the commitment to retaining a thriving hospital at Pontefract.

Meeting name:	Wakefield District Health and Care Partnership Board
Agenda item no:	13
Meeting date:	9 January 2024
Report title:	Quality Update
Report presented by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report prepared by:	ICB (Wakefield place) Quality team

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

Previous considerations:

None

Executive summary and points for discussion:

The Quarter 3 Quality, Safety and Experience report is due to be presented to the Integrated Assurance Committee in February 2024. A Quality Update report was shared with Committee members as the December meeting was cancelled. The purpose of the report was to inform and provide early intelligence about key quality issues, and to highlight any significant findings from Care Quality Commission inspections.

The report includes updates regarding:

- outcome of the referral to Wakefield Safeguarding Adults Board following a serious incident in contingency accommodation for people seeking asylum.
- outcome of the internal quality review about Pioneer Healthcare Limited.
- process implemented to address quality and safety concerns at residential care homes run by Wakefield Council.
- mixed sex accommodation breaches reported by Mid Yorkshire Teaching Trust (MYTT).
- findings from the 2022 National Adult Inpatient Survey which benchmarks MYTT as a negative outlier and the actions being taken by the Trust.
- outcome of CQC inspection of acute wards for adults of a working age and psychiatric intensive care units, and forensic inpatient or secure wards at South West Yorkshire Partnership Foundation Trust.
- adult social care providers rated Inadequate.
- Ofsted inspection report which rated Croft Children's Care Home Outstanding in all areas.
- mutual aid arrangements for patients at MYTT requiring radio iodine treatment.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes ☐ Enhance productivity and value for money ☐ Support broader social and economic development
Recommendation(s)
The Partnership Board is asked to note the current place risks and assurances related to quality, safety and experience presented in the attached Escalation and Assurance report.
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
Acronyms and Abbreviations explained
All acronyms and abbreviations in the report are explained or written in full before they are abbreviated.

What are the implications for?

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

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Appendix One

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from:	Quality Update Report
Date of meeting:	9 January 2024
Report to:	Wakefield District Health and Care Partnership Board
Report completed by:	Laura Elliott, Head of Quality
Date:	18 December 2023

Key escalation and discussion points from the meeting
Alert:
• No items to alert.
Advise:
• A referral was made to Wakefield Safeguarding Adults Board (SAB) to consider whether a **serious incident** in **contingency accommodation** for people seeking asylum met the threshold for a statutory review. The concerns focused on whether mental health intervention and care was provided **in an appropriate and timely manner**, and about the potential risks posed by **a significant increase in the residents at the contingency accommodation** during the week of the incident. Although there was no evidence that the individual had care and support needs (so therefore a safeguarding adults review (SAR) would not be commissioned) the SAR panel discussed the concerns the case raised and it was felt that **follow up action was needed**. This included the SAR panel **sharing its consideration with the coroner**, SAB chair to raise concerns with through the **national Network for SAB chairs,** and for findings from the serious incident investigation to be shared once concluded to **consider any further multi-agency / safeguarding learning.**

The coroner has recently confirmed the person died by suicide and a Prevention of Future Deaths (Regulation 28) report **has not been issued to any agency**.

- As previously reported to the Board an internal quality review meeting was held in October to discuss some patient safety concerns and quality issues raised by **Pioneer Healthcare**. The meeting concluded that there was **no rationale to escalate** the level of surveillance at this time and the risks identified were less when compared with the risk to the system should activity be limited. However, it was agreed to consider a review focussing on **management processes and oversight** and associated **internal governance structure**.

- In November quality and safety concerns were identified at **Hazel Garth – a residential care home in Knottingley** run by Wakefield Council. Following a quality visit to the service, additional specialist advice and input has been identified and a quality assurance and improvement process has been implemented across the **three residential care homes** run by Wakefield Council. A **Rapid Quality Review meeting** was held in line with National Quality Board guidance on quality risk response and escalation in Integrated Care Systems and an improvement plan is being developed to be monitored by a **monthly Quality Improvement meeting** from December.

- **The Mid Yorkshire Teaching Trust** (MYTT) were expecting the draft reports from the Care Quality Commission (CQC) following September's **unannounced inspection** of Medical and Urgent and Emergency care core services on the Dewsbury and Pinderfields sites in early December 2023.

- In October MYTT reported four **mixed sex accommodation breaches** at Pinderfields Hospital due to operational pressures and patient flow issues. A review of the circumstances of the breaches is being undertaken as a cluster after action review. The Trust will also **review their policy** on mixed sex accommodation policy in light of the breaches declared to ensure it reflects

current national guidance. A **further two breaches** have been reported for November.

- The **2022 National Adult Inpatient Survey** benchmarks MYTT as a negative outlier compared to other acute providers with a banding of **'worse than expected'**. With a response rate of 33% MYTT (compared to other Trusts) were 'somewhat worse than expected' in **six questions** and 'worse than expected' in **ten questions**. There were **no questions** where the Trust were 'much worse than expected', however **four questions** showed a statistically significant decrease compared to the previous year's results.

  In July 2023, the **Trust held a workshop** with Picker, the relevant divisions and the ICB quality team to review the survey results. The themes from the survey identified three areas for further focus - **Nutrition and hydration; pain management; and discharge communication and contact post discharge**. There are existing workstreams for these areas so the associated improvement plans will be reviewed to ensure the feedback from the patient survey informs their work. **Improving patient experience** has been identified as one of the Trust's quality goals in its Quality Strategy and a presentation was given to the MYTT Quality Committee in November 2023 **to share the survey results and the actions identified**.

- The outcome of the CQC inspection of acute wards for adults of a working age and psychiatric intensive care unit (PICU), and forensic inpatient or secure wards at **South West Yorkshire Partnership Foundation Trust** (SWYPFT) have been published. The Trust's **overall rating remains Good**, and acute wards and PICU remains at **Requires improvement**. However, the overall rating for forensic serves has **declined to Requires improvement**. Some of the areas identified for improvement have **already been addressed**, including fridge temperatures, ligature audit sign off and emergency equipment checking. A **quality improvement approach** is being taken to address the remaining actions to ensure that they are **embedded and in line with the values** of the Trust.

Assure:

- Of the two **adult social care providers** rated **Inadequate** – the domiciliary care provider has closed following an **unsuccessful appeal** against a Notice of Decision issued by the CQC; and all residents in the care home have been moved to alternative placements while **quality and safety concerns addressed** by the provider.

- Ofsted has rated the recently opened **Croft Children's Care Home Outstanding** in all areas. The home provides two placements for children aged between 11-17 years, providing **intensive support to vulnerable young people**. The service is a partnership between Wakefield Council and South West Yorkshire Partnership Foundation Trust (SWYPT).

- Following the suspension of the **iodine radiotherapy service** at MYTT, and the Trust's decision to no longer deliver this service, **mutual aid arrangements** are now in place with Leeds Teaching Hospitals Trust (LTHT) to deliver this service. All patients on the waiting list for radio iodine treatment are being **monitored by the local endocrinology team** until they can be transferred to LTHT. Discussions are in progress with other acute providers for additional mutual aid.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	9 January 2024
Report title:	Month 8 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:

N/A

Executive summary and points for discussion:

The report sets out the financial position for organisations within the Wakefield Place as at the end of November 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 due to be presented at Cabinet in January is expected to detail significant risks in the position in relation to Child Placements and inflationary costs.

The ICB is in receipt of additional funding from NHS England to cover some of these costs, which should improve this position but awaiting distribution of funding at place level.

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

☐ Improve healthcare outcomes for residents in their system.

☐ Tackle inequalities in access, experience, and outcomes ☒ Enhance productivity and value for money. ☐ Support broader social and economic development
Recommendation(s)
The Partnership Committee is asked to: 1. Note the Month 8 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

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 8 (30th November 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 8 is as follows:

	YTD income / budgets £m	Income / budgets to adjust £m	YTD income / budgets £m	YTD costs £m	YTD Surplus (Deficit) £m
ICB delegated budgets	529.8	0.0	**529.8**	**532.7**	**(2.9)**
Mid Yorkshire Teaching NHS Trust	481.0	11.9	**492.9**	**504.8**	**(11.9)**
South West Yorkshire Partnership NHS Foundation Trust	272.2	(0.3)	**271.9**	**270.7**	**1.2**
Wakefield Place - Total	**1,283.0**	**11.6**	**1,294.6**	**1,308.2**	**(13.6)**

	Full Year income / budgets £m	Full Year costs £m	Forecast Surplus / (Deficit) £m	Control totals Surplus / (deficit) £m
ICB delegated budgets	**794.7**	**792.8**	**1.9**	**(4.0)**
Mid Yorkshire Teaching NHS Trust	**733.1**	**733.1**	**0.0**	**0.0**
South West Yorkshire Partnership NHS Foundation Trust	**408.7**	**408.7**	**0.0**	**0.0**
Wakefield Place - Total	**1,936.5**	**1,934.6**	**1.9**	**(4.0)**

Wakefield Council - Social Care and Public Health	Annual budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m
Adults Social Care	**106.5**	**106.5**	**0.0**
Childrens Social Care	**56.1**	**56.1**	**0.0**
Public Health	**22.7**	**22.7**	**0.0**
Wakefield Council - Total	**185.3**	**185.3**	**0.0**

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 8 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. The forecast for 2023/24 is due to be presented to Cabinet in January 2024.

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.
- Elective Services Recovery Funding (ESRF) due to recent announcements around the transactional nature of the funding and forecasting work done across partner organisations, it is expected both performance and financial elements will be achieved for 2023/24.
- Increasing use of Independent Sector providers to meet planned care demand which are currently unfunded, potentially to value of £3m. Mitigations are in place to manage the volume of inter provider transfers to the independent sector.
- Delivery of the combined £67m efficiency / Waste Reduction Programme across the Wakefield NHS organisations, which are currently forecasting 85% delivery, with risks within the delivery.
- The increasing demand on all services across Place particularly as we have moved into the winter period.
- Whilst significant improvements have been made in the use of temporary (premium) staffing costs, this remains a risk and is 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 and proceed with priorities identified by the partnership as part the investment panel process and delegated decision making on redesign and test of transformation programmes.

2.2 Continued use of stringent financial control measures as prescribed by NHSE.

2.3 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 8 (November) there is a year-end forecast position of breakeven against the system plan.

Organisation	I&E reported YTD Month 08 23/24			I&E forecast		
	Plan £m	Surplus / (Deficit) £m	Reported Variance £m	Plan £m	Surplus / (Deficit) £m	Variance £m
WY ICB - Bradford	4.1	(5.7)	**(9.8)**	6.2	0.0	(6.2)
WY ICB - Calderdale	3.7	0.4	**(3.3)**	5.6	3.5	(2.1)
WY ICB - Kirklees	3.8	(3.8)	**(7.6)**	5.7	1.5	(4.2)
WY ICB - Leeds	1.1	(16.2)	**(17.3)**	1.6	(6.9)	(8.6)
WY ICB - Wakefield	3.9	(2.9)	**(6.8)**	5.9	1.9	(4.0)
WY ICB - West Yorkshire	0.0	35.5	**35.5**	0.0	25.0	25.0
WY ICB Total	**16.7**	**7.4**	**(9.3)**	**25.0**	**25.0**	**0.0**
Airedale NHS Foundation Trust	(3.0)	(4.8)	**(1.8)**	(4.3)	(4.3)	0.0
Bradford District Care NHS Foundation Trust	(2.3)	(2.3)	**0.1**	0.0	0.0	0.0
Bradford Teaching Hospitals NHS Foundation Trust	0.0	0.0	**0.0**	0.0	0.0	0.0
Calderdale And Huddersfield NHS Foundation Trust	(14.1)	(14.7)	**(0.5)**	(20.8)	(20.8)	0.0
Leeds and York Partnership NHS Foundation Trust	0.1	0.0	**0.0**	0.1	0.1	0.0
Leeds Community Healthcare NHS Trust	0.0	0.0	**0.0**	0.0	0.0	0.0
Leeds Teaching Hospitals NHS Trust	(6.3)	(12.8)	**(6.5)**	0.0	0.0	0.0
Mid Yorkshire Hospitals NHS Trust	0.0	(11.9)	**(11.9)**	0.0	0.0	0.0
South West Yorkshire Partnership NHS Foundation Trust	1.1	1.2	**0.1**	0.0	0.0	0.0
Yorkshire Ambulance Service NHS Trust	0.0	6.9	**6.9**	0.0	0.0	0.0
Providers Total	**(24.6)**	**(38.3)**	**(13.7)**	**(25.0)**	**(25.0)**	**0.0**
West Yorkshire ICS Total	**(8.0)**	**(30.9)**	**(23.0)**	**0.0**	**0.0**	**0.0**

3.2 On the 8th of November the ICS/ICB received notification from NHS England that additional funding has been made available to cover the additional cost of industrial action and other cost pressures and amendments to the operation of Elective Services Recovery Funding. Please note the additional funding had conditions attached of which one was to submit a breakeven position against plan.

3.3 An element of the additional funding has been released to offset the pressures further work has been undertaken in November to ensure that the conditions of the additional funding are met. As part of this financial reset the ICS has identified several mitigations to ensure the ICS meets its planned position. These mitigations are:

- Additional National Funding
- Additional Elective Recovery Funding
- Service Development Funding Slippage
- Underspends on Dental / Yorkshire Ambulance Services
- Additional Targeted Improvements

3.4 Whilst elements of the additional mitigations will be distributed to Place, the allocation of this in totality will be transacted in future months when details are confirmed.

4. Recommendations

The Committee is asked to:

4.1 Note the Month 8 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.

To:
- ICB and Trust:
  - Chief executives
  - Chief finance officers
  - Chief operating officers

cc.
- ICB and Trust:
  - Chairs
  - Chief Nurses
  - Medical Directors

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

8 November 2023

Dear colleague

Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take

We are writing to provide clarity on the funding and actions the NHS has been asked to take to manage the financial and performance pressures created by industrial action following discussions with Government.

As a result of these pressures, for the remainder of the financial year our agreed priorities are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.

In response, we are asking systems to complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year.

Financial pressures in 2023/24

We asked you to set ambitious plans for 2023/24 in the context of NHS funding increasing in real terms between 2019/20 and 2023/24 to over £160bn, recognising the actions you have had to take to deal with a range of significant new pressures.

Plans were set on the basis that there would not be significant ongoing industrial action. Despite 10 months of strikes, the NHS has made progress on the delivery of the UEC, primary care access and elective recovery plans, while also displaying professionalism in planning for and managing periods of action. The strikes have nonetheless had a significant impact on patients and staff.

The impact of the more than 40 days of industrial action this financial year has created unavoidable financial costs that we estimate to be around £1 billion, with an equivalent loss of elective activity.

National action

To cover the costs of industrial action to date we are taking the following actions which have been agreed with Government:

- Allocating a total of £800 million to systems sourced from a combination of reprioritisation of national budgets and new funding.

- Reducing the elective activity target for 2023/24 to a national average of 103%, which will now be maintained for the remainder of the financial year. Discontinuing the application of holdback to the Elective Recovery Fund (ERF) for the rest of the year and formally allocating systems their full ERF funding.

Actions for ICBs and Trusts

We are asking ICBs and providers, by 22 November, to agree the steps required to live within their re-baselined system allocation and reflecting the impact of the reduced elective activity goal. Plans should be based on a scenario where there are no further junior doctor or consultant strikes.

The foundation of this reset should be protecting patient safety, including in maternity and neonatal care, and prioritising UEC so that patients receive the best possible care this winter. Progress on existing commitments on elective and primary care recovery programmes, as well as other goals, should build on that foundation.

Actions to deliver UEC performance should include the agreed investments in capacity – including beds and ambulance services – as well as other components of UEC plans, including admissions avoidance and discharge schemes. Following the additional funding and changes to the ERF threshold, these are expected to be fully implemented without further delay.

The primary focus for elective activity should be on long waits and patients with urgent care and cancer needs, including reducing the cancer backlog. Primary care plans should protect improvements in access.

In showing how you will deliver financial balance you will need to show:

- you have fully worked up efficiency plans, including the reductions in agency staffing set out at the start of the year;

- where you require flexibility on programme funding;

- an elective plan that is refocused on driving productivity from core capacity, identifying the insourcing/outsourcing and waiting list initiatives you still consider necessary within a balanced financial plan focused on the longest waits, urgent elective, and cancer care.

Returns should identify the total activity you forecast to do and the implications of any changes on the trajectory to the March 2024 65ww target, including how maintaining existing patient choice, tiering and the GIRFT programme can all support delivery (including on inpatient length of stay, day case rates and capped theatre utilisation).

The current pause in strike action is a positive step. However, it will be important to understand the alternative, and so your plans should also include an assessment of a scenario where the junior doctor and consultant strikes continue in a pattern consistent with the last four months and how those costs can be minimised as far as possible. In this scenario the focus should be on what steps you would take to minimise additional costs.

Next steps

Following yesterday's webinar with ICB and provider CEOs and Directors of Finance, we are holding a further session this afternoon with Directors of Finance.

We will schedule sessions for each individual ICB Executive and their provider colleagues from 27 November to agree proposed actions.

We know how hard you have been working to maintain progress on implementing the recovery plans for elective care, urgent and emergency care, and primary care – as well as wider Covid recovery and priority transformation programmes – in the face of extraordinary pressures from prolonged industrial action.

We hope that this letter provides the clarity you have been seeking to now enact, along with system partners, those actions necessary to balance these financial challenges with your wider responsibilities.

Yours sincerely,

Julian Kelly
Chief Financial Officer
NHS England

Dame Emily Lawson, DBE
Interim Chief Operating Officer
NHS England

Professor Sir Stephen Powis
National Medical Director
NHS England

Dame Ruth May
Chief Nursing Officer, England

Meeting name:	Wakefield District Health and Care Partnership
Agenda item no:	15
Meeting date:	9 January 2024
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:			
Executive summary and points for discussion:			

This paper presents the Wakefield Place Risk Report including those risks rated 12 and above, risks which have been flagged for closure, new risks and risks which have decreased or increased in score. The full Wakefield Place Risk Register is attached at Appendix 1.

There are currently **16 risks** on the Wakefield Place Risk Register, three of which are marked for closure, leaving a total of **13 open risks**.

West Yorkshire ICB Audit Committee asked for a focus on static risks during this risk cycle and meetings have taken place with all risk owners to review risks and determine whether risk scores are still appropriate and why they have remained static.

Finance leads from across place and core reviewed risks with a financial element on 4 December 2023 with a view to ensuring consistency across West Yorkshire in terms of risk scoring and the type of risks. This has resulted in some changes to the Wakefield Risk Register as detailed in the main body of the report.

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.

Which purpose(s) of an Integrated Care System does this report align with?
☒ Improve healthcare outcomes for residents in their system ☒ Tackle inequalities in access, experience and outcomes ☒ Enhance productivity and value for money ☒ Support broader social and economic development
Recommendation(s)
The Wakefield District Health and Care Partnership is asked to: 1. **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 – with narrative on risk review / static 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 5 of 2023/24) which commenced on 21 November and ends after the West Yorkshire ICB Board (WY ICB) meeting on 16 January 2024.

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 any 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 West Yorkshire ICB Audit Committee asked for a focus on static risks during this risk cycle and meetings have taken place with all risk owners to review risks and determine whether risk scores were still appropriate and why they remained static.

Static risks and reason below:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2390	Improve healthcare outcomes for residents	16 (High)	There is a risk in relation to Learning Disability Packages and LD Placement Reviews which could result in the inability to place in appropriate, local placement.	Risk remains at 16 to reflect LA risk register - LA due to review in January and the ICB risk will then be updated to reflect the latest LA position. Risk re-purposed on the LD review rather than financial aspect of LD packages.
2128	Giving every child the best start in life	15 (High)	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.	This is a national and WY issue and in response WY ICB held a Neurodiversity Summit on 4 December to respond to the issues. It is also escalated to the ICB RR - no movement as risk remains and hasn't moved.

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2129	Healthy standard of living for all	12 (Moderate)	There is a risk of delays in people accessing planned acute care due to more complex cases and in some cases higher demand and significant capacity issues due to inability to recruit into key clinical roles, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.	Risk description updated in addition to controls - risk rating not changed as challenges remain at 18 weeks constitutional target with some breaches at 65 and 78 weeks. The aim is to get to zero breaches through additional capacity and recruitment plans.
2297	Improve healthcare outcomes for residents	9 (Moderate)	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.	The risk score remains static - risk controls and assurances updated where appropriate - risk remains whilst internal processes conclude.
2182	Prevention of ill health	9 (Moderate)	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.	The risk score remains static although controls and assurances are updated after review. The IPC Team is trying to identify themes across all the Gram Negative Blood Stream Infections - the present analysis has not identified a commonality to focus upon. In conversation with system partners in the 4 weeks prior to admission the patient pathway to ascertain if any themes identified. This is a national issue in terms of trying to reduce.

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2135	Giving every child the best start in life	9 (Moderate)	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.	Whilst risk score has not changed there is significant positive work happening in Wakefield system with those who manage the demand working together to support CYP to have the best quality care possible.

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2.7 Finance leads from across place and core reviewed risks with a financial element on 4 December 2023 with a view to ensuring consistency across West Yorkshire in terms of risk scoring and the type of risks. This has resulted in some changes to the Wakefield Risk Register as detailed below:

Changes to risks with a financial element:

Risk ID	Risk Rating	Principal Risk	Rationale for change
2397	20 (Critical)	There is a that the WDHCP part of the WYICS will not as a system develop a financial strategy to deliver a break-even position in future years. This is due in part to the fact that the WYICB - Wakefield Place delegated budget has an underlying deficit going into 2024/25. In addition, MYTT has a significant underlying deficit. The scale of these pressures will require a financial recovery plan to deliver a break-even position in future years. The result of failure to deliver longer term financial balance will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties,	Finance leads agreed to add a new risk in relation to future financial years. Score of 20 in line with all places and West Yorkshire core.

Risk ID	Risk Rating	Principal Risk	Rationale for change
		reputational damage and potential additional scrutiny from NHSE and a requirement to make good deficits in future years.	
2329	20 (Critical)	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. The ICB and in particular within Wakefield has significant cost pressures in Prescribing, Independent Sector Activity and Continuing Healthcare Packages and is therefore at risk from achieving its financial planning control total.	Risk score amended to 20 to be in line with all places and West Yorkshire Core. Risk description amended to include wider financial risks around prescribing, independent sector activity and continuing health care packages.
2142	16 (High)	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.	Finance leads agreed to close on place risk registers and add to the Core Risk Register.
2390	16 (High)	There is a risk in relation to Learning Disability Packages and LD Placement Reviews which could result in the inability to place in appropriate, local placement.	Risk re-purposed on the LD review rather than financial aspect of LD packages.
2388	9 (Moderate)	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	Finance leads agreed to close this risk as it was incorporated into the wider financial risk.

Risk ID	Risk Rating	Principal Risk	Rationale for change
		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 (specific Local Authority risk).	
2133	6 (Low)	There is a risk that national social care policy decisions available for adult social care will lead to instability of providers resulting in insufficient resource to cover demand and quality, placing pressure on other services (Local Authority Risk which could impact system).	Risk re-focused on sustainability of providers and quality rather than financial aspect.

2.8 There are currently **16 risks** on the Wakefield Place Risk Register, three of which are marked for closure, leaving a total of **13 open risks**.

2.9 Risks Marked for Closure

There are three risks marked for closure in this risk cycle.

Risk ID	Risk Rating	Principal Risk	Reason
2142	16 (High)	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.	Agreed by Finance Leads – risk closed at place level and new risk to be added to the West Yorkshire Risk Register
2388	9 (Moderate)	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	Finance leads agreed to close this risk as it was incorporated into the wider financial risk.

Risk ID	Risk Rating	Principal Risk	Reason
		funding to complete adaptations in a timely manner. Which may impact the ability for people to continue living independently and cause reputational damage (specific Local Authority risk).	
2132	6 (Low)	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.	Closed – Reached tolerance – new lease signed for King Street Walk in Centre

2.10 New Risks this Cycle

There has been one new risk added to the Wakefield Risk Register this cycle:

Risk ID	Strategic Objective	Risk Rating	Principal Risk
2397	Healthy standard of living for all	20 (Critical)	There is a that the WDHCP part of the WYICS will not as a system develop a financial strategy to deliver a break-even position in future years. This is due in part to the fact that the WYICB - Wakefield Place delegated budget has an underlying deficit going into 2024/25. In addition, MYTT has a significant underlying deficit. The scale of these pressures will require a financial recovery plan to deliver a break-even position in future years. The result of failure to deliver longer term financial balance will e 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 NHSE and a requirement to make good deficits in future years.

2.11 Emerging Risks this Cycle

No new emerging risks were identified during this risk cycle.

2.12 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
2397	Healthy standard of living for all	20 (Critical)	There is a that the WDHCP part of the WYICS will not as a system develop a financial strategy to deliver a break-even position in future years. This is due in part to the fact that the WYICB - Wakefield Place delegated budget has an underlying deficit going into 2024/25. In addition, MYTT has a significant underlying deficit. The scale of these pressures will require a financial recovery plan to deliver a break-even position in future years. The result of failure to deliver longer term financial balance will e 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 NHSE and a requirement to make good deficits in future years.
2329	Healthy standard of living for all	20 (Critical)	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. The ICB and in particular within Wakefield has significant cost pressures in Prescribing, Independent Sector Activity and Continuing Healthcare Packages and is therefore at risk from achieving its financial planning control total.
2390	Improve healthcare outcomes for residents	16 (High)	There is a risk in relation to Learning Disability Packages and LD Placement Reviews which could result in the inability to place in appropriate, local placement.
2142	Healthy standard of living for all	16 (High)	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.
2128	Giving every child the best start in life	15 (High)	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.

Risk ID	Strategic Objective	Risk Rating	Principal Risk
			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
2129	Healthy standard of living for all	12 (Moderate)	There is a risk of delays in people accessing planned acute care due to more complex cases and in some cases higher demand and significant capacity issues due to inability to recruit into key clinical roles, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.

2.13 Increasing scores

The following risks have increased risk scores this risk cycle.

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2329	Healthy standard of living for all	20 (Critical)	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. The ICB and in particular within Wakefield has significant cost pressures in Prescribing, Independent Sector Activity and Continuing Healthcare Packages and is therefore at risk from achieving its financial planning control total.	Risk score amended to 20 to be in line with all places and West Yorkshire Core. Risk description amended to include wider financial risks around prescribing, independent sector activity and continuing health care packages.

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2181	Giving every child the best start in life	9 (Moderate)	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.	Risk reviewed with Risk Manager - risk score amended to a more realistic score (3x3 - 9) and target also score amended.
2146	Healthy standard of living for all	6 (Low)	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.	Risk Score changed to 6 (3x2) as the situation is dependent on patient exercising choice and an issue with funding over two financial years. Increase in adults seeking ADHD assessment is a national issue. The risk score is now appropriate however the impact from the investment of the Business Case needs to be monitored

2.14 Decreasing scores

The following risks have decreased following review by risk owners:

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
2370	Tackle inequalities in access,	9 (Moderate)	There is a risk that, following a recent local incident demand for health care services to	Risk Reduced due to controls put in place - the risk had been put on in Wakefield due to

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Reason
	experience, outcome		support our asylum seekers will be under significant pressure as we support local residents locally with some reduced staffing capacity as a result of the local incident our health services will experience significant increase in demand and add additional pressure onto service providers.	a specific incident so still needs to be managed on the risk register for Wakefield Place.
2138	Healthy standard of living for all	6 (Low)	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	Risk rating reduced to 6 - mitigations in place have had a positive impact on risk.
2133	Healthy standard of living for all	6 (Low)	There is a risk that national social care policy decisions available for adult social care will lead to instability of providers resulting in insufficient resource to cover demand and quality, placing pressure on other services (Local Authority Risk which could impact system).	Risk reduced to 6 - mitigations having a positive impact. Risk re-focused on sustainability of providers and quality rather than financial aspect

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 16 January 2024.

3.2 Work will continue to develop partnership and system risk management arrangements.

4. Recommendations

The Wakefield District Health and Care Partnership is asked to:

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

Risk ID	Strategic Objective	Risk Rating	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
2397	Healthy standard of living for all	20	There is a that the WDHCP part of the WYICS will not as a system develop a financial strategy to deliver a break-even position in future years. This is due in part to the fact that the WYICB - Wakefield Place delegated budget has an underlying deficit going into 2024/25. In addition MYTT has a significant underlying deficit. The scale of these pressures will require a financial recover plan to deliver a break-even position in future years. The result of failure to deliver longer term financial balance will e 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 NHSE and a requirement to make good deficits in future years.	1. WYICS Financial Framework agreed in all places. 2. Robust financial planning process across partners. 3. Monthly reporting of financial position to WYICS 4. Regular review of financial position by peers in monthly Finance Forum meetings 5. Reporting of system finances through WDHCP committee	1. Development of financial strategy to support financial sustainability of the Wakefield system 2. Capacity to explore Benchmarking and other efficiency measures to identify areas where costs are in excess of peers 3. Capacity to explore commissioning expenditure to identify over target areas of spend 4. Development of business intelligence data in order to explore target areas for investment and savings - there is a real need for a higher level of intelligent systems and decision making 5. Programme Management capacity to implement financial strategy 6. Improved system level reporting of pressures 7. Improved system level understanding and exploration of mitigations	1. Quarterly WYICB assurance process where Place financial position is assessed 2. Additional WYICB assurance meetings 3. WYICB financial strategy 4. Individual organisation internal audit processes 5. Individual organisation governance and reporting processes	1. In year financial plan approved by each system partner and WYICS 2. HFMA Financial sustainability exercise undertaken and internal audit review. Action Plan being implemented. 3. WDHCP Committee Development Sessions to focus on financial strategy and understanding of the issues. 4. NHSE review of plans 5. Work ongoing to understand underlying position.	1. Longer term recovery plan and Wakefield place financial strategy for sustainability			New - Open
2329	Healthy standard of living for all	20	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. The ICB and in particular within Wakefield has significant cost pressures in Prescribing, Independent Sector Activity and Continuing Healthcare Packages and is therefore at risk from achieving its financial planning control total.	1. Regular financial reporting to partnership committee including whole ICS reporting - deep dive of financial position and risk to take place December 2023; 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 met in October with recommendations to WDHCP committee; 8. Any uncommitted SDF is now subject to WY EMT approval	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. WDHCP Committee deep dive into financial position and risk in December 2023 3. Audit check financial reporting controls and processes 4. Peer review on place financial position and risk in November 2023	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 3. Positive Peer Review in November 2023 on financial position and process	Work programme for IAC - what do they want to concentrate on for deep dives			Increasing
2390	Improve healthcare outcomes for residents	16	There is a risk in relation to Learning Disability Packages and LD Placement Reviews which could result in the inability to place in appropriate, local placement.	Working to respond to the Value Circle Review which will develop recommendations and actions to resolve current issues.	None identified	1. 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. 2. 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. 3. 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 4. 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. 5. 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. 6. 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. 7. In addition to the above, a High Cost Review invest to save project has been set up, with the aim of	Development oversight and budget meetings on activity and spend which would identify issues in the LA	None identified			Static - 1 Archive(s)
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.	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	None identified	None identified			Closed - Merged with another risk (please link to merged risk)

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	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. WY ICB hosted a neurodiversity summit on 4/12/23 acknowledging this challenge and setting the intention to work together to explore solutions 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	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 - 3 Archive(s)
2129	Healthy standard of living for all	12	There is a risk of delays in people accessing planned acute care due to more complex cases and in some cases higher demand and significant capacity issues due to inability to recruit into key clinical roles, 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. 3. Patient are offered choice to be seen by an alternative provider and independent sector contracts in place to increase capacity. 4. Tools such as PIFU and The Shared Referral Pathway (SRP) 5. The Planned Care system leads work closely with WYAAT programmes to optimise capacity across West Yorkshire. 6. Building of Wakefield Community Diagnostics Centre and the new treatment centre with four additional theatres and outpatients space at Dewsbury will significantly increase capacity	1. Recruitment to some key clinical roles within specialities is very challenging with low uptake 2. Not all patients accepting choice of providers 3. Lack of options for alternative providers in challenged specialties	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.		JL updated on behalf of James Brownjohn on 27 November	Static - 3 Archive(s)
2388	Improve healthcare outcomes for residents	9	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 (specific Local Authority risk).	1. Budget Forecasting in place, Alternative grant sources identified. 2. Reviewing of all active and cases awaiting allocation for a grant officer. Services continually looking to identify cost effective build solutions. 3. Engagement with senior leadership. 4. Engagement with finance to discuss ways to reduce costs 5. Engagement with legal around statutory requirements. 6. Engagement with Comms to ensure any communications minimise reputational damage. 7. Funding identified to bridge the current gap. A review of the regulatory reform order in financial year 2024/25	None identified.	1. Review of Regulatory Reform Order 2. Engagement with Internal Comms/Legal. Calculation of Run Rate alongside finance. 3. Exploring transfer of LOLLERS to Equipment Services. 4. Discussions with Personal Assessment Team to determine resource required for financial assessments.	Development and oversight meetings to monitor spend against budget and forecast (local authority).	None identified			Closed - Merged with another risk (please link to merged risk)

2370	Tackle inequalities in access, experience, outcome	9	There is a risk that, following a recent local incident demand for health care services to support our asylum seekers will be under significant pressure as we support local residents locally with some reduced staffing capacity as a result of the of the local incident our 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). WY ICB escalation of risks completed. Formal Commissioning arrangements are now in place. AO meeting with Mears and written to Home Office RE: engagement with Home office/MEARS as immigration provider in managing the number; nature and timing of migrants brought into hotel accommodation. Working with LA to support the resettlement caps in line with national guidance. One-stop-shop sessions taking place 4-6 weekly - provides service users with support but also opportunity for service providers to collaborate and	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 took place between Accountable Officer and Mears with clinical support October 2023. Mears agreed to consider a letter which Wakefield system sent to Home Office in November 2023 Rob Webster has just also written to Mears on behalf of WY ICB outlining some concerns. (end November 2023)	Smaller, staggered numbers of asylum seekers. Increase in the number of proactive health checks rather than re-active service delivery. Staffing levels increased. Evidence of mental health support sessions taking place.	Home Office relationships and engagement. Shared health information to effectively manage the services. Performance data/analytics to support further assurances.			Decreasing
2297	Improve healthcare outcomes for residents	9	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.	1. Enacted BCP, initiated help from the main contracting team. 2. Training on the ADAM database (end to end database) to on-board providers to ensure speedy payment 3. Additional support when required - specific NHS contracting support from internal Contracts Team 4. Meeting regularly with the team to ensure workload is deliverable. 5. Considering options with partners re capacity and seeking HR advice	Contacting the WY CHC Heads of Service for specialist CHC contracting support.	1. Monitoring the brokerage of care packages to prevent delays and highlight any hotspots. 2. Support within the CHC contracting team.	1. Monitoring against the Quality metrics for CHC.	None identified.			Static - 4 Archive(s)
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.	1. An Executive level lead for Gram Negative Blood Stream Infections identified - CKW Chief Nurse. 2. Implementation of UKHSA guidance on Gram Negative Blood Stream Infections. 3. 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). 13. The IPC Team reviews cases to identify themes across all the Gram Negative Blood Stream Infections. Present analysis has not identified a common atonality to focus upon.	1. Complexity of patients, engagement and compliance of patients (not within our control)	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 - feedback to be received from system partners in January 2024 3. Lead IPC Nurse attending WY ICB Gram Negative Reduction planning subgroup 4. To develop a system approach to Patient Safety Incident Response Framework			Static - 1 Archive(s)
2181	Giving every child the best start in life	9	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.	Children's CHC team have regular meetings with MYTT children's nursing team working closely to manage the cases Commissioning of private providers to pick up the lack of capacity/flexibility of the Children's MYTT team Plans in place to look at Discharge Planning with MYTT Working with Contracting Team to establish a list of providers that meet a set criteria of care	Building a Provider List for Children's CHC Review and updating of all Children's 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 Complex Children's Care Meeting with Children's commissioning team	Children's CHC Formal Performance Reporting - in the CHC performance report	None identified			Increasing

2135	Giving every child the best start in life	9	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. 8. Partners from ICB, SWYPFT, MYTT and Children's SC are developing a joint protocol to manage complex children where there is a risk of admission which is proving effective in managing complex cases	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 - 5 Archive(s)
2146	Healthy standard of living for all	6	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	Business case completed proposing alternative to private assessment - Business case recommended by Investment Panel and approved by WDHCP 2 November - funding arrangements to be put in place within the next two month with SWYPFT.	Potential issue regarding 12 months funding running over two financial years	Business case captured in forward plans of place meetings and Business case approved. Funding to be monitored within MH Alliance	Business case approved SWYPFT have the capacity to undertake the work Analysis of data to determine appropriateness of assessment	Patient choice still applies			Increasing
2138	Healthy standard of living for all	6	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 from 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 both virtually and face to face.	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 2022/23 has 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 care and health framework for July 2024 for domiciliary care and 2025/6 for residential care. Both the LA and ICB jointly 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 plus spot beds for surge capacity 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 and progress towards an integrated team in 23/24 financial year.	none identified			Decreasing
2133	Healthy standard of living for all	6	There is a risk that national social care policy decisions available for adult social care will lead to instability of providers resulting in insufficient resource to cover demand and quality, placing pressure on other services (Local Authority Risk which could impact system).	1. Joint strategic approach to understanding, supporting and developing the market. 2. Contract monitoring, evaluation, quality support and due diligence processes in place. 3. Care home provider failure protocol reviewed, closure protocols in place and used for the strategic response to social care provider failure. 4. Support to providers during pandemic has increased stability 5. Living wage uplift funded through highest possible fee uplift in 2023/24 6. Retention incentive paid to front line care workers 7. Council paying a fuel supplement to domiciliary care providers until July 2023, acknowledging the higher costs to this sector (to be paid to frontline carers 8. Additional funding provided to sector to support through both discharge and market sustainability grant.	None identified	1. Transformation Delivery collaborative receives reports on integrated community board effectiveness (minutes presented to WDHCP committee) 2. New Adult Social Care and ICB Discharge Funding announced in November 2022 and also available for financial year 2023/24 and 2024/25 to support discharge will provide funding for the system across health & social care to support discharge support. 3. Winter funding announced for workforce 27th July 2023 from DHSC 4. Local authority are finalising their MTFP for 2023/24 and AO for Wakefield has led and signed off the ASC budgets for Wakefield in the role as DASS 4. Regular monthly finance and performance meetings in ICB and WMDC track activity and budget pressures throughout the year. 5. Grants and other funding opportunities such as MSIF will be maximised to support sector and budget position. 6. System working with partners will support joint approach to financial risks.	1. New frameworksare in place 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. There is no waiting list and surge capacity is in place through winter through the urgent response service. 2. The LA will continue to work with the sector to agree contractual uplifts in readiness for 24/25. 3.Adult Social Care & ICB Discharge funding is being utilised to support our system with commissioning of 25 care home sector beds to support our residents plus spot purchase beds for surge capacity. 4. Financial resources will be allocated to care provider sector using additional MSIF in 2023/24 in line with grant conditions.	None identified			Decreasing

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.	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			Closed - Reached tolerance

Wakefield District Health & Care Partnership

Extraordinary Meeting of the

Transformation and Delivery Collaborative

Minutes

Tuesday 3 October 2023, 10.00pm – 12.00 noon, MS Teams

Present

Name	Representing
Mel Brown	Chair
Colin Speers	Executive System Healthcare Advisor
Karen Parkin	Operational Director of Finance (Wakefield Place)
Becky Barwick	Associate Director of Partnerships and System Development
Gareth Winter	Head of Finance, Wakefield Place
Elizabeth Goodson	Senior Finance Manager (Partnerships), Wakefield Place,
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
Amanda Miller	General Manager, Wakefield Community Services, SWYFT
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Michala James	Senior Manager - Partnerships and System Development
Dominic Blaydon	People Alliance
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
Jeremy Wainman	NHS Lead for Adult Mental Health and Dementia, West Yorkshire ICB - Wakefield Place
Christus Ferneyhough	Public Health, Wakefield Council

Name	Representing
Clive Harries	Clinical Director West Wakefield Primary Care Network and Wakefield Place Clinical Adviser for Planned Care and Cancer
Chris Evans	Chief Operating Officer, MYTT
Lisa Willcox	Chair of Learning Disability Alliance, Service Director, Adult Social Care - Mental Health and Learning Disabilities, Wakefield Council
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Paulette Huntington	Deputy Chair, People Panel
Linda Harris	Joint SRO Workforce
Phillip Marshall	Joint SRO Workforce
Grace Owen	Senior Transformation Manager (Planned Care), Wakefield Place
Aditi Bandyopadhyay	Planned Care Programme Manager, MYTT
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
Adam Sheppard	Chair of Professional Collaborative Forum
Kerry Stott	Unplanned Care Transformation Programme, Programme Manager for Urgent Care Redesign / Unplanned Care
Laura Townend	Mid-Yorkshire Teaching Trust

Apologies

Name	Organisation
Stephen Turnbull	Consultant – Public Health
Shakeel Sarwar	PCN Representative
Catherine Breadmore	Third Sector Strategy Group
Sarah Roxby	Housing and Health Partnerships Chair, Service Director – Housing, WDH
Abdul Mustafa	PCN Representative, PCN Clinical Director
Richard Main	Head of Digital, Wakefield ICB
Emma Hall	Chief Officer of Planning and Partnership, MYTT
Gary Jevon	CEO, Healthwatch
Keely Robson	Director of Operations Surgery, Cancer and Access Booking & Choice, Mid-Yorkshire Teaching Trust
Wendy Quinn	Director of Operations, MYTT
Lucy Beeley	Director of Operations, MYTT

Administration

Agenda No	Minutes
1	**Welcome and apologies** MB welcomed everyone to the meeting and apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest noted.
3	**Chair's Opening Remarks** MB thanked everyone for attending the meeting advising this was an extraordinary meeting to consider a number of business cases for onwards submission to the Investment Panel. MB reminded colleagues to be supportive and constructive with their feedback to colleagues. MB advised of the challenging financial position across Wakefield Place and West Yorkshire ICB with ongoing work to mitigate these. It was noted that papers received in relation to business cases and Investment Panel should be provider agnostic and MB asked that this be adhered to for future papers.
4	**Pain Management** Grace Owen (GO) presented this item GO outlined the proposal of the pilot to implement a community pain service for the patients of Wakefield. GO explained that currently there was no suitable service provision for patients who had persistent pain that do not meet criteria for referral to secondary care or do not wish to seek treatment from a consultant. This resulted in patients being either managed inappropriately with medication in Primary Care, seeking and attempting to access treatments that were not evidence-based or were referred to very specialist pain services when their care needs could be met more appropriately elsewhere. In many cases, patients repeatedly use primary or urgent care services in the absence of the right care. GO advised that the pilot would be delivered in 2 parts: - A holistic model of care that delivered a comprehensive assessment, Pain Management interventions, supports patient self-management and access to support and therapies not currently available in the commissioned model. - Introducing the Flippin' Pain public and professional awareness campaign (this aspect would be district wide). She explained that the pilot would work with 2 PCN's to offer this service to its patients. These were yet to be identified but PCN's would be selected based on willingness to participate, an assessment of health inequalities and potential number

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	of patients eligible to use the service. The proposal had been taken to the Professional Leadership Forum. In relation to a question from PH, GO confirmed that evaluation of the pilot project would involve patients with the aspiration being to secure a long-term district wide solution on the future. PJ commented that rather than piloting with 2 PCNs he would like to see roll out to all PCNs for maximum benefit. GC confirmed that colleagues from MH had been involved in discussions around the proposals and that if implemented patients with MH challenges would be referred to appropriate services. Discussion took place in relation to the financial aspect with the TDC noting that the proposal was not cash releasing however it may be that following evaluation of the pilot that it was determined, for example, that GP workload was reduced. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Pain Management could be taken to the Investment Panel.
5	**Admission Avoidance and Complex Falls Assessment** This Item was presented by Aditi Bandyopadhyay (AB) TP introduced the item explaining that is was proposed that the funding of this project would be via the WYICB Community SDF (which was provided to places on a fair shares basis specifically for urgent community response and proactive care initiatives) This had been to IATCB on the 28 September. AB explained the business case which was to develop a complex falls assessment team who would provide intensive therapy and support medical management of people who fell regularly. They would also link in with the Virtual Wards MDTs, the MYTT Emergency Department (ED) to provide specialist support for potential frequent fallers and community services to support long term medical conditions for frequent fallers. Data highlighted that approximately 200-300 people attended the ED with a fall each week and this number was gradually increasing, the proposals aimed to reduce this number attending ED and being admitted to the hospital and improve patient outcomes and experience. Discussion took place in relation to residential/care homes and the internal organisational protocols for when a resident falls. Engagement with national/regional/local teams would be required to ensure that patients do not go to

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	hospital unnecessarily. AB advised that conversations had commenced and St John Ambulance had shared details of their MoU with Care Homes which was something that could be considered in relation to these proposals. JW highlighted that some medications could cause people to fall and it would be important to identify those on such medications as part of the process. In response to a question from KP, AB clarified that funding would commence upon recruitment of the posts within the proposal and would be for 12 months. The following would need to be clarified: • SDF funding and how this would be used over two financial years; • SWYPFT involvement in the proposals for their cohort of patients. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Admission Avoidance and Complex Falls Assessment could be taken to the Investment Panel.
6	**Mental Health Complex rehab and MH 111** Michele Ezro (ME) presented the paper ME outlined the proposals which were on a West Yorkshire ICB basis and overseen by the WY Mental Health, Learning Disability and Autism Partnership Board. The proposals aimed to improve care and care pathways for people with longer term complex mental health needs to support care in the community and thereby reducing the need for inpatient locked rehabilitation placements in the independent sector. It was noted that all five places would need to be supportive of the proposals and the decision to proceed would be taken by the WYICB Board. MB advised that the Investment Panel would not be able to make a decision on this as it would need to go through the WY governance channels. For transparency it was suggested that should it be approved at WY level governance then it could be placed on WDHCP committee for awareness. It was **RESOLVED** that: The Transformation and Delivery Collaborative noted the business case for Mental Health Complex Rehabilitation and that this would go through the governance at West Yorkshire ICB and would not need proceed to the Wakefield Place Investment Panel.

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	ME highlighted the NHSE MH 111 service which was due to be introduced in April 2024. There had been an EQIA undertaken at WY level and the risks highlighted were being fed back to NHSE via the WY team. There was a cost pressure relating to the introduction of this service. There were discussions with NHSE both regionally and nationally and the situation remained complex. KP advised that this would not be a case for the Investment Panel but thanked ME for bringing it to the attention of the TDC. It was **RESOLVED** that: The Transformation and Delivery Collaborative noted the information relating to the NHS MH 111 service and ongoing dialogue with NHSE. This would not proceed to the Investment Panel.
7	**Pre-habilitation service for orthopaedic patients awaiting total knee or hip replacement** Clare Offer (CO) presented this item CO introduced Christus Ferneyhough who was a public health registrar and had done a significant amount of work on the business case. CO explained that waiting times and delays to orthopaedic surgery had risen sharply due to NHS pressures, resulting in a wait of at least one year for surgery. This project created opportunity from these delays through provision of a prehabilitation (prehab) service focussing on healthy weight, stopping smoking, and a more active lifestyle for patients awaiting surgery. This served to optimise patients' health and prepare patients to be as fit as possible for surgery, increasing the chance of positive surgical outcomes whilst reducing the chance of complications. This simultaneously boosted the physical and mental wellbeing of patients in the interim and beyond. Collectively, this project had significant potential to reduce the economic burden on the local health system and could yield sizeable direct and indirect return on investment. CO outlined what the funding would be used for which was mainly related to staffing costs. Discussion took place in relation to whether the project needed a band 6 physiotherapist or whether this could be fulfilled by a Level4/5 Personal Trainer. CO explained some complexities in relation to information governance and also that the physiotherapist would be triaging cases and the difference in costs was minimal. It was envisaged that the physiotherapist and activator would work closely together. CF explained the potential returns on investment advising that those contained within the paper were conservatively estimated.

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	It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Pre-habilitation service for orthopaedic patients awaiting total knee or hip replacement could be taken to the Investment Panel.
8	**Lymphoedema** Grace Owen (GO) presented this item GO explained that patients who have Lymphoedema were currently supported by the Lymphoedema service at the Prince of Wales hospice. This service had been in place since 2013. The proposals were to extend this service to support an increased number of patients (currently 240 per month, would be 400 patients per month). It was also proposed to implement a 'total purchasing' type model for Lymphoedema patients -this would mean that POW hospice would directly purchase the garments from suppliers, potentially being able to negotiate a bulk discount, so that patients received an appropriate and correctly sized garment from their first appointment. This had the potential to provide significant cost savings. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Lymphoedema could be taken to the Investment Panel.
9	**Health Care Pathways** James Brownjohn (JB) presented this item JB outlined the business case which proposed improving the current approach to care pathways by adopting a way of working (including a supporting platform) that would maximise the opportunity for collaborative development of local health and care pathways making them available to all clinicians at the point of care in one accessible area. It was noted that the project had been endorsed by the Professional Collaborative Forum in Wakefield and was supported by senior clinical leads in Wakefield and MYTT. JB explained that of the three options proposed the preferred option would be to use an 'off the shelf' with additional technical writing support. It was clarified that there would be an upfront cost and then an annual licence fee. In relation to a question from MEn, JB confirmed that he had researched and spoken with other systems and clinicians using such platforms with great success. CH added

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	that the system within Wakefield had matured to a different and more collaborative way of working which would be enhanced by such a platform. SK referred to the system currently used by GPs which linked into SystemOne and asked whether the introduction of another system would have a negative impact. CH responded advising that whilst this was a concern he believed that GPs would find the value in both systems as they both provided something different. JB advised that it was possible that costs would be discounted if there were other partners and as highlighted in the paper discussions were being held with Kirklees place. It was **RESOLVED** that: The Transformation and Delivery Collaborative agreed that the business case for Health Care Pathways could be taken to the Investment Panel.
10	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no escalations.
11	**Any other business** MB advised that conversations were taking place with Jo Webster in relation to investment in analysts to support Business Intelligence. It was likely a paper would go to the Investment Panel in this regard and it was noted that the BI Business Case had been discussed extensively in previous forums. The meeting finished at 12.10 pm.
Date and time of next meeting: Extraordinary Meeting: Tuesday, 17 October 2023, 2:00 pm – 5:00 pm	

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday 17 October 2023, 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Mel Brown	Chair
Colin Speers	Executive System Healthcare Advisor
Becky Barwick	Associate Director of Partnerships and System Development
Gareth Winter	Head of Finance, Wakefield Place
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
Dominic Blaydon	People Alliance
Emma Hall	Chief Officer of Planning and Partnership, MYTT
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 (from 15.00 hours)
Gary Jevon	CEO, Healthwatch
Jeremy Wainman	NHS Lead for Adult Mental Health and Dementia, West Yorkshire ICB - Wakefield Place
Adam Sheppard	Chair of Professional Collaborative Forum
Paulette Huntington	Deputy Chair, People Panel (from 14.55 hours)
Kerry Stott	Unplanned Care Transformation Programme, Programme Manager for Urgent Care Redesign / Unplanned Care
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT

Name	Representing
Lisa Willcox	Chair of Learning Disability Alliance, Service Director, Adult Social Care - Mental Health and Learning Disabilities, Wakefield Council
Laura Elliott	Head of Quality, Wakefield ICB
Dasa Farmer	Senior Engagement Manager, Wakefield ICB
Sally Prus	Quality Manager, Wakefield ICB
Lisa Dixon	Head of Nursing, 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
Karen Parkin	Operational Director of Finance (Wakefield Place)
Abdul Mustafa	PCN Representative, PCN Clinical Director
Richard Main	Head of Digital, Wakefield ICB
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
Linda Harris	Joint SRO Workforce
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
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

Administration

Agenda No	Minutes
1	**Welcome and apologies** MB welcomed everyone to the meeting of the Transformation Delivery Collaborative. Apologies were noted as above.

Agenda No	Minutes
2	**Declarations of Interest** There were no declarations of interest noted.
3	**Minutes of the meeting held on 26 September and 3 October 2023** The minutes of the meeting held on 26 September and 3 October were agreed as a true and accurate record.
4	**Action Log** Action 2 – Terms of Reference Children's Alliance nomination – JL advised that she was awaiting a response in terms of the representative for the TDC. Action 3 – Maturity Matrix – this was ongoing with those Alliances volunteering to use the matrix asked to provide feedback to MJ. It was noted that the Mental Health Alliance had completed the matrix, the Children's Alliance would be completing the documentation within the next week and the Learning Disability Alliance were also on with completing the matrix. JB advised that a few more meetings of the Planned Care Alliance would take place prior to completing the matrix. Action 8 – Oliver McGowan Training – LW and DM had met with discussions to take place in relation to scoping the impact. Action 13 – Dementia and neurodivergence – JW advised that he would bring recommendations for where these areas might best fit to a future meeting. It was noted that all other actions had been closed.

Agenda No	Minutes
5	**Programme Highlight Reporting: Escalations by exception** The following items were noted from the highlight reports: **Children's Alliance:** • Work was underway in relation to healthcare settings supporting school attendance with examples of good practice. The full range of actions were included in the highlight report. • It was agreed to share performance around the ASD waiting lists in future reports. **Action** **Children's Alliance report to include performance information relating to ASD waiting lists – JL.** **Planned Care Alliance** • It was noted that in relation to the weight management service that every patient had been contacted with a BMI over 50 and were on a pathway. All those with a BMI of 40 had been contacted to establish whether they wanted to participate in the pathway. There was still a lot of work to do but this had been a positive development. Work continued with the West Yorkshire team to look at solutions. **Action:** **JB a fuller update on the implementation and proposed pathway to a future meeting.** **Community Transformation Programmes** • The first Board of the Integrated Neighbourhood Teams would commence in November. **Learning Disability Alliance** • Discussions with Business Intelligence were ongoing in terms of developing some useful metrics to assess impact. MB thanked everyone for their papers and asked for feedback or any requests for deep dives on a specific topic/project/risk.

6	**Embedding Quality in Priority Programmes** Laura Elliott (LE), Dasa Farmer (DF) and Sally Prus (SP) attended for this item LE introduced the item advising that Wakefield Place was working on the national ambition to embed quality within transformation programmes. There were a number of strands to this including governance, reporting, engagement with communities/patients/residents and the concept of self-regulation in line with established quality surveillance and risk processes. Wakefield had already established two learning networks/communities of interest: • Experience of Care Network • Patient Safety Network It was noted that the Experience of Care Network had very recently won an award at the Patient Safety Awards. DF highlighted the importance of working in partnership with people and communities, exploring experiences of care and looking how feedback was received in this regard. DF reference the Working in partnership with people and communities graphic and emphasised the importance of people being at the core of what we do. A blended approach to working in partnership with people and communities would be taken being clear as to the rationale and deciding that with people with lived experience. SP explained the national context the NHS Delivery and Continuous Improvement review April 2023 which looked at how improvement-led delivery enhanced the quality of outcomes for patients. The five key areas were with underpinning drivers and enablers: • Building a shared purpose and vision • Building improvement capability • Developing leadership behaviours for improvement • Investing in culture and people • Embedding a quality management system SP highlighted the work which had taken place to date including a workshop in June 2023 and further engagement with programmes and alliances in July 2023. From this six principles to embedding quality at Wakefield place had been developed: • Engagement • Using Insight • Coproduction • Using QI Methodologies • Quality Outcomes • Sharing and Learning

Agenda No	Minutes
	SP shared some of the work which had already taken place or was due to take place in relation to these themes. DF emphasised the need to strengthen public involvement in programmes and alliances and referenced the People Panel which met approximately every 6 weeks. A session on co-production would be held in mid- November. SP explained QI methodologies and reference the NHS Future Platform which was available to access. This was a dedicated learning platform focused on embedding quality in priority transformation programmes across Wakefield. This space had been created with the vision of fostering collaboration, knowledge sharing (including tools and resources), and transformative discussions. SP emphasised to colleagues about thinking about Quality and Equality Impact Assessments being done at the planning stage rather than later in processes. Discussion took place in relation to communications and ensuring that Alliance and Programme leads were engaged and informed of the process. MB thanked colleagues for the presentation and SP would circulate the presentation following the meeting. (Post note – presentation circulated on 18 October 2023). It was **RESOLVED** that: The Transformation and Delivery Collaborative noted and supported the work on Embedding Quality in Priority Programmes.
7	**NHS Impact Tools** Mel Brown (MB) presented this item MB advised that the NHS Impact Tools (Improving Patient Care Together) service had been launched which was the new, single, shared NHS improvement approach. By creating the right conditions for continuous improvement and high performance, it was believed that systems and organisations could respond to challenges, deliver better care for patients and provide better outcomes for communities. The system contained resources and materials, real time data and improvement information relating to a number of different services. There was information relating to maturity matrix and it was intended to look at this to strengthen the TDC recently developed matrix particularly in relation to improvement. Other tools included demand and capacity planning and workforce leadership. MB

Agenda No	Minutes
	encouraged colleagues to look at the available information and use the tools for their programmes and alliances. It was noted that JB had specific expertise in relation to the demand and capacity took and he would be happy to assist colleagues with this should they wish. MB suggested that the tools be discussed at the next Transformation peer group meeting. **Action:** **MB suggested that the tools be discussed at the next Transformation peer group meeting.** It was **RESOLVED** that: The Transformation and Delivery Collaborative noted the NHS Impact Tools service.
8	**Children's September Surge** Jenny Lingrell (JL) presented this item JL explained that this had been a piece of work which had been undertaken in the Business Intelligence team and she would present this on their behalf. JL explained the September surge which was when pupils returned to school in September there was often a rise in children hospitalised with asthma attacks. The work undertaken showed that the surge for Wakefield was less pronounced in 2022/23 than in previous years. JL particularly referenced the ED attendances for asthma were higher amongst the 0-5 age category, with a greater increase seen in September from this age group. Generally, ED attendances were higher amongst children aged 0-5 years. JL explained that generally, asthma attendances accounted for less than 1% of all paediatric ED attendances and therefore it was difficult to draw significant conclusions when analysing small numbers. CO outlined some of the preventative and work taking place in relation to this including the concept on 'asthma friendly schools' which was around how to manage an asthma attack in school. CO advised that it was not possible to stop the spread of the bugs so it was around the help and support to school, parents, carers and children to reduce attendance at A&E. Reducing the smoking rate linked in to this issue. JL confirmed that the responsibility for this was with the Children's Alliance and linked in with the West Yorkshire Children's Programme. MB thanked Business Intelligence colleagues for providing the useful insight.

Agenda No	Minutes
	It was **RESOLVED** that: The Transformation and Delivery Collaborative noted the presentation on Children's September surge.
9	**Transformation and Delivery Plan and Outcomes Framework** Becky Barwick (BB) presented the item BB advised that she had sent out a draft version of the Transformation and Delivery Plan and Outcomes Framework the previous week which had included detailed programme plans and metrics. It was intended that the plan would provide alignment of the programmes and alliances in addition to assurance to the Transformation and Delivery Collaborative before onwards assurance to the partnership committee. BB guided colleagues through the plan and outcome framework including the metrics/indicators advising that some required further work and input. BB advised that the outcomes framework would be going to the Wakefield District Health and Care Partnership Committee rather than the existing performance report which was currently received; in terms of governance it would be helpful for the TDC to have oversight and scrutiny prior to the report to WDHCP meetings. BB outlined the report which would be presented to the WDHCP which included key assurances and metrics, the action plan was colour coded around three delivery assurance areas of: • Prevention • Integrated Community Response • Specialist Care Discussion took place in relation to the level of detail that would be required for the TDC and the WDHCP committee with MB commenting that the WDHCP would want assurance on the strategic plan with this group owning the delivery plan. It was noted that some metrics would move more slowly than others and it would be helpful to include some narrative in relation to these to inform WDHCP of such. MB emphasised the need to be able to explain what work and progress was taking place against priority outcomes and that the TDC Plan and Outcomes Framework would enable this in a digestible format. It was **RESOLVED** that:

Agenda No	Minutes
	The Transformation and Delivery Collaborative noted the update on the Transformation Delivery Plan and Outcomes Framework.
10	**Reducing Healthcare Inequalities Steering Group** Amrit Reyat (AR) presented this item AR updated colleagues on work that had been taking place within the sphere of the Reducing Healthcare Inequalities Steering Group advising that weekly task and finish meetings had taken place with a relaunch of the group to take place in November 2023. AR explained the need to relaunch the group with Wakefield district continuing to have significant health issues and variation in health outcomes dependent on where residents were born and lived. It was noted that people in the Wakefield district died younger than other parts on the country and would spend more years of their life in poor health. AR shared that 20-30% of health inequalities were estimated to be attributable to inequalities in access to healthcare/inequalities in healthcare. AR outlined the scope of the Reducing Healthcare Inequalities Steering Group and the principles the group would work to. She emphasised what was not in scope and would not be responsible for the entire Health and Wellbeing Strategy. The proposed governance structure was shared with the group sitting under the Transformation and Delivery Collaborative but linking n to other groups as part of the healthcare inequalities community of practice. The core membership was noted with Keith Ramsey of MYTT being the Chair of the group. In response to a question from PH, AR confirmed that lived experience was through existing groups and forums advising that engagement had taken place with a number of different groups across the district. CO added that in addition to that referred to by AR Healthwatch was engaged as were community anchors. AR would link in with DF to arrange to go to the People Panel. MB reflected on some administration points in terms of adding the group and widening the TDC membership to include the new group on the TDC Terms of Reference. It was proposed that a quarterly highlight report be submitted by the group. It was **RESOLVED** that: The Transformation and Delivery Collaborative noted and approved the addition of the Reducing Healthcare Inequalities Steering Group to the Terms of Reference to the TDC.
11	**UEC Redesign Model – Phase 1** Kerry Stott (KS) presented this item KS explained that the paper described the initial aims and objectives of the urgent care redesign programme and the barriers faced which resulted in the requirement to review and alter the scope of the programme. Also provided was an assessment of the current position and recommendations for progressing phase one of the programme within the parameters of available resource and ensuring maximum utilisation.

Agenda No	Minutes
	KS advised that in order to achieve the initial ambition of relocating the Walk in Centre to other premises capital funding or other borrowing would need to have been secured. However, several avenues to secure capital monies and other funding proved unsuccessful and therefore NHS Property are in ongoing negotiations with the current Landlord of the King Street premises to enter into a new lease. KS emphasised that the programme was much wider than urgent care premises advising that there were several areas for improvement and processes/pathways that could be delivered collaboratively across the system whilst remaining in current locations. KS advised that the UEC Oversight Group, with the support of the pathway's working group, had reviewed the programme plan and agreed that phase one of the programme should continue as planned. However, it was noted that with the winter period approaching proposals were that the programmes focus' should be on identified priority pathways which would generate most benefit and help to alleviate pressure across the system during this time. KS provided an overview of these. Discussion took place in relation to the paper with points raised around the new lease contract and ensuring that was robust and also on the focus of delivery over the next few months. MB would update WDHCP through the TDC report which was on the committee agenda for 2 November. It was **RESOLVED** that: The Transformation Delivery Collaborative 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. 3. Support an update to the Wakefield District Health Care Partnership Committee on progress and challenges of the programme via the senior accountable officer.
12	**Items for escalation to Wakefield District Health & Care Partnership Committee** MS would share via her report an overview relating to Item 10 and Item 11..
13	**Any other business** Proposed representative from YAS

Agenda No	Minutes
	MB updated colleagues on discussions with YAS for representation at the TDC group. Colleagues were in agreement that YAS should have a member on the TDC. CS raised an AOB relating to the Professional Leadership Group advising of the intention to focus on key risks within the system; there may be some asks of Alliances and Programmes to feed into this work.
14	**Papers for Information** There were no additional papers to note. The meeting finished at 16.20 hours.
Date and time of next meeting: Extraordinary Meeting: Tuesday, 21 November 2023, 2:00 pm – 5:00 pm	

Wakefield District Health & Care Partnership – Minutes

People Panel

2 October 2023, 10am – 12noon, via MS Teams/White Rose House

Attendees: Dáša Farmer (DF), Stephen Hardy (SH), Princess Nwaobi, Laura Elliott (LE), Ruth Unwin (RU), Janet Witty (JW), Sandra Cheseldine (SC), Paulette Huntington (PH), Zahida Mallard (ZM), Ross Grant (RG), Sandy Gillan (SG), Glenys Harrop (GH), Hilary Rowbottom (HR), Gary Jevon (GJ), Joanne Lancaster (minute taker),Chris Skelton (CS) (Item 6), Tracy Lewin (TL) (Item 8), Jude Woods (JW) (Item 9), Safeen Rehman (SR), Debs Teal (DT)

Apologies:, Jill Long, Mavis Harrison, Carol Smith, Richard Hindley, Christine Allmark

Agenda no	Item	**Actions**
1	**Welcome and apologies**	
	SH 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 20 July 2023**	
	The minutes of the meeting held 20 July 2023 were agreed as a true and accurate record of the meeting.	
4	**Matters arising** LE advised that Place Audits of Mid Yorkshire Teaching Trust (MYTT) were restarting and would be undertaken with participation	

Agenda no	Item	Actions
	from Healthwatch colleagues; dates would be provided for People Panel members should they wish to be involved. LE clarified that the Travel and Transport Forum had been convened for a specific reconfiguration within MYTT and that the forum was no longer in existence.	
	DF confirmed there were no matters arising from previous meeting to discuss that were not covered on the agenda.	
5	**Experience of Care Update – GP Survey Results**	
	Laura Elliott (LE) and Princess Nwaobi (PN) presented this item. LE and PN introduced the item explaining that it was a national survey which was undertaken annually by NHS England – surveys were sent to a sample group of patients to ask about their experience and access to their GP practice. Minor changes had been made to the 2023 survey and the survey had been made available in a number of different formats and languages. It was noted that responses to the survey represented only 1% (3,884) of the practice population. The response rate for Wakefield Place had been 31% against a West Yorkshire response rate of 25%. PN guided the members through the presentation, highlighting the following: • The average score for Wakefield Place had increased for 12 questions **(60%),** stayed the same for 5 questions **(25%)** and decreased for 3 questions **(15%).** • The average score for WY ICB had increased for 16 questions **(80%),** stayed the same for 2 questions **(10%)** and decreased for 2 questions **(10%).**	

Agenda no	Item	**Actions**
	A number of slides were shared which related to overall experience by Primary Care Network (PCN) and practice level including an annual comparison. Information was shared relating to high and low scoring questions and proposed follow up actions. RG questioned how well known the survey was to patients with LE clarifying that this was a national survey which was sent to a sample of patients (those who had been to their practice in January 2023). Communications were through the national team with various posters for practices to display to encourage those receiving the survey to complete. GJ asked whether the responses were spread across practices and whether it was sent to those who saw their GP or other roles at the practice; LE would need to confirm this outside of the meeting. **Action:** **LE to confirm the spread across practices of the response rate and whether the survey had been sent to just those who had seen a GP or other roles too** Discussion took place in relation to some of the practices where extra support was being offered. CS advised that the survey was an indicator at a point in time and by a few people. Significant improvements had been made at some practices since the survey and some work was longer term with improvements being seen in the future.	**LE**

Agenda no	Item	**Actions**
	Action: **LE would ascertain how people were asked to take part in the survey – ie text, letter etc.**	**LE**
6	**Primary Care Update**	
	Chris Skelton (CS) presented this item CS introduced his item advising that the GP recovery plan was well underway with work commencing to improve access. It was noted that 14 practices had been successful in implementing cloud based telephony systems which assisted getting patients through the system; the system enabled capacity and demand modelling enabling GPs to know when to staff the lines more effectively. CS advised that Conexus were delivering training to practices in relation to patient services and pathways. There was also work taking place relating to GP and Community Pharmacy. Digital on-line consultations continued to be promoted to patients and this was helping assist with managing workloads although it was acknowledged that this form of consultation did not suit all patients. Work was also taking place with patients currently residing in hotels across the district providing support to them in relation to accessing NHS care. A comprehensive winter plan was in place for primary care to support staff and patients. A number of acute respiratory hubs	

Agenda no	Item	Actions
	would provide additional capacity in the system and avoid people having to go into hospital. A Paediatric Observation Hub would also be in place for children to be observed for a short period (where it was required by the GP) to determine whether they needed to go to hospital or could be monitored at home. A Care Coordinator would be in place within MYTT A&E to provide patients with information around other services and signpost them to other services where appropriate. PH asked a question in relation to the GP telephony service and the need to press a number to be put through to the appropriate person which was not something you could via voice command whilst driving. It was noted that the telephony service would provide intelligence to practices in relation to calls, for example, average wait time, failed and repeated calls. **Action:** **CS to speak with the relevant team in relation to the telephony service using a hands-free phone.** In response to a question from SC, CS advised that staffing capacity had been considered and there was a bank of a range of clinical staff. It was the intention to use the workforce logically and flexibly and not to destabilise the wider system. Workforce costs for bank staff were a standard cost. CS reiterated that workforce would be closely monitored to ensure there were no unintended consequences elsewhere in the system. LE asked how the observation hubs would be measured in terms of impact with CS advising that there were a significant amount of	**CS**

Agenda no	Item	Actions
	measures in place including an independent review and patient experience.	
7	**Involvement and Equality and Diversity Update**	
	Dasa Farmer (DF) presented this item DF provided a brief update on the Born and Bread in Wakefield (BaBi) project advising of the involvement of the communications and engagement team and the reaching out to patients to widen the conversation and diversity of the project. DF updated on the Older People's Mental Health Transformation programme advising that work was progressing and preparation for the next stage of engagement was taking place. There had been an update about Non-Surgical Oncology at the previous meeting and an update had also been received by the Wakefield District Health and Care Partnership Committee in September. DF referenced the Paediatric Hub referred to earlier in the meeting advising that there was a communication and engagement plan in relation to both workforce recruitment and public awareness messages. DF also advised she was preparing for the evaluation of the service which will include discussions with those who have used the service. The Patient Participation Group had met the previous week with some constructive discussions in relation to digital inclusion/exclusion.	

Agenda no	Item	Actions
	Work continued supporting PCNs with their health inequalities projects. Engagement was taking place with asylum seekers in relation to health. Work was commencing on the Equality Delivery System 22 and more information would be shared as plans matured. Work was taking place across Wakefield on an EDI strategy with the involvement of partners across the district. LE advised that the Experience of Care Network had recently won an award at the National Patient Experience Awards in the Strengthening the Foundation category.	
8	**Midwife Led Unit at Pontefract**	
	Tracy Lewin (TL) presented this item TL explained the background to the paper advising that Pontefract Freestanding Midwifery Led Unit (FMLU) (also known as Friarwood Birth Centre) opened in 2011 when hospital services were reorganised across the Wakefield district. In 2016/17 a new Alongside Midwifery Led Unit (ALMU) opened in Pinderfields (alongside the consultant labour ward). She advised that women have the right to chose where they birth but any complex cases are advised to be consultant led, any complications arising during birth at FMLUs are transferred to the consultant led unit. TL explained that Pontefract FMLU ceased to offer births temporarily due to staffing problems across the service in 2018. Births were re-introduced in 2018 but problems with staffing continued and an 'on demand' model was introduced in July 2019.	

Agenda no	Item	Actions
	The service was unable to sustain this, and, in November 2019, the birthing service was again temporarily suspended. It was noted that staffing in midwifery remained a national issue. TL emphasised that in Wakefield, women were currently offered a full range of choice of birth settings in line with recommendations in the national maternity strategy 'Better Births'. These comprised of: • A Consultant Led Obstetric Unit at Pinderfields Hospital • An Alongside Midwifery Led unit at Pinderfields hospital • The choice of a home birth. There was also the choice of birth at the FMLU at Dewsbury District Hospital (Bronte Birth Centre) as part of the MYTT offer, however intrapartum care had been suspended at the unit since June 2022 due to pressures on staffing and increasing demands on maternity services overall. It was noted that Pontefract and Dewsbury FMLUs continued to provide a full range of ante-natal and post-natal care which complemented community provision. TL advised that relevant discussions and engagement had taken place in relation to the issues around Pontefract FMLU including NHS England, Quality Surveillance Group and Maternity Voices Partnership. It was noted that currently the recommendation which would go to the Wakefield District Health and Care Partnership Committee for approval would likely to be to utilise maternity services at Pinderfields Hospital alongside the other birthing options with a three-year delivery plan to meet the needs of the local population. It would also be recommended that an engagement plan commence around a permanent solution for Pontefract FMLU	

Agenda no	Item	Actions
	which would be permanent ceasing of intrapartum care in the unit while retaining the ante-natal and post-natal care. The engagement would be in the context of the overall maternity services offer. RU added the complexities around going to full consultation as it would be misleading to suggest that the unit would commence intrapartum care again which was why the option of engagement was felt to be the best option and conversations were taking place with the Chair of the Overview and Scrutiny Committee in this regard. Discussion took place in relation to the communications surrounding this being explicit around what options were available and where they were available. In response to a question from SH, TL advised that an Equality, Quality Impact Assessment had been undertaken. LE referred to local MPs in that area who may have feedback to provide. She referred to the work being undertaken at Calderdale and Huddersfield Trust and wondered if joint discussions around a solution for workforce issues at Dewsbury could be found. She emphasised recent national focus on maternity failings in maternity services from different parts of the country, any offer at Wakefield would have to have safety at the centre. Discussion took place in relation to workforce issues which had been the driver to the issue and was a national challenge. RU confirmed that ultimately the decision whether to engage and inform or consult would be made by OSC.	

Agenda no	Item	Actions
9	**West Yorkshire Voice**	
	Jude Woods (JW) presented this item JW explained they had been invited to the meeting to update and share information relating to West Yorkshire Voice a service commissioned by West Yorkshire ICB and run by Healthwatch (hosted by Leeds Healthwatch but working alongside each of the 5 place Healthwatch). They advised that the network consisted of individuals, community groups and professionals and explained the system to join the network which they hoped to expand. The network would bring the voice of health inequalities and those that do not currently have a voice into the feedback loop and this would be reinforced with communications in terms of 'you said, we did'. Also using the voices of lived experience for ICB Board meetings. JW explained that an Assistant Director had been appointed and commenced employment at the end of October, this role would work closely with JW and also coordinate across Healthwatch and the ICB Board. LE referred to the well-established routes for experience of care within Wakefield and she would not wish for any duplicity but welcomed any data that would add to the richness of that already known.	

Agenda no	Item	Actions
	DF asked how many Wakefield residents were part of the West Yorkshire Voice Network with JW advising that there was a spread across the 5 places although some places were more represented than others. They added that more Wakefield residents would be welcomed. Discussion took place in relation to how the various 'people' forums could work and complement each other in addition to discussions around ensuring forums were representative of local communities. **Action: Sign up information to be shared:** **Individuals can sign up here and organisations here**	
10	**Any other business** Discussion took place in relation to the hybrid nature of the meeting with some of the members who had joined on-line having had difficulties in hearing everyone who had been 'in person' at White Rose House. DF to explore possible solutions to improving this. ➢ Date and time of next meeting ➢ 30 November 2023 10.00 – 12.00.	

Action Log

Date of meeting	Item No./Subject	Action	Update	Status
02/10 2023	5 – Experience of Care Update	**LE to confirm the spread across practices of the response rate and whether the survey had been sent to just those who had seen a GP or other roles too.**	Update on information given at the meeting – anyone registered with a GP practice in England can be invited to complete a survey. The person does not need to have been recently seen by a healthcare professional. Response rate ranged from 20-46% (83-143 responses)	CLOSED
02/10/2023	5 – Experience of Care Update	**LE to confirm the spread across practices of the response rate and whether the survey had been sent to just those who had seen a GP or other roles too.**	Patients are randomly selected from all GP practices in England, using the Personal Demographics Service (PDS). The survey uses a quantitative postal methodology, including an option for online completion. In January 2023, questionnaires were sent to around 2.65 million patients aged 16 or over followed by an text reminder one week after the initial mailing, to all those with a valid mobile phone number. Two full reminder mailings (letters and questionnaires) were then sent to non-responders in February and March,	CLOSED

			both followed by an text reminder one week later.	
02/10/2023	6 – Primary Care Update	**CS to speak with the relevant team in relation to the telephony service using a hands-free phone.**	Passed on the information to the relevant team. Trying to understand from suppliers what is available to review this.	CLOSED