

Wakefield District Health & Care Partnership

Partnership Committee Agenda

Thursday, 7 March 2024 – 1.00pm until 5.00pm

St Swithuns Community Centre, Arncliffe Road, Eastmoor, Wakefield WF1 4RR

v = verbal, d = document, p = presentation

Administration

Time	Agenda no	Item	Purpose	Lead
1:00 – TBC	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) . <i>Those in attendance are asked to declare any specific interests presenting an actual/potential conflict of interest arising from matters under discussion at today's meeting.</i>	Information	Chair
1.05	3	Any other private business notified in advance of the meeting		Chair
2.25		Break		
2.30	4	Minutes from the meeting held 9 January 2024 including Matters Arising and Action Log	Approval	Chair
2.35	5	Questions from Members of the Public (v)	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.40	6	Chair's opening remarks (v)	Information	Chair
ITEMS FOR INFORMATION				
2.45	7	Report of the Place Lead (d) <ul style="list-style-type: none"> Secretary of State reconfiguration powers and new duties for commissioners 	Endorse Discussion	Mel Brown Ruth Unwin

Time	Agenda no	Item	Purpose	Lead
3.00	8	Report from the Chair of the Transformation and Delivery Collaborative (d)	Assurance	Mel Brown
3.10	9	Children & Young People <ul style="list-style-type: none"> • Children and Young People Alliance Video (p) • SEND inspection readiness update 	Discussion	Jenny Lingrell
3.25		Break		
STANDING ITEMS				
3.35	10	Outcomes Framework (d)	Assurance	Becky Barwick
3.50	11	Wakefield Place Risk Register (d) Including West Yorkshire Board Assurance Framework	Assurance	Ruth Unwin
4.00	12	Quality, Safety and Experience Highlight report (d)	Assurance	Penny Woodhead
4.10	13	Finance Update Month 10 (d)	Assurance	Amy Whitaker Karen Parkin
ITEMS FOR DECISION/APPROVAL				
4.20	14	Health Inequalities Update	Decision	Amrit Reyat
4.35	15	2024/25 Operating Plan Update <ul style="list-style-type: none"> • Delivery of the Urgent and Emergency care Standard 	Decision Assurance	Ruth Unwin/ Becky Berwick Jon Parnaby

Final items

Time	Agenda no	Item	Purpose	Lead
4.50	17	Issues to alert, advise or assure the ICB Board on (v)	Discussion	Chair
	18	Issues to alert, advise or assure the WDHCP committee on from the ICB Board (v)	Endorse	Chair
	19	Items escalated from other Boards (v)	Discussion	Chair
	20	Items for escalation to other Boards (v)	Discussion	Chair

Time	Agenda no	Item	Purpose	Lead
4.52	21	Receipt of minutes from the sub-committee (d) <ul style="list-style-type: none"> • Minutes of the Transformation and Delivery Collaborative, 14 December 2023 and 16 January 2024(d) • Minutes of the Integrated Assurance Committee 25 October 2023 (d) • Minutes of the People Panel from 30 November 2023 (d) 	Endorse	Chair
4.55	22	Any other business (v)	Discussion	Chair
5.00	23	Date and time of next meeting: 6 June 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.

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Tuesday, 9 January 2024, 14.00 – 17.05

Boardroom, White Rose House, Wakefield, WF1 1LT

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
Stephen Hardy (SH)	Independent Member, Wakefield District Health & Care Partnership (Chair)
Richard Hindley (RH)	Independent Member, Wakefield District Health & Care Partnership
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust (until 13.50)
Sarah Roxby (SRo)	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance
Stephen Turnbull (ST)	Interim Director of Public Health, Wakefield Council
Penny Woodhead (PW)	Director of Nursing and Quality for Calderdale, Kirklees & Wakefield District Places
Sean Rayner (SR)	Director of Provider Development – South West Yorkshire Partnership NHS Foundation Trust, Chair of the Mental Health Alliance
Dr Clive Harries (CH)	GP Member, Primary Care Network Clinical Directors
Dr Phil Earnshaw (PE)	GP Member, Primary Care Network Clinical Directors
Dr Colin Speers (CS)	Local GP & Executive System Healthcare Advisor, Wakefield District Health & Care Partnership, Chair of Provider Collaborative

In Attendance

Name	Title, Organisation
Mel Brown (MB)	Director for System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership
Ruth Unwin (RU)	Director for Strategy, Wakefield District Health & Care Partnership
Steven Knight (SK)	Managing Director, Conexus
Jane Madeley (JM)	Non-Executive Director, West Yorkshire ICB
Lyn Hall (LH)	LMC Representative
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust

Name	Title, Organisation
Karen Parkin (KP)	Operational Director of Finance, Wakefield Place
Joanne Lancaster (JLa)	Governance Manager, Wakefield District Health & Care Partnership (Minutes)
Rebecca Barwick (RB)	Associate Director for Partnerships & System Development, Wakefield District Health & Care Partnership
Jenny Lingrell (JL)	Service Director, Children's Health and Wellbeing, Wakefield Council
Simon Gaskill	Senior Communications Officer, Wakefield Place
Clare Offer (CO)	Public Health Consultant, Wakefield Council (Item 9)
Anne-Marie Henshaw (AMH)	Director of Midwifery & Women's Health (Item 11)
Charlotte Burton	Head of Communications (Item 11)
Grainne Cuerden	Project Manager, Future Selph (Item 10)

Apologies

Name	Title, Organisation
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
Stacey Appleyard (SA)	Senior Responsible Officer, Healthwatch Wakefield
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
Linda Harris (LHa)	SRO (Co Lead Workforce)
Mark Brooks (MB)	Chief Executive, South West Yorkshire Partnership Foundation Trust
Gemma Gamble (GG)	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Cllr Maureen Cummings (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Sharlene Featherstone (SF)	Voluntary, Community and Social Enterprise Representative

Administration Items

no	Minutes
01/24	<p>Welcome & Introductions</p> <p>The Chair welcomed everyone to the meeting following the private session that had preceded this meeting. She welcomed the following colleagues who were here for items on the agenda:</p> <p>Anne-Marie Henshaw – Director of Midwifery & Women's Health</p> <p>Charlotte Burton - Head of Communications</p> <p>Grainne Cuerden – Project Manager, Future Selph</p> <p>Also present were two journalists from the Local Democracy Reporting Service and BBC.</p>
02/24	<p>Apologies & Declarations of Interest</p> <p>Apologies were noted as listed above.</p> <p>The Register of Interests was noted. The Chair reminded everyone to ensure their declarations</p>

no	Minutes
	<p>of interests were up to date by using the Civica Declare system.</p> <p>Dr Lyn Hall had declared an interest in Item 10 – Future-Selph as she had been part of the set-up of the project and she was also employed by Connexus. As this was an item for awareness and discussion it was agreed that Dr Lyn Hall could be a part of the discussion during the item.</p>
03/24	<p>Any Other private business notified in advance of the meeting.</p> <p>The committee held a Private Session which commenced at 13.50 – 14.00 hours. The Public session commenced at 14.00 hours.</p>
04/24	<p>Approval of minutes from the last meeting, action log and matters arising</p> <p>The minutes of the meeting of the 2 November 2023 were agreed as a true and fair representation of the meeting.</p> <p>There were no outstanding actions on the action log.</p>
05/24	<p>Questions from members of the public</p> <p>There were no questions submitted by members of the public.</p>

Main Items

	Minutes
06/24	<p>Chairs Opening Remarks</p> <p>The Chair wished everyone a Happy New Year and gave her thanks to all those who had worked over the Christmas and New Year period across the health and social care system. She noted that the Junior Doctors Strike had taken place just prior to Christmas and at the beginning of the New Year and also the rise in viral infections that was being seen both of which impacted across the system.</p> <p>Looking forward to 2024, the Wakefield District Health and Care Partnership (WDHCP) would continue to deliver effective services for residents and work collaboratively across health, social care and the voluntary, community and social enterprise (VCSE) sector.</p> <p>The Chair advised that a review of the governance structure was taking place at a West Yorkshire Integrated Care Board (ICB) level and that, subject to approval by the ICB Board, that Wakefield would align to the new structure and frequency. Development sessions would still play an important part of the governance cycle allowing for deep dives into services and cross-organisational discussions on transformation and innovation.</p>
07/24	<p>Report of the Place Lead</p> <p>Presented by Jo Webster (JW)</p> <p>JW wished colleagues a Happy New Year and echoed the Chair's thanks to staff across the system especially those working on the frontline. She acknowledged the current challenging period with Junior Doctors strikes and the increase in infections, noting that Covid and Flu had not yet peaked although she was confident that the Wakefield district system would continue to deliver safe and effective care.</p>

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	<p>It was noted that there were further policy changes to scrutiny of service transformation due to come into effect later in January as a result of the Health and Social Care Act which would need to be understood with a further update to be brought to the March meeting.</p> <p>Action Update on the Secretary of State reconfiguration powers and new duties for commissioners to be brought to the March meeting.</p> <p>It was noted the final Integrated Care Board (ICB) operating model was now being implemented and staff were being supported through the process.</p> <p>JW expressed her pride in the Frailty Virtual Ward which had now been in operation for 12 months with specialist care being provided to 992 people, enhancing their quality of life, and preventing them from being in a hospital bed. The target for the number of people being cared for by the virtual ward team had been exceeded in 11 out of 12 months since go live which was a significant achievement. It was noted that funding for future years was being explored through the planning round.</p> <p>In response to a question from JM, JW explained Wakefield had worked with Calderdale and Kirklees on this initiative and shared best practice across the system.</p> <p>It was RESOLVED that: The Wakefield District Health and Care Partnership:</p> <ul style="list-style-type: none"> • Noted the contents of the report.
08/24	<p>Pontefract Midwife Led Unit Penny Woodhead (PW), Ruth Unwin (RU) and Anne-Marie Henshaw (AMH) presented this item This item was taken out of the agreed agenda order due to colleagues needing to leave early to attend another meeting.</p> <p>PW introduced the item and referred to previous discussions at the committee on this subject. She explained that a decision had been taken in autumn of 2019 around the temporary suspension of intrapartum care at the Midwife Led Unit in Pontefract. This was on the grounds of clinical safety and to allow the workforce to be prioritised to areas of greatest clinical need: the labour ward and MLU at Pinderfields, where most of the district's births took place. Prior to the suspension, approximately 200 women a year chose to birth at Pontefract. A range of services around ante-natal and post-natal care, which make a significant contribution to maternal and child health had continued and been enhanced there since that time.</p> <p>PW explained that there was a requirement to formalise any permanent solution and 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). As there had been significant engagement</p>

Minutes

previously and the position had not changed it was felt there were no tangible options to consult the public on and it would be better to inform and communicate the service changes.

PW advised that in the period since the suspension, national guidance had changed with a strong focus on safety and it was noted that outcomes were improved by improving ante-natal and post-natal care. The National Institute for Health and Care Excellence (NICE) guidance had been updated in 2023 stating that high performing trusts would offer four places of birth either within the district or in a neighbouring district; this was true of the Wakefield system with home, freestanding midwifery unit, alongside midwifery unit and obstetric unit which would all be provided within the Mid Yorkshire footprint when the Bronte Birth Centre at Dewsbury reinstated its birthing facility later in 2024.

RU outlined the governance of the service change referring back to the public engagement exercise, the suspension of the birthing facility and the continued discussions since with the Wakefield Overview and Scrutiny Committee (OSC) for Adult Services, Public Health and NHS England and the Maternity Voices Partnership around the Better Births agenda. Given the context of staffing and the low patient take-up at the birthing facility over many years, it was recommended that there would be no added value to further consultation and that the public would be better served by a comprehensive communication exercise to raise awareness of the maternity offer across the district and encourage people to access the high quality and comprehensive the ante and post-natal provision which was still available at Pontefract. It was noted that should any further new information come to light during the communication process, there was a commitment to work with relevant stakeholders to develop solutions. It was noted that the decision would be taken to OSC meeting on Thursday 10th January, who would take a view on whether this was satisfactory.

AMH explained the ongoing work within the maternity service at Mid Yorkshire Teaching Trust (MYTT) with a focus on improving maternal and neo-natal outcomes, safety and the birthing experience. People were still offered choices through individual discussion with clinicians throughout their pregnancy as part of their maternity journey to enable them to make an informed choice about where to give birth depending on their personal circumstances. Home births or birthing in the MLU at Pinderfields were offered as a choice for women with low risk pregnancies, although it was noted that women at risk of birth complications were recommended to give birth in the consultant-led obstetric unit at Pinderfields and this applied to a high proportion of women living in the Pontefract catchment area.

The committee had an in-depth and significant discussion relating to the proposals with the main themes highlighted:

- The Pontefract site would be fully utilised by MYTT
- Midwifery recruitment and retention
- Impact on mothers and families
- Impact on staff

In response to these points:

JW provided data in relation to the utilisation of the Pontefract site including that in the previous

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year there had been over 102,000 outpatient appointments, 13,500 elective procedures delivered there across a range of specialties and 52,000 people had used the urgent treatment centre. LR added the Trust had a Clinical Services Strategy and that since September 2019 there had been £7m capital investment and £15m revenue into the Pontefract site. More than £60m worth of activity took place at the hospital each year. Amongst , the Strategy would support the de-congesting of the Pinderfields site by moving more services onto the Pontefract and Dewsbury sites .

Action

LR to bring a paper to a future WDHCP committee meeting in relation to the Trust's plans for the Pontefract Hospital site including current utilisation and offer.

In relation to recruitment and retention which linked to both mother/family and staff experience, AMH explained that recruitment to midwifery posts was a national issue. Within Mid Yorkshire there had been a change in the workforce post Covid-19 with a younger workforce, investment in multi-disciplinary teams (MDTs) and a specialist education programme. The focus for the service was to provide a safe and effective service for residents. When the birthing facility was in place at Pontefract, most mothers chose to have their baby at the Pinderfields site.

JL referenced the Family Hub programme advising that there was a site in Pontefract offering a variety of different service offers.

It was RESOLVED that:

The Wakefield District Health and Care Partnership Committee:

- **Approved** 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.
- Were **Assured** that there are robust plans in place to communicate the model of service and the commitment to retaining a thriving hospital at Pontefract.
- **Committed** to resolve any new information/issues that came to light during the communication phase.

09/24

Report from the Chair of the Transformation and Delivery Collaborative (TDC)

Presented by Mel Brown (MB)

MB reported that at the previous TDC meeting had heard about how the work of the Housing, Health and Social Care Partnership was enabling priority programmes including the provision of 70 care link alarms to support urgent community response.

MB advised that the Children's Observation Hub had been run as a pilot from mid-October 2023 and was due to end in February. It was being delivered by Conexus Healthcare and 701 children have been supported so far. Of these, 35 patients went on to need admission with the other 95 per cent supported at home. The number of referrals and day passes (which give parents access to support from the service if needed) issued by practices was increasing week by week. In the week from 11 December to 17 December, the hub saw 111 children which was the busiest so far.

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	<p>MB reported that a further three-year lease for the Walk-in Centre had been secured enabling it to remain in King Street in Wakefield.</p> <p>SK explained that formal evaluation had not yet been completed on the Children's Observation Hub but early indications and anecdotal evidence suggested it had had a positive impact on the Wakefield system. It was noted that the pilot had not included self-referral although if there were plans for next winter there may be changes and other referral pathways may be considered. It was noted that reminder communications to GPs of this facility might be useful.</p> <p>JW advised that there was a real feeling of system working this winter with everyone pulling together to deliver safe and effective services for residents.</p> <p>It was RESOLVED that: The Wakefield District Health and Care Partnership:</p> <ul style="list-style-type: none"> • Noted the contents of the report.
10/24	<p>Future Selph Overview (16-25 Years Mental and Emotional Wellbeing Service) Sean Rayner (SR) and Grainne Cuerden (GC) presented this item. This item was taken out of order of the agreed agenda.</p> <p>SR introduced the item explaining that the service was funded through the Mental Health Alliance to support a cohort of young people in early stages of social/mental health challenges. Future Selph operated on the principle of prevention and early intervention.</p> <p>GC guided the committee through a presentation which explained the service, the priorities, key achievements and future plans. The service was delivered by VCSE youth organisations in Wakefield and was structured around a framework of community engagement and partnership working, emotional and mental wellbeing, physical health and activity and professional advice such as housing, employment and training. The service offered personalised support with key mental and emotional wellbeing challenges. It was noted that anyone could refer and initial contact was within 48 hours/one week. The number of people supported in 2023/24 was currently 253. The target for the year was 300. There had been excellent feedback from participants and the project was shortlisted in the Best Not for Profit Working in Partnership with the NHS category of the HSJ Partnership Awards 2023.</p> <p>In relation to a question from CS regarding school children who were consistently off school, JL advised that improving attendance was a key focus of work underway across the partnership. She would be meeting with GC to explore how the service could support the Attendance Strategy.</p> <p>Discussion took place in relation to the programme and the individualised approach to young people. It was noted that the Compass service accommodated people under 16 years of age who were not able to access the Future-Selph programme. PM suggested a meeting with GC to discuss apprenticeships and employment.</p> <p>It was RESOLVED that:</p>

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	<p>The Wakefield District Health and Care Partnership Committee:</p> <ul style="list-style-type: none"> • Noted the contents of the presentation. <p>LR left the meeting at 16.00 hours</p>
11/24	<p>Public Health Profile – Health Determinants Research Collaborations Update Clare Offer (CO) presented this item.</p> <p>CO presented the updated referring back to the July committee meeting where it had been agreed to submit a bid to the National Institute for Health and Care Research (NIHR). CO advised that Wakefield was one of 11 applicants to be awarded funding (£5m) to establish a Health Determinants Research Collaboration (HDRC), from the NIHR. She explained that with a long-term aim of tackling health inequalities, the grant would help build capacity, infrastructure and skills to be leaders in research within the Local Authority although it would benefit the Wakefield district. Leeds Beckett and Sheffield Hallam universities were the academic partners and there was a recruitment phase underway for a Director and Research Fellow and a couple of other team members.</p> <p>Discussion took place in relation to benefits this would bring and the collaboration which could take place between the LA and MYTT on research going forwards. CO advised she would bring regular updates to the committee.</p> <p>It was RESOLVED that:</p> <p>The Wakefield District Health and Care Partnership Committee:</p> <ul style="list-style-type: none"> • Noted the verbal update. <p>LR returned to the meeting at 16.25 hours</p>
12/24	<p>Operational Planning Update Rebecca Barwick (RB) presented this item</p> <p>RB updated the committee in relation to Operational Planning advising that NHSE guidance had not yet been published but that planning had commenced based on previous year's guidance. This reconfirmed the ongoing need to recover our core services and improve productivity, making progress in delivering the key NHS Long Term Plan ambitions and continuing to transform the NHS for the future.</p> <p>Discussion took place in relation to the process being a place-based approach. JW emphasised the need to align and prioritise resource across the Wakefield system with an Integrated Cost Improvement Plan with good business intelligence underpinning decisions. Risks needed to be understood in the round so that they can be shared and mitigated in a more cohesive way. She also reminded the committee of the agreed strategic aims and reiterated that we should remain focused on prevention, integration and care closer to home, balanced with the planning requirements.</p> <p>MB assured the committee that planning had commenced and lots of work had taken place in preparation including around prioritisation of investment.</p>

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	<p>CS referred to a potential risk in relation to the national General Practice contract which was due to be renewed in March 2024 as part of the regular five-year cycle. However at this late stage it was not yet known what this would focus on, for example whether Primary Care Networks would still be a requirement.</p> <p>There would be an update on planning at the February development session and at future meetings as required.</p> <p>It was RESOLVED that: The Wakefield District Health and Care partnership:</p> <ul style="list-style-type: none"> • Noted the update. <p>SR left the meeting at 16.35 hours</p>
13/24	<p>Quality Update Report Presented by Penny Woodhead (PW)</p> <p>PW presented the item advising that the Quarter 3 Quality, Safety and Experience report was due to be presented to the Integrated Assurance Committee (IAC) in February 2024. A Quality Update report was shared with Committee members as the December IAC meeting had been cancelled. The purpose of this report was to inform and provide early intelligence about key quality issues, and to highlight any significant findings from Care Quality Commission inspections.</p> <p>PW advised that 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. 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 had raised and it was felt that follow up action was needed. This included the SAB chair to raise concerns 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.</p> <p>PW reported that the 2022 National Adult Inpatient Survey had shown a number of areas for further improvements for Mid Yorkshire Teaching NHS Trust (MYTT) and work was ongoing in relation to improving patient experience at the Trust. NHSE had sought further assurance and the ICB team were working with colleagues at MYTT to provide the information.</p> <p>PW advised that the Care Quality Commission (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) had been published. The Trust's overall rating remained Good.</p> <p>AC referred to the Ofsted inspection report which had rated the Croft Children's Care Home Outstanding in all areas. AC advised that she had visited the facility herself and had been impressed with the service.</p> <p>It was RESOLVED that:</p>

Minutes	
	<p>The Wakefield District Health and Care Partnership:</p> <ul style="list-style-type: none"> • Noted the current place risks and assurances related to quality, safety and experience presented in the Escalation and Assurance report. <p>CS left the meeting at 16.45 hours</p>
14/24	<p>Finance Update Presented by Karen Parkin (KP)</p> <p>KP presented the item which set out the financial position for organisations within the Wakefield Place as at the end of November 2023.</p> <p>KP advised that 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 NHS Trust and South-West Yorkshire Partnership NHS Foundation Trust have reported in line with their break-even control.</p> <p>KP advised that there were risks to the achievement of the NHS Financial Plan across all the Wakefield Place, including pay increase and industrial action costs, non-pay inflation, primary care prescribing costs, elective service recovery and achievement of waste reduction and efficiency plans. The ICB was in receipt of additional funding from NHS England to cover some of these costs, which should improve this position but was awaiting distribution of funding to place level.</p> <p>The Wakefield Council forecast position was due to be presented at Cabinet in January 2024 and was expected to detail significant risks in the position in relation to Child Placements and inflationary costs.</p> <p>In response to a question from JM relating to risks, KP advised that some of the mitigations were non-recurrent as well as some of the cost pressures being non-recurrent too. The risk mitigations were being worked through. It was noted that MYTT had a rigorous waste reduction programme. KP referred to the Investment Framework where all transformation business cases had been considered in the context of the financial challenges faced.</p> <p>JW reiterated the need to ensure that financial planning was done across the system and not in isolation with a sophisticated approach around resource and funding allocation. Also, we should remain focused on our strategic aims and our commitment to invest more in prevention, integration and care closer to home and find ways to continue our work on this, notwithstanding the significant financial pressures.</p> <p>Action: A focus on finance and planning at a future meeting or development session.</p> <p>It was RESOLVED that: The Wakefield District Health and Care Partnership Committee:</p>

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	<ul style="list-style-type: none"> • Noted the Month 8 Forecast Year End Position. • Understood the numerous financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.
118/23	<p>Wakefield Place Risk Register Presented by Ruth Unwin (RU)</p> <p>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 16 risks on the register with three proposed for closure during this risk cycle, leaving a total of 13 open risks. It was noted that the report had been shared with Integrated Assurance Committee members as the December IAC had been cancelled.</p> <p>RU reported that the risk team had met with each risk owner during this cycle to support with updating risks and mitigations and to moderate risk scores. It was noted that there were now two critical risks relating to Finance and KP explained this had been agreed with finance leads across the core ICB team and place and that everyone would have the same score for consistency.</p> <p>MB advised that Wakefield Place had not added a risk in relation to Local Authority (LA) financial sustainability as it was not believed that it was required at this time The LA had strong financial controls and JW in her role at the LA was fully briefed on the LA budget situation.</p> <p>Discussion took place in relation to Control Totals with JW once again emphasising the need to plan as a place system to ensure funding and resource were best placed to be as effective as possible to meet the current challenges faced.</p> <p>It was noted that there had been a deep dive of the financial risks and position at the December development session.</p> <p>It was RESOLVED that: The Wakefield District Health and Care Partnership Committee:</p> <ul style="list-style-type: none"> • 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	<p>Issues to alert, advise or assure the ICB Board on No issues were raised.</p>
120/23	<p>Issues to alert, advise or assure the WDHCP committee on from the ICB Board No items had been received.</p>
121/23	<p>Items escalated from other Boards No items had been received.</p>
122/23	<p>Items for escalation to other Boards There were no items to escalate to other Boards.</p>
123/23	<p>Receipt of minutes from the Sub Committee Minutes of the Transformation and Delivery Collaborative, 3 October and 17 October 2023 and the Minutes of the People Panel from 2 October 2023 were noted.</p>

Minutes	
124/23	Any Other Business There were no items for discussion. The meeting ended at 17.05 hours.

Date and time of next meeting: 7 March 2024, 14.00 – 17.00 hours.

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WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 07 January 2024

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status
07/24	Place Leaders Report	A paper on the Secretary of State reconfiguration powers and new duties for commissioners to be brought to the March meeting	RU	March 2024	Update on the agenda at Item 07.	CLOSED
08/24	Pontefract Midwife Led Unit	To bring a paper to a future WDHCP committee meeting in relation to the Trust's plans for the Pontefract Hospital site including current utilisation and offer.	LR	June 2024	Added to the Forward Planner.	CLOSED

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

The NHS West Yorkshire Integrated Care Board (ICB) met in public on Tuesday 16 January 2024 in Wakefield. The meeting on included an update report from Cathy Elliott, Chair of the Board and Rob Webster, CEO, as well as a focus on winter planning, delivery, and learning. <https://www.wypartnership.co.uk/west-yorkshire-integrated-care-board/meetings/integrated-care-board/nhs-west-yorkshire-icb-board-meeting-16-january-2024> The Board next meets in public on Tuesday 19 March 2024.

West Yorkshire Annual NHS Joint Forward Plan

NHS England updated the guidance for Integrated Care Boards (ICBs) on December 22, 2023. The updated guidance for 2024/25 highlights the development or revision of annual Joint Forward Plans (JFPs) as shared delivery plans aligning with Integrated Care Systems' Five-Year Integrated Care Strategies. These plans show how ICBs and their partners will do their jobs for the next five years, focusing on the well-being of staff, people, and communities. Even though we expect to keep our priorities from our first Joint Forward Plan, published in 2023, this annual review enables us to make changes based on any new information and priorities. Our aim is to look at and update the plan, where needed, for the 2024/25 financial

year. We'll discuss any changes with local health and wellbeing boards, partners, stakeholders, the West Yorkshire Health and Care Partnership Board and NHS England

Health and Care Act New powers

Changes to health scrutiny arrangements that were signalled in the Health and Care Act 2022 came into effect from 31 January 2024 and will apply to reconfiguration proposals where consultation begins after that date.

The 2022 Act established local authorities as mandated members of the ICB, giving local authorities a greater voice than ever before in NHS decision-making. Local authorities are also mandated members of the integrated care partnership (ICP), tasked with developing an integrated care strategy to address the health, social care and public health needs of their system.

The NHS Act 2006 gave the Secretary of State for Health a general power to direct a call-in for any reconfiguration proposal. This power allows the Secretary of State to call in and take any decision on a reconfiguration proposal that could have been taken by the NHS commissioning body.

Under the changes, the ICB or NHS provider must notify the Secretary of State of any substantial variation or development to the provision of health services. The Secretary of State will be able to use this call-in power at any stage of the reconfiguration process and will be able to determine a way forward for challenging reconfigurations, taking advice from the Independent Reconfiguration Panel as required. The call-in power applies to 'notifiable reconfigurations' which are defined in new regulations – The National Health Service (Notifiable Reconfigurations and Transitional Provision) Regulations 2024 – as being where NHS England, an ICB, an NHS Trust or Foundation Trust is obliged to undertake a consultation in respect of a proposal under regulation 23(1)(a) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 – i.e. where substantial development or variation of the provision of health services in a local area is under consideration.

The changes remove the requirement for a referral to the Secretary of State to be made by the local authority and instead opens up the potential for either the Overview and Scrutiny Committee (OSC) or any member of the public to make a referral, which potentially increases

the possibility of a referral being made. Once a referral has been made, the Secretary of State will require the NHS body responsible for the proposed change to submit evidence to support their proposal within ten days of referral. This could result in an increased workload for ICBs and/or NHS Trusts.

A full briefing pack is available on request.

West Yorkshire Mutual Accountability Framework

Mutual accountability arrangements will be developed to sit within a framework which provides three levels of assurance:

- ICB Board and its committees
- Executive governance groups (ICB EMT, SOAG, System Leadership Team)
- System operational groups (such as provider collab COOs groups).

Arrangements will also support work on developing the future system architecture for the ICS. A nested set of balanced scorecards will support these arrangements and a refreshed and streamlined priority programmes will support system transformation and improvement. The Business planning will also set out clearly where accountability for delivery sits.

For place arrangements within the ICB, the Place Accountable Officer and Place Committee Chair will meet the CEO, Director of Finance and Director of Planning and Performance each April to agree a mutual understanding and sign off the Place Plan, setting out what will be delivered in the coming year. Three times a year (July, November, March) the place partnership leadership team (including ICB AO, provider CEOs, DASS) will meet with peers from other places, the ICB CEO and others, to review:

- Performance, delivery and finance
- Operational planning
- Hot spots and areas of good practice
- System development and OD

These place review meetings will take place over a concentrated 2-3 day period to facilitate peer involvement. The System Leadership Executive Group (all CEOs in the partnership) will meet at the conclusion of the review meetings, acting as an improvement forum, to consider

the themes and issues which have emerged and agree priorities for mutual support and system development.

Wakefield Place

Wakefield District Health and Care Partnership – Chair Role

Dr Ann Carroll has agreed to continue for a further 12 months in the role of Chair of the Wakefield District Health and Care Partnership until 31st March 2025. Ann's experience and valued knowledge will be key to drive forward the transformation agendas across Wakefield Place over the next 12 months.

We will be working with Cathy Elliott, Chair of WY ICB over the next 6-12 months to determine the future permanent arrangements for the Chair of the Wakefield District Health and Care Partnership from April 2025 and will keep you all updated in due course.

New appointment: Wakefield Medical Director for Integrated Community Services

I am pleased to announce the appointment of a new Medical Director for Integrated Community Care for the district. Dr Colin Speers took on the role in January, following a competitive recruitment process. This role is brand new for Wakefield, and spans primary, adult community and social care services. Dr Speers will be responsible for developing joined-up services that will improve health and wellbeing outcomes for local people and reduce health inequalities. This will include introducing new and extending existing services to help keep people living independently in the place they call home for longer. Colin is a familiar face to many across the Partnership, having served as a qualified GP in the district for 15 years at Health Care First Partnership, where he has been a partner for 11 years. Colin has been a part of the Integrated Care Board (ICB) as the executive clinical lead supporting the clinical voice of the partnership, as well as supporting general practice quality and transformation and digital transformation.

Measles, mumps and rubella (MMR)

The UK Health Security Agency (UKHSA) is seeing an increase in cases of measles, with a particular cluster in the West Midlands amongst unvaccinated children. UKHSA is warning that further outbreaks of measles will spread to other towns and cities unless urgent action is

taken to increase measles, mumps and rubella (MMR) vaccination uptake in areas at greatest risk. NHS figures have revealed that 3.4m under-16s in England - almost a third of the total of 11.1m - have not received both doses of the MMR (measles, mumps and rubella) vaccine, leaving them potentially vulnerable to infection. The figures come after the UK Health Security Agency declared a "national incident" over a major measles outbreak, with more than 300 cases recorded in the West Midlands in recent months, and with cases across England and Wales more than doubling from 735 in 2022 to 1,603 in 2023.

West Yorkshire has the highest measles infection rate after London and the West Midlands (UKHSA 19 January). There are 27 cases in the county, with infection rates at R15, compared to R3 for COVID19. The ICB is supporting UKHSA communications through social media, media releases and in supporting Place communications with assets and programme updates. This will remain at this level unless there is a declared outbreak in the region when communications will be developed further to target key areas.

NHS West Yorkshire Integrated Care Board (ICB) operating model

The Programme Board met on Tuesday 23 January 2024. There was a focus on the implementation of our ICB operating model from 1 April 2024. The Board discussed the transition from the design and consultation of the operating model, with a focus on structure, to phase three of implementation, which is on delivering the new operating model in practice. This is a critical phase and one which we need to ensure is delivered effectively to support the organisation into the future beyond organisation change implementation.

Wakefield accepted to join the UNESCO Global Network of Learning Cities

Wakefield District's application to join the UNESCO Global Network of Learning Cities (GNLC) has now officially been accepted and fully endorsed. Wakefield will join the UNESCO Institute for Lifelong Learning along with other Cities on an International level. UNESCO made the announcement at a conference to members from 35 countries yesterday and the only other UK City that was successful in joining the UNESCO GNLC was Manchester.

This is a fabulous step towards Wakefield's ambitions in the Employment and Skills Strategy and new Economic Wellbeing Strategy and will raise the profile of all we are doing in Wakefield to upskill and support people of all ages.

What's Next for Nova: New Business Plan is Live

In 2023, Nova launched a consultation '*What's Next for Nova?*' with their members, partners, and stakeholders. The Business Plan for 2023 to 2026, informed by this consultation, is now available on their [website](#).

Cost of living report

The cost of living increased sharply across the UK during 2021 and 2022. The annual rate of inflation reached 11.1% in October 2022, a 41-year high, before easing in subsequent months. High inflation affects the affordability of goods and services for households. A report which is available on request describes assurances that the Council as far as it is able, is responding proactively to poverty and cost of living issues. This includes areas of focus and that discretionary resources are being targeted to make the biggest impact.

Wakefield District VCSE Collaborative

Partners across the Voluntary Community Social Enterprise (VCSE) and statutory sectors have been working together, throughout January and February, to design a new Wakefield District VCSE Collaborative. A task and finish group process has been undertaken to engage with a wide range of people on the functions and ambitions of this new Collaborative, which will take over from the previous Third Sector Strategy Group. Bringing VCSE and statutory partners together, with the mutual responsibility to develop and launch a new VCSE strategy will help to align the ambitions for a vibrant and sustainable VCSE sector. The new Collaborative will also provide strategic oversight of the Third Sector Framework and ensuring appropriate VCSE representation on partnerships across the district. A formal paper is being presented to the Health and Wellbeing Board in March with the aim of launching the new Wakefield District VCSE Collaborative in April. Draft terms of reference have been developed through the task and finish process.

Proud to be part of West Yorkshire Health and Care Partnership

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

System financial efficiencies and investment decision

The Transformation and Delivery Collaborative has spent time reviewing the progress of programmes in delivering this year's transformation plan. A crucial focus more recently has been to consider refining and reframing our transformation priorities to be delivered for 2024/25, across all programmes and Alliances to support planning processes and contribute to our Wakefield financial efficiency programme.

The February meeting was dedicated to a confirm and challenge session to explore what every programme is recommending to prioritise in 2024/25 with an explicit focus on quality, patient experience and financial impacts. This was a useful session with some good discussion on the opportunities, risks and challenges for all alliances and programmes in 2023/24.

The Calderdale, Kirklees and Wakefield Programme Management Office (PMO) shared a handbook which has been created to support the development, governance, mobilisation and monitoring of the financial efficiency schemes to be undertaken during 2024/25. Those programmes and projects aligned with contributing to financial efficiencies will be supported through a monthly dashboard approach to monitor progress and impact, which will be shared with Alliances and Programme Boards. A summary dashboard will be overseen monthly by the Transformation and Delivery Collaborative.

Key notes from our monthly highlight reports

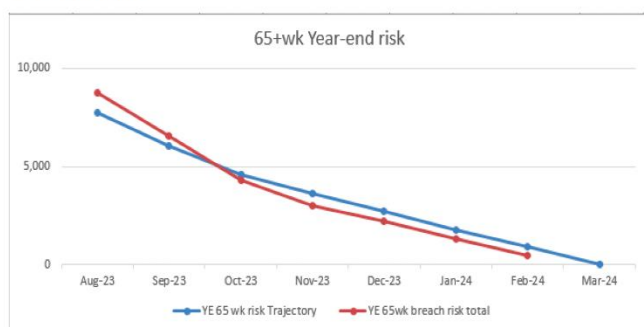
- **Children's Observation Hub evaluation** - Plans are underway to develop a holistic evaluation of the Children's Observation Hub pilot, which is due to conclude at the end of March 2024. The evaluation is planned to combine service utilisation data and qualitative

feedback from partners and carers, primary care staff and staff in the emergency department. Findings from the evaluation are anticipated to be presented to the Transformation and Delivery Collaborative in May 2024.

- Referral to Treatment successes** – Year-end cohort tracking of patients waiting 65 weeks and 52 weeks shows a significant overall improvement. There are currently over 3200 patients waiting over 52 weeks for treatment, but many specialities will have zero 52-week waiters by end March 2024 with the majority remaining in two challenged specialties against the agreed target to have no more than 1800. It is valuable to acknowledge the outcomes of all the hard work that has been undertaken place to achieve this despite the impact of ongoing industrial action. See graphs below from the Mid Yorkshire Teaching Trust position on long waiters:

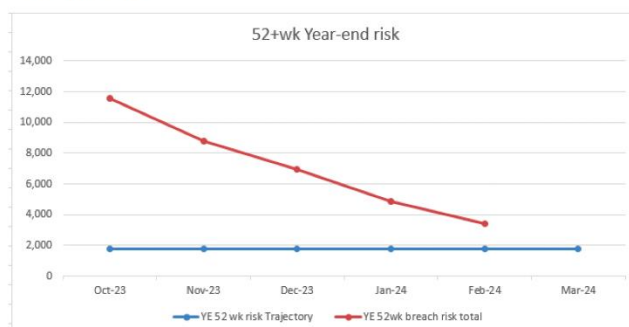
RTT Year-End cohort tracking (End of January)

65 weeks



Source: <https://qliksense.midyorks.nhs.uk/sense/app/a4ba5bb4-83f9-4a0d-b387-d6c7c5a23bf1/sheet/c3bd399d-ec4-42ac-a72c-6c3fd5f403a/state/analysis>

52 weeks



Source: <https://qliksense.midyorks.nhs.uk/sense/app/a4ba5bb4-83f9-4a0d-b387-d6c7c5a23bf1/sheet/a89fe561-4497-481c-a79d-d3a64c0127b0/state/analysis>

Weight management services

Weight management services in Wakefield are being redesigned; from prevention and early intervention through to specialist services.

Wakefield Council has set out the direction of its services with a strong prevention and early intervention focus. The service will endorse a group programme based approach with e-learning and will include education, behaviour change, physical activity and creative activities.

Findings from a survey involving people accessing specialist NHS weight management services have indicated the changes needed in the design and access of specialist services. The coordination of care, provision of psychological support and access to new weight loss drug interventions came out strongly in the survey as gaps within current services.

There is a great passion for change in our weight management services. New NICE guidance promotes teamwork, personalised care and clear criteria. We have an opportunity to trial /

early adopt new ways of working and we have the professionals and expertise already in Wakefield.

Older people's mental health inpatient services consultation

South West Yorkshire Partnership NHS Foundation Trust have launched a public consultation to find out what people think about the proposal to create specialist inpatient wards for older people with dementia, and other mental health needs, in Calderdale, Kirklees and Wakefield.

At the January meeting of the Collaborative, members were provided with an overview of the consultation and were invited to participate through either completing the online consultation survey or through attending one of the public consultation events.

Most older people diagnosed with dementia, or a functional mental health need (such as anxiety, depression or psychosis), can be cared for at home or in their usual place of residence with support from a range of community services. This means inpatient services are there for people when:

- their mental health gets worse and more support would help,
- they need specialist support from a number of different health and care professionals, or,
- there is a risk to them and/or others.

At this time most older people with dementia are cared for on the same ward as those with functional mental health needs. These are known as mixed needs wards.

Mixed needs wards are not ideal for either group of patients and therefore having specialist wards for people with dementia and dedicated wards for people with functional mental health needs follows best practice guidelines and is common in other older people's mental health inpatient wards in the NHS.

The public consultation provides a number of options for South West Yorkshire Partnership NHS Foundation Trust to achieve this best practice for inpatients.

WY Integrated working – children and young people

In January, Jenny Lingrell, Service Director for Children and Young People and Wellbeing updated the Transformation and Delivery Collaborative on the integrated working approach being considered across the West Yorkshire Health and Care Partnership to further improve access, experiences and outcomes for Children and Young People.

The West Yorkshire Health and Care Partnership has brought together senior leaders across the system to strengthen integrated working for children and young people which as resulted in the development of a Strategic Ten Point Plan. Reflected in the discussions were the already strong working relationships in Wakefield and that our integrated working approach is well advanced.[Proud to be part of West Yorkshire Health and Care Partnership](#)

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	9i
Meeting date:	7 March 2024
Report title:	Future Joint Ofsted & CQC SEND Inspection and Findings From Recent Local Government Association Peer Review
Report presented by:	Jenny Lingrell, Service Director Children's Health and Wellbeing
Report approved by:	Victoria Schofield, Corporate Director Children's Services
Report prepared by:	Jenny Lingrell, Service Director Children's Health and Wellbeing Victoria Schofield, Corporate Director Children's Services

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
Previous considerations:			
Transformation and Delivery Collaborative (Children's Alliance Highlight Report December 2023)			
Executive summary and points for discussion:			
<p>The partnership is currently preparing for an inspection of services for children and young people who have special educational needs and disabilities (SEND). This inspection will be jointly led by Ofsted and the Care Quality Commission and will be based on a revised inspection framework.</p> <p>To support Wakefield to prepare for inspection the Local Government Association was invited to undertake a Peer Review. The Peer Review took place in November 2023 and the full feedback report is now available and attached to this report at appendix 1.</p> <p>An action plan is in development to respond to the findings of the Peer Review and prepare for the inspection more broadly, actions already taken by the partnership are detailed in the main body of the report.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes <input type="checkbox"/> Enhance productivity and value for money <input checked="" type="checkbox"/> Support broader social and economic development			
Recommendation(s)			
The Wakefield District Health and Care Partnership Committee is asked to:			

<ol style="list-style-type: none"> 1. Support the work underway to prepare for a joint SEND inspection 2. Note the feedback from the SEND Peer Challenge in November 2023.
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:
2128 & 2401
Appendices
<ol style="list-style-type: none"> 1. Wakefield SEND Peer Review
Acronyms and Abbreviations explained
<ol style="list-style-type: none"> 1. Explained in the report.

What are the implications for?

Residents and Communities	The increase in children with special educational needs and disabilities who need specialist health, care and education support is identified as a risk on the Council's risk register. There is a risk that health, care and education services will not be able to keep pace with the increase in demand.
Quality and Safety	The SEND Inspection will highlight good practice or concerns in areas of quality and safety
Equality, Diversity and Inclusion	The SEND Inspection will review policies and processes to ensure they are inclusive for children and young people with SEND.
Finances and Use of Resources	There are no direct finance / resource implications of the work to prepare for a SEND inspection or a peer review. However, the increase in children with special educational needs and disabilities who need specialist health, care and education support creates pressure on resources across the system, notably the high needs budget and home to school transport budgets in the council and the complex care needs and continuing health care budgets within the ICB.
Regulation and Legal Requirements	There is a legal framework that outlines the process for children and young people to have an Education, Health and Care Plan to outline their needs and the way that health, care and education providers will meet their needs and support preparation for adulthood.
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	N/A

Environmental and Climate Change	If there is a lack of the right health, education and care provision in Wakefield, children, young people and their families may request to travel further afield.
Future Decisions and Policy Making	The outcome of the SEND Inspection may result in changes to policy
Citizen and Stakeholder Engagement	<p>The Parent Carer Forum are a key part of the SEND system and will be involved in a SEND inspection.</p> <p>There is an expectation that the voice of children will be visible in all care plans, and that there is a strong track record of co-producing services for children, young people and families with SEND.</p>

1. Main Report Detail

1.1 The partnership is currently preparing for an inspection of services for children and young people who have special educational needs and disabilities (SEND). This inspection will be jointly led by Ofsted and the Care Quality Commission and will be based on a revised inspection framework.

1.2 To support Wakefield to prepare for inspection the Local Government Association was invited to undertake a Peer Review. The Peer Review took place in November 2023 and the full feedback report is now available and attached to this report at appendix 1.

2. Inspection Framework

2.1 The new inspection framework states that purpose of inspection is to provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND and, where appropriate, recommend what the local area partnership should do to improve the arrangements.

Following a full inspection, inspectors will report on the effectiveness of the local area partnership's arrangements for children and young people with SEND. The report will include:

- The inspection outcome,
- What it is like to be a child or young person with SEND in Wakefield,
- What the local area partnership is doing well and what needs to be improved,
- Recommendations for improvements that the local area partnership should act on, and
- Whether any areas for priority action have been identified and which area partners are responsible for addressing them.

2.2 There are three potential outcomes of a SEND inspection:

- The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.
- The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.

- There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.

The process for a SEND inspection will include the submission of written evidence in line with the inspection guidance, the submission of a list of children and young people who have an Education, Health and Care Plan or a 'My Support Plan'. From this list the inspection team will identify six cases that they wish to review in detail. When the inspection team are on site they will want to meet with education, health and care providers from across the partnership as well as parents and carers and they will triangulate evidence to assure themselves that children in Wakefield with SEND typically have a positive experience.

3. Peer Review

3.1 As part of the process to prepare for inspection, Wakefield invited a team from the Local Government Association to do a peer review of SEND services. The peer review took place in November 2023, and the report is attached in full.

The findings from the peer review were very positive overall. Their observations included:

- In Wakefield there is evidence of a shared vision, collaboration, and good relationships across all partners.
- There is continuing investment for SEND across the partnership, and involvement in regional and national initiatives to support improvements and outcomes for children, young people and families.
- There is evidence of management of demand within the Dedicated Schools Grant High Needs Block, which is typically overspending in other local authority areas.
- There is collective problem solving through the Health Alliance with strong leadership and a clear strategic ambition.
- The peer team experienced good staff morale, staff enjoy working in Wakefield and feel they can make a difference. There is an experienced and stable workforce for SEND.
- There is good engagement with children and young people.
- There is a multi-agency approach to supporting children and young people with SEND, supported by positive and passionate staff and good communication across services.
- There is good support and provision for pathways into employment for young people with SEND.

- There are many examples of good practice in the local offer.
- Partnership with parents and carers is effective.
- The peer team observed children and young people in various settings and saw children and young people who were confident, happy and engaged learners.
- Quality assurance is seen as a strength.

3.2 Peer Review Recommendations.

There were five key recommendations from the peer review team:

- Be bold with your Education Strategy.
- Work with Primary Care to reduce the demand for Autistic Spectrum Disorder (ASD) diagnosis.
- Ensure that the SEND Partnership Board is strategic.
- Review collaborative funding for SEND.
- Operational practice would be even better if SEND was integrated into the wider system with clear priorities with impact measures and evaluation.

The team also made observations that are particularly relevant to the work of the WDHCP committee:

The peer team was unable to fully ascertain the priority of SEND in the wider leadership considerations for health, although there has been some financial support for the autism strategy. There could be more visible focus on SEND within local health organisations to demonstrate that it is prioritising SEND. We recognise the pressure that NHS providers are under and wonder if the SEND Partnership has the full picture and influence on the impact of this on community services e.g., trust wide vacancy control processes on key therapy services.

There is acknowledgement that schools are making referrals for ASD assessment, contributing to long waiting lists and GPs are asking parents to request a diagnosis through them. The pathway does not seem to be fully understood and it is possible that this behaviour is reflected access to support services and does not fully meet needs. This is not helpful and needs to be addressed. Regional work has started and will look at waiting times.

4. SEND Action Plan

4.1A refreshed action plan is in development to respond to the findings of the Peer Review and prepare for inspection more broadly.

The partnership has already taken the following steps:

- The SEND and AP Strategic Partnership Board will be co-chaired by the Corporate Director for Children's Services and the Director System Reform & Integration; these arrangements have commenced.
- The General Manager for Wakefield Children and Adolescent Mental Health Services (CAMHS) and the Deputy Director of Operations – Acute and Community Paediatric Services have both joined the SENDAP Strategic Partnership Board.
- Video evidence is being created by the West Yorkshire ICB leadership to outline the commitment to SEND across all five places.
- Primary Care leaders have met to discuss the ASD pathway for children and are very satisfied with the current arrangements where referrals are made by the child's school; it appears that any messages indicating that GPs drive demand were a misunderstanding of the pathway.
- WDHCP Committee has supported further investment into the ASD pathway and plans include a workshop for parents to ensure they are well informed about the pathway including the support they can expect in their school and via needs-led commissioned services.

The Children's Alliance focuses on provision for SEND within its meetings, as well as on Speech, Language and Communication, ASD and Emotional and Mental Wellbeing Pathways.

5. Recommendations

1. Support the work underway to prepare for a joint SEND inspection
2. Note the feedback from the SEND Peer Challenge in November 2023.

6. Appendices

1. Wakefield SEND Peer Review

Meeting name:	Wakefield District Health and Care Partnership (WDHCP) Committee
Agenda item no:	10
Meeting date:	7 March 2024
Report title:	WDHCP Outcomes Framework
Report presented by:	Becky Barwick, Associate Director of Partnerships and System Development
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Becky Barwick, Associate Director of Partnerships and System Development Natalie Tolson, Head of Performance & System Intelligence Sarah Redmond Flack, Performance & System Intelligence Manager Wakefield District Health and Care Partnership Transformation Leads

Purpose and Action

Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
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Previous considerations:

The proposal outlining the new Wakefield District Health and Care Partnership (WDHCP) Outcomes Framework was presented to the WDHCP committee in October 2024.

Several iterations have been shared and discussed with Transformation Delivery Collaborative over Summer and Autumn 2023 and this Outcomes Framework has been developed and refined in conjunction with alliance and programme leads from across the partnership. Transformation Leads monitor the outcomes reporting and there is a process for reporting risk and mitigating actions via the Transformation Delivery Collaborative.

The purpose of this paper is to present the WDHCP Outcomes Framework Report for February 2024.

Executive summary and points for discussion:

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

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

linked to the delivery of the Health and Wellbeing Board strategic outcomes and wider population level outcomes.

The workforce system indicators have been agreed and reporting against these new indicators will commence from April 2024.

Committee members should note that many of the indicators in the outcomes framework are long-term and there may not be changes perceptible between meetings.

Working within this approach represents a significant achievement for WDHCP and reflects the maturity and levels of trust that exist within our partnership, however, it will take time to embed and refine this approach so that it works to drive us towards achieving our commitments.

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

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

Recommendation(s)

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

- Receive the WDHCP Outcomes Framework Report
- Identify any key areas of focus for future discussion

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

N/A

Acronyms and Abbreviations explained

N/A

What are the implications for?

Residents and Communities	Any impact for residents and communities are noted in the paper.
Quality and Safety	Not directly applicable
Equality, Diversity and Inclusion	Not directly applicable

Finances and Use of Resources	Not directly applicable
Regulation and Legal Requirements	Not directly applicable
Conflicts of Interest	Not directly applicable
Data Protection	Not directly applicable
Transformation and Innovation	Not directly applicable
Environmental and Climate Change	Not directly applicable
Future Decisions and Policy Making	Not directly applicable
Citizen and Stakeholder Engagement	Not directly applicable

Wakefield District Health and Care Partnership Outcomes Framework Report February 2024

1. Background

To support the development of the Wakefield District Health and Care Partnership (WDHCP) Strategic Delivery Plan in 2023, an outcomes framework was established.

The outcomes framework consists of nine outcomes, each measurable by a 'basket' of metrics which together provide assurance on progress made towards the WDHCP vision.

Grouped together, the outcomes demonstrate our contribution through our three investment and design priorities towards the four outcomes of the Wakefield Health and Wellbeing Strategy.

In October 2023 it was agreed that the Outcomes Framework Report would be presented every four months to the WDHCP Committee (this may move to 6 monthly to reflect the new governance cycle). In the intervening months detailed oversight of the metrics including relevant risks and actions will take place within the Transformation Delivery Collaborative.

This is a new and innovative approach, enabled to a significant extent by our maturing business intelligence capabilities, and it reflects the strength of the partnership. However it will take some time to refine and embed this way of working so that it supports us to deliver our vision and aims.

2. Outcomes Framework Report February 2024 – Summary of Findings

Below is a summary of the key findings from the report:

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

- The proportion of mothers who smoke at the time of delivery continues to report below the national ambition.
- The rate of children on a child protection plan (per 10,000) for Wakefield is better than the average position reported across our statistical neighbouring authorities, however, the rate is above the levels seen last year.
- The prevalence of both adults and children who are overweight or obese (children at the end of school year 6) remains a challenge for Wakefield, with prevalence above the national average and at an increase against previous years.
- Overall, the proportion of smoking in the population is starting to show signs of an improved position, with Wakefield reporting a similar trend to the national average.

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

- The number of Wakefield patients waiting over 65+ weeks for planned treatment continues to increase and remains above local trajectory at 475 patients.
 - Pressured specialities with the highest number of patients waiting over 65 weeks remain Ear, Nose and Throat (ENT) and Gynaecology, with both specialities reporting a spike in routine General Practice referrals this year.

- The majority of long patient waits in Trauma and Orthopaedics (T&O) are patients waiting for treatment at Mid Yorkshire Teaching Trust. Gynaecology long waiters are patients specifically needing the complex endometriosis service or Urogynaecology cases requiring dual operating by specialist Surgeons that have limited capacity.
- The urgent care system has been experiencing significant pressure, with Accident and Emergency 4-hour waiting time performance for January currently reporting at 65.6% against a trajectory of 72%. Performance is being driven by pressures in the admitted pathway, with 4 hour waiting time performance of 23.2% (non-admitted 76.8%) and a high volume of ambulance arrivals/handovers. General Practice services are also experiencing high levels of demand.

Actions:

- Patients that would breach 65+ week waiting on the active 18-week Referral to Treatment (RTT) pathway have all had or been offered a 1st outpatient appointment.
- Return from IS remains a risk for patients that are either complex or unsuitable for anaesthetic without enhanced recovery at the provider's hospital.
- One mutual aid provider has been unable to treat Ear, Nose and Throat and Gynaecology patients due to their clinical capacity and these patients are coming back to Mid-Yorkshire Teaching Hospitals Trust as long waits, therefore will be prioritised in clinical and chronological order.
- Validation of all +18 weeks patients to ensure technical or administration benefits are realised is complete.
- Additional Waiting List Initiative clinics and theatres are offered, and Mega Clinics have been running in Ear, Nose and Throat, supporting service recovery.
- Gynaecology appointments to 1 of the 2 Consultant posts.
- Two new Ear, Nose and Throat Consultants joined the service in November.
- Plans are being worked up to freeze capacity in February and March to flip non-RTT capacity and support the completion of additional pathways.
- Work with primary care to reduce demand and the pathway review to ensure all diagnostics are undertaken at an appropriate point in the pathway, alternative triage models and use of health pathways.
- Further administrative validation is planned for all elective services to ensure that waste within elective capacity is minimised.
- Work is ongoing in relation to improving non-admitted compliance, with a planned Kaizen improvement day taking place on the 8th of February.
- The admitted pathway steering group is now established to focus on improvement against this target.
- A service improvement plan has been developed at Pontefract General Infirmary Urgent Treatment Centre with clear milestones for improvement.
- Work commenced to review the staffing provided due to issues with the overnight wait to be seen, using the national Emergency Care Improvement Support Team's Criteria to Admit Decision Support Tool.

- Work has commenced with Yorkshire Ambulance Service (YAS) regarding out of area conveyance, and admission avoidance. There is also a renewed focus on ambulance handover with a suite of internal actions as well as actions undertaken in collaboration with YAS.

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

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

Actions:

- New Emotional Wellbeing Service Provider working closely with Child and Adolescent Mental Health Services (CAMHS) to provide early intervention.
- System-mapping is ensuring communication with schools about the system-wide service offer is clearer.
- Two additional mental health support teams will commence recruitment from September 2023.
- CAMHS general manager, supported by the Children's Alliance is exploring other options to reduce longer waits within the service.

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

- The number of patients being discharged from hospital on pathways 2 and 3, which is a key Better Care Fund metric, remains below target.
- The number of patients discharged from hospital back to their usual place of residence did not achieve the Better Care Fund trajectory, with performance of 91.3% in January.

Actions:

- Operational Actions: Daily escalation calls with system partners to agree actions for in-patients defined as having no right to reside (according to the national definition) delays.
- Work as One: Work as One Discharge group continues to focus on discharge medications and processes to enable earlier discharge on day of discharge.
- System: Care home pathway improvement group, System Discharge Event, Review of the Integrated Transfer of Care Hub form & function
- High Risk Cohort: project plans in place with partners and actions identified.

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

- The number of people whose long-term support needs are met by admission to residential and nursing care homes (aged 65+ rate per 100k) continues to reduce and is consistently meeting the local target.

- The proportion of people who receive long-term support who are enabled to live in their home or with family (aged 18+) is showing a month-on-month improvement.

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

- The rate of early dementia diagnosis is showing an improved position and is reporting above the national average, exceeding the local trajectory in place.
- LD health check performance continues to improve and is reporting above last year's position for the same period (Dec 23).

3. Next Steps

Further work is needed to translate the performance for individual metrics into information presented in a way which will help to drive a move towards preventing ill health and towards delivering the local vision.

There is a development session planned with local leads to look at this on 26th April 2024. One of the outcomes from the day could be that we identify a subset of key areas to have a specific focus on during 2024-25. It will also be an opportunity to look at the locally available data, what this tells us about the current state and also what it tells us about the impact into the future.

4. Recommendations

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

- Receive the WDHCP Outcomes Framework Report
- Identify any key areas of focus for future detailed discussion

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	7 March 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 <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
Wakefield Integrated Assurance Committee – 28 February 2024			
Executive summary and points for discussion:			
<p>This paper presents the Wakefield Place Risk Report including those risks rated 12 and above, risks which have been flagged for closure, new risks and risks which have decreased or increased in score. The full Wakefield Place Risk Register is attached at Appendix 1.</p> <p>There are currently 15 risks on the Wakefield Place Risk Register, two of which are marked for closure, leaving a total of 13 open risks.</p> <p>Once again one to one meetings have taken place this risk cycle with risk owners and partners to review and assess risks on the register.</p> <p>From 1 April 2024 the West Yorkshire ICB formal governance meeting structure will go to a quarterly format with place committees replicating the format. Therefore, future risk cycles will also be undertaken on a quarterly basis. Risk Register reports will still be brought to each meeting of the Wakefield District Health and Care Partnership Committee for assurance and discussion.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes			

<input checked="" type="checkbox"/> Enhance productivity and value for money <input checked="" type="checkbox"/> Support broader social and economic development
Recommendation(s)
<p>The Wakefield District Health and Care Partnership is asked to:</p> <ol style="list-style-type: none"> RECEIVE and NOTE the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. CONSIDER whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
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
<ol style="list-style-type: none"> Wakefield place risk register – with narrative on risk review / static risks
Acronyms and Abbreviations explained
<ol style="list-style-type: none"> NHSE – NHS England WDHCP – Wakefield District Health and Care Partnership West Yorkshire ICB – West Yorkshire Integrated Care Board VCSE – Voluntary, Community and Social Enterprise Sector MYHT – Mid Yorkshire Hospitals NHS Trust 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 6 of 2023/24) which commenced on 17 January and ends after the West Yorkshire ICB Board (WY ICB) meeting on 19 March 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 From 1 April 2024 the West Yorkshire ICB formal governance meeting structure will go to a quarterly format with place committees replicating the format. Therefore, future risk cycles will also be undertaken on a quarterly basis. Risk Register reports will still be brought to each meeting of the Wakefield District Health and Care Partnership Committee for assurance and discussion.

2.7 There are currently **15 risks** on the Wakefield Place Risk Register, two of which are marked for closure, leaving a total of **13 open risks**.

2.8 Risks Marked for Closure

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

Risk ID	Risk Rating	Principal Risk	Risk Status
2370	6	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.	Closed - Reached tolerance
2135	6	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.	Closed - Reached tolerance New risk created see risk – 2401 (below)

2.9 New Risks this Cycle

There has been two new risks added to the Wakefield Risk Register this cycle:

Risk ID	Risk Rating	Principal Risk	Risk Status
2401	12	Waiting times for Tier 4 beds for children and young people have increased, resulting in young people waiting on sections 3s in inappropriate settings.	New – Open
2409	6	There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target which will be raised from 76% to 77% for 2024/25 due to pressures associated with unavoidable demand, patient choice, capacity and flow out - resulting in long waits, overcrowded ED, harm to patients and patient experience being compromised.	New-Open

2.10 Emerging Risks this Cycle

No new emerging risks were identified during this risk cycle.

2.11 High Scoring Risks

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

Risk ID	Risk Rating	Principal Risk	Risk Status
2397	20	There is a risk 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.	Static - 1 Archive(s)
2329	16	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited. 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.	Decreasing
2128	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	Static - 4 Archive(s)
2401	12	Waiting times for Tier 4 beds for children and young people have increased, resulting in young people waiting on sections 3s in inappropriate settings.	New - Open

2390	12	Due to increasing pressures 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 placements.	Decreasing
2129	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.	Static - 4 Archive(s)

2.12 Increasing scores

The following risks have increased risk scores this risk cycle.

Risk ID	Risk Rating	Principal Risk	Risk Status	Reason
2133	9	Due to delays in implementing the requirements of the Adult Social Care Reform White Paper at a national level there is a risk of instability with providers which may result in insufficient resource to cover demand and quality, placing pressure on other services	Increasing	To bring in line with the Local Authority scoring.

2.13 Decreasing scores

The following risks have decreased following review by risk owners:

Risk ID	Risk Rating	Principal Risk	Risk Status	Reason
2329	16	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited. 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.	Decreasing	For consistency with WY Finance Leads

2390	12	Due to increasing pressures 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 placements.	Decreasing	To bring in line with the Local Authority scoring.
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3. Next Steps

- 3.1 The risks will be carried forward to the next risk review cycle which will commence after the WY ICB Board meeting on 19 March 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	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
2397	11/12/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	20	(4xL5)	6	(13xL2)	There is a risk 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, reputational damage and potential additional scrutiny from NHSE and a requirement to make good deficits in future years.	<ol style="list-style-type: none"> WYICS Financial Framework agreed in all places. Robust financial planning process across partners. Monthly reporting of financial position to WYICS Regular review of financial position by peers in monthly Finance Forum meetings Reporting of system finances through WDHCP committee Financial Plans due to be submitted to NHSE in February 2024 High degree of scrutiny of savings targets from WY executive 	<ol style="list-style-type: none"> Development of financial strategy to support financial sustainability of the Wakefield system Identification of a robust savings plan and impact on financial recovery Identification of impact of transformation schemes and areas for disinvestment Capacity to explore BI and benchmarking and other efficiency measures to identify areas where costs are in excess of peers Capacity to explore commissioning expenditure to identify over target areas of spend Programme Management capacity to implement financial strategy Improved system level reporting of pressures Improved system level understanding and exploration of mitigations Re purposing of Transformation and Efficiency Group Redesign of committee structure and identify responsibility for monitoring transformation and savings 	<ol style="list-style-type: none"> Quarterly WYICB assurance process where Place financial position is assessed Additional WYICB assurance meetings WYICB financial strategy Individual organisation internal audit processes Individual organisation governance and reporting processes Wakefield Investment Framework developed 	<ol style="list-style-type: none"> In year financial plan approved by each system partner and WYICS HFMA Financial sustainability exercise undertaken and internal audit review. Action Plan being implemented. WDHCP Committee Development Sessions to focus on financial strategy and understanding of the issues. NHSE review of plans at WY level Underlying position understood and detail planning model constructed with known gap. 	<ol style="list-style-type: none"> Longer term recovery plan and Wakefield place financial strategy for sustainability 	Static - 1 Archive(s)
2329	13/06/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	16	(4xL4)	6	(12xL3)	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.	<ol style="list-style-type: none"> Regular financial reporting to partnership committee including whole ICS reporting - deep dive of financial position and risk to take place December 2023; Risks openly and transparently shared; Efficiency saving schemes are reported and risks; any changes to investment funding reported through Alliance / programme boards ; financial plans approved at partnership committee; Now operating under the NHS Expenditure Controls Regime Investment decision making framework now in place with Investment Panel met in October with recommendations to WDHCP committee; Any uncommitted SDF is now subject to WY EMT approval Financial Plan for 24/25 to be submitted to NHSE February 2024 Exploring additional elective funding with NHSE November reset exercise identified a new planning target with identified flexibility (SDF & technical) 	<ol style="list-style-type: none"> Joint efficiency schemes - Trust and ICB needs developing; All business cases should consider how schemes are funded and show a ROI. <p>ERF funding to ICB now clearer along with a route to clearing the WY gap further. Wakefield to receive some ERF to offset pressures. Prescribing forecast decreased due to DOACS</p>	<ol style="list-style-type: none"> Integrated Assurance Comm scrutinises detail and instigates deep dives where required. WDHCP Committee deep dive into financial position and risk in December 2023 Audit check financial reporting controls and processes Peer review on place financial position and risk in November 2023 	<ol style="list-style-type: none"> Presentation to Partnership Committee - feedback on financial plan and high level of risk is clear and understood Presentation to Partnership Committee - feedback on ongoing financial position and high level of risk is clear and understood Positive Peer Review in November 2023 on financial position and process 	<ol style="list-style-type: none"> Work programme for IAC- what do they want to concentrate on for deep dives 	Decreasing
2128	04/10/2022	WDHCP	Giving every child the best start in life	15	(3xL5)	6	(12xL3)	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	<p>Jan 24 Investment funding has been agreed for 24/25 non-recurrently however this will take time to have an impact. Jan 2024 Sign off meeting between AO and System Finance leads confirmed investment available in ASD pathway</p> <p>Oct 23 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</p> <p>July 2023 1. There is new WY action plan developed and business case being prepared for increased capacity across the whole pathway. 2. There is a Wakefield Place action plan which captures all of the following controls 3. Additional resource was allocated to Mid Yorks to support the pathway in March 2023 - they are currently advertising roles (Paediatrician or a CYP Psychiatrist) to support the pathway 4. A survey with parents was undertaken to understand the reason a diagnosis is sought which highlights concerns around support in school. 5. LA and health are jointly funding Autism Education Trust Training which is being delivered across all schools in Wakefield, currently its been delivered to over 2000 individuals. 6. Expanding on the work above to develop an accreditation for schools and ASD School Champions 7. There is a multi-agency group who have attended the Spread and Scale Academy to look at how we can develop support which could reduce the demand for a diagnosis assessment. 8.To undertake further engagement with parents/carers and other stakeholders 9. Mid Yorks are currently modelling options to support pathway redesign this will in turn support the development of a full business case to recover the pathway (as requested at Integrated Assurance Committee in 28 June 2023) 10. WASP which is a non diagnosis led support offer is now recurrently funded.</p>	<p>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.</p>	<p>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 Highlight Report from Children's Alliance to TDC monthly</p>	<p>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.</p>	None recorded	Static - 4 Archive(s)
2401	18/01/2024	WDHCP	Giving every child the best start in life	12	(4xL3)	4	(12xL2)	Waiting times for Tier 4 beds for children and young people have increased, resulting in young people waiting on sections 35 in inappropriate settings.	<ol style="list-style-type: none"> Oversight of individual cases via frequent contact point meetings including a development of a standard operating procedure (SOP) Escalation process within each organisations in place to senior management Escalation to the Mental Health Provider Collaborative 	<p>Opportunity for greater connectivity between local controls and pressures and MH Provider Collaborative controls and pressures.</p>	<p>Meeting notes from contact point meetings and escalations</p>	<p>When a child is placed in an inappropriate setting the CQC are informed. Safeguarding colleagues are aware and additional resource and support is put in place for the young person</p>	None identified	New - Open

2390	11/10/2023	WDHCP	Improve healthcare outcomes for residents	12	(I4xL3)	4	(I2xL2)	Due to increasing pressures 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 placements.	External review commissioned of the area by the Value Circle commissioned by Wakefield Council. 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 targeting the most appropriate placements in order to understand actual support levels, reduce the amount of individual (1:1) and 2:1 support commissioned. A small team is being set up across LA and ICB. 8. Use of IESE Care Cubed calculator assists with identifying appropriate costs and is being looked into as a tool to support with the High Cost Reviews.	Development oversight and budget meetings on activity and spend which would identify issues across the system in relation to LD New role appointed to oversee work programme of Learning Disabilities in Jan 2024	None identified	Decreasing
2129	04/10/2022	WDHCP	Healthy standard of living for all	12	(I3xL4)	6	(I3xL2)	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 opening April 2024 7. Planned Care Alliance established and across the Mid-Yorkshire system	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 specialities 4. Impact of industrial action by consultants and junior doctors reducing theatre and outpatient capacity.	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 responding to these priority areas.	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. 4. Planned Care Alliance met 23rd January 2024 to review 78 / 65 / 52-week trajectory status, Referral Demand & productivity, Cancer Performance, IS Usage	Some specialities with excessive waits have no alternative capacity options across WYAAT.	Static - 4 Archive(s)
2297	10/05/2023	Wakefield Connecting Care Alliance	Improve healthcare outcomes for residents	9	(I3xL3)	6	(I3xL2)	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 - 5 Archive(s)
2182	28/10/2022	Wakefield Integrated Assurance Committee	Prevention of ill health	9	(I3xL3)	6	(I3xL2)	There is a risk that 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 categorise healthcare associated GNBSI where they are detected (community or hospital) and their relationship to healthcare (healthcare vs non healthcare). 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 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 aetiology 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 February 2024 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. 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 February 2024 2. SystemOne and EMIS template rolled out to primary care. 3. IPC Board Assurance Framework completed and regularly updated by providers 4. Funding secured for a hydration project supporting care homes initially with plans in place for furthering support to social care 5. Pilot of oral hygiene best practice in care homes commenced May 2023 to improve oral health for residents and reduce community acquired pneumonia.	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 - 2 Archive(s)
2181	27/10/2022	WDHCP	Giving every child the best start in life	9	(I3xL3)	4	(I2xL2)	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	Static - 1 Archive(s)
2133	04/10/2022	WDHCP	Healthy standard of living for all	9	(I3xL3)	4	(I2xL2)	Due to delays in implementing the requirements of the Adult Social Care Reform White Paper at a national level there is a risk of instability with providers which may result in insufficient resource to cover demand and quality, placing pressure on other services	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. Living wage uplift funded through highest possible fee uplift in 2023/24 5. Retention incentive paid to front line care workers 6. Additional funding provided to sector to support through both discharge and market sustainability grant. 7. Joint Domiciliary Framework Arrangements to be commissioned in Summer 2024	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. 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. 7. Independent assurance through the role of CQC	1. New WMDC frameworks came into operation 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 and the ICB 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. 5. Assurance received through CQC visits and reporting 6. Joint Domiciliary Framework Arrangements report to WDHCP committee private meeting 01st Feb 2024	None identified	Increasing

2409	20/02/2024	WDHCP	Improve healthcare outcomes for residents	6	(I2xL3)	2	(I1xL2)	There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target which will be raised from 76% to 77% for 2024/25 due to pressures associated with unavoidable demand, patient choice, capacity and flow out - resulting in long waits, over crowded ED, harm to patients and patient experience being compromised.	(a) Surge & Escalation processes triggered to mitigate performance risk in line with agreed plan (b) UEC Transformation Board focus work on understanding and mitigating performance risk at each meeting (monthly) (c) Quality forum receives quarterly reports on any serious incidents- including A&E (d) Analytical reviews ongoing to identify thematic reasons/pressure points by MYT and partners	None identified	(a) Performance reviewed at Wakefield Integrated Assurance Committee (as part of Performance Report) (b) Quality Team have oversight of any learning from 12 hour breaches	None identified	New - Open	
2370	30/08/2023	WDHCP	Tackle inequalities in access, experience, outcome	6	(I2xL3)	6	(I2xL3)	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 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 share information. Reduction in utilisation of contingency accommodation.	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 reactive service delivery. Staffing levels increased. Evidence of mental health support sessions taking place. Reduced number of asylum seekers coming into district.	Home Office relationships and engagement. Shared health information to effectively manage the services. Performance data/analytics to support further assurances.	Closed - Reached tolerance
2146	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	6	(I3xL2)	4	(I2xL2)	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 approved by WDHCP on 2 November - funding arrangements to be put in place within the next two month with SWYPFT.	None identified	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	Static - 1 Archive(s)
2138	04/10/2022	Wakefield Connecting Care Alliance	Healthy standard of living for all	6	(I3xL2)	2	(I2xL1)	Due to the requirement to manage people with increased complexity there is a risk to quality, safety and experience in the independent care sector, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	1. Adult social care strategy in place from 2022 2. Quality monitoring arrangements in adult social care 3. Safety visits 4. QIG experience of care reports 5. Reviewing Frameworks for Independent Sector Providers and Biweekly meeting with providers and CQC Rep in attendance 6. Joint strategic approach to understanding, supporting, and developing the market. 7. Contract monitoring, evaluation, quality support and due diligence processes in place both virtually and face to face.	none identified	1. Quality and experience reports to Integrated Assurance Committee and WDHCP Committee 2. Independent assurance through CQC visits and reporting 3. Paper to WDHCP 1st Feb 2024 on a joint approach to domiciliary care framework arrangements between WMDC and ICB for Wakefield Place	1. Quality and Experience reports to IAC and WDHCP Committee. 2. New joint frameworks proposed between ICB and LA for domiciliary care sector in 2024/25 going to WDHCP committee for approval in February 24 3. Work is in progress to integrate social care and health framework for July 2024 for domiciliary care and 2025/6 for residential care. 4. 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. 5. 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. 6. 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. 7. Plans to mobilise a joint domiciliary care framework arrangement in development for summer 2024.	none identified	Static - 1 Archive(s)
2135	04/10/2022	WDHCP	Giving every child the best start in life	6	(I3xL2)	6	(I3xL2)	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	Closed - Reached tolerance

Meeting name:	Wakefield District Health and Care Partnership Board (P)
Agenda item no:	12
Meeting date:	7 March 2024
Report title:	Summary of 2023/24 Quarter 3 Quality, Safety and Experience report
Report presented by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report approved by:	Penny Woodhead, Director of Nursing and Quality – SRO for Quality
Report prepared by:	ICB (Wakefield place) Quality team

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
<p>Since May 2022 quarterly Quality, Safety and Experience reports for the Wakefield District Health & Care Partnership have been produced and presented at the Integrated Assurance Committee with a summary report being shared with Partnership Committee.</p>			
Executive summary and points for discussion:			
<p>The Partnership Committee is presented with a summary of the 2023/24 Q3 Quality, Safety and Experience report for Wakefield place which was presented to the Integrated Assurance Committee on 28 February 2024. The report presents information from various sources including regulators, commissioners, service providers and our population.</p> <p>The full report includes the latest Care Quality Commission (CQC) ratings for our health and care providers; information on enhanced quality surveillance activity; summaries of visits to various services; updates on our two learning networks (Experience of Care and Patient Safety) and work to embed quality and involvement in our priority programmes/alliances; and feedback on what the people of Wakefield district are telling us about health and care services.</p> <p>To ensure consistency and avoid duplication of reporting to the ICB Quality Committee the format of the paper is a Committee Escalation and Assurance Report – Alert, Advise, Assure (commonly referred to as triple A report) alongside the Q3 Assurance Wheel against the Partnership's 'I' statements.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			

Recommendation(s)
The Partnership Committee is asked to note the current place risks and assurances related to quality, safety and experience presented in the attached Escalation and Assurance report and Assurance Wheel.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Mitigating actions are included in the full report and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Appendix One – Committee Escalation and Assurance Report – Alert, Advise, Assure
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 Committee 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.

Appendix One

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Quarter 3 Quality, Safety and Experience Report
Date of meeting: 7 March 2024
Report to: Wakefield District Health and Care Partnership Board
Report completed by: Laura Elliott, Head of Quality
Date: 26 February 2024

Key escalation and discussion points from the meeting

Alert:

Advise:

- **Local authority assessments** - 2023 saw the return of adult social care assurance of local authorities for the first time since 2009/10. The Care Quality Commission (CQC) has a rolling programme in place to **assess local authorities' performance in relation its statutory functions**, as outlined in Part 1 of the Care Act 2014 to understand best practices and areas of improvement.

The latest guidance on what inspectors will be assessing the local authority against is set out in [Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](#). The adults and health directorate have been **preparing for their assessment** working closely with partners and staff to understand **what works well and what challenges us** in Wakefield district.

Mandatory CQC training is in place for staff along with sessions for partners. The sessions outline the four themes of focus:

[Theme 1: Working with people - Care Quality Commission \(cqc.org.uk\)](#)

[Theme 2: Providing support - Care Quality Commission \(cqc.org.uk\)](#)

[Theme 3: How the local authority ensures safety within the system - Care Quality Commission \(cqc.org.uk\)](#)

[Theme 4: Leadership - Care Quality Commission \(cqc.org.uk\)](#)

Outcomes from the assessment will be either Outstanding, Good, Requires Improvement or Inadequate.

- A **National Patient Safety Alert** regarding risks and management of **sodium valproate** prescribing has been issued. The ICB Medical Director is establishing an ICS-wide group to implement new regulatory measures. Place representation and participation is through the **Medicines Optimisation team**. Informal feedback from place partners relating to changes necessary include **concerns regarding shared care pathways** and **access to neurology expertise**.
- **The Mid Yorkshire Teaching Trust (MYTT)** received the draft reports from the Care Quality Commission (CQC) following September 2023's **unannounced inspection** of Medical and Urgent and Emergency care core services on the Dewsbury and Pinderfields sites in early January 2023. Factual accuracy feedback was submitted to the CQC for review and consideration in late January. The final report was shared with the Trust for review on Tuesday 20 February 2024. The target publication date is Wednesday 6 March 2024.
- There was discussion at Integrated Assurance Committee about the significant increase in January 2024 for the number of patients **waiting longer than 12 hours** from a decision to admit in MYTT's emergency departments. These breaches are predominantly linked to **OPEL 4 pressures** associated with **extended delays for admission**, and some for people waiting for a **mental health placement** to be arranged.

A number of new initiatives have been identified including support from community services to **enhance hospital avoidance pathways** at point of initial assessment and working with YAS to determine **actions to reduce conveyance to Pinderfields** and **maximise alternative pathways**. i.e. direct streaming to

Same Day Emergency Care (SDEC). A patient safety walkabout to Pinderfields is scheduled for March 2024.

- The outcome of the CQC inspection of two GP Practices have been published - [Crofton and Sharlston Medical Practice](#) has rating has **declined to Requires improvement**, and [Friarwood Surgery](#) rating is **Good overall** with a **Requires improvement** rating for the **Responsive** domain.

The quality and primary care teams have met with both practices to gain assurance that the areas identified are being addressed and to offer any further support where required.

However, both reports noted areas of outstanding practice – both practices had organised and delivered a Halloween themed event to promote the uptake of child nasal flu vaccine, one hosts a monthly dementia café for patients and carers, and the other had undertaken service reviews, and implemented activities and process changes to increase clinical capacity, and improve access to services.

- The Grange Medical Centre provide **an endoscopy service** and are contractually required to be Joint Advisory Group (JAG) accredited against **national quality standards for gastrointestinal endoscopy**. JAG accreditation has been removed from the provider during their **annual evidence review**. The Grange have up to 6 months to undertake the **necessary remedial actions** and have a site visit by the JAG team to become reaccredited.
- In April 2023, NHSE established a **National Paediatric Hearing Services Improvement Programme** and Paediatric Hearing Services were requested to provide information to support a **review of the quality of services** and to determine any risk of harm. Audiology experts across the Region carried out a **desktop analysis** of provider responses with the outcome shared in December 2023.

The review highlighted **potential areas of concern** in the majority of Trusts in West Yorkshire. MYTT has established a **divisional oversight group** to support the service improvement project work; created a **service improvement action plan** to address the areas of risk identified; and recruited two locum audiologists to release staff for the highlighted improvement work required.

A **WY Oversight Group** has been established to coordinate the programme and will meet on a monthly basis. The Group will review the findings on each service and oversee the development of action plans from all providers including organising visits by independent subject matter experts and local quality leads to **conduct further on-site analysis** of the operation of the service. The Oversight Group will consider any risks identified at the service visits, seek assurance on the agreed action plan with each provider Trust and report to the WY System Quality Group.

Assure:

- The CQC are currently undertaking a national review of people's access to GP services through focused reviews of the Responsive domain. [Rycroft surgery](#) was selected and underwent a desktop review of evidence alongside some remote interviews with staff. The Practice rating for this domain was **maintained as Good**.
- MYTT declared full compliance with requirements for the **Year 5 Maternity Incentive Scheme (MIS)** - Evidence for MYTT's submission for the Year 5 Maternity Incentive Scheme (MIS) was presented and discussed at the Maternity and Neonatal Quality Surveillance Group (MNQSG) in November 2023 where leads for each safety action presented their achievements and successes, and areas for further development and/or challenges. All evidence was also submitted to the West Yorkshire Local Maternity and Neonatal System (LMNS).

The ICB place quality lead for maternity **reviewed the evidence** and the ICB Chief Nurse **completed the supporting declaration** to ensure the 1 February 2024 deadline was met.

- The **Sentinel Stroke National Audit Programme** (SSNAP) measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence-based standards. MYTT's latest score (data from Jul-Sep 2023) has declined from the best performing band (A) to Band B.

A review of patient records identified there was a high number of people who self-presented at Pinderfields or via YAS with non-FAST symptoms (stroke chameleon). This led to a higher proportion of patients presenting at the Emergency Department (ED) instead of through the stroke pathway which bypasses ED and gives immediate access to assessment and management of a potential stroke. The Trust continues to perform positively against SSNAP within the region, however a similar pattern of presentation has also been seen across West Yorkshire. The Stroke Network has been asked to consider further public communication around non-FAST symptoms.

- Following the implementation of Patient Safety Incident Response Framework (PSIRF) - our main NHS Providers, **MYTT** and **SWYPFT**, have **successfully transitioned** to PSIRF and their Patient Safety Incident Response Plan (PSIRP) have been signed off by Place.

Three of our independent providers have also successfully transitioned to PSIRF. Discussions are in progress with other providers to ensure successful transition and sign offs of their PSIRP.

Meeting name:	WDH&CP Committee
Agenda item no:	13
Meeting date:	7 March 2024
Report title:	Month 10 Financial Position
Report presented by:	Amy Whitaker, Wakefield Place Finance Lead
Report approved by:	Karen Parkin, Wakefield Place Director of Operational Finance
Report prepared by:	Gareth Winter, Head of Finance, Wakefield ICB

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
N/A			
Executive summary and points for discussion:			
<p>This paper presents the summary financial positions for Wakefield Place for the period ending January 2024 (Month 10).</p> <p>NHS organisations - forecast positions at month 10:</p> <ul style="list-style-type: none"> • Wakefield ICB delegated budgets, a £0.9m surplus which is £5.0m off plan. • Mid Yorkshire Teaching NHS Trust, a deficit of £13.2m against a plan of breakeven. • Southwest Yorkshire Partnership NHS Foundation Trust, a break-even position which is on plan. <p>The movement from the previously reported position now incorporates the following cost pressures across all the Wakefield Place:</p> <ul style="list-style-type: none"> • 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 <p>Wakefield Council’s forecast positions for month 8 (latest reported position) for health and social care is currently breakeven but significant pressures are arising in Childrens Placements.</p> <p>NHS England requested a financial reset on 8 November 2023 which led to detailed analysis and actions during November and December. Funding has been allocated for the cost of industrial action and elective recovery alongside several conditions. This led to a change in</p>			

reported organisational positions for month 9 and month 10 which are now presented in this report.

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 10 Forecast Year End Position.
2. Note the movement in the Place Financial Position (as part of the wider ICS position) and understand the potential additional 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 10 (31st January 2024).
- 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 10 is as follows:

Table 1: Year to Date

	Year to Date Income / Budgets £m	Year to Date Expenditure £m	Year to Date Surplus (Deficit) £m
ICB delegated budgets	671.1	672.7	(1.6)
Mid Yorkshire Teaching NHS Trust	492.9	509.9	(17.0)
South West Yorkshire Partnership NHS Foundation Trust	341.8	340.8	1.0
Wakefield Place - Total	1,505.8	1,523.4	(17.6)

Table 2: Forecast Outturn

	Full Year income / budgets £m	Forecast Expenditure £m	Forecast Surplus / (Deficit) £m	Planned Surplus / (deficit) £m	Forecast Variance Surplus / (deficit) £m
ICB delegated budgets	805.2	804.3	0.9	5.9	0.9
Mid Yorkshire Teaching NHS Trust	733.1	746.3	(13.2)	0.0	(13.2)
South West Yorkshire Partnership NHS Foundation Trust	412.1	412.1	0.0	0.0	0.0
Wakefield Place - Total	1,950.4	1,962.7	(12.3)	5.9	(12.3)

- 1.5 The delegated ICB position is £5m adverse to plan due to release of the system pressure in line with the agreement with NHSE, mitigating actions outlined within Financial Reset and cost pressures such as GP Prescribing Costs. Mid Yorkshire Teaching Hospital NHS have moved from a breakeven position to a deficit of £13.2m

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.

Table 3: WMDC Month 8 Forecast

Wakefield Council - Social Care and Public Health	Annual budgets	Forecast costs	Forecast Surplus / (Deficit)
	£m	£m	(£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

1.7 Pressures previously highlighted are now in part included in the revised position across Wakefield place (in context of the wider ICS position) these include:

- £4m pressure arising from Wakefield’s share of the £25m WY ICS system challenge.
- 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.
- Shortfall on the combined £67m efficiency / Waste Reduction Programme across the Wakefield NHS organisations, which are currently forecasting 84% delivery.
- The increasing demand on all services across Place particularly during 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 and increasing number of Complex Packages.
- 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 10 (January 2024) there is a year-end forecast position of £10.7m deficit against the system plan. An element of this deficit is in relation to further strike action in December and January which was not funded in the additional support outlined below.

Organisation	FOT Plan £m	FOT Surplus / (Deficit) £m	FOT Variance £m
WY ICB - Bradford	6.2	(6.7)	(12.9)
WY ICB - Calderdale	5.6	2.5	(3.1)
WY ICB - Kirklees	5.7	(2.5)	(8.2)
WY ICB - Leeds	1.6	(29.8)	(31.4)
WY ICB - Wakefield	5.9	0.9	(5.0)
WY ICB - West Yorkshire	0.0	63.4	63.4
WY ICB Total	25.0	27.8	2.8
Airedale NHS Foundation Trust	(4.3)	(7.4)	(3.1)
Bradford District Care NHS Foundation Trust	0.0	0.4	0.4
Bradford Teaching Hospitals NHS Foundation Trust	0.0	0.0	0.0
Calderdale And Huddersfield NHS Foundation Trust	(20.8)	(20.8)	0.0
Leeds and York Partnership NHS Foundation Trust	0.1	2.3	2.2
Leeds Community Healthcare NHS Trust	0.0	0.3	0.3
Leeds Teaching Hospitals NHS Trust	0.0	0.0	0.0
Mid Yorkshire Hospitals NHS Trust	0.0	(13.2)	(13.2)
South West Yorkshire Partnership NHS Foundation Trust	0.0	0.0	0.0
Yorkshire Ambulance Service NHS Trust	0.0	0.0	0.0
Providers Total	(25.0)	(38.5)	(13.5)
West Yorkshire ICS Total	0.0	(10.7)	(10.7)

- 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 had been undertaken in November to ensure that the conditions of the additional funding are met but further excess costs due to industrial action have created further pressures. 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. Investment/Disinvestment Process

4.1 The Partnership Committee supported the investment panel recommendations on 2nd Nov 2023 but due to the challenging financial position at that time and the reset exercise requested by NHSE, the Partnership delegated the final decision making to the Place Accountable Officer and Place Finance Lead. This meeting took place on 17 Jan 2024 and the subsequent decisions been presented to the Transformation & Delivery Collaborative and individual assessments of prioritised schemes will be factored into place plans as part of the 24/25 planning process.

5. Recommendations

The Committee is asked to:

- 5.1 Note the Month 10 Forecast Year End Position.
- 5.2 Note the movement in the Place Financial Position (as part of the wider ICS position) and understand the potential additional financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	7 March 2024
Report title:	Core20Plus5 update
Report presented by:	Amritpal Reyat, Strategic Programmes and Health Inequalities Lead
Report approved by:	Ruth Unwin, Director of Strategy, Steve Turnbull, Interim Director of Public Health
Report prepared by:	Amritpal Reyat, Strategic Programmes and Health Inequalities Lead

Purpose and Action			
Assurance <input type="checkbox"/>	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
<ul style="list-style-type: none"> • A proposal for allocating the Core20PLUS5 investment was approved by Wakefield District Health and Care Partnership (WDHCP) committee on 22nd September 2022 • A summary of the contents of the paper was presented at the Health and Wellbeing Board on 10th November 2022 • Updates on the Core20PLUS5 programmes have been presented to Health and Wellbeing Board on September 2023 • The contents of this paper have also been shared with the Core20PLUS5 leadership group and the Wakefield District Reducing Healthcare Inequalities Steering Group 			
Executive summary and points for discussion:			
<p>The Core20PLUS5 framework is the approach for addressing healthcare inequalities was released in 2022. The framework comes with £1.08m recurrent funding for Wakefield District Health and Care Partnership (WDHCP) from the West Yorkshire Integrated Care Board (WYICB). A set of criteria and approach were previously agreed to be used to allocate investment. The allocation has previously been disseminated as System Development Funding (SDF) however, for the year 2024/2025 the funding of £1,087,571m has been allocated within baseline funding.</p> <p>The overall Core20PLUS5 framework was implemented by locally adopting a partnership approach and building on and bolstering the work that was already taking place within the district. Three major programmes were pre-allocated funding: Healthy and Sustainable Communities, West Yorkshire Finding Independence (WY-FI), and the health inclusion service (now being delivered by Bevan Healthcare Community Integrated Care (CIC).</p> <p>Through a competitive bidding process, a further three programmes were allocated recurrent funding (Leeds GATE, Warm Homes Co-ordinator, and a pulmonary rehabilitation project). The</p>			

remaining eight projects were awarded non-recurrent funding through reallocating funds that were not spent due to a later start on recurrently funded projects.

This paper describes the impact of the dedicated funding has had on individuals and communities in our district and details what we have learnt as a result of funding this work with intentionality through the Core20PLUS5 framework. It also aims to stimulate conversation about our future intentionality through investment of any remainder and future funding in our continued commitment to reducing healthcare inequalities.

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 committee is asked to:

1. Note the assurances provided on the three main projects that have been recurrently funded,
2. Commit to continue to fund the projects in line with the original agreement, subject to agreed conditions including evidence of an investment plan and intended outcomes,
3. Agree to develop proposed arrangements for future investment of health inequalities funding based on proof of concept and commitment to sustainability of programmes that provide evidence of positive impact,
4. Support the ongoing development of a Reducing Healthcare Inequalities steering group and the Community of Practice,
5. Maintain and develop links to the WYICB HI programme to bring learning into the Wakefield district.

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 West Yorkshire ICB Assurance Framework highlights a number of risks to population health associated with Health Inequalities.

Appendices

1. Impact on a page
2. West Yorkshire Finding Independence+ (WY-FI+) Case studies

Acronyms and Abbreviations explained

1. All acronyms and abbreviations in the report are explained or written in full before they are abbreviated.

1 What are the implications for?

1.1 Residents and Communities	Impact through programmes of work
Quality and Safety	NA
Equality, Diversity and Inclusion	Impact through programmes of work
Finances and Use of Resources	Described within the paper
Regulation and Legal Requirements	NA
Conflicts of Interest	NA
Data Protection	NA
Transformation and Innovation	Described within paper
Environmental and Climate Change	NA
Future Decisions and Policy Making	Future design and development discussed within paper
Citizen and Stakeholder Engagement	NA

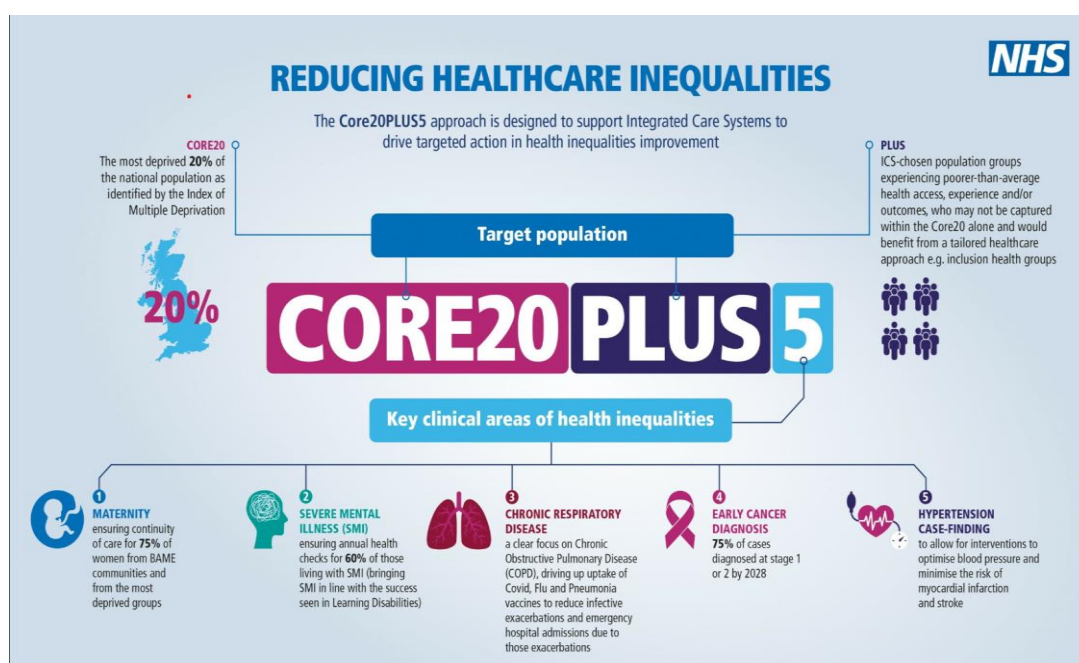
1. Main Report Detail

1.1 Purpose of this report

The purpose of the report is to provide an update on the impact of the major programmes recurrently funded through the Core20PLUS5 funding and to bring a proposal to the Wakefield District Health and Care Partnership Place Committee for allocation of the £1,087,571 for next financial year 2024/2025.

1.2 Background

1.3 Core20PLUS5¹ is the NHS England (NHSE) approach to addressing health inequalities. It is a board framework expected to be considered for all commissioning, transformation and delivery where possible. The framework comes with some funding expected to be used to supplement local implementation. There has been **£1.08m** recurrent funding for WDHCP from 2022.



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

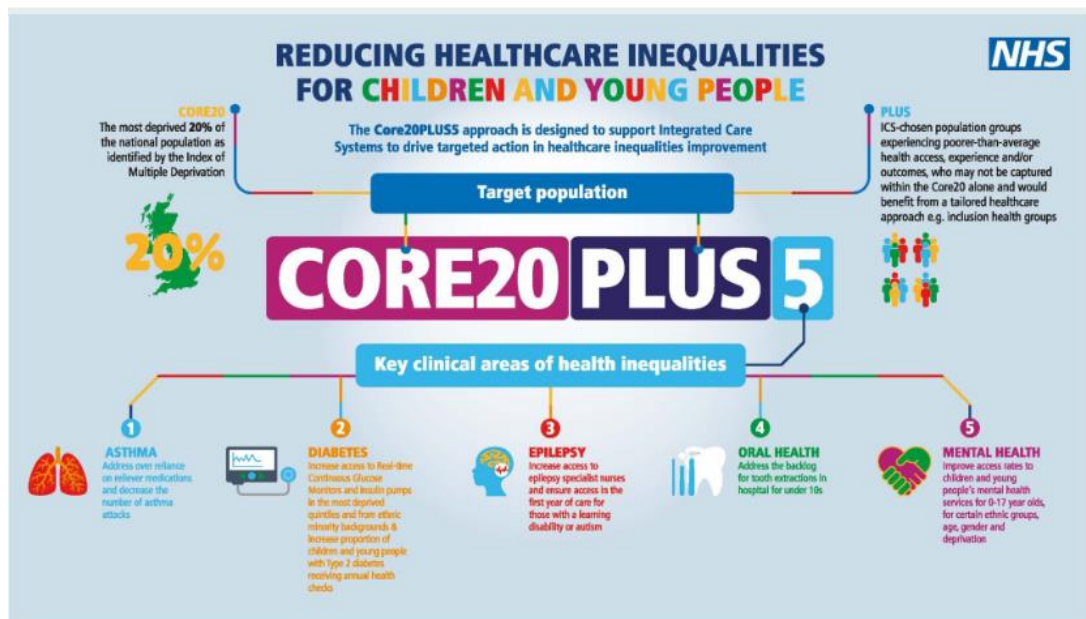
- People who live in geographical areas of highest deprivation according to the Office of National Statistics Indices of Multiple Deprivation (IMD)

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

- continuity of care in maternity
- respiratory illness
- hypertension case finding

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

- severe mental illness
 - early cancer diagnosis
- 2.6 There are also five NHSE health inequalities planning priorities that we will be expected to deliver:
- Restore NHS services inclusively
 - Address digital exclusion
 - Ensure datasets are accurate
 - Accelerate preventative programmes targeted at those most at risk
 - Strengthen leadership and accountability
- 2.7 This framework has offered significant opportunities to progress key strategic aims which are reflected both in the Wakefield District Health and Care Partnership and the vision and purpose of the WDHCP.
- 2.8 A Core20PLUS5 framework for Children and Young People was also published after the Adults framework. However, this did not come with any funding.



- 2.9 A WDHCP Reducing Healthcare Inequalities Steering Group has been established and oversees the ongoing impact of the programmes funded through the Core20PLUS5 framework. Along with this, a WDHCP Reducing Healthcare Inequalities Community of Practice (CoP) is being designed and will launch at its first event on 14th May 2024.

2 Investment Proposal

- 2.1 At the WDHCP committee meeting in September 2022 it was agreed that:
- a) three 'core' investments would be made

CORE20

- **Building healthy and sustainable communities**

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

PLUS

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

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

- **Roving health inclusion team 200K**

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

2.2 The table below describes both the funding allocated in 2023/2024 and the allocation of £1,087,571 for the next financial year, 2024/2025.

Core Investments	23/24	24/25	25/26	Element
Building Healthy and Sustainable Communities	£203,000	*£598,000	*£48,500	Core20
WY-FI	£185,000	£185,000		PLUS
Roving Health Inclusion	£200,000	£200,000	£200,00	PLUS
Bidding Process allocation				
Turning Point, Spirometry (non-recurrent)	£3,700			
Turning Point, Dual diagnosis training (non-recurrent)	£2,000			
Rosalie Ryrie Trust, CBT for victims and perpetrators of domestic abuse (non-recurrent)	£44,960			
SWYPFT, Healthchecks for those on SMI register (non-recurrent)	£30,000			
MYHT, maternity befrienders for women new to the country and/or women with limited English language (non-recurrent)	£206,041			
Wakefield Council, pulmonary rehab (non-recurrent allocation of £19,200)	£19,200	£50,000	£50,000	
Wakefield Council, pulmonary rehab consultation – understand barriers (non-recurrent)	£30,000			

Wakefield Council, Warmer Homes extension	£48,500	£48,500	£48,500	
Wakefield Council, Energy Savers (non-recurrent)	£200,000			
Leeds GATE, health inequalities for gypsy and traveller groups	£55,000	£55,000	£55,000	
Live Well Wakefield, link workers (non-recurrent)	£160,000			

**Commitment in future years is subject to approval of spending trajectory approval*

- b) a bidding process would be undertaken in order to allocate the remainder of the funding. It was agreed that the bids could be for recurrent or non-recurrent funding.

3 Proportionate Universalism

- 3.1 There are many different facets to tackling health inequalities, all of which are important. The landmark Strategic Health Inequalities review by Michael Marmot (2010), 'Fair Society, Healthy Lives', promoted the concept of proportionate universalism. Health inequalities are generally distributed along a social gradient, so while universal, population-scale interventions are required to make a significant difference, those actions must be intensified in proportion to the levels of disadvantage experienced by individuals and communities, to achieve equal outcomes.
- 3.2 Three of the six recurrently funded programmes focus on building long-term, trusted relationships with individuals or communities in health inclusion groups. These are smaller groups of people who experience the worst health outcomes and frequently struggle to access any mainstream health services.
- 3.3 The Healthy and Sustainable Communities programme, the Warm Homes co-ordinator and the pulmonary rehabilitation project offer broader interventions to people and communities who experience disadvantage and inequality, but not on the scale of health inclusion groups.

4 Evaluation and monitoring

- 4.1 Evaluation of programmes (including contract meetings with 'core' programmes) have been ongoing on a quarterly basis. The data collected has been both qualitative and quantitative in nature allowing giving insight into the nature of impact of the intentional and focused approach in responding to the task of reducing inequalities.
- 4.2 The programme impact plans appended (appendix 1,2 and 3) highlight the output of the work against their ambitions and the impact on the lives of individuals receiving support from the three major programmes funded through the Core20Plus5 allocation.

4.3 The WY-FI+ programme also describes some of the lived experience impact of the continued and sustained work on people's lives:

- Working closely with communities can help people understand and use the right services helping them make informed decisions about their health.
- Longer term trusted relationships are key to sustaining behaviour change.

5 Recommendations:

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

1. Note the assurances provided on the three main projects that have been recurrently funded,
2. Commit to continue to fund the projects in line with the original agreement, subject to agreed conditions including evidence of an investment plan and intended outcomes,
3. Agree to develop proposed arrangements for future investment of health inequalities funding based on proof of concept and commitment to sustainability of programmes that provide evidence of positive impact,
4. Support the ongoing development of a Reducing Healthcare Inequalities steering group and the Community of Practice,
5. Maintain and develop links to the WYICB HI programme to bring learning into the Wakefield district

6 Appendices

[Impacts on a page](#)

[WI-FI+ Case Studies](#)

Healthy and Sustainable Communities

Ambitions: To reduce health inequalities in the district, through targeted work in the 10 most deprived areas, to improve access to health and support and improve outcomes.

To work in a co-produced and collaborative way with communities to develop sustainable ways of working and provide community-led and personalised way to stay healthy.

To connect and work in partnership with communities/ health/ business/ local authority, to promote physical and mental health, but also alignment with stakeholders to provide economic and social impact.

Outputs: Effective community engagement with key stakeholders using appreciate inquiry and strength-based approaches:

Work is progressing in 4 of the 10 areas identified to reduce health inequalities: Airedale, Havercroft, Ryhill, Fitzwilliam and Kinsley, South Kirkby and City Centre.

Two Asset mapping workshops have taken place and a third is planned in early February to look at local assets. The workshops have been well-attended and there is appetite to engage in the work.

Identifying gaps in provision and understanding the people in communities that don't access support. work has highlighted the disconnect in some communities of people accessing these. The feedback included things like poor health literacy, stigma, fear, lack of trust and practical and access issues.

Airedale: new ways of working have been developed including elected members, the Airedale Neighbourhood Management Group and other stakeholders to determine how actions will be taken forward and delivered accountably.

Havercroft and Fitzwilliam: key actions include developing improved communications about the rich assets available to people, develop a collaborative community of practice so that stakeholders can work together, including elected members and to develop a connector role to provide outreach to the communities to support people to access relevant and timely support. Two community anchors are working together to take forward actions so that the resource allocated is provided to the VCSE to deliver these. Connector roles in South Kirby and Airedale have been designed and will be appointed to.

Children and Young People

work has taken place with over 100 CYP engaged in 4 areas, providing rich information about the wishes of and suggestions about how to improve health and wellbeing. work has taken place with over 100 engaged in 4 areas, providing rich information about the wishes of and suggestions about how to improve health and wellbeing.

Sustainability: The programme is developing new ways of working and posts in communities. Therefore, if the approach is successful and embedded into future plans and sustainable ways of working, then a business-as-usual approach would need longer-term funding commitments. There would be risks of not building on the work if we are to work with communities to change the narrative and support a preventative and community-led way of working to improve health outcomes and to reduce health inequalities.

Health Inclusion Service

Ambitions: Deliver an inclusion health service, prioritising communities in need as direct by local collaboration.

Support access into mainstream health services, working in partnership to break down barriers

Provide training, support and awareness raising about health inclusion cohorts and barriers to access services

Outputs: Recruited into role of Band 6 practitioner. By the end of February 2024 team will be at full complement.

Including:

Lead Nurse, Advanced Mental Health Practitioner, Advanced Clinical Practitioner, HCA X2, Staff Nurse X2, Social Prescriber

A focus on vaccination update -**Outreach:** Additional patient groups, advanced clinical expertise and reducing the impact on both primary and secondary care.

Health assessments: 230 initial assessments undertaken across 3 hotels. Digital inclusion has been key. Support with downloading the NHS app and Patches has been provided, enabling empowerment for patient to access the correct services independently to address their ongoing needs. One Stop Shop; successfully established at cedar court. A collaborative piece of work receiving positive responses from the patient group.

Collaboration has included the following partners, Trinity Med Centre and ICB staff to support with digital inclusion, City of Sanctuary, The Art House, Appletree gardens, Community well-being services, Solace, Turning point, Stop Smoking services, Spectrum and Wakefield Refugee Integration services. Aim going forward: develop one stop shops in the Castleford and St Pier hotels.

Mental health: Initial health assessment completed highlight patients who require support with their mental health Self-referral to Turning point has been supported by the team.

Crisis Team referrals: 8 completed.

Social prescribing: Setting up Football sessions with Featherstone rovers, Fortnightly Turning point workshop, Cycle scheme: 6 bikes donated- an ongoing project supporting patients to access community and wellbeing services. Team successfully obtained Buss passes, 50 pre-loaded single bus tickets ordered for patient use, promoting independence and access. Conversation ongoing with Yorkshire sport to increase activity from September.

Digital exclusion: Work with National data bank providing 200 pre-loaded sim cards for patients, devices for the sim cards also provided Patients supported with downloading health apps.

Harnessing lived experience: 4 patients volunteering at local church and 2 patients volunteering with city of sanctuary. Work with the refugee council to develop opportunities in interpreting service - number of patients have come forward offering interpreting services.

One of the patients who has been in the hotel for over 6 months has had support from the social prescriber to obtain a work visa and put together a CV. the patient is now working with the social prescriber to apply for jobs.

Support to access ESOI classes and 5 laptops loaned to support access to classes, use of the laptops has enabled patients to take charge of own learning and developing the English language at a faster pace.

Sustainability: NICE guidance recommends a specialist approach for Inclusion Health groups, with the associated costs. Possibility for external evaluation demonstrating cost efficiencies and improvements to patient care & for the system. RHISG is asked to consider investment opportunities as part of the continuation/exit planning for this project.

Other non-recurrent funding streams accessed to also support service

West Yorkshire Finding Independence+

Ambitions: Support vulnerable clients with multiple and complex needs and those experiencing homelessness/rough sleeping,

Outputs: Successful recruitment of GP: Started in December 2023.

1.0 wte Health and Wellbeing Champion. Hours to be redistributed to existing part time Navigators.

Activity: Cumulative 2023 Quarter 1&2

Total number of referrals 58

Number of appointments booked 878

Number of appointments seen 319

Number of telephone contacts 559

Use of Chaos index and Outcomes Star score. The Chaos index: is a tool used to measure how chaotic a client's lifestyle is. The highest possible score is 48. Outcomes star: Assesses how well clients are managing, including: motivation, health, and finances. The highest possible score is 100. Traffic light system is used as part of case management. **Red being very chaotic**, intensive support and not engaging with services. **Amber is less chaotic**, beginning to engage, perhaps attending some appointments independently and **Green when they are much less chaotic** and capable of managing mostly on their own.

Scoring using traffic light system.

2023 Quarter 1 & 2

Total 31 clients: 14 Red, 15 Amber, 2 Green.

3 who were previously Amber now back to Red,

4 who were on Red have progressed to Amber.

1 moved from Amber back to Green, New client progressed rapidly and is now Green.

4 remain Red since last quarter and 4 Amber.

2023 Quarter 3

Total 41 clients: - 17 Red, 20 Amber, 4 Green.

1 client previously Amber Now Red,

4 who were Red have progressed to Amber.

7 remain Amber showing that though they are not progressing yet to green, they are maintaining the progress made.

2 who were previously Green are maintaining progress

2 from Green from Amber.

6 remain with a Red scoring.

Advocating: Client who also has involvement from mental health services has recently been moved into supported accommodation after an eviction notice was served over 2 years ago. Their assessment for supported living was rejected. Navigator successfully worked with Housing Needs service to appeal the decision.

Networking: Hosting of a Multi-Agency Review Board in June, September and November 2023. to Identify barriers to accessing health care and raise awareness, working with partners to improve access to services Partner in the Combatting Drugs Partnership, priority 2 Treatment and Recovery Group, the Housing, Health and Social Care group and the Homeless Health Needs Assessment working group.

Client Experience workshop that was attended by a number of WY-FI+ who discussed the service they have received and themes such as how they feel about having a Navigator and how it has helped them. This is part of the Improving Population Health Fellowship. Adversity, Trauma and Resilience.

Sustainability: WY-FI+ recurrently funded from October 2022 for 3 years until 2025

Conversations of sustainability will be discussed with commissioners later in the year.

Case study 1: Wakefield WY-FI

J was referred to Wakefield WY-FI for support to engage with Homelessness, Addiction, Offending and Mental ill health services. On the Wakefield WY-FI traffic light he presented as red, chaotic and not engaging with support.

Homelessness: J was due to be evicted from his WDH property for a charge of carrying an offensive weapon and was in rent arrears. J was suffering severe anxiety and was reluctant to go outside, therefore he did not attend WDH appointments.

Now: With his ATR trained Navigator supporting him to attend and advocating on his behalf the circumstances around his offence were explained and the fact that he had not had any previous incidents during his tenancy were taken into consideration. WDH gave J a 12-month suspended behaviour order rather than evicting him. There have been no further issues at the property, and he is engaging with WDH. A payment plan is in place for the arrears and J makes regular payments.

Addiction: J was already in services for Heroin addiction and although he was engaging with his worker, he struggled to attend the chemist daily for his opiate substitute due to his anxiety and the possibility he might meet others who were using still.

Now: J's Navigator supported him to speak to his worker about his anxiety, as J has not used since November 2021, they agreed to try a new treatment of monthly Buvidal injections. J no longer attends the chemist and does not see other users which has been really positive for him. J is stable on the lowest dose of Buvidal and plans to be abstinent by year end.

Mental Health: J has a history of depression and anxiety and struggles to sleep, exacerbating this condition. Some anxiety was caused by being the victim of modern-day slavery, a drug dealer was forcing him to store things at his home and drive for him. J was scared of him and would not leave the house or go anywhere alone, even to collect his medication.

Now: J is managing his depression and anxiety, his Navigator supported him to attend appointments and build his confidence. He goes out shopping for himself now and helps his neighbours with gardening and decorating. J has been referred to Talking Therapies for sleep management.

Offending: J was referred by Probation for further support and to improve his attendance.

Now: J engages with phone appointments and has almost completed his probation order.

Other: J wanted a referral for a dentist. He is now registered with a dental practice and has been attending appointments with Navigator support.

Challenges

J's anxiety about leaving the house was a barrier to attending appointments and engaging with services. His Navigator reviewed J's historic experience through a trauma informed lens and supported him to build confidence, but he was still fearful of going out alone. This changed since the person who was intimidating him has been convicted, without the threat of this person he feels much safer.

Safety Outcomes:

J is now thriving in his own tenancy and no longer at risk of homelessness.

J is engaging with all services and will complete his probation order soon, he also hopes to have completed treatment with Turning Point by the end of the year.

J's anxiety and depression has reduced and he now enjoys taking his dog out on daily walks and is engaging positively with neighbours.

J has been referred to Talking Therapies for support relating to sleeping and to continue positive mental health recovery.

When Wakefield WY-FI began working with J his chaos index score was 27, it has reduced to only 5.

Case Study 2: WIFY

C was referred to the Inclusive Health element of WY-FI+ by the Rough Sleepers Team. she was sleeping rough and deemed to be physically and mentally vulnerable. Self-neglect was evident, she presented with fluctuating capacity, poor physical health and she was deemed vulnerable to exploitation from others.

Due to C's health needs and vulnerability, and concern for her safety, she was allowed to stay with her ex-partner in his flat until more suitable accommodation could be found for her.

C misused drugs and alcohol in the past and had been under the care of substance misuse services in 2019. There was no evidence of any current drug or alcohol use.

C was initially assessed at CAP where she attended to receive a hot meal, the only food she had daily. It quickly became evident that she was experiencing symptoms of a mental illness and that this was impacting on all aspects of her life, including maintaining her tenancy as her housing benefit had been stopped resulting in eviction from her WDH property. C did not appear to have the capacity to address these issues, she had been without benefits for 18 months, in the same clothing for 6-9 months, she was unwashed and not taking care of her hygiene needs.

A GP appointment was made for C to refer her for a Mental Health assessment, and she was also showing symptoms of a chest infection.

The Navigator supported C to the mental health assessment and informed them of WY-FI+ involvement and concerns. She was sectioned under the Mental Health Act Section 2 for a period of assessment. C made little progress and continued in hospital under Section 3 for treatment. Her diagnosis is still inconclusive, she may be experiencing a psychotic depression or possible organic brain disorder.

C scored low on her occupational needs assessment which indicates that she is unable to perform daily living skills. In view of this WY-FI+ referred her to supported housing catering for individuals with mental health needs. While C remains in Hospital this placement is on hold.

The Inclusive Healthcare team have kept in regular contact with the ward and spoken to C, she recognises their voices and responds well to interventions. Gaining a full mental health assessment for C was a challenge, due to her homeless lifestyle and past drug use it was difficult to impart our concerns and took a long time for the mental health team to acknowledge the debilitating issues that C was experiencing.

C is now in a safe environment and receiving treatment for her mental health problems.

C has made a little progress while in hospital, she has medication and with prompting has begun to take care of her hygiene needs.

C will be extremely vulnerable and will require 24-hour support when she is discharged from hospital. Suitable accommodation has already been identified.

C is now in receipt of benefits.

Although C has not made any comments about our involvement with her or our service. She was happy to see us when we visited her on the ward, and she remembered us.

C has a long way to go in her journey to optimum mental and physical health but she is receiving treatment and support and is making progress.

Emily Dean, Community Psychiatric Nurse for SWYTMHT said about the Inclusive Healthcare Navigator and Nurse:

"You both do such an amazing job, working with you has allowed me to have a better understanding of what you guys do".

Meeting name:	Wakefield District Health & Care Partnership Committee
Agenda item no:	15
Meeting date:	07 March 2024
Report title:	Operational Planning 24-25
Report presented by:	Becky Barwick - Associate Director of Partnerships and System Development
Report approved by:	Ruth Unwin – Director of Strategy
Report prepared by:	Gemma Gamble - Senior Strategy & Planning Manager

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
Previous considerations:			
Executive summary and points for discussion:			
The purpose of this paper is to summarise progress on the development of the Wakefield place-based operational plan for 2024/25.			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes <input checked="" type="checkbox"/> Enhance productivity and value for money <input checked="" type="checkbox"/> Support broader social and economic development			
Recommendation(s)			
The Wakefield District Health and Care partnership is asked to: <ol style="list-style-type: none"> Note the approach and progress made with the development of the Wakefield place-based plan. Agree to invoke our arrangements for the chair to take the delegated decision. 			
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:			
RISK ID: 2397 - There is a risk 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.			

RISK ID: 2329 - There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited.

RISK ID: 2409 - There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target which will be raised from 76% to 77% for 2024/25

RISK ID: 2129 - 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

Appendices

N/A

Acronyms and Abbreviations explained

1. WDHCP – Wakefield District Health & Car Partnership
2. NHSE – NHS England
3. ICB – Integrated Care Board
4. UEC – Urgent & Emergency Care
5. JFP – Joint Forward Plan
6. ERF – Elective Recovery Fund
7. LD – Learning Disabilities
8. CVD – Cardiovascular Disease
9. CIP – Cost Improvement Plan
10. LTP – Long Term Plan

What are the implications for?

Residents and Communities	To ensure the Operational and Financial Plan delivers appropriately financed and resourced services for the people of Wakefield District with the key asks from NHSE addressed (detailed in the paper).
Quality and Safety	Robust operational and financial planning takes into account the quality and safety standards for our services
Equality, Diversity and Inclusion	The planning ensures resources and finances are accounted for our services including our work on health inequalities.
Finances and Use of Resources	The plan sets out the financing and operational plans for the year 2024/25 in detail demonstrating how services will be financed.
Regulation and Legal Requirements	As part of the ICB's statutory duties the Partnership is required to submit a Financial and Operating Plan to NHS England.

Conflicts of Interest	Conflicts of Interest are declared through the process.
Data Protection	N/A
Transformation and Innovation	Within the Operating Plan there are various transformation programmes developing innovative solutions within the health and social care system.
Environmental and Climate Change	Various programmes under Operational Planning include our commitment to environmental and climate change issues.
Future Decisions and Policy Making	The Financial and Operating Model link with all future decisions and policies.
Citizen and Stakeholder Engagement	Extensive engagement took place on the Joint Forward Plan including with our People Panel in February.

1. Introduction

The purpose of this paper is to update the Wakefield District Health and Care Partnership (WDHCP) Committee on the development of 24-25 NHS Operational Plan.

2. Background

In November 2023, clarity was received on the funding and actions the NHS has been asked to take over the remainder of 2023/24 to manage the financial pressures created by industrial action.

On 22 December 2023, NHS England (NHSE) wrote to systems providing an update on the 2024-25 process.

Discussions with Government regarding expectations and priorities for 2024/25 still remain live, and therefore they have not been able to publish the 2024/25 priorities and planning guidance. In the meantime, we were asked that we do not wait to start planning. We have however received published financial allocations for 2024/25. The overall financial framework remains consistent, including the payment approach used to support elective recovery. System plans will need to achieve and prioritise financial balance.

3. Approach West Yorkshire

It was agreed in the West Yorkshire Integrated Care Board (ICB) development workshop in February 2023, our approach to planning will continue to:

- Remain consistent with our operating model and core principle of subsidiarity, with planning continuing to be led at place, supported by the system – incorporating national ‘must dos’ in a manner that aligns with our values and local priorities.
- Bring together strategy and operational delivery as key elements of our business planning cycle, providing the basis to then allocate our resources in the right way to deliver them.
- Recognise this is a continuation of our existing journey and we are already delivering change in line with the national priorities.
- Provide an opportunity to continue to develop the ICB and the wider Partnership and
- Focus on the triangulation of our plans across finance, activity/performance and workforce.

4. NHS planning priorities

The priorities and objectives [set out in 2023/24 planning guidance](#) and the published recovery plans on [urgent and emergency care](#), [primary care access](#), and [elective and cancer care](#) will not fundamentally change.

The 2023/24 priorities and objectives included:

- recover our core services and improve productivity,
- making progress in delivering the key NHS Long Term Plan ambitions and
- continuing to transform the NHS for the future.

The 2024/25 key requirements will be for systems to

- maintain the increase in **core UEC capacity** established in 2023/24,
- complete the agreed investment plans to **increase diagnostic and elective activity and reduce waiting times** for patients and
- maximise the gain from the investment in **primary care in improving access for patients, including the new pharmacy first service** and
- continue to target a **reduction in the cost of temporary staffing**.

5. Planning Process and Timetable

Date	Milestone
02/02/24	Draft trajectories for high level performance/activity measures
19/02/24	First workforce submission
20/02/24	Submission of Draft Finance Plan
21/02/24	Check and Confirm meetings with Individual Place/trust feedback and conversations to identify risks gaps – Scheduled
26/02/24	Noon – Place first full activity template submission to WY ICB Planning and Performance Team (wyicb.planningandperformance@nhs.net)
29/02/24	Noon – ICB formal submission to NHS England
During March	Further assurance activities
18/03/24	Noon – Place Full submission to WY ICB of <ul style="list-style-type: none"> • activity/performance templates • workforce templates and • Finance templates
21/03/24	Noon – ICB Full submission to NHS England
End April - TBC	Final ICB Submissions
02/05/24	Noon - Final ICB Submissions NHS England

5.1 Narrative submission timetable

Date	Milestone
29/02/24	Noon - Programme Leads to complete the WY high level narrative
04/03/24	Narrative will be shared with places to review and support the WY ICB narrative with place-based responses (please ensure alignment with Joint Forward Plan (JFP) refresh).
18/03/24	Noon - Place based narratives to be submitted to wyicb.planningandperformance@nhs.net
19- 20 March 24	Programme Leads to review overall narrative prior to final submission to NHS England

6. Finance

Initial savings targets have been aligned to underlying run rates. The first draft plans are now going through assurance process. Assumptions around national planning guidance has increase the gap significantly to around £70m.

Elective Recovery and productivity improvements are fully developed, and committee discussions are commencing around stretch targets. A process for considering disinvestment is in progress and plans are all aligned to the West Yorkshire process, including check and challenge of plans with the ICB Director of Finance.

7. Interim Planning Assumptions

A draft submission with high-level performance and activity measures were submitted on the 02 February with a draft of the first full activity plan submitted on the 26 February.

NHSE have worked with ICBs and providers to agree interim planning assumptions which include:

UEC and electives

- Cat 2 Ambulance response time 30 minutes.
- A&E 4-hour performance target increased to 77% by March 25.
- Maintain the peak increase in capacity agreed through operating plans in 2023/24. acute G&A beds, virtual ward beds, intermediate care and ambulance service capacity. The additional funding 2023/24 is recurrent in 2024/25 included in the indicative financial allocations.
- Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest.
- National value weighted activity target of 107% for 2024/25 and

- ERF will operate in a similar way to how it has operated in 2023/24 and £3.2bn of ERF will be allocated to ICBs and regional commissioners on a fair shares basis.

Primary Care

- Continue to improve access to primary care and improve community services. waiting times, focusing on reducing long waits and
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels. Dental funding will be subject to a strict ringfence.

Cancer and diagnostics

- Improve performance against the headline 62-day standard to 70% by March 2025.
- Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025.
- Increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24 and
- Prioritise the opening and maximisation of approved new capacity to deliver planned additional activity.

Mental Health, LD and Autism

- Continue to improve access and quality in line with the priorities set out for 2023/24 and increase delivery of full annual physical health checks.
- Improve patient flow to reduce pressure in crisis and acute care.
- Meet the Mental Health Investment Standard.
- Continue to ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check and health action plan – Primary Care and
- Reduce the number of autistic people in a mental health inpatient setting compared to 2023/24 and continue to reduce the number of inpatients with a learning disability.

Prevention and health inequalities

- Continue to increase the percentage of patients with hypertension treated to NICE guidance and with a CVD risk score greater than 20% on lipid lowering therapies and
- Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and for children and young people.

Workforce

- Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise.
- Implement actions for 2024/25 from the Long-Term Workforce Plan, including the agreed increase in education places in 2024/25 for Nursing Associates, Advanced Clinical Practitioners and Physician Associates and
- System workforce numbers must be aligned to the financial resources available. Substantive staffing growth should come with commensurate and demonstrable reductions in temporary staffing use.

Digital and data

Use of resources

- Deliver a balanced net system financial position for 2024/25, including any repayments of 2022/23 overspends and
- Improve productivity consistent with the planning assumptions and allocated resources. Efficiency requirements need to consider tariff deflator (1.1%), convergence, shortfall on FYE CIPs and local cost pressures for the year.

8. Workforce

The draft workforce plans were submitted on the 19 February. The Wakefield People Alliance are working jointly with the West Yorkshire people programme to develop a robust workforce plan. A key part of this exercise was to quantify key areas where productivity has declined and the development of new strategies to support recruitment and retention.

These strategies will be built around 6 key pillars, set out in our local People Plan:

1. Looking after our people
2. Belonging to the WDHCP
3. Development good system leaders
4. New roles and new ways of working
5. Growing and developing the health and social care workforce
6. Workforce planning

The emphasis of workforce planning will not be solely on recruitment but on how the system can develop new skills for those who are already employed in the service.

Our focus is to develop a flexible approach to workforce productivity that enables the current workforce to evolve and adapt to the inherently unpredictable health care environment.

9. Mental Health

The Mental Health process has been led by the Wakefield Mental Health Alliance and funding has been allocated to each LTP programme, using the NHSE toolkit where appropriate, to ensure that capacity is in place to deliver the required measures to 2023/24. Funding is still to be confirmed for the Mental Health Investment Standard and a West Yorkshire approach to the will be agreed.

10. Risks

Following discussions throughout the process the following high-level risks around delivering the plan have been identified:

- There is a risk that not all West Yorkshire partners deliver activity plans to generate additional income into West Yorkshire.

- 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 ability to meet financial balance against the performance requirements and
- Further industrial action

11. Final Submission - Delegated Sign-Off Process

Due to the challenging timescales, it is recommended that the committee authorise the chair to sign-off the final submission as an urgent decision – as allowed by the terms of reference for this committee. The chair will be supported in this decision by Jo Webster, Wakefield Place Accountable Officer and Amy Whittaker, Director of Finance at Mid Yorkshire Teaching Trust and Wakefield Place lead for Finance.

12. Recommendation

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

1. Note the approach and progress made with the development of the Wakefield place-based plan and
2. Agree to invoke our arrangements for the chair to take the delegated decision.

Meeting name:	Wakefield District Health & Care Partnership Committee
Agenda item no:	15i
Meeting date:	7 March 2024
Report title:	Delivery of the Urgent and Emergency care Standard
Report presented by:	Jon Parnaby, Programme Manager for Urgent Care Re-Design/Unplanned Care
Report approved by:	Mel Brown, Director System Reform & Integration
Report prepared by:	Jon Parnaby, Programme Manager for Urgent Care Re-Design/Unplanned Care Lucy Beeley, Director of Operations ACD Management, MYTT

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
Previous considerations:			
None			
Executive summary and points for discussion:			
<p>Delivery of the urgent and emergency care standard is crucial to support our population in accessing the care that they require when they require it. In recognition of the importance of this target all ICBs are expected to deliver 76% of patients being admitted, transferred, or discharged within four hours by March 2024.</p> <p>At present there is some variability of this target across the West Yorkshire ICB with some acute trusts (including MYT) not currently delivering this ambition.</p> <p>This report outlines the collaborative work ongoing across West Yorkshire to support the delivery of this target and outlines the work underway to support West Yorkshire collectively achieve the 76% target by March 2024.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system. <input checked="" type="checkbox"/> Tackle inequalities in access, experience, and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			
Recommendation(s)			
<p>The WDHCP Committee is asked to:</p> <ol style="list-style-type: none"> Note the contents of this report 			

2. Be assured of the direction of travel and plan for the WY ICB to achieve this standard
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
None
Appendices
1. 4-hour performance metrics
Acronyms and Abbreviations explained
1. Within the body of the report

What are the implications for?

Residents and Communities	Improved services
Quality and Safety	Improved services
Equality, Diversity, and Inclusion	Improved services
Finances and Use of Resources	Improved services
Regulation and Legal Requirements	None
Conflicts of Interest	None
Data Protection	None
Transformation and Innovation	Improved services
Environmental and Climate Change	None
Future Decisions and Policy Making	None
Citizen and Stakeholder Engagement	None

1. Main Report Detail

- 1.1 In April 2024 there was an ambition set out in the planning guidance to return to the 4-hour urgent and emergency care standard. Mid-Yorks Teaching Trust (MYTT) had been one of the 14 pilot sites trialling a new approach.
- 1.2 NHSE set out an ambition that a return to this target from April 2024 would be supported through the publication of the National Urgent and Emergency Care (UEC) plan. The plan sets out a number of ambitions, including:
 - Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.Within the MYTT planning submission a clear trajectory had been set that would see performance meeting this target.
- 1.3 There is an expectation that the planning guidance for 2024/25 will set out a target of 77%. A trajectory has been developed for the coming year.
- 1.4 The current expectation from NHSE is that the target is achieved by the end of March 24 collectively across West Yorkshire Integrated Care Board (WY ICB) rather than individual acute trusts recognising the differing approaches and learning to be had between trusts.
- 1.5 Detailed in Appendix 4.1 is data charts broken down by attendance type (Type 1,2,3,4) and current (26th February) snapshot
- 1.6 In summary, year to date, MYTT performance against the expectation of 76% delivery is 69.3%. Recent weeks performance has been at 64.3% and 65.1%.
- 1.7 For WY ICB to deliver the 76% standard it has been agreed between West Yorkshire acute trusts to work collaboratively. For MYTT this means they would need to achieve 72.86% of patients not breaching the 4-hour standard as set out above.
- 1.8 The overall ambition for MYTT would remain as a 76% target.

2. Next Steps

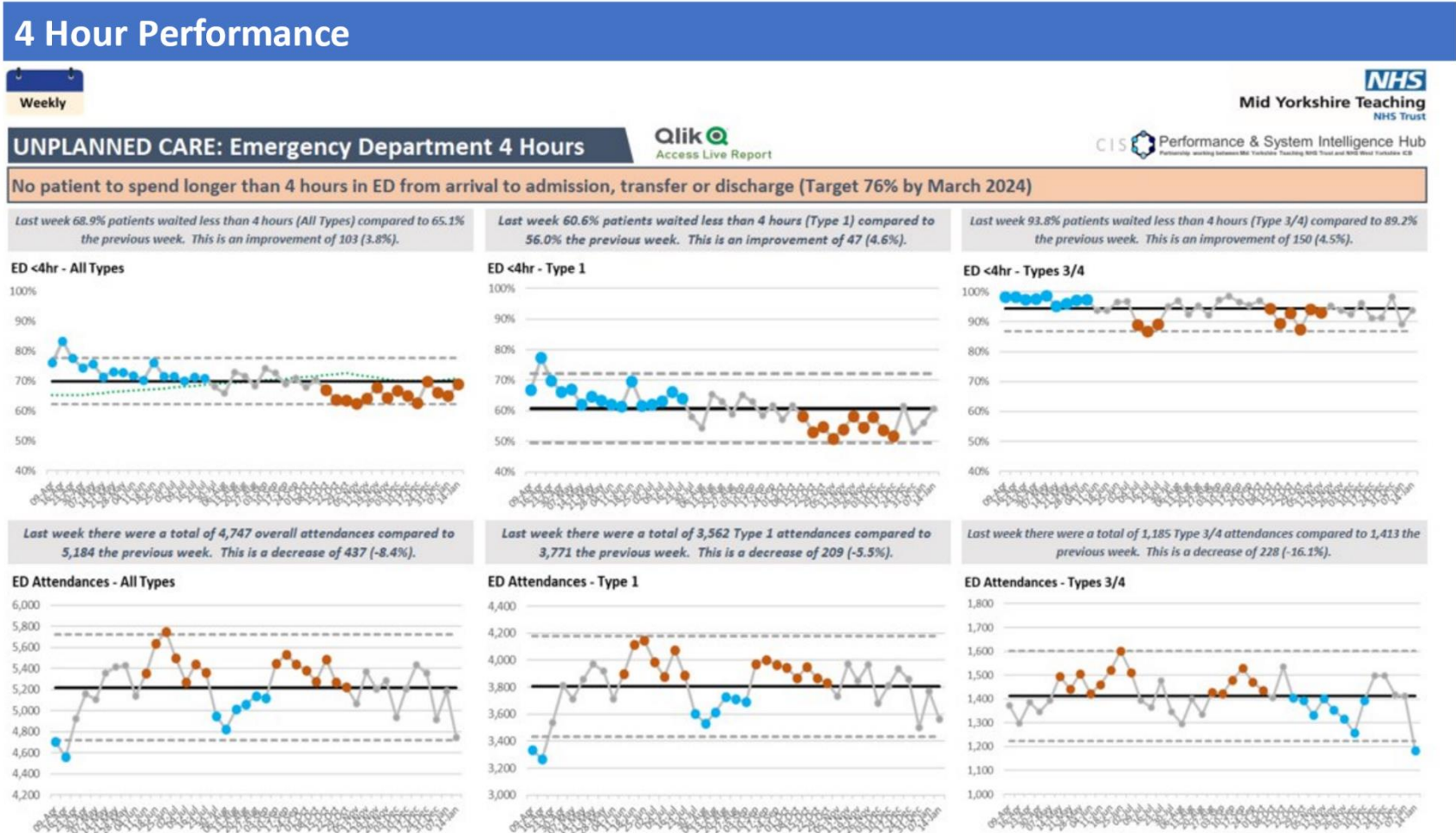
- 2.1 To recover the position several initiatives are being introduced under a perfect month type approach throughout March. This month would see colleagues from the system and trust working together to explore different ways of working. In line with the collaborative working approach sharing this learning across WY acute trusts is also planned. These include;
- Ensuring that there is a rigorous and robust approach to performance management against this target. Delivery of the urgent and emergency care 4-hour standard is a trust and system wide target. Working closely to understand the reasons patients wait longer than 4 hours allows us to focus our improvements in the right areas.
 - Working together collaboratively through the creation of a check and challenge process between organisations will allow for shared learning and delivery of the ambition by sharing good practice across the region.
 - The target falls into two main areas; patients who do not need admission and patients who do. Separate improvement plans are required for each element of the target, and it is essential that we focus our improvements across both groups ensuring that the sickest patients get access to the care they need in a timely way whilst also minimising the length of time patients wait to be treated and discharged home. Each trust in West Yorkshire to have a process in place to validate the A&E 4-hour breaches prior to the A & E Sitrep (situation report) submission and use the data to drive focussed improvements.
 - Across WY the acute trusts are using a weekly meeting to collectively review data and any themes
 - Work with GP Care to stream patients differently and maximising those streaming routes.
 - Trialling an initial assessment model that identify patients quickly and therefore gets them to the right place quicker.
 - Tracking each week in March to make sure that the expected trajectory is being achieved with immediate escalation if off-track
- 2.2 This will be monitored daily by MYTT and reported/escalated accordingly and raised in MYTT System forums if additional support is required from partners.
- 2.3 In addition, this improvement work will be overseen by the West Yorkshire Association of Acute Trusts (WYAAT) UEC Recovery Group and reported to the ICB UEC board.

3. Recommendations

1. Note the content of this report
2. Be assured of the direction of travel and plan for the WY ICB to achieve this standard

4. Appendices

4.1 4 hour Performance



Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Thursday 14 December, 2.00pm – 3.00pm, MS Teams

Present

Name	Representing
Becky Barwick	Associate Director of Partnerships and System Development (chaired meeting)
Karen Parkin	Director of Finance, Wakefield Place
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Michala James	Senior Manager - Partnerships and System Development
Steve Knight	CEO, Conexus
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
Paulette Huntington	Deputy Chair of the People Panel
Karen Parkin	Operational Director of Finance (Wakefield Place) (from 14.37 hours)
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
David Thorpe	Housing and Health Group
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council (joined at 3.03pm)
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Natalie Tolson	Head of BI and Performance, Wakefield ICB (joined for item 6 only)
Jon Parnaby	Programme Manager for Urgent Care Redesign-unplanned Care, MYTT
Jordan Ingham	System Support and Delivery Manager, YAS
John Lemm	Wakefield People Plan

Name	Representing
Luke O'Neill	Transformation Manager, WYICB – Wakefield Place

Apologies

Name	Organisation
Mel Brown	Director of System Reform and Integration
Colin Speers	Executive System Healthcare Advisor
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Abdul Mustafa	PCN Representative, PCN Clinical Director
Linda Harris	Joint SRO Workforce
Chris Evans	Chief Operating Officer, MYTT
Adam Sheppard	Chair of Professional Collaborative Forum
Clare Offer	Consultant in Public Health, Wakefield Council
Rachel Gillott	System Partnership Director, Yorkshire Ambulance Service
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Dominic Blaydon	People Alliance
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT

Administration

Agenda No	Minutes
1	<p>Welcome and apologies</p> <p>Becky Barwick welcomed everyone to the meeting of the Transformation Delivery Collaborative. Apologies have been received by both Mel and Colin and colleagues were happy for Becky to chair the meeting. All apologies were noted as above.</p>
2	<p>Declarations of Interest</p> <p>There were no declarations of interest noted.</p>
3	<p>Minutes of the meeting held on 21 November 2023</p> <p>The minutes of the meeting held on 21 November were agreed as a true and accurate record.</p>

4	<p>Action Log</p> <p>The action log was presented as included below for information.</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Date of meeting</th> <th>Agenda item</th> <th>Action</th> <th>Initial timescale</th> <th>Action owner</th> <th>Status</th> <th>Comments & Outcome</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>25.7.23</td> <td>Maturity Matrix</td> <td>Colleagues volunteered to test out the maturity matrix on their partnership and feed back</td> <td></td> <td>Jenny Lingrell, Michele Ezro, Linda Harris, James Brownjohn, Lisa Willcox</td> <td>In Progress</td> <td>Alliances / Programme Boards are working through the self-assessment. Will be schedule on a TDC agenda for February 2024.</td> </tr> <tr> <td>17</td> <td>21.11.23</td> <td>NHS Impact Tools</td> <td>Leads have been identified to undertake the self-assessment tools for the 5 domains</td> <td></td> <td>Becky Barwick</td> <td>In Progress</td> <td>Becky Barwick is leading this piece of work and will report the outcomes to TDC with recommendations in either January / February 2024</td> </tr> <tr> <td>18</td> <td>21.11.23</td> <td>Housing and Health Highlight Report</td> <td>MB suggested that a highlight be presented to the WDHCP committee in March. To be included in the Chair's report to Committee</td> <td></td> <td>Mel Brown / Michala James</td> <td>Completed</td> <td></td> </tr> <tr> <td>19</td> <td>21.11.23</td> <td>Digital and Data Highlight Report</td> <td>Data tools available to be a focus of one of the Transformation Peer Group sessions</td> <td></td> <td>Natalie Tolson / Mel Brown</td> <td>In Progress</td> <td>Date to be confirmed</td> </tr> <tr> <td>20</td> <td>21.11.23</td> <td>Population Segmentation tool</td> <td>A more detailed session on the population segmentation tool to be brought to TDC in the future.</td> <td></td> <td>Natalie Tolson</td> <td>In Progress</td> <td>Date to be confirmed</td> </tr> <tr> <td>21</td> <td>21.11.23</td> <td>Virtual Ward Model Review</td> <td>For an hour slot to be made available on the TDC agenda in January to discuss the Integrated Community model of care, including Virtual Ward proposals.</td> <td></td> <td>Peta Stross</td> <td>In Progress</td> <td>Added to the January 2024 agenda</td> </tr> </tbody> </table>							No.	Date of meeting	Agenda item	Action	Initial timescale	Action owner	Status	Comments & Outcome	3	25.7.23	Maturity Matrix	Colleagues volunteered to test out the maturity matrix on their partnership and feed back		Jenny Lingrell, Michele Ezro, Linda Harris, James Brownjohn, Lisa Willcox	In Progress	Alliances / Programme Boards are working through the self-assessment. Will be schedule on a TDC agenda for February 2024.	17	21.11.23	NHS Impact Tools	Leads have been identified to undertake the self-assessment tools for the 5 domains		Becky Barwick	In Progress	Becky Barwick is leading this piece of work and will report the outcomes to TDC with recommendations in either January / February 2024	18	21.11.23	Housing and Health Highlight Report	MB suggested that a highlight be presented to the WDHCP committee in March. To be included in the Chair's report to Committee		Mel Brown / Michala James	Completed		19	21.11.23	Digital and Data Highlight Report	Data tools available to be a focus of one of the Transformation Peer Group sessions		Natalie Tolson / Mel Brown	In Progress	Date to be confirmed	20	21.11.23	Population Segmentation tool	A more detailed session on the population segmentation tool to be brought to TDC in the future.		Natalie Tolson	In Progress	Date to be confirmed	21	21.11.23	Virtual Ward Model Review	For an hour slot to be made available on the TDC agenda in January to discuss the Integrated Community model of care, including Virtual Ward proposals.		Peta Stross	In Progress	Added to the January 2024 agenda
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18	21.11.23	Housing and Health Highlight Report	MB suggested that a highlight be presented to the WDHCP committee in March. To be included in the Chair's report to Committee		Mel Brown / Michala James	Completed																																																									
19	21.11.23	Digital and Data Highlight Report	Data tools available to be a focus of one of the Transformation Peer Group sessions		Natalie Tolson / Mel Brown	In Progress	Date to be confirmed																																																								
20	21.11.23	Population Segmentation tool	A more detailed session on the population segmentation tool to be brought to TDC in the future.		Natalie Tolson	In Progress	Date to be confirmed																																																								
21	21.11.23	Virtual Ward Model Review	For an hour slot to be made available on the TDC agenda in January to discuss the Integrated Community model of care, including Virtual Ward proposals.		Peta Stross	In Progress	Added to the January 2024 agenda																																																								

5	<p>Programme Highlight Reporting: Escalations by exception</p> <p>The programme highlight reports had been circulated with the papers. JL commented that out of all the highlight reports she completes she likes this the most. The following items were noted from the highlight reports:</p> <p>Children's</p> <ul style="list-style-type: none"> • JL urged colleagues to read the excellent feedback received from families accessing the Children's Observation Hub. JL is very proud of this pilot. JP thanked Jenny for this work as it is diverting attending from the Pinderfields ED. • LGA Send Peer Review took place and we received feedback about <ul style="list-style-type: none"> ○ the perceived lack of visibility of the ICB throughout this process. JL has a plan to have conversations when planning for a SEND inspection, to include Mel and Jo in those meetings alongside Jenny, to cover Wakefield Place. And then from a WY perspective, it isn't realistic for Rob Webster and Beverley Geary to attend, however Jenny is thinking about how we evidence their support for the SEND agenda. JL has suggested to Rob to create a video where he talks about his commitment to C&YP and to the SEND agenda. ○ the visibility of primary care through the Children's Alliance and in ASD JL is meeting with colleagues to discuss this. Whilst most referrals come through schools, families may also seek support from GPs. <p>Mental Health 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. IPS and newly established services are typically expected to score around the 80-90 mark, We also managed to achieve the "Exemplary" IPS Grow Quality Kite Mark which relates to the quality of clinical integration, employer engagement and supporting over 30% of those</p>						
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Agenda No	Minutes
	<p>accessing IPS into paid employment. Joe Corcoran leads on this programme and ME wanted to highlight the success of the work as it is an immense achievement.</p> <p>UEC</p> <ul style="list-style-type: none"> • The lease for King Street to continue Walk In Centre services has been signed for three years and they're now working with the provider to do further work on the specification. • Work is also taking place to change the lead provider model for the walk-in service at Dewsbury. delivered by Locala. Following a process, options are now being explored for MYTT to be the lead provider and this is being worked through. . • The Community Diagnostic Centre which will be sited at the retail park in Wakefield is progressing well. All the steel works are being completed. The CDC is due to open in March 2024.
6	<p>Outcomes framework</p> <p>The populated outcomes framework was supported and signed off by the WDHCP Committee in November. The Committee will receive a full report quarterly and the TDC will be the place where oversight is maintained.</p> <p>The following TDC process was agreed;</p> <ul style="list-style-type: none"> • The BI team will send out the outcomes framework, on a monthly basis, to all programme leads. This will be the fourth / last week in each month. • Programme leads will review the data / outcomes and include any risks / issues / context in their highlight report for the next TDC meeting. <p>The outcomes framework report has been linked to the strategic plan and colleagues are asked to feedback to Natalie Tolson if any changes are needed.</p> <p>Natalie and Tilly Poole have been working on a logic model process for the community transformation programme. Once this has been completed it will be shared with other programme leads to see if this is an approach they would like to adopt.</p> <p>The outcomes framework will be moving to PowerBI and will be a full interactive report. This should be available in February 2024.</p> <p>Additional metrics are also report to the Integrated Assurance Committee. These can be shared with TDC as well.</p> <p>Colleagues are asked that if anything feels duplicative please flag it.</p>

Agenda No	Minutes
7	<p>WYICB Model Update</p> <p>BB provided a brief overview of where we are with the WYICB Operating Model Review.</p> <p>The final staffing structures were published this week and we're moving into the next phase, of slotting staff into roles, or starting interview processes for those in ringfence pools.</p> <p>At Wakefield Place, the vast majority of staff will be slotting into their current roles. However, a small number of staff are in ringfenced pools in consolidated WY functions or are slotting in to WY consolidated functions.</p> <p>Work is still being carried out to understand how each consolidated and hybrid functions will work.</p> <p>Thoughts are now turning to 'Option 5' work to further progress the development of our ICB / ICS ways of working. This would be the next stage of delegated functions to Place and what are the best arrangements locally to lead or host these functions in future. Importantly the focus will be on how we maximise the opportunities with the current legislation to deliver on our partnership aims.</p> <p>KP advised that our new structures do achieve the 20% reduction in running costs NHSE asked for and that there is still work to do on non-pay cost reductions, i.e. estates reviews, non-pay contracts.</p>
8	<p>Investment Process: Outcomes of the Review</p> <p>Karen Parkin presented the outcomes of a review into the new and recent Investment Panel process. All those involved in the process from those submitting business cases, to TDC members and those involved in the Investment Panel were invited to participate in the review.</p> <p>We receive a wide and balanced range of comments from colleagues. There have been many successes experience during this process and some good areas of learning to amend this in the future.</p> <p>KP asked if this was a fair reflection of the process.</p> <p>Peta Stross agreed the feedback was fair and that we also need to be kind to ourselves as this was the first time we've run this process. Peta found the process open and transparent. Peta felt that Karen ought to be very satisfied with the process she had overseen and that fact that we have some difficulties in the end around the finance didn't detract from the process we undertook.</p>

Agenda No	Minutes
	<p>Michele agreed with this and stated that in the current financial situation, it was the best process it possibly could have been and the fact that we're doing the review to see if any changes can be made demonstrates what we're about as a partnership.</p> <p>Health economics skills were identified as a gap. BB reported that she was exploring some training opportunities aimed at TDC members and programme leads with Public Health colleagues.</p> <p>Karen advised that process is not yet complete. A paper went to the partnership committee in November which contained the list of investments and the priority order of those investments. However, because of the review of the financial position that is still underway, we are not yet in a position to be able to confirm the recommended investments. The Partnership Committee delegated the authority to Jo and Amy to make the investment decisions at the right time. We think this will be after Christmas.</p>
9	<p>Bereavement Service Model</p> <p>With the funding now approved to enhance this service recurrently, Luke O'Neill attended to provide an overview of the new model of care for the Adult Bereavement Service which will be procured in 2024 for mobilisation on 1 July 2024. A service specification was also provided with the papers and colleagues were asked to support and approve this.</p> <p>This new model of care has been developed in partnership following a full service review and taking into consideration the all age bereavement review carried out by Age UK, national strategies and findings from public engagement work, both locally and nationally.</p> <p>JL confirmed a bereavement service for children and young people was in the process of being procured and asked that the adults specification include a requirement to work with the new CYP provider when a family is requiring bereavement support.</p> <p>Amrit Reyat had some suggestions about making the language more inclusive and will work with LO on specifics.</p> <p>Members thanked LO for a thorough piece of work.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative:</p> <ul style="list-style-type: none"> Supported the new model of care for the Adult Bereavement Service and the service specification with the amendments outlined above.
10	Items for escalation to Wakefield District Health & Care Partnership Committee

Agenda No	Minutes
	<p>There were no escalations for Committee.</p> <p>Action: MJ will add the families feedback on the observation hubs and the MH good news story in Mel's report to Committee.</p>
11	<p>Any other business</p> <p>There were no other items for discussion.</p>
<p>Date and time of next meeting: Tuesday 16 January 2024, 2:00pm – 5.00pm</p>	

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday, 16 January 2024 - 2.00pm – 5.00pm, MS Teams

Present

Name	Representing
Mel Brown	Director of System Reform and Integration
Colin Speers	Executive System Healthcare Advisor
Becky Barwick	Associate Director of Partnerships and System Development
Karen Parkin	Director of Finance, Wakefield Place
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Michala James	Senior Manager - Partnerships and System Development
Steve Knight	CEO, Conexus
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
Paulette Huntington	Deputy Chair of the People Panel
Karen Parkin	Operational Director of Finance (Wakefield Place) (from 14.37 hours)
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
David Thorpe	Housing and Health Group
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council (Chaired until 3.30pm)
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Natalie Tolson	Head of BI and Performance, Wakefield ICB
Jon Parnaby	Programme Manager for Urgent Care Redesign-unplanned Care, Wakefield ICB
Rachel Gillott	System Partnership Director, Yorkshire Ambulance Service
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Adam Sheppard	Chair of Professional Collaborative Forum

Name	Representing
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Linda Harris	Joint SRO Workforce
Jackie Tatterton	Head of PMO, MYTT
Gemma Gamble	Senior Strategy and Planning Manager
Wendy Quinn	Director of Operations, MYTT
Isobel Trainer	Workforce and Systems Apprentice (Observing)
Sarah Redmond Flack	Information Specialist, Wakefield ICB
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Clare Offer	Consultant in Public Health, Wakefield Council

Apologies

Name	Organisation
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Abdul Mustafa	PCN Representative, PCN Clinical Director
Chris Evans	Chief Operating Officer, MYTT
Dominic Blaydon	People Alliance

Administration

Agenda No	Minutes
1	<p>Welcome and apologies</p> <p>Nichola Esmond welcomed everyone to the meeting of the Transformation Delivery Collaborative and explained she was chairing the first part of the meeting as MB had been delayed.</p> <p>Apologies were noted as above.</p>
2	<p>Declarations of Interest</p> <p>There were no declarations of interest noted.</p>
3	<p>Minutes of the meeting held on 14 December 2023</p> <p>The minutes of the meeting held on 14 December 2023 were agreed as a true and accurate record.</p>

Agenda No	Minutes
4	<p>Action Log The action log was updated as follows:</p> <p>Action 3 – Maturity Matrix – Scheduled for the February TDC meeting with feedback from the Mental Health Alliance, Children’s Alliance and the Learning Disability Alliance.</p> <p>Action 17 – NHS Impact Tools – This will be on the February TDC agenda.</p> <p>Action 20 - Population Segmentation Tool – to confirm whether this was still required or should it go to the Peer Group meeting.</p>
5	<p>Programme Highlight Reporting: Escalations by exception</p> <p>The Programme Highlight Reports were noted: Learning Disability Alliance – No escalations Urgent Emergency Care – No escalations</p> <p>Children’s Alliance – JL provided an overview on the Children’s observation Hub pilot noting that it had seen an increased number of children each week and was regularly and safely exceeding the projected capacity of 20. The pilot was being seen as a success and a full evaluation would be brought back to the March TDC. Discussion took place in relation to the pilot ending in February with no funding identified for continuation at this time with discussions taking place around mitigations and options including funding following the evaluation of the pilot. JL highlighted the positive meeting which had taken place with school leaders who had agreed to join with the Children’s Alliance to promote the effectiveness of the emotional wellbeing and mental health pathway. There had also been a deep dive to review the cases of children who were discussed at Inclusion Panel and Fair Access Panel. The findings were positive in terms of the offer provided by SWYPFT.</p> <p>Community Transformation – The following escalations were noted for this programme – Falls which related to an unsuccessful bid for SDF funding to develop a complex falls team. Virtual Ward Palliative Care the timeline had been extended for this due to capacity challenges. Funding for Integrated Neighbourhood Team Coordinators had not yet been identified.</p> <p>Planned Care – Work was taking place both at West Yorkshire and local level in relation to weight management. Challenges remained in gynaecology with capacity and demand driving long waits for specialist services and mutual aid was not readily available; recruitment was being attempted. A significant number of patients had been transferred back from the Digital Mutual Aid Service in ENT and Gynae which had worsened the position and had disappointed patients. It was noted that mutual aid</p>

Agenda No	Minutes
	<p>could be given by any provider that provided NHS services although it tended to be mostly other NHS organisations.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative:</p> <ul style="list-style-type: none"> • Noted the escalations from the Programmes and Alliances.
6	<p>Outcomes Framework – Performance and Activity Report Becky Barwick (BB) and Natalie Tolson (NT) presented the paper</p> <p>BB introduced the item referring back to previous discussions at TDC in relation to the performance and activity report and outcomes framework. The information provided was intended to be shared with alliance and programme leads to inform the highlight and escalation reports.</p> <p>The outcomes framework consisted of 9 outcomes with a basket of indicators relating to each outcome. The Wakefield District Health and Care Partnership Committee (WDHCP) would be presented with the outcomes framework every four months with the programmes and TDC being presented with the detailed metrics monthly for oversight and discussion; it was acknowledged that some metrics would not move at pace. The outcomes framework was still being finalised in readiness for the March WDHCP meeting.</p> <p>NT provided a summary of the progress on the outcomes framework advising of which indicators required development and assuring colleagues that the report would be available for the March WDHCP. The dashboard was being finalised and would be available through Power BI, it was noted that where colleagues did not have access to Power BI (organisations external to ICB) that a short-term fix had been undertaken. In terms of the granular detail of metrics it was envisaged that these would be overseen by alliances and programmes with an escalation onwards to TDC if required.</p> <p>Discussion took place in relation to the TDC and the outcomes framework and performance activity report with members agreeing that highlight reports (which included escalations) in conjunction with metrics from the alliances and programmes should be robustly scrutinised by the TDC and challenging information that required more explanation or where something was off track.</p> <p>BB advised that it was intended that to review all the metrics with leads over the coming weeks.</p>

Agenda No	Minutes
	<p>There was an acknowledgement from members that not all metrics would deliver a month on month change as some metrics would be a slow gradual trend.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative: Noted the Performance and Activity report.</p>
7	<p>Integrated Community Services Model</p> <p>Peta Stross (PS) and Tilly Poole (TP) presented this item</p> <p>PS guided the TDC through a presentation which detailed the work taking place within the Integration Adults Community Plans Community Operating model. The concept being that there would be no wrong front door and integrated neighbourhood teams were key. There were four main programmes of work: Transfer of Care, Prevent Reduce Delay, Rehab and Recovery and Admission Prevention underneath these were a number of enables such as communications and finance and clinical systems. It was aimed to provide seamless care between services rather than the often-siloed approach which could happen. The model would not only provide the patient with the best joined up care but also make the system more efficient and effective.</p> <p>The model had a proactive approach with early identification of those individuals who were likely to require care needs, providing proactive care based on assessment of need, rehab and recovery within a person's home or specialist community provision, the concept of hospital at home including acute care at home supported by remote monitoring and discharge and community in-reach which identified those who attend the ED and were in bedded wards to support them home or to the other level of services.</p> <p>It was noted that there was a suite of 44 metrics being developed to support delivery of outcomes. The overarching portfolio was outlined with both new and existing workstreams noted. Upcoming key milestones were highlighted and funding explained.</p> <p>The concept of Hospital at Home was explained in further detail with a change to the narrative of virtual ward to hospital at home and some of the successes of the programme to date were shared with the TDC.</p> <p>MB and CO joined the meeting at 15.15 hours.</p>

Agenda No	Minutes
	<p>Discussion took place around terminology and whether it would be helpful for all communication to use the same, for example 'transfer to community ward rather than discharge letter'.</p> <p>In response to questions from MB, PS explained the key risks within the programme, particularly in terms of finance and funding especially for some key posts although it was acknowledged there were opportunities too in terms of efficiency and effective ways of working. PS advised that the ask from the TDC would be:</p> <ul style="list-style-type: none"> • Invitations to key meetings to share the vision for the programme and explore collaboration options. • Exploring colocation options across the system. • Support on the concept of 'no wrong front door' • Access and sharing of information to enable effective and safe care. <p>Discussion took place in relation to what options were available to younger people and what connections with colleagues needed to be made in this regard.</p> <p>RG touched on some of the work that YAS were undertaking in this space and how the service were developing the workforce with a number of different roles including Paramedics, Mental Health specialists, Urgent Emergency Care etc.</p> <p>PS outlined the work being done with Calderdale and Kirklees and at West Yorkshire level.</p> <p>KP referenced best practice nationally and also making sure of alignment to commissioning frameworks.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative: Noted the presentation.</p> <p>MB took over the Chair of the meeting 15.30 hours</p>
8	<p>West Yorkshire Integrated Working for Children and Young People Jenny Lingrell (JL) presented this item</p> <p>JL advised that whilst doing this presentation she was wearing 'three hats':</p> <ul style="list-style-type: none"> • Role within the LA • Role within the ICB • Joint SRO WY C&YP <p>JL provide the background to the item which had been an approach from the Directors of Children's Services to Rob Webster (RW) for greater integration across children's</p>

Agenda No	Minutes
	<p>services and the various programmes of work explaining that the context to some of this was around finances and relationship working. However she assured the TDC that in Wakefield there were already strong working relationships and integrated working which were well advanced.</p> <p>Following the meeting with RW a wider meeting took place between representatives of children's services and the ICB to explore collaboration which was then reported to RW's management team. A further meeting then took place to identify areas for joint working and collaboration. JL expressed that there were specific things where Wakefield could take a lead, these were detailed in the paper. JL shared some of the modelling work which had taken place, with sharing from place and advised a bid had gone into the Department of Education. Other pieces of work were taking place including on the Hesley Safeguarding Report and on data; noting that the joint work was hoping to reduce duplication of effort.</p> <p>Discussion took place in relation to support for SEND children in school and JL explained the approach in Wakefield including early intervention and managing demand effectively.</p> <p>The success of the Croft residential home for young people with challenging needs was discussed and it was noted there had been national interest in the model. MB suggested that as a Place we should be better at sharing our successes in addition to learning from others.</p> <p>JL referenced the highlight report noting the SEND Review and that a discussion was due to take place on the Autism Pathway at a Network Thursday meeting.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative: Noted the paper and update.</p> <p>ME left the meeting at 16.00 hours.</p>
9	<p>Older People's Mental Health Transformation Michele Ezro (ME) presented this item</p> <p>ME guided the TDC through a presentation on the substantial programme to reconfigure and improve specialist mental health services for older people., which will be subject to public consultation commencing in January 2024. The programme had undertaken significant engagement, had included review and follow up of recommendations by NHSE and the Clinical Senate and was being overseen by a Joint CKW Partnership Board which would take decisions on behalf of all three Places and a joint CKW Health Overview and Scrutiny Committee.</p>

Agenda No	Minutes
	<p>The case for change had previously been presented to the TDC (and Wakefield Provider Collaborative prior to that), the Wakefield District Health and Care Partnership and the Mental Health Alliance several times during the development.</p> <p>ME outlined the proposals and advised that public consultation was planned to commence in January 2024 and provided details the consultation process which would take place.</p> <p>PH advised that a similar presentation had been taken to the People Panel where members had raised the issue of transport for family and friends.</p> <p>ME advised that this had been taken into account within the proposals urging PH and others to raise this during the consultation process along with any other feedback they felt necessary.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative: Noted the information in the presentation on the consultation on Older People’s Mental Health Transformation.</p>
10	<p>NHS Planning Guidance Becky Barwick (BB) presented this item</p> <p>BB updated the TDC in relation to Operational Planning advising that NHSE guidance had not yet been published but that planning had commenced based on previous year’s guidance. This reconfirmed the ongoing need to recover our core services and improve productivity, making progress in delivering the key NHS Long Term Plan ambitions and continuing to transform the NHS for the future.</p> <p>It was noted the ICB team had been stood up and were coordinating across the ICB and had produced a draft template for activity. A local planning group had also been stood up for Wakefield Place.</p> <p>MB emphasised that planning was not starting from scratch and that a significant amount of work had already taken place including the various plans the partnership had such as the Health and Wellbeing Strategy, Wakefield District Health and Care Partnership Strategy and the TDC Delivery Plan.</p> <p>MB highlighted the challenging financial context that Wakefield as a system are operating within and this will continue in 2024/25 financial year and a discussion took place on disinvestment and what this might look like. It was emphasised that review of existing schemes and programmes would be important to ensure that they were still required and were as efficient and effective as they could be and were they still</p>

Agenda No	Minutes
	<p>delivering as intended for the people of Wakefield. MB referenced health economics and how as a partnership this might be strengthened particularly in terms of when considering investment/disinvestment.</p> <p>It was RESOLVED that: The Transformation Delivery Collaborative: Noted the update. TDC would focus on prioritisation of our priorities and financial efficiencies at next TDC.</p>
11	<p>Items for escalation to Wakefield District Health & Care Partnership Committee</p> <p>There were no escalations for Committee.</p> <p>NE referenced an earlier discussion around monitoring of performance and funding decisions which would go to the WDHCP committee.</p> <p>MB advised that she believed that not all risks described in the performance exception reports were being also outlined in our programme highlight reports. MB reflected on how the TDC could assure themselves in relation to risks and mitigations in place and the connectivity with WDHCP risk register. Programmes/Alliances to reflect on this for future assurance up to the TDC. Work was currently taking place at both WY and place level in relation to governance structures and assurance flow and it was hoped this would also support this ongoing work.</p>
12	<p>Any other business</p> <p>MB advised of discussions in terms of 2024/25 and allocation of resources for Adult Social Care.</p> <p>BB referenced discussions around the relaunch of the VCSE Strategy Board with some positive discussions including the development of a new Third Sector Strategy.</p> <p>MB updated colleagues on discussions in relation to the Pontefract MLU at both WDHCP Committee and Adult and Health Overview and Scrutiny Committee.</p> <p>The meeting finished at 16.58 hours.</p>
<p>Date and time of next meeting: Tuesday 22 February 2024, 9:00am – 12.00 noon</p>	

Wakefield District Health & Care Partnership - Minutes

Integrated Assurance Committee

25 October 2023, 14.00 – 16.00, Microsoft Teams

Present

Name	Title, Organisation
Richard Hindley (Chair)	Non-Executive Member, Wakefield District Health and Care Partnership
Jo Webster	West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield District Health & Care Partnership
Ruth Unwin	Director of Strategy, Wakefield District Health & Care Partnership
Gareth Winter	Head of Finance, Wakefield District Health and Care Partnership
Dr Colin Speers	Chair of the Provider Collaborative, Wakefield District Health & Care Partnership
Darryl Thompson	Chief Nurse and Director of Quality and Professions, South West Yorkshire Foundation Trust
Melanie Brown	Director of System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership

In attendance

Name	Title, Organisation
Laura Elliott	Head of Quality, Wakefield District Health & Care Partnership
Joanne Lancaster (Minutes)	Governance Manager, Wakefield District Health & Care Partnership
Natalie Tolson	Head of Business Intelligence, Wakefield District Health and Care Partnership
James Brownjohn	Programme Manager - Planned Care Redesign, MYTT

Name	Title, Organisation
Simon Rowe	Head of Contracting, Wakefield District Health and Care Partnership (Item 6 Only)

Apologies

Name	Title, Organisation
Vicky Schofield	Director of Children's Services, Wakefield Council
Amy Whitaker	Chief Finance Officer at MYHT, Finance Lead for Wakefield Place
Dr Adam Shepperd	Chair of the System Professional Leadership Group, Wakefield District Health & Care Partnership
Maddy Sutcliffe	Voluntary Community and Social Enterprise representative
Stephen Hardy	Non-Executive Member, Citizen Voice & Inclusion, Wakefield District Health & Care Partnership
Karen Parkin	Operational Director of Finance, Wakefield District Health & Care Partnership
Penny Woodhead	Director of Nursing and Quality, Kirklees, Calderdale and Wakefield Places
Gemma Gamble	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Jenny Lingrell	Service Director, Children's Health & Wellbeing, Wakefield Council
Clare Offer	Public Health Consultant, Wakefield Council

Administration Items

Agenda no	Minutes
1	<p>Welcome and apologies</p> <p>The Chair welcomed everyone.</p> <p>Apologies were noted as above.</p>
2	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>

Agenda no	Minutes
3	<p>Minutes of the meeting dated 28 June 2023 including action log and matters arising</p> <p>The minutes of the meeting of 28 June 2023 were agreed as a true and accurate representation of the meeting with the exception of: Item 5 should be 2023-24.</p> <p>It was noted that all actions were closed on the action log.</p> <p>There were no matters arising.</p>

Main Items

Agenda no	Minutes
4	<p>Performance and Activity Report</p> <p>Natalie Tolson (NT) presented this report.</p> <p>NT explained that the report presented the latest performance and activity including delivery against the NHS Strategic Oversight Framework, NHS constitutional standards, local transformation indicators and the better care fund. The activity section provides an overview of the Wakefield position against the NHS Operating Activity Plan and local provider activity and financial contract plans.</p> <p>NT highlighted the following points:</p> <ul style="list-style-type: none"> • Urgent care was under pressure with A&E attendance high compared to the same period last year (with an increase in attendees through injuries). • ED performance relating to the hour standard was in line with plan in September (70.6% against the 71.2% target). Performance is differentiated between non-admitted and admitted patients 80.0% and 26.8% respectively. • Ambulance handover times had increased recently with a number of 60-minute breaches having occurred. • The number of GP appointments had been higher than planned for October but this had seemed to stabilise the last week. • ASD waiting lists remained high although there had been a reduction. • Referral to Treatment wait numbers remained above 50,000 with 309 patients waiting for more than 65 weeks and 20 over 78 weeks. There was one breach over 104 weeks however this was a complex case with a date booked. • The Trust did not meet the 93% two week wait standard for August with performance at 83.2% mainly relating to dermatology.

Agenda no	Minutes
	<ul style="list-style-type: none"> • The number of GP referrals to Mid Yorkshire Teaching Trust remained high and a review of this was underway to understand the this. • Outpatient activity was below plan largely due to industrial action. • Wakefield was on track to deliver the 75% Learning Disability (LD) health check target, with current performance reporting at 25.6% (August YTD). Compared to same period last year, this was an improved position of 7.3% from 18.3%. <p>NT advised that a new Outcomes Framework was being presented to the Wakefield District Health and Care Partnership on 2 November so consideration would be given on how this report fed into this document to avoid duplication.</p> <p>MB advised that in relation to diabetes appointments that this was also offered by GP Care Wakefield to increase access to these. She added that there were now 34 community pharmacies who provided consultation to patients, with training ongoing in this regard; it was acknowledged that there was still work to do in this area. She referenced the NHS App emphasising that this required leadership across the system to promote use.</p> <p>The following points were in response to a number of questions from JW:</p> <ul style="list-style-type: none"> • MB advised that the reduction in ASD referrals was probably due to the summer holidays. • JB advised that waiting times for planned care continued to be monitored with work being undertaken to look at pathways in both physiotherapy and gastro. He advised that waiting times for dermatology had reduced. • DT advised there was a lot of information in SWYFT and it would be useful to see what could be brought across to this report for completeness – NT, MB and Sean Rayner to discuss (Action). • In terms of A&E attendance it was difficult to determine what was driving the attendance for injuries. Work was taking place with the communications team to communicate key messages around which settings to attend. • NT to link with Integrated Community colleagues in relation to including information around length of stay in future reports - NT (Action). <p>The ongoing work on the recovery plan was noted.</p>

Agenda no	Minutes
	<p>It was RESOLVED that:</p> <p>The Integrated Assurance Committee:</p> <ul style="list-style-type: none"> • Noted the latest performance and those indicators where performance is below target and the associated exception reports where provided. • Discussed and agreed any recommended actions for the Committee.
5	<p>Wakefield Place Finance Report 2023-2024 Month 6</p> <p>Gareth Winter (GW) presented the paper.</p> <p>GW explained that the paper presented the 2023-24 financial position for Wakefield Place for the period ending September 2023 (Month 6).</p> <p>Key messages were as follows:</p> <p>NHS organisations - forecast positions at month 6 are off plans:</p> <ul style="list-style-type: none"> • Wakefield ICB delegated budgets, a £1.9m surplus which is £4.0m off plan in line with the WY ICB agreement with NHSE • Mid Yorkshire Teaching NHS Trust, a break-even position • South West Yorkshire Partnership NHS Foundation Trust, a break-even position <p>Risks to the achievement of the NHS financial positions were similar across all of the Wakefield Place organisations. These related to pay costs (including pay award cost exceeding funding and industrial action excess costs), non-pay inflation, primary care prescribing costs, elective services recover and the achievement of the challenging efficiency / waste reduction targets plans.</p> <p>GW advised that risks were being mitigated where possible. In terms of the GP prescribing risks this was a national issue. Work was ongoing in relation to costs in the independent sector.</p> <p>The Wakefield Council forecast position, Month 6, was £0.1m favourable to plan for public health and social care.</p> <p>It was noted that once the month 7 position was known discussions would take place at West Yorkshire level in terms of any onward discussions to be had with NHSE.</p> <p>JW emphasised the challenges faced and that everything was being looked at in terms of mitigating or reducing the risks. It was noted that level three interventions were in place at MYTT.</p>

Agenda no	Minutes
	<p>It was noted that a deep dive of finances would be presented to the Wakefield District Health and Care Partnership committee at a private session on 2 November.</p> <p>It was RESOLVED that:</p> <p>Wakefield Place Integrated Assurance Committee:</p> <ul style="list-style-type: none"> • Noted the Month 6 Forecast Year End Position. • Understood the financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.
6	<p>Contract Monitoring Report</p> <p>Simon Rowe (SR) presented this item.</p> <p>SR outlined the paper which advised of the latest contracting position for the issue and signature of new contracts (including variations) which were required from the 1 April 2023.</p> <p>SR advised that from 1 April 2023 that 282 new contracts (including variations) were required. It was noted that less than 4% of the required contracts (and variations) from the 1 April 2023 remain unsigned equating to 11 contracts. SR provided detail for each of these which was provided in the report.</p> <p>Discussion took place in relation to the Provider Selection Regime which was coming into force in the new year with SR providing a brief overview of what this entailed and the implications for contracting.</p> <p>Action: SR to bring a paper on the Provider Selection Regime to a future meeting.</p> <p>It was RESOLVED that:</p> <p>The Integrated Assurance Committee:</p> <ul style="list-style-type: none"> • Reviewed and noted the latest position of the 23/24 contracts (including variations) that remain unsigned. • Advised on any further assurance that it requires on the 11 contracts awaiting signature. • Advised on any further actions that they wish for the contracts teams to lead on to ensure the 11 contracts are fully signed before the 01/11/2023.

Agenda no	Minutes
7	<p>2023/24 Q2 Quality, Safety and Experience report Laura Elliott (LE) presented the report</p> <p>LE presented the paper which presented information from various sources including regulators, commissioners, service providers and the population. Where areas for improvement were identified the report included actions being taken to improve quality outcomes, reduce harm and improve experience of care.</p> <p>LE took the paper as read and highlighted the following:</p> <ul style="list-style-type: none"> • A serious incident had been reported in contingency accommodation for people seeking asylum. • Three adult social care services were currently rated Inadequate and were under formal enhanced quality surveillance and were receiving quality improvement support. LE provided a verbal update on the position on these. • Embedding quality improvement in priority programmes was gaining momentum with six key themes identified as key areas of support to programmes/alliances - engagement, using insight, coproduction, measuring quality outcomes, increasing QI capability, and promoting a culture of sharing and learning. There had been an item at Transformation and Delivery Collaborative the previous week and there would be a workshop the following month. • National and ICB correspondence had been received following the Letby conviction emphasising the importance of listening to the concerns of patients, families and staff. It was noted that providers of NHS care locally were reviewing Freedom to Speak Up policies and processes to ensure that the process was robust. <p>DT referred to the reference to SWYFPT in relation to improvements made in patient safety and experience and advised that a Patient Safety Incident Response Framework had been developed. He further referenced that a recent CQC report had been responded to with factual accuracy and the final report was awaited.</p> <p>In response to a question from RH, LE advised that local providers had been asked for assurance in relation to their arrangements for Freedom to Speak Up. MB added that WY ICB had also asked local providers to provide assurance and raise awareness of the process.</p> <p>It was RESOLVED that: The Integrated Assurance Committee:</p> <ul style="list-style-type: none"> • Note the current place risks and assurances relating to quality, safety and experience;

Agenda no	Minutes
	<ul style="list-style-type: none"> Identify any further actions or assurance required.
8	<p>2022/23 West Yorkshire LeDeR Annual Report Laura Elliott (LE) and Charlotte Winter (CW) presented the report</p> <p>LE presented the report which was the second West Yorkshire-wide LeDeR Annual Report. The report covered the activity within the LeDeR programme for the reporting period of 1 April 2022-31 March 2023, the notifications received to LeDeR and the data from the findings of the 81 Reviews completed in the reporting period. It was noted that of the 81 reviews 14 were completed for people who live in Wakefield.</p> <p>LE advised that the recommendations and LeDeR priorities were included with some fantastic examples of work to address health inequalities and quality improvement for people with learning disabilities and or autism across West Yorkshire.</p> <p>LE outlined some of the good work taking place across Wakefield District including:</p> <ul style="list-style-type: none"> VIP Red Bag Scheme Learning Disability Annual Check Bowell Screening Reasonable Adjustments <p>The key themes and learning from reviews:</p> <ul style="list-style-type: none"> Mental Capacity Act (MCA) End of Life (EoL) Involvement of families and carers in decision making <p>LE outlined the key priorities for 2023/24.</p> <p>MB commented on the importance of the report and some of the innovative work taking place in Wakefield in this regard.</p> <p>LE advised that in terms of governance the report priorities would be overseen by the Strategic Health Group and the Learning Disability Alliance.</p> <p>JW thanked LE and CW for the report and suggested that it would be good to have those lived experience stories at a partnership committee meeting.</p> <p>Action:</p>

Agenda no	Minutes
	<p>JW to speak with Ann Carrol, Chair of the Partnership Committee in relation to inviting people with lived experience to speak at a future committee meeting.</p> <p>It was RESOLVED that: The Integrated Assurance Committee:</p> <ul style="list-style-type: none"> • Noted the content of the report, including the Wakefield place specific data and local work to address health inequalities and improve quality and experience for people with a learning disability and autistic people.
9	<p>Wakefield Risk Register Ruth Unwin (RU) presented this paper.</p> <p>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.</p> <p>RU advised there had been three new risks during the risk cycle:</p> <ul style="list-style-type: none"> • 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. <p>Discussion took place in relation to risk 2370 with the challenges and issues noted. MB advised that there was discussion whether this should be a core risk notwithstanding the individual place issues.</p> <p>It was RESOLVED that: The Integrated Assurance Committee:</p> <ul style="list-style-type: none"> • 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.
10	<p>Matters to escalate to WDHCP It was noted that there was a deep dive into the financial position at the November Partnership Committee meeting.</p>
11	<p>Items for escalation to other sub-committees</p>

Agenda no	Minutes
	There were no items for escalation to other sub-committees.
12	<p>Any other business</p> <p>There were no other items for discussion.</p>
13	<p>Reflections on the Committee</p> <p>RH commented on the manageable agenda which had ensure each item had sufficient overview.</p> <p>JW referred to some of the duplication of reports at meetings and the need for further integration of partnership narrative and information. JW would discuss further with MB and RU outside of the meeting.</p> <p>The meeting finished at 15.45 hours.</p>
14	<p>Date and time of next meeting:</p> <p>The next meeting was scheduled for 20 December 2023, 2.00 – 4.00 pm</p>

Proud to be part of West Yorkshire Health and Care Partnership

Wakefield District Health & Care Partnership – Minutes

People Panel

30 November 2023, 10am – 12noon, via MS Teams/White Rose House

Attendees: Dáša Farmer (DF), Stephen Hardy (SH), Princess Nwaobi (PN), Paulette Huntington (PH), Glenys Harrop (GH), Michelle Poucher (MP), Sandra Cheseldine (SC), Janet Witty (JW), John Nye (JN), Hilary Rowbottom (HR), Gary Jevon (GJ), Natalie Knowles (NK) (Item 6), Nicole Siswick (NS) (Item6), Elizabeth Reading (ER) (Item 6), Sam Cunningham (SCu) (Item 6), Andrew Athale (AA) (Item 6), Liz Blythe (LB) (Item 6), Lynda Heptinstall (LH) (Item 6), Kay Dilks (KD) (Item 6), Kate Slater (KS) (Item 6), Kate Trevelyan (minute taker), Laura Elliott (LE)

Apologies:

Carol Smith, Robert Ince, Mavis Harrison, Ross Grant, Ruth Unwin, Richard Hindley

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. John Nye highlighted interest in respect of prescribing care navigation.	
3	Minutes of meeting held on 02 October 2023	

Agenda no	Item	Actions
	The minutes of the meeting held 02 October 2023 were agreed as a true and accurate record of the meeting.	
4	<p>Matters arising</p> <p>DF advised that there were no matters arising from previous meeting.</p>	
5	<p>Experience of Care Update - highlights</p>	
	<p>Princess Nwaobi (PN) presented slides which outlined the Experience of Care update which included:</p> <ul style="list-style-type: none"> • In quarter 2 communication in secondary care, challenges with assessment within mental health services, issues with booking of appointments and positive feedback for Yorkshire Ambulance crews were the tops recurring themes in this quarter. • Actions undertaken include shared intelligence with service leads at meetings and programme leads discussing at Quality Intelligence Group meetings. • Additional themes were shared, which included discharge from hospital. • Healthwatch engagement around discharge from hospital has been shared with the ICB. This showed, among other, that overall people were happy with care and support after discharge than with the actual discharge from hospital. • Reviewing system was one of the recommendations – there is a need for clear communications and information for patients and family. • Celebrated Quality Intelligence Group’s 10th anniversary. Appointments and access to services remained the top themes which accounted for 26% of all the actions over the last 10 yrs 	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • Patient Safety Walkabout visits have taken place into various settings. Areas of improvement have included for care plans to have detailed, timely and patient centred information and to show evidence of meaningful engagement with residents. • Overall experience of care rated at 7.6 out of 10 – 7.1 for A&E and 8.4 for urgent and treatment centre within the 2022 Adult Inpatient Survey. Plans will be reviewed with action plan from workshop around hydration, nutrition and communication re discharge. • Experience of care at Pinderfields, Dewsbury and Pontefract was shared - key area was waiting times in A&E, assistance with feeding, and communication. • 2022 Urgent and Emergency Care survey results were shared. Patient survey indicated areas to improve in respect of communication needs, patient transport and staff responsiveness to improvement for A&E. Urgent Treatment Centre feedback was also shared. • National cancer experience survey has seen 54% response rate. Overall experience of care rates average 8.5%. <p>DF highlighted the winning of the Experience of Care award. DF and LE also presented at a national webinar organised by Picker and the Patient Experience Network, which included presentations from across the country.</p> <p>PN advised that it was the end of the presentation and asked for any questions.</p> <p>SC queried the various results of the survey 8.1 and 8.6%, and asked for the overall performance rating figure for the Trust (out of</p>	

Agenda no	Item	Actions
	<p>10) against the national average). PN responded that a national figure against benchmarking of other trust results was 8.6 out of 10. SC asked to see comparisons between the national and West Yorkshire average.</p> <p>SH thanked PN for presenting the Experience of Care update highlights.</p> <p>Action: PN/LE to provide panel with comparative performance data between the National and West Yorkshire average</p>	
6	<p>Improving access to GP Services – Introduction</p> <p>DF introduced Nicole Siswick (Primary Care Manager at Wakefield ICB). NS updated the panel on the Primary Care access plans which had been developed with the Primary Care Networks to provide assurance, manage demand and support patients towards accessing care safely. NS highlighted gathering information via the Friends and family test and informed how data was being developed which would vary across the PCNs. The GP patient survey was a national survey which the PCNs have used as a basis for the engagement work.</p> <p>Natalie Knowles (NK) referred to the feedback of the patient participating groups which provided a different data source with two aspects to consider of getting the data and adding the process.</p> <p>DF thanked NS and NK for the introduction and advised that the Primary Care Business Managers would provide a brief overview of their plans for each of the PCNs.</p>	

Agenda no	Item	Actions
	<p>Five Towns: presented by Sam Cunningham.</p> <p>Main highlights included:</p> <ul style="list-style-type: none"> • Looking at phone data and feedback from patients which indicated frustration about appointments highlighted the need to help patients to access healthcare without the need to call at 8.00 am. • PPGs not understanding new roles coming into PCNs. • Understanding of current and new staff roles to support reduction of 8.00 am call demand. • Patient partners tool allows checking of appointments, changes and request of medication via phone to check appointments. • Increase of online consultations and targeting certain functions to streamline, some practices have done or starting to do. • Working with Tier 1 Physio providers and offering self-referral option for physiotherapy. • Target friends and family test to all practices for feedback. • Good case study and feedback to reduce worries about the new roles to understand how they function to support healthcare. • Outcome for patients to have better experience, reduce demand, increasing alternative access, targeted online data. • Good feedback from patients about Clinical Associate who is able to spend longer with patients for reviews such as long term conditions. • <p>Panel comments included:</p>	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • ARRS roles - who they are, where they are and what they are doing because not aware of them. Not aware that the information has been shared at our PPG. • Mentioned various roles, various information about patient partner tools to educate trying to ease the usual routes as well as digital routes, but how are you going to get this across to patients so that they know as digital is not always the best route. • How do patients get to know about the roles – do they simply ring at 8.00 am. • Like the case study idea to support the advertisement of these roles. • What is a social prescribing, care navigator, all patients want is to make an appointment, do not want to share their medical needs, need to get back to the old ways. • Lot of the work that has been described is being done in the practice but not under a specific title. Don't feel there is full understanding of the different roles. • If you were to ask general public about the different roles and terminologies, they wouldn't understand. <p>NS highlighted the PCN pack to help improve communications to inform patients on the different plans, roles and improvements.</p> <p>Brigantes: presented by Andrew Athale</p> <ul style="list-style-type: none"> • Capacity and access plans all about practices. • Decision to keep things simple in respect of access and monitor feedback. • Access to e-consultation to free up 8.00 am phone capacity 	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • Access to translator software for people who do not speak English (lengthy process and looking at alternatives). • Text messages to offer/confirm appointments. • Direct patient feedback is taken seriously • Roll out as much capacity as possible, but Practices to identify what works for them and what does not (monitored by an evaluation) • Services working well are cervical screening, COPD checks. <p>Panel comments included:</p> <ul style="list-style-type: none"> • Undertook a patient experience in my practice in the summer and text messages to reply but not everyone has a mobile phone or patients do not reply as not everyone is tech savvy A paper questionnaire is still key. <p>AA responded that they were trying to make it easier for those who are able to access to free up time but no plans to make mandatory.</p> <p>Pontefract and Knottingley – presented by Liz Blythe</p> <ul style="list-style-type: none"> • Ease to navigate websites and soft intelligence from practice staff. • National survey and in house survey to check on change in satisfaction levels. • Assessment through year and communications to patients re understanding of new roles in Practice. • Educate staff on the ARRS roles and referral pathways. • Consistency in websites for ease of navigation with regular reviews around understanding. 	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • Looking at telephone and GP telephone messages which can be complex. • Review on a regular basis, see what uptake of additional roles is and what patients are telling us and also soft intelligence from practice staff. • Review through the year to see how things are going to help understanding of patients and improve online consultations. • Updated Practice patients group on the services and see where digital support can be used. The measure will be increase in satisfaction. • Patients understand that their concerns are being dealt with. <p>Panel questions:</p> <ul style="list-style-type: none"> • Glad that you have picked up on the telephone system as patients who have pay as you go phones can find it expensive to contact services. The responses need to be quicker and messages shorter. <p>Liz concurred with this comment.</p> <p>West Wakefield - presented by Beth Frankland</p> <ul style="list-style-type: none"> • Lot of similarities between all PCNs to improve access with the same objectives. • Looked at patient data and feedback from the PPG meetings and our staff. • Challenges such as busy telephone lines, appointments taken by 8.00 am, poor customer service and lack of understanding were the key themes. • Implementation of some customer service training. 	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • A new template created within the system to enable all staff teams to signpost patients to what's accessible. • Share changes with all patients and get messages out for feedback (presence in waiting rooms not relying on digital). • Marketing and communications strategy toolkit to support mid year patient survey. • Sharing of case studies • Pharmacists are trying to take pressure off GPs. • All of team to focus on sending out communications via a combination of digital comms and social media. Paper copies will be available at Practice. • Making it easier for patient to access services and direct referrals without going through a GP (avoiding an 8.00 am call). • Training of pharmacists to support heart failure clinics to take pressure of GPs. • IT poor uptake of NHS app. Going into waiting room to explain how to use it. • Increase of online consultation to improve patient access. • Send links for appointments to book a time which suits. • Cloud based telephony issues and communications strategy to improve capacity and access. • Long term conditions diagnostic hub and hypertension diagnostic testing to confirm condition and work with pharmacy team to ensure patients are well managed. • Housebound and Care Home team and LTC assessment • Increasing capacity in practice re occupational health therapy, long term conditions, mental health and existing services along with community pharmacy to improve capacity. 	

Agenda no	Item	Actions
	<p>Panel questions</p> <ul style="list-style-type: none"> • Have you been able to consult with Middlestown PPG • 3 communications per week, where are they going to as patients have shared mobile numbers for confirmation of appointments etc and the clinical information needs to be prioritised. • What other ways of communicating with patients do you have that patients have agreed to? • How will patients get to know that all this available to them? Especially those patients that do not attend the practice. Even those patients who are digitally enabled may not know about accessing this information. • Consider using PPG newsletters to share information, which are shared within the local communities. <p>Wakefield North – presented by Linda Heptinstall</p> <ul style="list-style-type: none"> • Review of various data which reflected a position which was lower than national and in the Wakefield district were our websites to help those who choose to use them. Working to make websites accessible and easier to read. Working with PPGs on the review of information. • Another area looked at was Friends and family test to improve feedback. • Online consultations system (PATCHS) automatically sends Friends and Family test but for those who don't use the online system, needed to find how to reach them. Reached 	

Agenda no	Item	Actions
	<p>out to patients in the waiting room with paper copies. Also SMS messages for those who prefer.</p> <ul style="list-style-type: none"> • Working with patients on information and some practices are involving their patient groups in creating newsletters with information. • Social media to use for public health promotions such as breastfeeding and bowel cancer week and updates on practice developments. • Capacity of access plan – increasing the number of paramedics and 2 pharmacists booked on course which hope to support during winter months. • We have recruited nurse, nurse assessors and an advanced care practitioner working with practice and housebound patients. • For housebound patients we also have advance practitioners focusing on pharmacy, helping out in care homes and practices where there are pressures. • Use of social media and newsletter to target patients but a need to work out how to get to patients who are not social media savvy. <p>No comments noted.</p> <p>Wakefield Health Alliance South – presented by Kay Dilks</p> <ul style="list-style-type: none"> • GP patient survey data helped to identify the areas to focus on. • New website and use of social media to improve difficult to access via telephone. • Frequent use of online consultations and what they mean. 	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • Looked at data across all our practices and data across the 2021/22 and 2022/23 data from all practices and the areas where improvements were to be made. • Practices come together to engage with PPG and provide feedback from patient survey. • All about change patient mindset and understanding of different needs for instance one particular practice outstanding with social media receive positive reviews and we are using this as a benchmark. • Team working on a how to guide to get information loaded onto social media. Work in progress for patients who do not have access to social media. • Anticipate Cloud based telephony next year. Believe that this will help practices monitor dropped calls whilst waiting, look the speed calls are answered. • Promotion of NHS App as our survey showed the need to raise awareness. Patients being supported in the practice and the community to access the app. • Holistic approach to self care and mental health – more work in the community, in less formal setting. • Work in the community such as the healthy hearts and wellbeing café which rolls out next week (informal area to receive advice outside of surgery). Hoping to roll out every 6 weeks in different areas in the PCN. • Care Coordinators supporting patients (help with form filling and signposting to various services). • Promotion of the community pharmacist role. • PPG work and encouraging patients to join as well as having a veterans specific PPG as part of health inequalities work. 	

Agenda no	Item	Actions
	<p>Trinity Health Group – presented by Kate Slater</p> <ul style="list-style-type: none"> • Capacity and access plan reflected they did not have a lot of data due to low uptake of Friends and Family test results. • Low feedback from patients re the GP survey • In-house responses reveal that patients do not understand the new roles (eg Care Navigator asking questions). • Slot time mapping within clinical system • Main aim is to increase the amount of feedback to understand patient needs, especially through Friends and Family Tests. Making sure that this is accessible to all our patients including our vulnerable patients so that all are able to have their voice heard (including those with dementia, learning disabilities, where English isn't first language etc). • Set up facebook group but aware that not everyone is on social media. • Role of Pharmacists being trained to do medicines review. • Lot of work in the community and pop-up clinics every month (blood pressure checks etc) which enables talking to patients about the different roles. • NHS App - reaching out to patients via social media, in waiting rooms about what the app can do, helping patients to download and use. All of which should reduce the amount of telephone calls. <p>No questions or comments noted.</p>	
7	Discussion from presentations	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • Interesting hearing about what is going on in the various places, but find yourself thinking, what did that mean, how would we use that. The outcomes on paper look better but not better for the patient. • Need to be careful when planning that you've got all the different people involved. • FFT is a way of gaining feedback, not necessarily engaging with your practice population. • For those who have noted liaising with local PPGs, has this been done? Some of those in the room are involved with local PPGs and not had the noted actions presented to them. • Consider digital exclusion and also whether systems are accessible for e.g. those whose first language isn't English. • Take into consideration health and safety recommendations when bringing all the different roles together. Equally, the findings to date that show that elderly patients achieve better outcomes when seeing the same GP. • The presentations didn't seem to address the current need, perceived or otherwise, to ring at 8am or before for an urgent appointment. • It was good to see where practices were seeking feedback other than the GP survey. • Would like to see more co-ordination between PCNs to align across the area and to align some of the solutions. • Some concerns over the CBT remain and assurance on business continuity would be appreciated. • Constant reliance on digital solutions is dangerous. • Consider linking in with LA colleagues in sharing messaging e.g. around ARR roles. 	

Agenda no	Item	Actions
	<ul style="list-style-type: none"> • Would welcome feedback in 6 months, (12 months as to what actually is being achieved). <p>Action: Update in 6 months, (12 months as to what has been achieved).</p> <ul style="list-style-type: none"> • Concerned about the Cloud based telephony that's based on the internet, if the internet goes down. Everything digital will not work which could happen at 8.00 am on a Monday morning. • The constant reliance on digital is dangerous. You cannot download and print off if there is no internet. • Also thought the government had brought a ruling out about the 8.00 am appointment, that people could ring at anytime of the day. So not sure why practices are still concentrating on 8.00 am calls. • About messages out, the Council and the NHS send out information via the post every year at certain times. • People only want the GP when they want the GP • Some people are old school - get leaflets out. • The waiting room notice board with photographs and titles is a good idea. • Solutions require co-ordination, so bring all seven back together again. • There is an issue around the functionality of the NHS app (medications do not always appear on this). More work should be done across the networks and at scale. Find solutions together. 	


Agenda no	Item	Actions
	<p>NK agreed that the work did require co-ordination, with a communications strategy plan and support across the district.</p> <p>A business continuity plan is in place as we know it is a risk but working with Practices about what happens if the telephone network goes down. Business continuity of the telephony system was noted as an area of concern and the group suggested proper testing of the system. NS informed that the cloud based telephony does have a business continuity plan laptop/telephone to provide a way to carry on if internet goes down, solutions are there.</p> <p>PH thanked all for the presentations and noted there are areas of good practice and lot of activity, with the Panel's role being to identify what aspects can be done better.</p> <p>Action: NK to take back work on the robustness of the Business Continuity Plan</p>	
8	<p>Any Other Business</p> <p>DF highlighted:</p> <ul style="list-style-type: none"> • To provide any other thoughts or comments to DF. • DF will work with NK/NS to respond to questions • Equality Delivery System to be added to the agenda of the next meeting (11 January 2024). EDS22 event where the ICB are presenting is on 4 December 2023. • Next Panel meeting 11 January 2024.. <p>Action: Equality Delivery System to be added to the 11 January agenda</p>	

Agenda no	Item	Actions
9	Date of the next meeting Thursday, 11 January 2024 – 10.00 – 12.00 noon	

Approved



Action Log

Date of meeting	Item No./Subject	Action	Update	Status
30.11.2023	5 – experience of care	PN/LE to provide panel with comparative performance data between the National and West Yorkshire average	11.01.2024: Comparison update as below.  Adult Inpatient Survey (Comparison t	CLOSED
30.11.2023	6 – improving access to GP services	NK - Update in 6 months, 12 months as to what has been achieved.	Update on Access and Recovery Plan to future meeting	Ongoing
30.11.2023	6 – improving access to GP services	NK to take back work on the robustness of the Business Continuity Plan for Cloud Based Telephony	Ongoing work within team and update on progress for next action log.	Ongoing – update 22.02.2024
30.11.2023	8 – Any other business	KT - Equality Delivery System to be added to the 11 January agenda	Added to the 11 January agenda	CLOSED

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