Wakefield District Health & Care Partnership

Partnership Committee Agenda

Thursday, 6 June 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	**1**	**Welcome and introductions (v)**	Information	Chair
	2	**Apologies and Declarations of Interest (v)** A register of interest of Committee members can be found on our website Declarations (mydeclarations.co.uk). *Those in attendance are asked to declare any specific interests presenting an actual/potential conflict of interest arising from matters under discussion at today's meeting.*	Information	Chair
1.05	**3**	**Any other private business notified in advance of the meeting**		Chair
2.25		**Break**		
2.40	**4**	**Minutes from the meeting held 7 March 2024 including Matters Arising and Action Log**	Approval	Chair
2.45	**5**	**Questions from Members of the Public (v)**	Discussion	Chair

Main items

Time	Agenda no	Item	Purpose	Lead
2.50	**6**	**Chair's opening remarks (v)**	Information	Chair
ITEMS FOR INFORMATION				
2.55	**7**	**Report of the Place Lead (d)**	Endorse	Jo Webster

Time	Agenda no	Item	Purpose	Lead
3.05	**8**	**End of year Report from the Chair of the Transformation and Delivery Collaborative (2023/24) (d)**	Assurance	Mel Brown
3.15	**9**	**Public Health Profiles – Combatting Drugs Partnership (p)**	Information	Stephen Turnbull / Alison Andrews
3.35	**10**	**Memorandum of Understanding for Workforce**	Information	Phillip Marshall
STANDING ITEMS				
3.45	**11**	**Wakefield Place Risk Register (d)**	Assurance	Ruth Unwin
3.55	**12**	**Performance Report - Exception Report (d)**	Assurance	Natalie Tolson
4.05	**13**	**Summary of 2023/24 Quarter 4 Quality, Safety and Experience report (d)**	Assurance	Abby Trainer
4.15	**14**	**Finance Update:** • **Month end position 2023/24 (d)**	Assurance	Amy Whitaker Karen Parkin
ITEMS FOR DECISION/APPROVAL				
4.25	**15**	**NHS Operational Planning**	Assurance	Ruth Unwin
4.35	**16**	**End of Year Governance Documents 2023-24: (d)** • Wakefield contribution of the West Yorkshire Integrated Care Board Annual Report 2023-24 • Revised Wakefield District Health and Care Partnership (WDHCP) Terms of Reference • WDHCP Committee Effectiveness Survey Results 2023-24 • WDHCP Workplan • WDHCP Meeting Schedule • Revised Integrated Assurance Committee Terms of Reference • Revised Transformation and Delivery Collaborative Terms of Reference	Approve	Ruth Unwin

Final items

Time	Agenda no	Item	Purpose	Lead
4.45	**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
4.50	**21**	**Receipt of minutes from the sub-committee (d)** • **Minutes of the Transformation and Delivery Collaborative, 24 February 2024, 24 March 2024 and 30 April 2024 (d)** • **Minutes of the Integrated Assurance Committee 28 February 2024 (d)** • **Minutes of the People Panel from 11 January 2024 and 22 February 2024 (d)**	Endorse	Chair
4.55	**22**	**Any other business (v)**	Discussion	Chair
5.00	**23**	**Date and time of next meeting:** 5 September 2024, 1400-1700		

Purpose

For approval:	Positive resolution required to confirm the paper is sufficient to discharge the Committees responsibilities.
For discussion:	Seeking member views, potentially ahead of final course of action being approved.
For Information/Assurance	Update to ensure that members have sufficient knowledge on subject matter or to provide confidence of delivery.
For Endorsement	To confirm support of items approved by other boards/committees within West Yorkshire.

Wakefield District Health & Care Partnership - Minutes

Wakefield District Health and Care Partnership Committee

Thursday, 7 March 2024, 14.00 – 17.00

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

Present

Name	Title, Organisation
Richard Hindley (RH)	Independent Member, Wakefield District Health & Care Partnership (Chairing the Meeting)
Stephen Hardy (SH)	Independent Member, Wakefield District Health & Care Partnership (Chair)
Mel Brown (MB)	Director for System Reform and Integration & Deputy Place Lead, Wakefield District Health & Care Partnership (for Jo Webster)
Stacey Appleyard (SA)	Senior Responsible Officer, Healthwatch Wakefield
Sharlene Featherstone (SF)	Voluntary, Community and Social Enterprise Representative
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust (until 13.50)
Clare Offer (CO)	Public Health Consultant, Wakefield Council (for Stephen Turnbull)
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council (until 15.33 hours)
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 (For Mark Brooks)
Dr Clive Harries (CH)	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
Ruth Unwin (RU)	Director of Strategy, Wakefield District Health & Care Partnership
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
Steven Knight (SK)	Managing Director, Conexus

Name	Title, Organisation
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals Trust
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 (until 15.33 hours)
Simon Gaskill	Senior Communications Officer, Wakefield Place
Linda Harris (LHa)	SRO (Co Lead Workforce)
Gemma Gamble (GG)	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Jon Parnaby	Programme Manager for Urgent Care Re-Design/Unplanned Care, Wakefield District Health and Care Partnership (Item 15i)

Apologies

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
Dr Claire Barnsley (CB)	Deputy Chair of Wakefield LMC
Dr Adam Sheppard (AS)	Chair of System Professional Leadership Group
Mark Brooks (MB)	Chief Executive, South West Yorkshire Partnership Foundation Trust
Cllr Maureen Cummings (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Dr Phil Earnshaw (PE)	GP Member, Primary Care Network Clinical Directors
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
Lyn Hall (LH)	LMC Representative
Karen Parkin (KP)	Operational Director of Finance, Wakefield Place
Jane Madeley (JM)	Non-Executive Director, West Yorkshire ICB

Administration Items

no	Minutes
22/24	**Welcome & Introductions** RH opened the meeting explaining that he was deputising as Chair in the absence of Ann Carrol. He welcomed Stacey Appleyard, Senior Responsible Officer for Healthwatch Wakefield, and Sharlene Featherstone, representative for the Voluntary, Community and Social Enterprise (VCSE) sector, to their first face to face meeting of the partnership committee.
23/24	**Apologies & Declarations of Interest** Apologies were noted as listed above. The Register of Interests was noted. The Chair reminded everyone to ensure their declarations of interests were up to date by using the Civica Declare system.
24/24	**Any Other private business notified in advance of the meeting.** The committee held a Private Session which commenced at 13.00 – 14.25 hours. The Public session commenced at 14.35hours.
25/24	**Approval of minutes from the last meeting, action log and matters arising** The minutes of the meeting of the 9 January 2024 were agreed as a true and fair representation of the meeting. There were no outstanding actions on the action log.
26/24	**Questions from members of the public** There were no questions submitted by members of the public.

Main Items

	Minutes
27/24	**Chairs Opening Remarks** RH referred to the national Budget announcement that had taken place the previous day at which a number of announcements had been made including some relating to the NHS and Local Authorities. He noted the challenging financial period ahead but stated his confidence in the strength of the Wakefield partnership to overcome those challenges. He referenced the Accessible Information Standard (AIS) reminding colleagues that papers should be received in a timely fashion to aid with appropriate checks prior to publication.

	Minutes
	He advised that the West Yorkshire ICB Board would meet on 19 March where it was expected that the move to a quarterly meeting and assurance cycle would be ratified. All places within West Yorkshire would align to the new quarterly cycle. RH reminded colleagues that the Committee Effectiveness Survey had been circulated and encouraged all to complete the survey, the results of which would be discussed at the April development session.
28/24	**Report of the Place Lead** Presented by Mel Brown (MB) MB presented the report in the absence of Jo Webster, Place Accountable Officer. MB thanked staff from across the system and acknowledged their hard work over the winter period. MB advised that Nova (the VCSE support agency in Wakefield District) had published a new business plan for the next three years. Colleagues had been supporting the design phase of the VCSE collaborative and it was due to go to the March Health and Wellbeing Board meeting. It had been announced that Dr Colin Speers had been appointed from January 2024 to the new system role of Wakefield Medical Director for Integrated Community Services which spanned primary, adult community and social care services. MB shared the excellent news that Dr Ann Carroll had agreed to continue for a further 12 months in the role of Chair of the Wakefield District Health and Care Partnership. PM advised that he had represented the People Alliance at the Joint Health and Social Care Overview and Scrutiny Committee where the Wakefield People Plan had been shared. **Secretary of State reconfiguration powers and new duties for commissioners** Ruth Unwin (RU) presented this item RU referred to the papers in the pack advising that the changes to health scrutiny arrangements which were signalled in the Health and Care Act 2022 would come into effect from 31 January 2024 and would apply to reconfiguration proposals where consultation began after that date. In summary the main change appeared to be that previously the Local Authority through either Full Council or Overview and Scrutiny had been the only route to make a referral to the Secretary of State; from January 2024 the changes removed the requirement for a referral to the Secretary of State to be made by the local authority and instead opened up

	the potential for either the Overview and Scrutiny Committee (OSC) or any member of the public to make a referral, which potentially increased the possibility of a referral being made. Once a referral has been made, the Secretary of State would 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. RU reminded colleagues that any consultation commencing after January 2024 would fall into the new rules. **It was RESOLVED that:** The Wakefield District Health and Care Partnership: • **Noted** the contents of the report. • **Noted** the update on the Secretary of State reconfiguration powers and new duties for commissioners.
29/24	**Report from the Chair of the Transformation and Delivery Collaborative (TDC)** Presented by Mel Brown (MB) MB advised that the February meeting of the TDC had been dedicated to a confirm and challenge session to explore what programmes and alliances were proposing to prioritise in 2024/25 with an explicit focus on quality, patient experience and financial impacts – and the partnership commitment to a 'home first approach'. Further conversations would be taking place at the next TDC meeting on 21 March. It was noted that there were a number of events taking place at Pinderfields Hospital, Pontefract and Normanton markets around the older people's mental health inpatient services consultation; MB emphasised that the ICB would really like to encourage people to attend. MB acknowledged the hard work which had taken place to achieve progress in terms of referral to treatment for patients waiting 65 weeks and 52 weeks for treatment which had shown significant improvement. **It was RESOLVED that:** The Wakefield District Health and Care Partnership: • **Noted** the contents of the report.
30/24	**Children & Young People** **Children and Young People Alliance Video (p)** A video was played to the partnership regarding the work of the Children's Alliance – the video can be viewed here.

Special Educational Needs and Disabilities (SEND) inspection readiness update

Vicky Schofield (VS) and Jenny Lingrell (JL) attended for this item

VS explained that the SEND inspection was currently underway with inspectors having arrived on Monday, 4 March. The briefing today had been in anticipation of the inspection although the inspection team had arrived earlier than expected.

VS provided an overview of the paper which outlined the new inspection framework which aimed 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.

VS explained that the process for a SEND inspection would include the submission of written evidence in line with the inspection guidance along with the submission of a list of children and young people who had an Education, Health and Care Plan or a 'My Support Plan'. From this list the inspection team would identify six cases that they wish to review in detail. When the inspection team were on site they would want to meet with education, health and care providers from across the partnership as well as parents and carers and they would triangulate evidence to assure themselves that children in Wakefield with SEND typically had a positive experience. The SEND inspection framework recommended a qualitative approach rather than a compliance approach – it would be delivered by the CQC and Ofsted across health, education and social care and would touch on the lives of more than 10,000 children across district. There were now three judgement areas as part of the inspection framework.

It was noted that as part of the process to prepare for inspection, Wakefield had 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 was included in the meeting pack for reference. The peer review had mainly drawn positive conclusions as well as making five key recommendations with an action plan addressing these already developed:

- Be bold with the Education Strategy.
- Work with Primary Care to reduce the demand for Autistic Spectrum Disorder (ASD) diagnosis.
- Ensure that the SEND Partnership Board was 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.

JL added that the Peer Review had suggested that Primary Care was driving the demand for ASD referrals, and she did not believe this was actually the case.

	Minutes
	Discussion took place in relation into ASD referrals and pathways, with the committee noting that most referrals are undertaken by the school setting. Primary Care were satisfied that the methodology was the best approach for children and families. It was believed that the collaboration across primary care and children's was a good example of partnership working. It was noted that there were currently 1400 children on the waiting list for ASD assessment which was a significant number of children waiting for a formal diagnosis. The committee noted the other support which was available to children and families whilst on the waiting list. MB believed the SEND inspection was an opportunity to showcase the improvements made in this area since the last inspection. There would be lots of work on going whilst the inspectors were here, and further updates would be provided to the committee as appropriate. RH thanked VS and JL for their attendance. **It was RESOLVED that:** The Wakefield District Health and Care Partnership Committee: • **Supported** the work underway to prepare for a joint SEND inspection. • **Noted** the feedback from the SEND Peer Challenge in November 2023. • **Noted** that the SEND inspection was currently underway. VS and JL left the meeting at 15.33 hours.
31/24	**Outcomes Framework** Rebecca Barwick (RB) presented this item. RB outlined the details of the paper which presented the Wakefield District Health and Care Partnership (WDHCP) Outcomes Framework that had been designed to provide the committee with oversight and monitor progress towards achieving the vision and Strategic Delivery Plan. RB explained that the framework was built around the three investment and design priorities and transformation objectives that would support the decision making required to work towards the vision. There were nine outcomes (five primary and four secondary) with a basket of system leading indicators to monitor and show progress against the delivery of those outcomes. The outcomes were also linked to the delivery of the Health and Wellbeing Board strategic outcomes and wider population level outcomes. It was noted that the workforce system indicators had been agreed and reporting against these new indicators would commence from April 2024; many of the indicators in the

outcomes framework were long-term and there might not be changes perceptible between meetings. The process was iterative and further work might be required in the future.

RB highlighted the following:

- Although an improved position, the proportion of mothers who smoked at the time of delivery continued to report below the national ambition. 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.
- The number of Wakefield patients waiting over 65 weeks for planned treatment continued to increase and remained above local trajectory at 475 patients. Pressured specialities with the highest number of patients waiting over 65 weeks remained Ear, Nose and Throat (ENT) and Gynaecology, with both specialities reporting a spike in routine General Practice referrals this year.
- The number of patients being discharged from hospital on pathways 2 and 3, which was a key Better Care Fund metric, remained below target.
- The number of people whose long-term support needs were met by admission to residential and nursing care homes (aged 65+ rate per 100k) continued to reduce and was consistently meeting the local target.
- The rate of early dementia diagnosis was showing an improved position and was reporting above the national average, exceeding the local trajectory in place.
- LD health check performance continued to improve and was reporting above last year's position for the same period (Dec 23).

Discussion took place in relation to the information contained within the Outcomes Framework with RB explaining that it was difficult to do a level of detail on such a far-reaching document. The framework could be used by the committee to identify any deep dives on issues they wished to explore further.

CO referred to smoking during pregnancy and advised that lots of work was taking place in this area and the trend was now going downwards compared to previous years. In relation to a question from SA, CO would confirm whether figures were available in relation to the number of people vaping.

It was noted that the Outcomes Framework would be received on a 6 monthly basis but that could be reviewed to quarterly if required.

It was RESOLVED that:

The Wakefield District Health and Care Partnership Committee:

- **Received** the WDHCP Outcomes Framework Report
- **Discussed** areas of key focus for future discussion.

32/24 **Wakefield Place Risk Register**

Presented by Ruth Unwin (RU)

	Minutes
	RU introduced the paper,which presented the Wakefield Place Risk Report including those risks rated 12 and above, risks which had been flagged for closure, new risks and risks which had decreased or increased in score. It was noted that the full Wakefield Place Risk Register was included in the meeting pack. RU explained that today's agenda had been restructured to allow for the Risk Register to be higher on the day's business as discussions on this should form the context for the meeting. It was also noted that from April 2024 the West Yorkshire Integrated Care Board (WY ICB) was expected to move to a quarterly meeting and assurance cycle and that all places would align to this. This would mean the risk cycle would also be undertaken on a quarterly basis. It was noted that there were currently 15 risks on the Wakefield Place Risk Register, two of which were marked for closure, leaving a total of 13 open risks. RU highlighted the following: • Risk 2409 which related to achievement of the A&E 4-hour standard – this was a new risk this cycle – the risk needed to be broadened out and controls and mitigations strengthening. It might be appropriate to add to the Place Risk Register in terms of quality, safety and patient experience. • Risk 2397 which related to future system financial sustainability; did this need to include a quality and safety aspect of the consequence of achieving the financial balance. Discussion took place in relation to the risk register including: • In relation to risk 2409 – A&E 4-hour standard this be strengthened around the risk to patient safety and experience due to volume of Emergency Department (ED) attendance and system mitigations in this regard. • An additional risk to be considered relating to 12-hour breaches and the risk to patient safety, quality of care, experience and patient outcome. It was noted that routine patient walkabouts were scheduled. • The impact on the above across other parts of the Wakefield system and how this was captured appropriately in existing risks. • General increase in demand across all service areas including Primary Care, Urgent Care, Planned Care and the Social Care system and the impact on staff well-being working under pressure for a sustained period. • Out of area/tertiary services which were stopped resulting in a lack of service for residents – the impact of this on the wider system. It was confirmed that WYICB received a pack for their meetings which contained benchmarking data relating to population share attendance at EDs across the region.

	Minutes
	It was RESOLVED that: The Wakefield District Health and Care Partnership Committee: • **Received** and **Noted** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. • **Considered** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
33/24	**Quality, Safety and Experience Highlight report** Presented by Penny Woodhead (PW) 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. 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. PW advised that to ensure consistency and avoid duplication of reporting to the ICB Quality Committee the format of the paper was 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. PW highlighted the following: • The Mid Yorkshire NHS Teaching Trust (MYTT) CQC report from the inspection in September 2023 was due to be published imminently. • There had been a National Paediatric Audiology Review which had highlighted potential areas of concern in the majority of Trusts across West Yorkshire including MYTT. A West Yorkshire Oversight Group to monitor improvement plans and coordinate site visits had been established. • There had been a National Patient Safety Alert regarding risks and management of sodium valproate prescribing had been issued. The ICB Medical Director was establishing a WYICB wide group to implement the new regulatory measures. It was noted that appropriate measures were in places in relation to those highlighted. **It was RESOLVED that**: The Wakefield District Health and Care Partnership: • **Noted** the current place risks and assurances related to quality, safety and experience presented in the attached Escalation and Assurance report and Assurance Wheel.
34/24	**Finance Update Month 10** Presented by Amy Whitaker (AW)

	Minutes
	AW presented the report which outlined the financial position for Wakefield Place for the period ending January 2024 (Month 10). NHS organisations - forecast positions at month 10: • Wakefield ICB delegated budgets, a £0.9m surplus which was £5.0m off plan. • Mid Yorkshire Teaching NHS Trust, a deficit of £13.2m – the Trust completed a re-forecast exercise at month 9 and this revised position had been accepted by the ICB and NHSE • Southwest Yorkshire Partnership NHS Foundation Trust (SWYPFT), a break-even position which was on plan by the end of March and it was noted SWYPFT had supported the system in this regard. The movement from the previously reported position now incorporates the following cost pressures across all the Wakefield Place: • Pay Costs – including pay award cost exceeding funding and industrial action excess costs. • Non-Pay Inflation i.e., Utilities, PFI, and Managed Contracts • Primary Care Prescribing Costs • Elective Services Recovery • Achievement of waste reduction and efficiency plans Wakefield Council's forecast positions for month 8 (latest reported position) for health and social care was currently breakeven but significant pressures were arising in Childrens Placements. NHS England requested a financial reset on 8 November 2023 which led to detailed analysis and actions during November and December. Funding had been allocated for the cost of industrial action and elective recovery alongside several conditions. This led to a change in reported organisational positions for month 9 and month 10 which were presented in the report. The WYICB position was noted and it was clarified that this would be allocated to places pending confirmation in relation to elective recovery assumptions. The hard work to get to this position from finance colleagues was noted. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • **Noted** the Month 10 Forecast Year End Position.

- **Understood** the numerous financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.

35/24 **Health Inequalities Update**

RU presented this paper

RU introduced the paper which described the impact of the dedicated funding on individuals and communities and the detailed learning of funding this work through the Core20PLUS5 framework (the framework). It also sought continued commitment that any uncommitted resources remaining from the £1m health inequalities funding that had been put into the 24/25 baseline would be protected for schemes to reduce health inequalities.

RU explained that the Core20plus5 framework had been launched in 2022 with £1.08m recurrent funding for Wakefield District Health and Care Partnership (WDHCP) from the West Yorkshire Integrated Care Board (WYICB). The overall framework was implemented by locally adopting a partnership approach and building on and bolstering the work that was already taking place within the district. The Committee had agreed to fund three major programmes supported on a recurrent basis (to 2026) and a further three programmes had been allocated recurrent funding through a competitive bidding process. A further eight projects were awarded non-recurrent funding through reallocating funds that were not spent due to a later start on recurrently funded projects.

RU emphasised the methodology behind the funding which had been to build long term and trusted relationships at grass roots, invest in the Voluntary, Community and Social Enterprise (VCSE) sector and communities and target those communities/groups which were most disadvantaged. RU advised that evaluation of the projects had taken place through a range of mechanisms and positive feedback had been received. Evaluation identified a need to ensure sustainability of projects beyond the initial investment.

Discussion took place in relation to the paper with the committee noting the building relationships with mostly excluded communities. It was felt that some of the projects and schemes could be better communicated to primary care and other colleagues and consideration was given to how this might be achieved. It was noted that funding had been proposed around a pathways tool which should aid with the knowledge of schemes to make referrals. There was a question in relation to how to evidence the return on investment of schemes and projects and the impact they had in communities.

In response to a question from MB, RU confirmed there was no financial risk in relation to Core20PLUS5 funding for 2024-25 as only a few projects were funded longer term. There was a small amount of funding for some of the schemes to be found for 2025-26.

	Minutes
	In response to a comment from SF around VCSE workforce sustainability with uncertainty in funding RU responded that sustainability for the sector did need to be addressed. It was noted that there had been a VCSE Collaborative established and a VCSE Strategy was being developed. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • **Noted** the assurances provided on the three main projects that have been recurrently funded. • **Committed** 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. • **Agreed** to protect the £1m that had been put into the baseline for health inequalities and develop proposed arrangements for future investment of health inequalities funding based on proof of concept and commitment to sustainability of those programmes that provided evidence of positive impact. • **Supported** the ongoing development of a Reducing Healthcare Inequalities steering group and the Community of Practice. • To m**aintain** and **develop** links to the WYICB HI programme to bring learning into the Wakefield district.
36/24	**2024/25 Operating Plan Update** Rebecca Barwick (RB) presented this item. RB outlined the paper which updated on the development of 2024-2025 NHS Operational Plan which had already been discussed in some detail in an earlier session. Due to the challenging timescales, it was recommended that the committee authorised the chair to sign-off the first full submission as an urgent decision – as allowed by the terms of reference for the committee. The chair would 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. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • **Noted** the approach and progress made with the development of the Wakefield place-based plan and • **Agreed** to invoke our arrangements for the chair to take the urgent decision. **Delivery of the Urgent and Emergency care Standard** Jon Parnaby (JP) attended for this item

	Minutes
	JP explained the report which outlined the collaborative work ongoing across West Yorkshire to support the delivery of the Urgent and Emergency Care Standard target and outlined the work underway to support West Yorkshire collectively achieve the 76% target by March 2024 JP explained that delivery of the urgent and emergency care standard was crucial to support the 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. JP advised that at present there was some variability of this target across the West Yorkshire ICB with some acute trusts (including MYTT) not currently delivering this ambition. There were several reasons why MYTT were not delivery the ambition one of which was in relation to the Trust being a pilot scheme for the Emergency Care Standard which included more qualitative measures. MYTT were currently achieving 69-73%. The Trust had several initiatives to achieve the Trust's contribution to the WY target of 76% and this was based on what was best for patients, their care, experience and outcome. It was noted that weekly reporting against the standard had now increased to daily reporting. Discussion took place and it was noted that the ambition was ensure initiatives could be delivered over the longer term to ensure better outcomes for patients. MB advised that the level of scrutiny regarding this was significant and colleagues were working hard to achieve the best for patients. PM reflected on wider issues impacting on the delivery of the standard including no reason to reside controls and the discharge process. He would look at whether this would be escalated to the place level risk register. **It was RESOLVED that:** **The Wakefield District Health and Care Partnership Committee:** • Note the content of this report • Be assured of the direction of travel and plan for the WY ICB to achieve this standard
37/24	**Issues to alert, advise or assure the ICB Board on** No issues were raised.

	Minutes
38/24	**Issues to alert, advise or assure the WDHCP committee on from the ICB Board** No items had been received.
39/24	**Items escalated from other Boards** No items had been received.
40/24	**Items for escalation to other Boards** There were no items to escalate to other Boards.
41/24	**Receipt of minutes from the Sub Committee** Minutes of the Minutes of the Transformation and Delivery Collaborative on 14 December 2023 and 16 January 2024, Minutes of the Integrated Assurance Committee 25 October 2023 and Minutes of the People Panel from 30 November 2023 were all noted.
42/24	**Any Other Business** There were no items for discussion. **The meeting ended at 16.58 hours.**

Date and time of next meeting: 6 June 2024, 14.00 – 17.00 hours.

Proud to be part of West Yorkshire Health and Care Partnership

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

ACTION LOG – 7 March 2024

Minute Number	Agenda Item	Action	Lead	Date for Completion	Progress	Status

There are no outstanding actions on the action log as of 7 March 2024

Report of the Wakefield District Health & Care Partnership

Wakefield Place Integrated Care System (ICS) Health and Care Leader

Thursday 06 June 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)

In March, we held our NHS West Yorkshire Integrated Care Board meeting in public, with a focus on acute services across the Partnership. Reports and the film from the meeting can be viewed here - https://www.wypartnership.co.uk/west-yorkshire-integrated-care-board/meetings/integrated-care-board . The next meeting of the Board held in public will be on Tuesday 25 June 2024.

West Yorkshire Health and Care Partnership Board

Our Partnership Board met in Leeds on Tuesday 5 March. You can read the papers and watch the recording from the meeting held in public here - https://www.wypartnership.co.uk/meetings/partnershipboard/papers/west-yorkshire-health-and-care-partnership-board-meeting-5-march-2024 . The next meeting will take place on Tuesday 16 July.

Dentistry and oral health

There remain significant challenges in access to NHS dentistry, long waits for specialist dental services (e.g., community dental services and secondary care dental services), and in the state of oral health – particularly when assessing this through a health inequalities lens. There are signs of improvement since we became the commissioner of dental services. Children accessing a dentist in the last 12 months is 60.8% (up 9.9% on the previous year) and adults 48.2% (up by 5.5% on the previous year). Both access metrics compare favourable regionally and nationally. Performance of the dental system and contract delivery for 2023/24 will become clearer over the first quarter of 2024/25. Latest available data suggests delivery to be around 83% - an improvement on the same period in the previous year.

We have worked hard throughout 2023/24 to maximise the use of the dental budget. Our £6.5m investment plan was almost entirely delivered in year, which delivered more access through urgent access schemes and more appointments targeted at high need populations, as well as investing in oral health. Our work throughout 2024/25 will also include delivering the core components of the Dental Recovery Plan, which provides specific focus and investment that supports and enhances the work we are doing in West Yorkshire

Digital Yorkshire Health Care Record (YHCR)

The Digital Yorkshire Health Care Record (YHCR) is continuing to progress across West Yorkshire by connecting organisations to either view or share their data to improve direct care for patients. Bradford Council have onboarded five teams to view data in the YHCR in the Adult Social Care Directorate. Calderdale and Wakefield Councils are also both close to going live to view data in the YHCR. Primary care in Wakefield and North Kirklees will also soon be going live to view data once the final testing is approved.

Elections

Labour's Tracy Brabin has been re-elected as Mayor of West Yorkshire. Tracy was declared the winner on Saturday 4 May. As part of the 2021 deal, the mayor also inherited the office of the West Yorkshire Police and Crime Commissioner, which holds the area's police force to account. Alison Lowe OBE will also continue as Deputy Mayor for Policing and Crime.

Wakefield Place

Hospital Discharge Patient Engagement Report

Healthwatch Wakefield has published its Hospital Discharge Patient Engagement report, which shows that people being discharged from our hospitals are feeling real improvements. We've had a sharp focus on improving transfers of care, having no one in hospital who does not need to be there, and assessing ongoing care needs in the right place at the right time so it's brilliant to see that this hard work is paying off in improved patient experience. The Healthwatch team interviewed more than 160 people over 18 months to understand their experiences of leaving hospital. The interviews covered key areas including communication, length of stay and support after discharge. The feedback reveals significant improvements in people feeling that they had everything in place ready to go home, and big increases in satisfaction levels for both discharge and support after discharge. There's always more to do, but I'm really pleased to see the difference we're making for local people in black and white. You can read more of the feedback in the report: Healthwatch Wakefield Hospital Discharge Patient Engagement Phase 2 Report

Rehab and Recovery Hubs

Last year we introduced Dovecote Lodge as a Rehab and Recovery Hub. The hub is giving people the opportunity to leave hospital as soon as their medical intervention is complete, to recover their strength and confidence in a more homely environment. We can help avoid people going into hospital unnecessarily and support them to get the short-term care they

need if they can't be at home. Due to the success at Dovecote Lodge, we expanded the hub offer to Flanshaw Lodge (Wakefield Council Care Home) from January 2024. The opening of the 4 recovery beds at Flanshaw Lodge has already seen a huge success and we are now working on increasing the offer from 4 to 7 beds. The feedback from staff evidences the increased job satisfaction they are feeling, one example being how brilliant it is to see someone admitted who is only able to go from sit to stand, stand to sit and nothing more and then within days they are walking down the corridor. The unit has had 8 recovery admissions so far and we are excited to broaden this offer in Wakefield.

Opening of Wakefield Community Diagnostic Centre

The Wakefield Community Diagnostic Centre (CDC) is now open. The CDC will provide cardio-respiratory, ophthalmology, dermoscopy and radiology imaging (CT, MRI, X-ray, DXA bone density and ultrasound) tests.

The centre was made possible by securing £12.2m of government capital funds, the facility will make services more accessible and convenient for patients and carers, whilst increasing the number of tests we can carry out, and reducing the time it takes to get a diagnosis and start receiving treatment.

Intravenous Antibiotics

Our Integrated Care Team (ICT) are helping people to avoid long hospital stays by adopting new way of administering intravenous antibiotics at home. The antibiotic pump is a disposable, pre-filled device that delivers intravenous medication slowly over the course of 24 hours, and is small enough that patients can carry it around with them. As well as being better for patients, it frees up time for nursing staff and eases the pressure on wards by freeing up beds.

Diabetes Champion Model

54% of community nursing visits are to support the increasing demand of insulin administration. We have therefore developed a new community offer, our district nurse diabetes champions! This new network will work in collaboration with our colleagues in primary care, care homes and acute services as well as with service users and their families to promote self-care and improve the quality and safety of treatment of diabetes in the community. A key role of the champions is to challenge existing policy and practice and identify where improvements can be made. There is huge scope for the champions to make a real difference for people in the community.

Integrated Neighbourhood Teams

In response to the increasing need to support people in Wakefield to live independently in their own homes for longer, Adult Community Services, in partnership with Adult Social Care, has developed a Community Operating Model that will move more care and support closer to where people live (in their Neighbourhoods); help to forge stronger relationships across all Wakefield stakeholders (including the community in which people live) and identify

opportunities to deliver services that matter to people, and make effective use of the Wakefield pound.

We aim to have these teams across six Integrated Neighbourhood Teams (INT) this spring. Each team will serve an average population of 60,000 people. Aligning the teams with local Primary Care Network footprints will place them in the very heart of their communities and allow them to work seamlessly with primary care colleagues and voluntary sector partners. There will be a seventh INT/ Community Hub in the hospital, which will focus on connecting community INTs with acute services.

The benefits of this approach are far-reaching. It is intended that by focusing on proactive care and supporting our residents from a Mid Yorkshire Teaching Trust (MYTT) perspective, this approach will benefit their population by improving the quality of care and health outcomes, fewer people needing to attend the Emergency Department, and short lengths of stay for those who need to be admitted.

We've just finished recruiting from within our community health and social care teams to 'team lead' posts to advance this work. The successful applicants are all existing nurses, therapists, and social workers with first-hand, on-the-ground experience supporting people across Wakefield. The next round of recruitment will be to secure a coordinator to support each community health and social care team. The teams will work together virtually at first while we identify estates across the district that we can use for the Hub bases.

Our recent experience shows a real appetite for this change. Many teams across MYTT and the wider Wakefield district are actively talking to us and planning to work together for better outcomes. Many of the clinical and support teams within MYTT have identified significant opportunities to work differently across a range of specialties. We are currently developing ideas for new pilots – for example, working with the AAU to support admission avoidance,

Pharmacy to improve medicines management, and Care of the Elderly to provide frailty care to people in MYTT – whatever specialty they may be under the care of. We are sharing our learning and approach with Kirklees community teams and actively working across the CKW partnership to ensure that we collectively optimize our approach to community-based care.

The Integrated Neighbourhood Teams are being developed to support people to live a life that they have reason to value:

- People have a right to live a life that they have reason to value.
- Enable people to live independently in their own homes for longer.
- Forge stronger relationships with all Wakefield stakeholders, including the community, to identify opportunities to deliver what really matters to people.
- Enable people working in, and those using our services, to develop the solutions to improve effectiveness - with the right environment and support.
- Work collaboratively with the community to increase the overall quality and effectiveness of care we provide to the people of Wakefield.

It's yet another positive step towards working together as a single system that supports people in their homes and communities to live healthier, happier lives.

Wakefield District Health & Care Partnership

Transformation Delivery Plan

Look back - Celebrating progress during 2023

Start Well, Live Well, Age Well

Proud to be part of West Yorkshire Health and Care Partnership

Foreword

This report reflects the progress made over this past year by individuals and teams across our Health Care partnership.

I want to thank everyone for the significant effort across the system to deliver our commitments across the Wakefield District.

This report showcases the journey, delivery, and progress we have made over the past year since the launch of our strategy. It also provides insight into where we need to continue to invest to support our healthcare system to fully realise our shared vision.

Mel Brown, Director of Integration and Chair of the Transformation and Delivery Collaborative Wakefield Health and Care Partnership.

Introduction

In July 2023 the Wakefield District Health and Care Partnership signed off an ambitious three year Strategic Delivery Plan. The plan outlined our vision for the future of health and care and population health in Wakefield district and demonstrated how we would contribute to our local Health and Wellbeing Strategy as well as meeting our statutory duties. Our vision for health and care:

Our vision and purpose:

Vision (from Wakefield Health and Wellbeing Strategy):

Our aim is for the people of Wakefield district to live longer, healthier lives

Purpose statement:

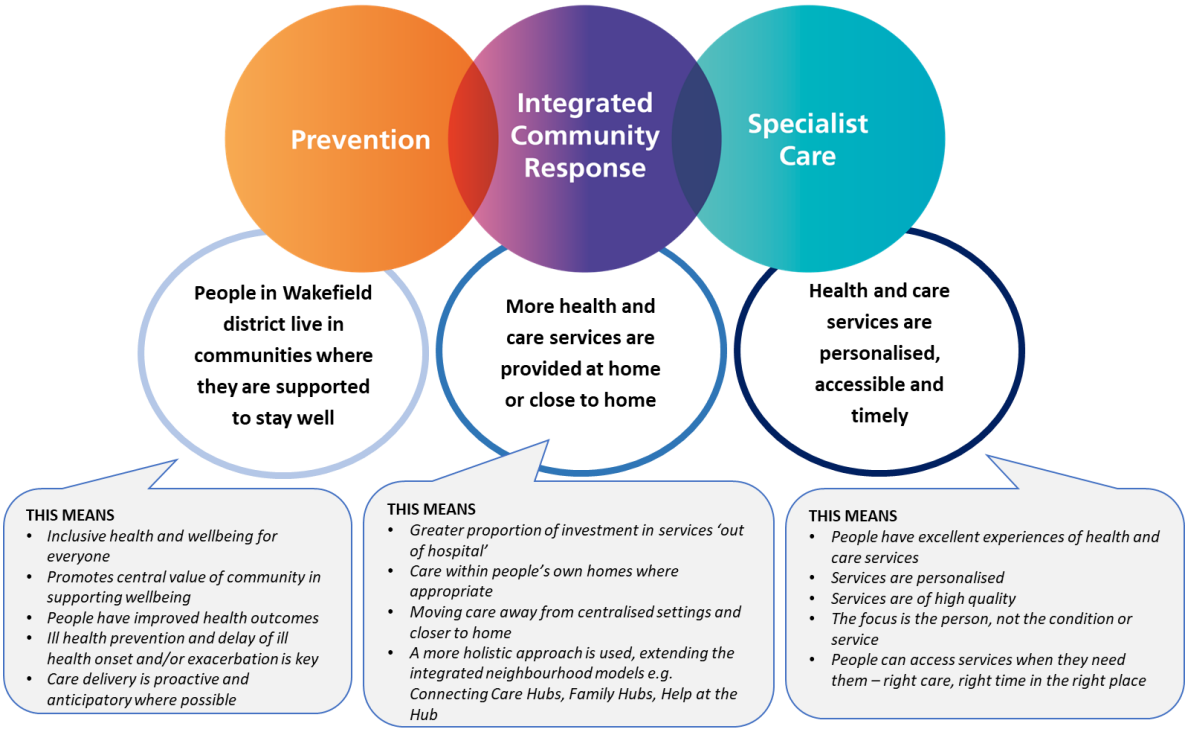
Together, we will work with the people of Wakefield district to create a connected system that supports people in their homes and communities to live healthier, happier lives

Strapline:

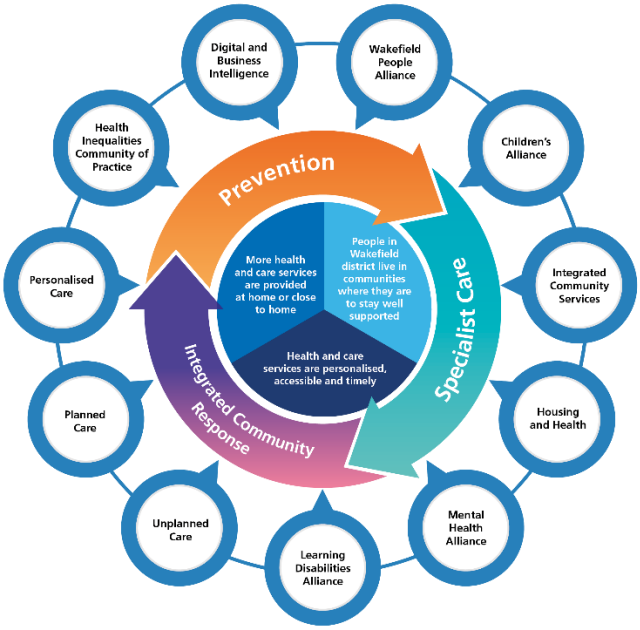
Start well, live well, age well

The Strategic Delivery Plan outlined our strategic goals that are our priority areas for transformation and enable us to organise our resources in such a way that will work towards our vision.

Our strategic goals for transformation and delivery framework:



In order to deliver our vision through our strategic goals for transformation we have implemented a delivery framework through our partnership alliances and programmes:



Looking Back across 2023

In this section, we look back at our journey and achievements during 2023, which represented the first year of our transformation delivery plan. Our delivery plan and programme of work is evolving, and therefore this describes the journey and investment we have made during year one.

We have presented the achievements of our partnership transformation alliances and transformation programmes, based on the goals they set at the beginning of the year.

Where applicable, impact data and case studies are shared, which will be tracked and built upon in subsequent years when we gather further impact data on the delivery plan at local system / organisational levels.

1. Wakefield People Alliance

Aim - create a sustainable health and social care workforce that is fully integrated, working across professional and organisational boundaries.

Senior Representatives from our organisations have formed a People Alliance who come together regularly to steer and oversee the implementation of the Wakefield People Plan. The members of the People Alliance are committed to ensuring that the Wakefield People Plan is implemented consistently across our entire workforce and in line with our shared values.

Development of a System Workforce Team

The Wakefield People Alliance recognises that, in order to deliver the objectives, set out in The People Plan we need a dedicated resource focussing on delivery. It has therefore commissioned the Wakefield System Workforce PMO, hosted by Mid Yorkshire NHS Teaching Trust but jointly funded by health and social care partners. The System Workforce Team is totally focussed on how partners can work together to support recruitment, reduce levels of sickness, retain staff and promote healthy working environments.

The Spectrum Physical Health Check Service

By looking after our workforce more effectively we will be able to retain staff and ensure that they can be properly supported to do their job.

The People Alliance has commissioned a Physical Health Check Service, run by Spectrum Community Interest Company (CIC) and recently expanded into Care Homes. It is available to everyone who works in the health and social care sector. The service is targeted at front-line staff and provides quick access to therapy for staff with Musculoskeletal (MSK) issues. The service reduces sickness absence levels and prevents future injury.

Addressing the Cost-of-Living Crisis

We recognise the impact of the cost-of-living crisis on our workforce, especially those in lower paid roles. The People Alliance has worked with Leeds on the development of a Money Buddies scheme to address the cost of living crisis for vulnerable staff. We successfully socialised the West Yorkshire Mental Wellbeing hub, ensuring that it is properly utilised by staff who work and live in Wakefield. We have also been working with partner organisations on the development of a joint approach to recruiting, training and supporting mental health first aiders.

By supporting the financial and mental wellbeing of our workforce, we intend to reduce levels of stress-related sickness across the system.

Growing the Workforce

In November the People Alliance coordinated a hyperlocal recruitment event at St. Georges Community Centre in Lupset. We brought together health and social care organisations including the Mid Yorkshire NHS Teaching Trust, South West Yorkshire Partnership NHS Foundation Trust, the Yorkshire Ambulance Service and Wakefield District Council, to promote careers in Wakefield.

The System Workforce Team has worked with the Council and health providers on an engagement strategy with schools and colleges. We want young people in Wakefield to choose a career in health or social care and stay local. Providers are already exploring the incentives we can introduce to encourage young people to join the sector.

Learning and Personal Development

The People Alliance has developed proposals on a learning portal that can be accessed by staff across health and social care. We are supporting the development of a Citizens Coin project, encouraging staff to get involved in voluntary work. We have also actively engaged with the adult social care independent sector and Higher Education Institutes to develop a common approach to workforce planning.

2. Housing and Health

Aim: Mental Health discharge solutions project providing temporary transitional tenancies and wrap around support services.

The housing discharge solutions project went live 1 September 2023. The project is for 2 years. Wakefield District Housing property partners with Inspire North and there are now three properties with Inspire North. The project is fluid in terms of properties required to be leased, however it is anticipated that up to 4 properties will be required in the first year. Inspire North will provide management of the transitional tenancy and deliver the housing and wrap around support to meet the person's needs, therefore reducing the need of multiple organisations being required.

Aim: Mental health and wellbeing support for residents linked with GP social prescribing services and Implement Housing Coordination services across West Yorkshire for patients with diagnosed Learning Disability and/or Autism.

The new housing coordinator for Learning Disability and Autism commenced in role on 4 December 2023. This is a 2-year fixed term position to deliver housing coordination services at regional level to support those living with a learning disability and/or diagnosis of autism. This has been funded by, and is delivered in partnership with, the Mental Health Alliance.

Aim: Enhanced Health and Care Services within supported independent living schemes.

Wakefield District Housing (WDH) is working in partnership with TSS Sport to deliver social activities including armchair aerobics and exercises to ensure engagement and tenancy sustainment. In 2023/24 27,867 people accessed 2803 social events. WDH are also exploring the recruitment of a dedicated engagement coordinator to design, deliver and drive participation in social activity across its Independent Living portfolio. It is envisaged that by engaging more people, tenancies will be sustained with less tenants having to move into residential or nursing home setting.

3. Children's Alliance

Aim: Improve school attendance and inclusion (including emotionally based school avoidance)

Emotional wellbeing providers delivered a webinar to schools to support good school attendance. Education Psychology have created an Emotionally Based School Avoidance toolkit. Compass deliver a group for young people affected by emotionally based school attendance. This is also a proxy measure used to indicate the overall wellbeing of children & young people so there is other activity, not directly related to attendance that should positively impact on this measure.

Aim: Develop a Children's Observation Unit by September 2023

The Children's Observation Hub launched at the beginning of October 2023. The maximum capacity planned for was 20 children per night. Demand increased across the period that the hub has been open. (Closed March 2024 as planned as a winter scheme)
Highlights include:

- 2,559 patients seen in total.
- Presenting symptoms – 813 with fever, 271 with gastrointestinal, 1,145 with respiratory issues, and 330 with other issues
- 2,477 were discharged, 82 admitted, 96.8% of patients supported to remain at home.
- Source of referral – GPs, 111, GP Care, Walking Centre (WIC)/ Out of Hours (OOH), A&E, YAS
- Total number of day passes – 10,484 issued, 450 used – 4.3% of day passes issued were used.

92% of parents said they felt more confident looking after their unwell child as a result of attending the hub. 95% rated their experience of using the hub as good or very good and the Observation Hub now support consistently more than 20 patients per night.

Day passes have been issued with the option to contact the Observation Hub following a visit to primary care. The rate of day passes issued grew to in excess of 500 per week.

Aim: Implement Family/Youth Hubs

A full suite of parenting programmes has been launched. Information is available here: https://www.wakefieldfamiliestogether.co.uk/family-hubs/parenting-support-and-relationships/

A Parent Infant Relationship Team has been established; this is a multi-disciplinary team. The Clinical Lead is within Harrogate District Foundation Trust (HDFT) 0-19 Growing Healthy Service, also linked to Homestart and South West Yorkshire Partnership Foundation Trust (SWYPFT). The team will take an evidence-based approach using Video Interactive Guidance with parents and can offer clinical supervision / consultation across the system.

To support the development of the Home Learning Environment work, an evidence-based training programme has been developed and a multi-disciplinary workforce has started training. Support will be allocated to families based on a data led approach where vulnerabilities have been identified.

Families and Babies have been commissioned to enhance their offer in neighbourhoods with the lowest rates of breastfeeding.

Aim: Widen mental health support for children and the whole family.

Our early advice and support offer for emotional and mental well-being launched in April 2023 with our new provider Compass, this widens the offer to children and young people but also works with the family as a whole to understand the child's emotional and mental well-being needs. Mental Health Support Teams which is called Future In Mind in Wakefield have increasingly embedded within schools, with great engagement from our education providers, additional capacity was added in 23-24 and we have confirmed additional funding to increase capacity in January 2025. These developments alongside the additional capacity and review which was undertaken by SWYPFT has seen our CAMHS waiting lists reduce.

A snapshot of 2023-24 data is below.

Month	Number waiting	CORE Assessment	Number waiting	CORE Individual (first line)	Number waiting	CORE Group (first line)
April 23	39	0-12 weeks = 38 12-26 weeks = 1	176	0-12 weeks = 89 12-26 weeks = 70 26-52 weeks = 17	11	0-12 weeks = 5 12-26 weeks = 6
July	3	0-12 weeks = 3 12-26 weeks = 0	122	0-12 weeks = 39 12-26 weeks = 73 26-52 weeks = 10	1	0-12 weeks = 0 12-26 weeks = 1
Oct*	3	0-12 weeks = 3 12-24 weeks =0	43	0-12 weeks = 23 12-24weeks = 16 24- 36 weeks =4 Over 36 weeks =0	7	0-12 weeks = 5 12-24 weeks = 2 24-36 weeks = 0
Jan	3	0-12 weeks =3 12-24 weeks = 0	13	0-12 weeks = 9 12-24 weeks = 4 26-52 weeks = 0	7	0-12 weeks = 3 12-24 weeks = 4 24-36 weeks = 0
Year end data not available as at 22.05.2024.						
*Note the slightly changed reporting timeframe from October.						
Waiting times for group work often appears longer as you need sufficient numbers of children and young people to make a therapeutic group effective and the cohort also need to be matched based on needs.						

Aim: Provide help for children and young people following a loss or bereavement.

A new Tier three complex bereavement service has been commissioned and will commence delivery in April 2024.

4. Primary Care

Aim: Implement health and care for migrants living or temporarily housed within the district.

Over the last few years there has been an increased number of migrants entering our district through different routes. Following the Home Office decision to increase Wakefield's number of hotels and implement the optimisation policy we have seen a rapid increase of residents in contingency accommodation over a short period of time. We have raised significant risks around this including service capacity, pressure on the wider system particularly coming into the winter period, increased need on mental health services and increased risk of infectious disease outbreaks. We have had to make urgent commissioning decisions to support current arrangements in order to continue safe levels of care.

We have developed an outreach health inclusion service using Core20Plus5 funding and Integrated Care Board (ICB) resources to support the needs of our health inclusion populations. We have worked in partnership between the NHS/LA/Communities and Voluntary Community and Social Enterprise (VCSE) to support additional resource and capacity. We have also successfully secured additional funding from NHS England to support target vaccination programmes focusing on increasing Mumps Measles and Rubella (MMR) uptake in health inclusion cohorts. In the development of the service, we worked with service users at the settings to scope out the needs of the population and produce an engagement piece to support ongoing transformation. This will aid future commissioning decisions and highlight any gaps in service provision.
Our key successes include:

- introducing NHS App/ Online consultations for improving access to care including translation services.
- Working alongside General Practices to support individuals from health inclusion groups to attend appointments and provide healthcare which meets their specific needs, with a focus on taking interventions to the patients.
- Supporting General Practices in managing the healthcare needs of these individuals.
- Delivering the recommendations alongside General Practice from the recent health needs assessments
- Partnership working with key partners such as:
    - Primary Care Networks (PCN) to use Additional Roles Reimbursement Scheme (ARRS) roles to support the work,
    - Working with Community services to provide outreach Advance Clinical Practitioner (ACP) and blood clinics,
    - Mental Health partnership working on outreach low level mental health group sessions,
    - Public Health to co-produce a migrant health needs assessment,
    - VCSE and health colleagues in the setup of One Stop Healthcare Shops,
    - Stakeholder partnership meetings to streamline healthcare pathways,

- Working and sharing best practice via West Yorkshire Migrant Health commissioner's forum.

Furthermore, we aspire to:

- Provide hesitancy work and increasing vaccine uptake.
- Meet initial health needs with populations who have poor health outcomes.
- Supporting health literacy and encouraging digital inclusion.
- Wider training programme for Primary Care on engaging and providing care to health inclusion populations.

Aim: Increase appointments and workforce in General Practice

Wakefield General Practices provided 2,623,970 appointments in 2023/24, this was a 3.36% increase from the previous year. 72.5% of these appointments were face to face which continues to grow. In line with increasing the different roles within general practice 34% of appointments were with a GP. The number of new Additional Roles working in general practice rose by 17.26% with 337.6 full time equivalent staff in this group. We also saw a 4.87% increase in the number of GPs working in Wakefield General Practices as well as a small growth (1.72%) in Nursing staff.

Aim: Widen the Community Pharmacy Consultation Service.

Community Pharmacy Consultations Service (CPCS) was added into our local enhanced service (WPPC7) to incentivise remaining Practices to sign up to the service and for all Practices to increase their referrals to CPCS. As a result, the referral rate has significantly increased from 183 referrals Q4 22/23 to 847 referrals in Q1 23/24 and up again to 1014 in Q2 23/24. Furthermore, in November 22 just 14 Practices were engaged / actively referring whereas now, all 34 Practices are engaged. The next step is to ensure care navigators within practices have received additional training in having CPCS conversations with patients where needed. Community Pharmacy West Yorkshire (CPWY) are supporting with this work and initial results have shown an increase in referrals after receiving additional training. We will also be navigating the introduction of Pharmacy first and how this will affect the CPCS pathway going forwards.

Aim: Increase referrals to the National Diabetes Prevention Programme.

Yearly referral numbers are increasing:
Year To Date – 2023 equals 938. This is an increase compared to previous years.
(2020 – referrals were 614, 2021 referrals were 610 and 2022 referrals were 799).

Index of Multiple Deprivation (IMD)s 1-5 represent 64.2% of IA attendance and 60.9% of Programme attendance. With IMD 1 representing 14.2% IA and 13.5% programme attendance.

Waiting lists are continued to be monitored and are not a concern at present. 48 people waiting 0-1 month for IA, 16 people waiting 2-3 months for IA which is in line with other Places. Monthly meetings between Place Integrated Care Board (ICB) and Provider are taking place for oversight and assurance purposes. There are variation in referrals across the district. On average, 1 Primary Care Network (PCN) accounts for 1/3 of monthly referrals, 3 PCNs account for 80% of monthly referrals. There is a plan to engage and support least referring

PCNs/Practices. The provider is also offering Health and Delivery Coaches to support low referring Practices. There is a plan to work with the Business Intelligence Team to merge monthly MDS Data from Provider into Primary Care dashboards to improve visibility for PCN Managers.

Aim: Learning Disabilities Health Check

As part of the local and national contract practices are required to increase the uptake of Annual Health Checks for Learning Disabilities (LD). 83.9% of people living with Learning Disabilities received their annual NHS healthcheck in 2023-24

Some PCNs are building on the learning from previous one stop shops and are facilitating sessions in the community, they are also working with the Strategic Health Facilitator from SWYPFT to improve practice processes and staff development. We have provided multiple sessions to the practices on top tips to improve the quality of the annual health check and increase uptake. The Strategic Health Facilitator has connected with the LD leads within practice, and we are working with the practices which have lower uptake than expected for the year.

AIM: Healthy Heart Community Hubs CVD prevention

Over the last year working in partnership with Public health, Primary care and VCSE colleagues, more than 15 Healthy Heart Community Hub (HHCH) sessions have taken place in community venues across the district. The project aims are to reduce Cardiovascular mortality and morbidity by helping people to understand more about the risks of Cardiovascular Disease (CVD), then supporting them to reduce their risks, embedding personalised care approaches through a supported self-management and lived experience lens. Improving the detection and treatment of people with undiagnosed hypertension as per the operational planning guidance for 23/24 and to continue to address health inequalities.

We worked with the 6 engaged Wakefield PCNs to organise and deliver bespoke hub sessions that met the needs of their individual local populations. Each PCN used a targeted data driven approach to recruitment alongside utilising local intelligence to choose venues where good footfall were seen, focussing on populations that may not traditionally attend for preventative screening. Over 269 blood pressure checks and 181 pulse checks have been undertaken to date, we are now in the process of collating the numbers of diagnoses of hypertension and Atrial Fibrillation that will have been made as a direct result of the CVD prevention intervention. HHCH sessions are planned for the rest of the summer months, it is then hoped that the sessions will be taken forward as part of PCN's business as usual.

5. Integrated Community Transformation Programme

Aim: Implement an Anticipatory Care model

The Anticipatory Care agenda was held under the banner of Ageing Well until 2023 when updated guidance was published moving the focus to Proactive Care. Following this we have established a working group to deliver Integrated Neighbourhood Teams to deliver an integrated model of care, of which one of the focuses is the provision of proactive care.

Key cohorts of individuals who are evaluated through the linked data set as being at the highest risk of needing to access specialist/acute services will receive contact to facilitate proactive care plans. This means that teams within defined Neighbourhoods will strengthen their approach to working with individuals to support their longer-term well-being. This is part of the Districts approach to supporting people to live happier, healthier lives and reduce health inequalities.

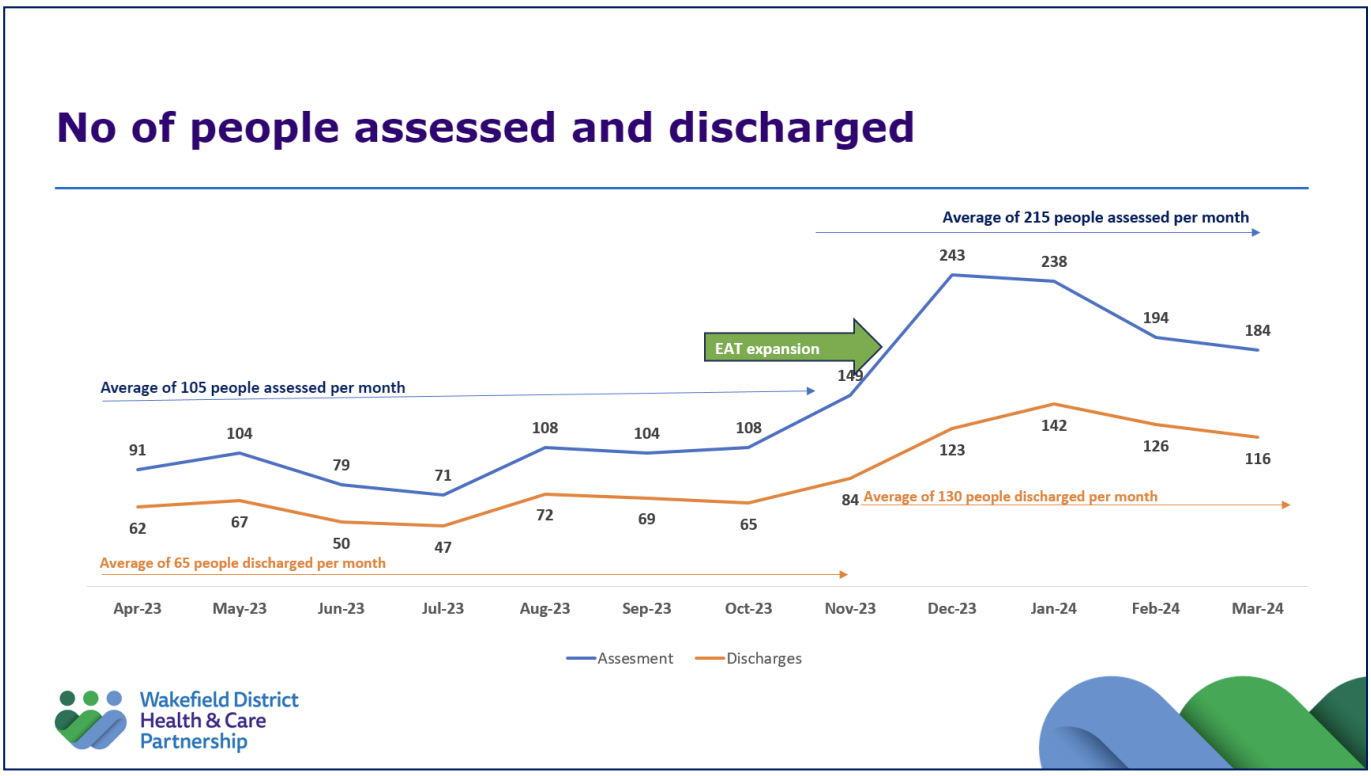
A key part of this has been to establish a state of readiness for health and social care teams to be aligned to Wakefield's primary care networks to enable close working relationships. To this end six Health &Social Care (H&SC) integrated neighbourhood teams have been created to align with the district's seven PCNS, with six senior lead posts from H&SC teams (including therapy, social workers and nurses) to develop relationships with local areas and enable the integrated H&SC functions to work with the existing teams within those neighbourhoods in a more proactive and efficient way.

The next steps are to work with partners across the district to create a solid, unified vision for neighbourhood working across primary, community health and social care and voluntary partners that will truly transform the delivery of care in Wakefield – harnessing the power of collaboration for the benefit of individuals.

Aim: Enhanced Care at Home - Develop a Multi-Disciplinary 'turn around' team based within the acute trust that will assist in the triage of patients at ED and will support those for whom it is identified that their needs could be met in the community rather than through admission to hospital.

Huge successes have been delivered through closer working between community health and social care and the acute trust in 2022/23. The expansion of the current Emergency Assessment Team (EAT) within the emergency department (ED) has seen the addition on community nurses. This means that there are pathways from ED to the community to support people home when they do present to ED. This has been supported by the infrastructure created as a result of the hospital at home (virtual ward) initiative and means that elderly care doctors who support the hospital at home can support the EAT with senior decision making. The team can refer to and support people through a variety of services in the community, including acute care at home, district nursing and therapy as well as implementing short-term social packages of care.

The enhancements of the team have meant that the number of people assessed and supported home has doubled from an average of 93 assessments per month in the first six months of 23/24 with 61 being supported home to 186 assessments and 109 people being discharged home.



Aim: Falls Prevention

Care home falls prevention training:
The care home workstream aims to deliver training to care home staff to support them to identify the reasons why their residents might fall. The training prompts and guides staff to complete actions to reduce falls. This is based on the GtACH (Guide to Action for falls prevention in Care Homes) a multi-factorial tool designed to assess risk of falling on an individual basis to enable the implementation of patient centred fall preventative changes. Identified risk factors and preventative changes are based on a person's Fall history, medical history, Movement/Environment, and Personal need.

Training was delivered in February 2024 via face-to-face training sessions in one care home, and covered majority of staff. Falls data collected pre and post training showed a reduction in the number of falls and the severity score for recorded falls.

- The total number of falls in the care home before training was 27 (average 5 per month). The total no of falls after training was 6 (average 2 per month). 60% reduction in the average no of falls per month – Diagram 1.
- There has been a reduction in severity score for a fall, less falls recorded with a score of 3 or above post training (Score 1 – no injury/ no further action to Score 6 – Death). The care home recorded 8 falls with a severity score of "3(111/ 999 contacted)" pre training, and 1 falls post training. The care home recorded 1 fall with a severity score of "5" pre training, there were no falls recorded with this score post training – Diagram 2.
- The general feedback from care home staff has been positive, a formal survey question has been sent to the care home.

Diagram 1:

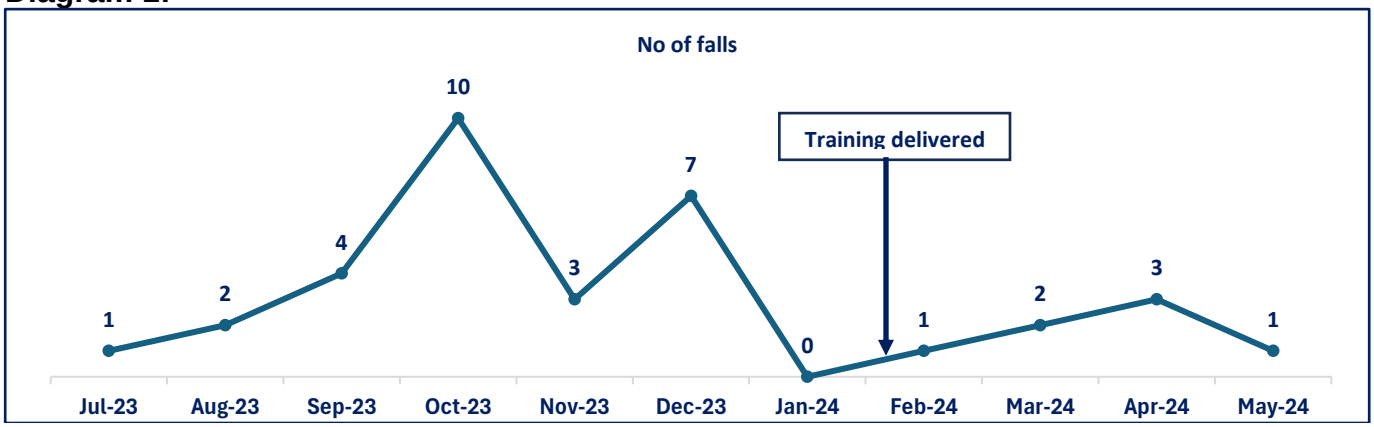
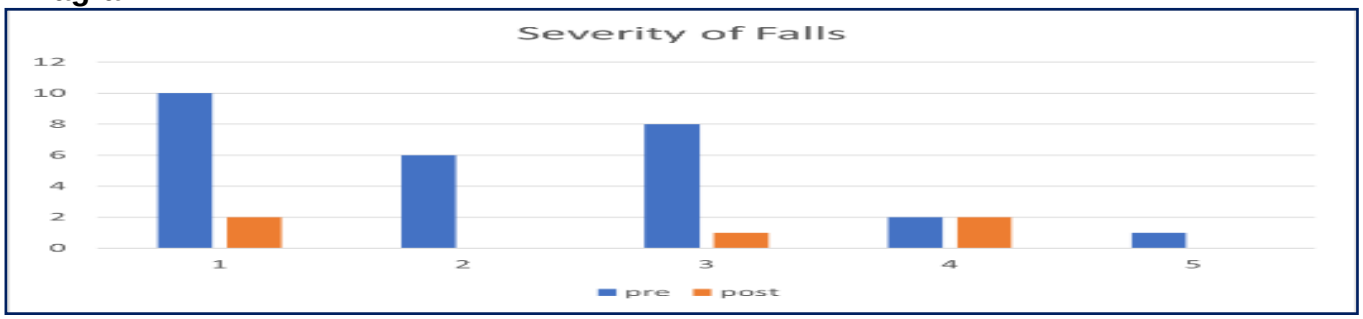


Diagram 1:



Urgent Community Response (UCR) falls pathway

The Wakefield Urgent Care Response (UCR) have a falls response pathway in place to attend and support falls that Yorkshire Ambulance Service (YAS) refer to UCR team via the Local Care Direct (LCD). The response team consists of Advanced Clinical Practitioners (ACPs) and therapy.

Referrals to this pathway are made by using set agreed criteria and as clinically appropriate. Falls lifting equipment and training was provided to the ACPs and the wider team. This has been a small trial in Wakefield and next steps are for Wakefield to trial the push+ model with YAS and LCD hub. This means LCD hub can identify cases that meet the criteria in a more timely way, supporting swift access to care for those for which an ambulance would have otherwise be deployed with long waits. YAS will send text notifications to LCD hub about cases that are suitable for UCR and will call YAS Emergency Operations Centre (EOC) to accept the referral. The impact will be that this will remove unnecessary steps and the UCR will be able to identify and respond to a falls call more swiftly. YAS are also trialling a dashboard that will help to identify which patients can be referred to UCR, further supporting their ability across Wakefield, Calderdale and Kirklees to access urgent community service support and facilitate an improvement in ambulance response times by identifying alternative services to support those in need.

Aim: Implement Community Nursing hospital in-reach

Adding community nursing has also established an in-reach service into elderly care wards and Acute Assessment areas of Pinderfields hospital. This collaborative working has increased the awareness and use of community pathways supporting people home and to recovery hubs,

reducing length of stay of elderly inpatients. There is significant support for this way of working across health, social and acute services. This has been implemented following a pilot initiative which delivered the following outcomes:

Community in-reach into elderly care wards: 59 individuals admitted to an elderly care ward were assessed by community nursing, in 35 cases (60%), alternatives to hospital bedded care were identified. Alternatives included transfer to the hospital at home services, district nurse care, end of life support, recovery hub, community therapy care and voluntary sector support.

By ensuring an increased and consistent community presence we are successfully supporting people home earlier, to receive appropriate care in their own homes or within a specialist recovery hub. The next steps are to increase this resource and model, continue to spread awareness of community options and further build relationships between acute and community care offers.

Aim: Extend Hospital at Home

Hospital at Home (virtual wards) services have grown during 2023/24 growing from 36 beds on average per day and 158 people per month in the first six months, to an average of 67 beds open on average per day in the second half for the year and 254 people per month. Total number of admissions has been 2470 during 2023/24, compared to 985 during 2022/23. These individuals would otherwise have occupied beds in the acute setting.

The service has seen a number of repeat customers return to the care of the virtual ward with 835 individuals being admitted to the services more than once.

Quarter 4 during 2023/24 saw the delivery of the long-awaited remote monitoring system and 2024/25 will see the staged roll out of this, with the anticipated benefits of further increases in capacity to manage the acute needs of more people in the place they call home. This service works in conjunction with hospital in-reach initiatives both in ED and on wards, strengthening the relationships, trust and supporting objective of place and acute strategy, as well as intrinsically linked with integrated neighbourhood teams.

This move towards integrated neighbourhood teams in 2024/25 will see additional training for our integrated H&SC teams to ensure all have skills to contribute and manage acute needs at home.

Aim: Intermediate Care Recovery Hubs

The Recovery Hub in Dovecote Lodge continues to support people with non-acute recovery needs before they return home, reducing time in hospital and ensuring people are able to return home with confidence.

Throughout 2023/24, the model has included 24 beds within Dovecote Lodge supported by social care teams together with therapy professionals that support people to recover following an episode that has seen them deviate from their normal state of well-being.

Over 2023/24, the Recovery hub has supported increased admissions directly from ED, enabling individuals to be transferred from Pinderfields who might otherwise have been admitted to a hospital bed as a 'social admission' where no medical treatment was required. They have also supported a number of hospital in-reach approaches that have allowed people to be transferred to a recovery bed earlier in their hospital stay, thereby reducing the length of time that people are unnecessarily in hospital.

Work is ongoing in the district to expand and develop the model, ensuring the correct number and type of recovery beds are available to support the wider Home First approach.

6. Mental Health Alliance

AIM: Individual Placement and Support

Supporting people with severe mental illness to regain employment. Our offer, linked to the community mental health teams, has received exemplar status following a national fidelity review This exemplar status relates to the quality of clinical integration, employer engagement and supporting over 30% of those accessing IPS into paid employment.

AIM: Access to mental health crisis support

The following services have been funded to provide additional capacity for access to mental health support and reduce impact on the secondary mental health and general acute systems:

- Here for You (Safe Space)
- YAS Mental Health Support Vehicle's reduction in conveyance to ED
- 24/7 Mental Health Helpline
- New enablement service including mental health support.
- Mental health support in the ITOC and Complex Needs teams at MYTT
- Leeds Survivor-Led telephone support service in place to support patients discharged from the Intensive Supported Home-Based Treatment Team to avoid readmission.
-

AIM: SWYPFT Care Closer to Home programme

Aimed at optimising care in the community, point of admission, appropriate inpatient pathway and flow management. Measures include:

- Reduction of Out of Area Placements with the aim of achieving zero (since the programme has been in place there have been less than 6 at any one time across Calderdale Kirklees and Wakefield (CKW) and currently zero in Wakefield).
- Reduction in discharge delays.
- Increased discharges.

AIM: An integrated offer of 'low level' mental health support

This has been provided by various VCSE organisations to offer early intervention and support.

Aim: Community Mental Health Programme - Increasing access to support for people with enduring and severe mental illness directly within primary and community care settings.

Annual Health Checks for people with severe mental illness. Improve uptake of checks so we can proactively manage the general health of the cohort population. We are adopting a two-pronged approach – linking in with the system Severe Mental Illness (SMI) Steering group and developing local strategies with our PCNs. The ambition is to improve the number by 10% until we reach the national target of 2403.

The data for SMI health checks for practices in Wakefield as of the 31 March 2024 is at least 90.61% have received a check, 71% have received all 6 elements of the check.

We are currently working to improve practice processes, interface with secondary care, data gathering and sharing to support increase in uptake. We are also working with the PCN's on different access routes for the SMI health checks such as drop-in clinics in the community.

AIM: Dementia Diagnosis

The diagnosis performance is impacted by the demand on services for people aged under 65 which is about 25% higher than the national average. It is right that people with potential symptoms are referred for diagnosis, but these patients are not counted by the current target. We are currently reviewing the service to engage the target cohort better and exploring funding opportunities to support these actions. The national target is 66.7% and the local target 62% with the most recent diagnosis rate of 64.5%, this target is currently being exceeded.

7. Learning Disability Alliance

AIM: Health Checks for People with SMI and LeDeR reviews.

Health checks for people with Learning Disabilities and the Learning from lives and deaths - People with a learning disability and autistic people (LeDeR) reviews (and subsequent actions) which are undertaken following the death of someone with a learning disability are fundamental to supporting a reduction in inequalities in life expectancy. For the health checks, according to WY local data, Wakefield has achieved 83.9% against a national target of 75%. We are proposing that we set a local stretch target for 24/25 of 85%. This is an aspirational target that we will encourage practices to aim for and support them in that.

AIM: Additional capacity for adult ADHD diagnosis

There has been investment in the South West Yorkshire Partnership Foundation Trust service to streamline triage and deliver more capacity for diagnosis to reduce the waiting list.

8. Urgent and Emergency Care

Aim: Rapid Access to Drug & Alcohol Recovery specialist support for patients presenting with these needs with Mid-Yorkshire Teaching Hospital at Pinderfields Hospital site.

This service based at Pinderfields was expanded throughout winter 2023/24 using resilience monies. Expansion of the trust's Substance Care Team (SCT) to improve rapid access to alcohol and drug recovery in the local population. The plan to increase access to alcohol and drug recovery or patients is clearly outlined in the governments harm to hope agenda. Within Mid Yorkshire Teaching NHS Trust (MYTT) the expansion of the team and referrals into community partners has been the area of focus.

Patients seen by the SCT team in the month ending 31st March increased by 19.7% (45 patients) and stood at 274 patients. This was an 255.8% (197 patients) increase in comparison to March 2023 and the highest number of patients to date.

Referrals into community services increased by 17% (48 patients) in comparison to the previous month and stood at 64.6% (177 patients) for the month ending 31st March.

In March, the SCT team working with medical staff prevented 34 hospital admissions from ED

Aim: Introduction of Acute Respiratory Infection (ARI) Hubs in the community

3316 Wakefield patients with respiratory symptoms were treated in the two ARI hubs in the Wakefield District this winter. Ability to flex and extend arrangements until end of March (previously due to end in mid-Feb). Only 10 (0.3%) of those patients required admission to hospital. 99% of all of the 3352 appointments made available were utilised.

The hubs were open to referrals from GP practices, 111 and patients could also be redirected from ED.

This service has received positive patient and staff experience feedback.

Aim: Expand access to Social Work staff at the front door of Emergency Department

The purpose of implementing the Emergency Assessment Team is to prevent unnecessary attendances to Emergency Department or admissions and ensure more prevention support is offered within the wider community.

The expansion is of this service is ongoing. Two care coordinators are currently now in place and recruitment is ongoing to add three more to provide a Multi-Disciplinary Team approach to respond and assess patients.

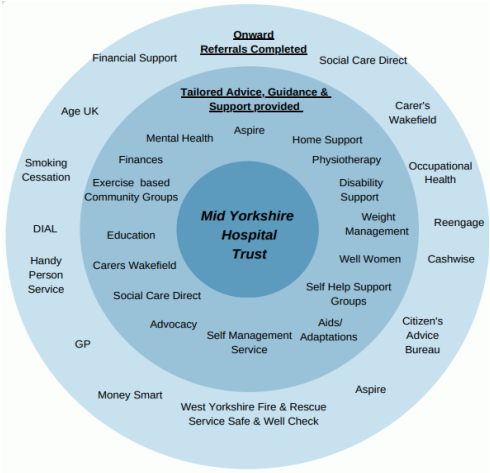
Supporting this additional support at the front door, Trusted Assessors have been introduced into the Calderdale, Kirklees and Wakefield systems to support the smooth transition of patients into care homes either as a new placement or a returning resident. This is managed independently of acute hospitals overseen by KirkCA (the Care Home association of Kirklees).

9. Planned Care Redesign Programme

Aim: Implement personalised care with training on making every contact count, waiting well and social prescribing made available to all users of provider services as part of pathway. In conjunction with Personalised Care

During 2023 all patients who were waiting for >35 weeks for a procedure were contacted and offered the waiting well programme via social prescribing at Wakefield Live Well. This was a fantastic example of joint system working across three organisations and it was nominated for the finals of the Healthy Service Journal (HSJ) Patient Safety Awards.

100% of people who used the service said it improved their wellbeing and 90% improved their confidence and preparedness. Over 30 different services were contacted to provide support as part of waiting well, as shown below:



This was real personalised care and alongside the offer of Making Every Contact Count training supported planned care.

Aim: Enhance the patient portal to allow people to access their health record, provide better information on health and care services in accessible formats and language, and to allow them to upload their own information to clinicians to personalise their care pathway.

The growth of the Mid Yorkshire Teaching Trust (MYTT) patient portal has been vital to the programme. It has been used in multiple ways to improve access at MYTT. As a result, membership has grown 22% to 146k users.

Some of the key improvements include:

- Mid Yorkshire therapy waiting well videos for patients waiting for treatment are now online via the portal. These support people to get ready for their procedure and consider improving their lifestyle.

- A key element of the portal is providing access to test results and 65 further test results added in 2023.
- Work is underway to improve the level of information the patient receives in the appointment diary- this will include method of appointment e.g., video/ Face to Face/ telephone call as well as the option to cancel/ amend appointments via requests in the portal.

Aim: Support Shared Referral Pathway (SRP) to establish within appropriate specialties, right size referral demand for outpatients and diagnostics by providing an eConsultation service and develop further opportunities.

The Shared Referral Pathway (SRP) has been rolled out to all appropriate Mid Yorkshire Teaching Trust's specialties and is now being optimised via joint review with clinical and operational leads to make it more effective and efficient. Work taking place on ensuring the delivery model is resilient. The SRP continues to offer both patients and clinicians a quicker, alternative care pathway for care and support via eConsultation.

- On average, over 5000 requests come through it each month for 14 specialties. It facilitates patients to be cared for closer to home by their GP, and when a referral is needed reduces waiting times for many of MYTT's services, improving outpatient capacity and saving both patients travel time and costs.
- The Dermatology service expanded last summer, improving access for patients with lesions of concern or skin cancer. The SRP supports a review of 'dermascopic' images using a dermascope as part of the eConsultation and has led to a significant increase in offering advice only instead of an appointment. Now, over 40% of all referrals sent via SRP are given advice and over 90% of requests are coming with images attached. The next step is to support all Dermatology referrals to come with an image so they can be reviewed on SRP.
- This year we launched a new pilot scheme for a Community Palpitations service using SRP, where patients can now access monitoring of their condition at home instead of a referral being sent to MYTT to have an initial appointment followed by diagnostic tests. After four weeks of monitoring the service can advise the GP if they need to refer on to MYTT for further advice. Caring for people with palpitations accounts for a large proportion of GPs time so this improving capacity in primary and secondary care. The feedback has been excellent to date and the overall confidence is growing in primary care on when to refer or not.
- Further projects using SRP are now underway in some of our most fragile services, including Inflammatory Bowel Disease (IBD), Gynaecology, Neurology, Respiratory and Rheumatology. These involve new straight to test pathways reducing the need for an initial appointment.

Aim: Establish Patient Initiated Follow Up as the main approach to offering follow up and apply retrospectively to follow up backlog of outpatient appointment. Use 'Get it Right First Time' (GIRFT) recommended pathways.

The technical implementation of Patient Initiated Follow-up (PIFU) has completed, and the numbers of patient added has remained stable during 2023 at an average 1500 per month. The number of patients on a PIFU pathway has from grown 3k to over 10k. Work continues to support specialty services to increase uptake on appropriate pathways. The national Outpatient

GIRFT pathways continue to be used to audit services at MYTT and work with the clinical and operational team to make improvements.

Aim: Operationalise the new Community Diagnostic Centre (CDC) in Wakefield city centre.

In Spring 2024 Mid Yorkshire Teaching NHS Trust opened its new centre for diagnostic tests, having secured £12.2m government funds. Wakefield Community Diagnostic Centre, based at Westgate Retail Park, will be a convenient way for patients to get the healthcare tests they need.

One of 40 new diagnostic centres across the country, the facility provides planned outpatient tests including: x-rays, ultrasounds, CT, MRI and bone-density scans, as well as bloods, cardio-respiratory tests and some ophthalmology (eye) tests. Tests and scans for emergency and in-patients will continue to be provided at hospital.

Westgate Retail Park was chosen as a central location, just five-minutes' walk from the city centre, easily accessible by public transport and with free car parking, to make journeys easy for the people who will use it.

The additional CDC diagnostic capacity creates opportunities to develop new clinical pathways, seeking to coordinate tests so patients have to make as few visits as possible and referrers have the information, they need to make fast, accurate diagnoses. Diagnostics is one part of wider work to improve planned care pathways. Work is underway, involving primary and secondary care clinicians, to identify where the increased diagnostic capacity can have most impact. This pathways work is part of the Planned Care Transformation Programme, to ensure that decision making, and approvals have a clear governance route.

10. Health Inequalities Programme – CORE20PLUS5 Programmes

The overall Core20PLUS5 framework (Adults) 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: Building Healthy and Sustainable Communities, West Yorkshire Finding Independence (WY-FI), and the health inclusion service.

Through a competitive bidding process, a further eight programmes were allocated recurrent funding, again working with some of the most vulnerable populations and communities in the district.

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.

West Yorkshire Finding Independence (WY-FI)
The WY-FI (West Yorkshire Finding Independence) scheme works with the most with vulnerable groups, those with the most chaotic lifestyles to deliver personalised intensive support to work towards a stable and structured and healthier life.

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

Wakefield Council Pulmonary Rehabilitation
A targeted exercise and education programme for people experiencing debilitating breathlessness due to respiratory disease. Disease is higher in disadvantaged and protected groups and areas of social deprivation.

Leeds Gypsy And Traveller Exchange (GATE)
Leeds GATE, in partnership with Gypsies and Travellers and agencies in Wakefield, will work to tackle inequalities and increase access to healthcare across the Core20Plus, five clinical focus areas, achieved through a blended approach of front-line health advocacy, community health development and systems change.

Wakefield Council Warmer homes
A warmer housing coordinator will work with those in the most deprived areas to prevent fuel poverty and reduce the risks of exacerbations of respiratory conditions.

Wakefield Council, Energy Savers
An extension of a local scheme to address fuel poverty. This will reduce cold homes, such housing conditions exacerbate health inequalities and impact health conditions such as respiratory conditions and cardiovascular diseases.

Live Well Wakefield, link workers
A link worker based with the Wakefield Social Prescribing service will work in partnership with two Community Anchor organisations to identify individuals at risk of experiencing health inequalities. A Peer Support Volunteer will be assigned to assist those individuals to attend their upcoming appointments, supporting early diagnosis and improved outcomes.

MYHT, maternity befrienders for women new to the country and/or women with limited English language
Women who are new to the country and/or who speak English as a second language are at higher risk of experiencing infant mortality. This scheme will identify befrienders from within these communities as peer support for engaging in maternity services with an aim to reducing poor outcomes.

SWYPFT, Healthchecks for those on SMI register
People living with serious mental illness are one of the most at risk groups of experiencing health inequalities. This intervention is one of a range in the district that aims to increase the numbers of people with SMI accessing NHS health checks - seen as a key action for addressing health inequalities in these groups.

Rosalie Ryrie Trust, CBT for victims and perpetrators of domestic abuse

This VCSE sector organisation will implement CBT for low level mental health conditions for both perpetrators and victims of domestic abuse. These groups are at higher risk of experiencing health inequalities and this intervention aims to break the cycle enabling people to improve their health and wellbeing.

Turning Point, Dual diagnosis training

Access to Dual Diagnosis training for staff of this VCSE sector organisation allowing more effective working for people with serious mental illness and substance misuse.

Turning Point, Spirometry

Turning Point were able purchase spirometry equipment to enable them to support better respiratory health for their client groups - people living with mental health conditions, learning disabilities and those who misuse substances.

11. Personalised Care

AIM: Blood Pressure Wellness Champions launch

Hypertension prevalence rates in Wakefield are around 15.5% (JSNA 2023) substantially lower than the national expected prevalence rate of around 30%. Hypertension is the largest single known risk factor for cardiovascular disease (CVD), 50% of heart attacks and Strokes are associated with the condition. The Blood Pressure Wellness Champions project provides local volunteers, based within voluntary and community organisations with the skills, knowledge, and confidence to provide opportunistic blood pressure checks to people visiting their services and groups. This will give an opportunity to target communities who are not currently attending primary care services for health screening.

The project was launched on 16 May 2024 falling with May measurement month and aligned to World hypertension day. 21 volunteers were trained at the launch session and are now equipped with the equipment, resource, skills, and confidence to start undertaking blood pressure checks. All who attended also received CVD Making Every Contact Count (MECC) awareness training to help them initiate conversations within their local community setting. Further BP Wellness champion training is planned within the summer months to extend the offer to other VCSE organisations and to include people with lived experience who are part of a community group such as Patient Participation Group (PPG).

The Blood Pressure Wellness Champion role builds upon the HHCH an existing CVD prevention project workstream that's aspirational impact will be for attendees of the HHCH to take ownership of their own health and wellbeing becoming better able to self-manage. Building communities that are more resilient and self-reliant, therefore having less reliance on both planned and unplanned clinical services. This should provide a more effective system that can demonstrate a return on investment.

To date 15 HHCH sessions have been held across the district with really positive outcomes thus enabling us to work towards achievement of the following project aims and ambitions.

- Increase number of people identified with Hypertension and therefore on optimal treatment.
- Decreased number of CVD related deaths

- Increased awareness of how to check your own Blood Pressure (B/P) and what the numbers mean via a health promotional approach.
- Improvement on the ability to self-manage own health and wellbeing.
- Building of local CVD prevention group / resource
- Lived experience and coproduction being recognised and embedded into all strategic discussions.
- Promotion of NHSE Peer Leadership Development Programme

AIM: Equipping people with the skills, knowledge, and confidence to use their lived experience to influence decision making at a strategic level.

Wakefield is the first and only place in England to host a placed based Strategic Coproduction Group, emulating the National Strategic Coproduction Group. Since the first meeting was held in November 2022 the group continues to go from strength to strength, recruiting new members along the way. Twenty members have successfully completed NHSE Peer Leadership Development Programme (PLDP).

Throughout 2023/24 our members have been involved in many different workstream at a local, regional, and national level, influencing service transformation. Peer leaders have been instrumental in the success of the HHCH project, working in partnership with PCN based health and wellbeing coaches and care coordinators. They have influenced staff recruitment, are active members of friends of groups, have shared their lived experiences at many forums and webinars. Peer leaders are valued members of many task and finish groups. The Stronger Together group is part of Wakefield District Health and Care Partnership (WDHCP) Citizen Voice Strategy, helping the organisation to fulfil its statutory duty for public assurance and can lead to better more inclusive decision making.

We plan to grow and strengthen the Stronger together group throughout 24/25 striving for peer leaders to be involved in as many strategic discussions as possible.

12. Carers

AIM: Carers Wakefield and District (CW&D) provide support to unpaid carers across the district:

Wrap around service: Community, Care Home Support and Hospital including Discharge Support.
Advice and Information: Navigate the system, liaise with other professional/organisations, benefits/grants, legal (Power Of Attorney (POA), wills/trusts).
Group and Peer Support: 12 groups across the District meeting on a monthly basis.
Events and Activities.
Training and Awareness: Carers and Professionals/Public.
Distribution of funds: for carer breaks and support towards the cost of living.
Work with GP Practices: to encourage Carer friendly practices, training for Care Quality Committee (CQC) Quality Markers and establish a Primary Care Resource pack to support unpaid carers.

During 2023 CW&D have identified 854 new cares. Made 14673 contacts to 5345 individual carers. We have distributed funds to 597 carers to allow them to take a break from their caring role.

We were given access to supermarket vouchers to provide financial support to carers during the cost of living crisis and were able to distribute £60,000 worth of vouchers during 2023 to carers most in need.

We have refocused our work within Mid Yorkshire hospital and are now an integral part of the Integrated Transfers of Care team (ITOC) where CW&D Support Workers work alongside Health and Social Care colleagues to facilitate safe discharges from hospital ensuring that the un-paid carer is kept at the forefront of discharge planning. Our hospital team have provided support to 264 carers during this period. The team have also introduced timely discharge contact with family carers who provide significant care at home after a person has been discharged from hospital to increase family resilience and reduce readmission.
517 post discharge contacts have been made to individual carers as well as contacts made on behalf of the carer to other agencies etc.

We have worked closely with colleagues to development of a West Yorkshire & Humber wide Discharge Support Tool which was launched February 2024 and supported the Trusts development of the Carer Lanyard (allowing Carers some benefits whilst their loved one is in hospital).

Meeting name:	Wakefield District Health and Care Partnership Board
Agenda item no:	10
Meeting date:	06 June 2024
Report title:	System Workforce: Memorandum of Understanding
Report presented by:	Linda Harris: SRO System Workforce Phillip Marshall: SRO System Workforce
Report approved by:	The WDHCP People Alliance
Report prepared by:	Dominic Blaydon: AD System Workforce

Purpose and Action			
Assurance ☐	Decision ☐	Action ☐	Information ☒

Previous considerations:

This Memorandum of Understanding for System Workforce replaces that which was agreed in October 2022. The original MoU ran until 31st March 2024 and included a commitment by partners organisations to contribute towards the development of a System Workforce PMO.

The origin al MoU was signed off by the following senior leaders:

Director of System Reform & Integration:	West Yorkshire ICB
Chief People Officer	SWYPFT
Director of Workforce and Organisational Development	MYTT
Corporate Director for Adults and Health	Wakefield District Council
Chief Executive	Spectrum CIC

Executive summary and points for discussion:

This Memorandum of Understanding (MoU) sets out arrangements for joint investment into the Wakefield System Workforce PMO. The PMO is the coordinates delivery of The WDHCP People Plan. The MoU has been developed by the Wakefield People Alliance and reviewed by all partner organisations. The Wakefield People Plan has been aligned to the priorities of the NHS Long Term Workforce Plan and the West Yorkshire Integrated Care Board People Plan.

The PMO will be hosted by MYTT and co-located with the ICB PMO Workforce Team at White Rose House. The new MoU for System Workforce has been signed off by the following partners:

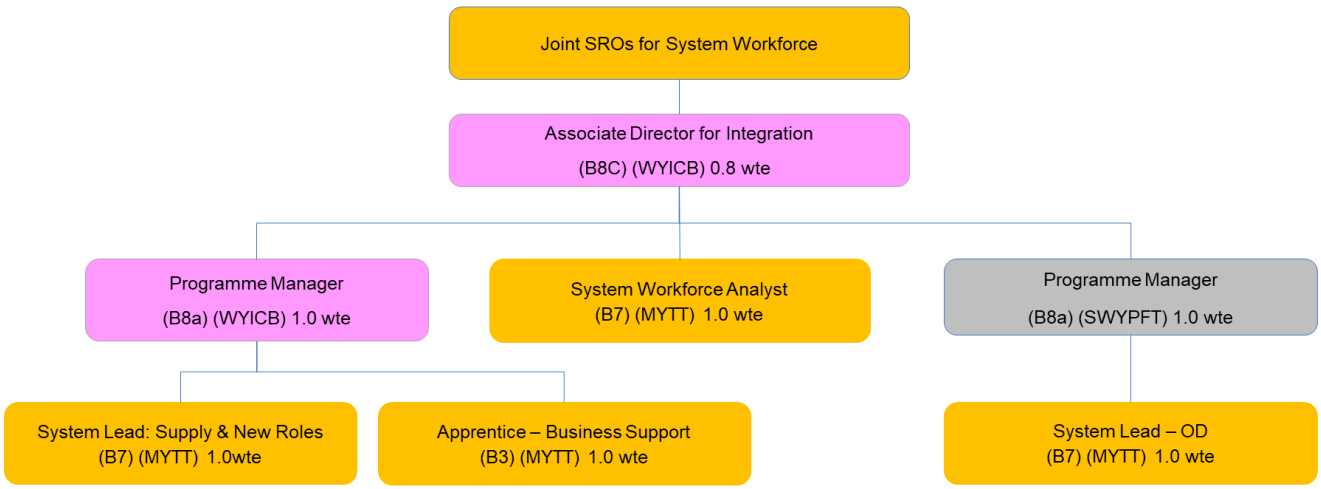
- South West Yorkshire Partnership Foundation Trust
- Mid Yorkshire Teaching NHS Trust
- Spectrum Community Interest Company
- West Yorkshire ICB (Wakefield)
- Wakefield District Council

The WDHCP People Plan incorporates 6 key pillars:

Pillar 1:	Looking after our people.
Pillar 2:	Enhancing and growing system leadership
Pillar 3:	Belonging to the Wakefield District Health and Care Partnership
Pillar 4:	New roles and new ways of working
Pillar 5:	Growing and developing the workforce.
Pillar 6:	Workforce planning

One of the key functions of The System Workforce PMO is to support pillar leads on coordination of their programmes. The PMO co-ordinates standing groups and oversees the assurance process. The team provides leadership and capacity to ensure programme objectives are delivered. They will scope, plan and socialise programmes before they go through formal approval. Finally, the PMO will liaise with other Alliances and Transformation Programmes to ensure programmes are strategically relevant.

Figure 1. provides a diagrammatic representation of the PMO structure.



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

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

Recommendation(s)

The ***Wakefield Place Operational Wider Leadership Meeting]*** is asked to support the provisions contained in the System Workforce PMO

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:

Not applicable

Appendices
1. System Workforce Memorandum of Understanding
Acronyms and Abbreviations explained
1.

Wakefield District Health & Care Partnership

Memorandum of Understanding

System Workforce Programme Management Office

21 February 2024

Proud to be part of
West Yorkshire Health and Care Partnership

1. Introduction

This is a Memorandum of Understanding (MoU) for the joint investment of the Wakefield People Plan Workforce Project Management Office (PMO) to lead, coordinate and support the Pillars system projects and priorities. The following partner organisations are signatories to the MoU

- West Yorkshire ICB, Wakefield District Health & Care Partnership
- Mid Yorkshire Teaching NHS Trust
- Spectrum Community Health CIC
- Wakefield District Council
- South West Yorkshire Foundation Partnership Trust, Wakefield, WF (the “Provider”)

The organisations, working as a system within the Wakefield District Health & Care Partnership are committed to the development of a System Workforce PMO to lead, coordinate and support the delivery of the 6 Pillars within the co-designed Wakefield People Plan.

2 Context

This MoU does not replace, in part or in full, the workforce priorities and requirements within each organisation but should sit alongside their own human resources and organisational development infrastructure.

3 Development of this MoU

The MoU has been developed by the Wakefield People Alliance and reviewed by all partner organisations.

4 Term of this MoU

The Term of this MoU shall be reviewed on an annual basis. The termination of this agreement before its end-date (continuous basis), by any Provider, shall carry the required notice period as stated in the NHS Contract of 3 months. Any liability arising from the termination of this MoU will need to be met by all the parties to the MoU.

5 Purpose of this MoU

The purpose of this MoU is to provide a clear and mutual understanding between all organisations for the investment commitment.

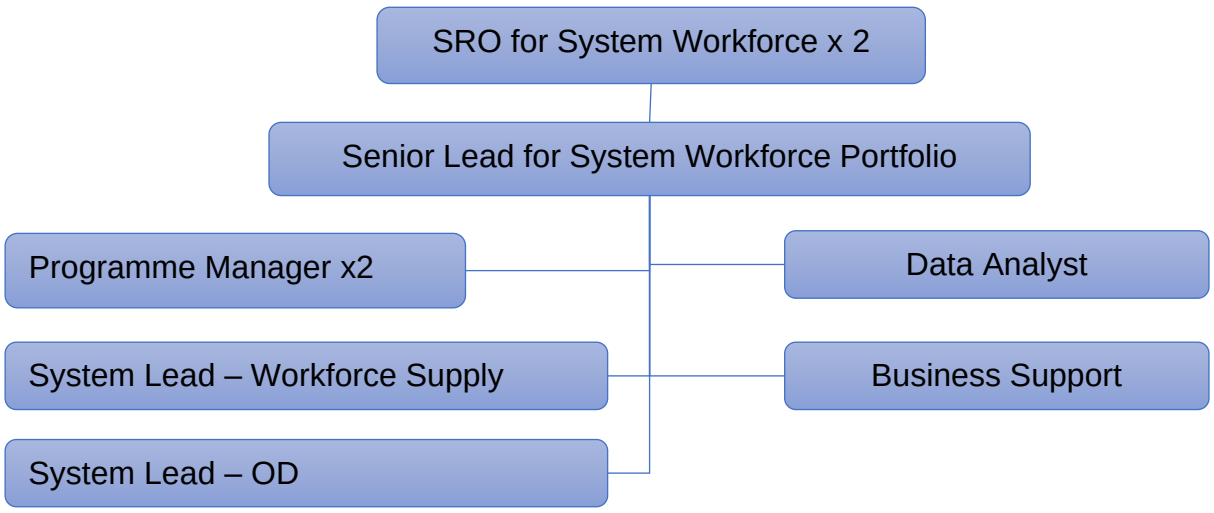
The National NHS People Plan sets out an expectation that each Place will develop a local People Plan. Local plans are reviewed by regional and system level People Boards. They should be consistent with the strategic direction of the national NHS People Plan. The Wakefield plan has been aligned to the priorities of the West Yorkshire Integrated Care Partnership People Plan.

The Wakefield People Plan identifies 6 key pillars where a joint approach can be taken on workforce development across the system.

6 Staffing details

The PMO structure will support development and delivery of the WDHCP People Plan. The PMO will be hosted by Mid Yorkshire Teaching NHS Trust and co-located with the WY ICB Workforce Team at White Rose House, Wakefield. Figure 1 shows the structure of the Wakefield Workforce PMO

Figure 1: PMO Structure



7. Finance

Table 2 provides a breakdown of the costs of the PMO. This MoU assumes a pay increase of 5% in 24/25. This will be adjusted in line with 24/25 pay award once agreed.

Table 2: Financial Breakdown

Table Redacted

Table 3 provides a breakdown of recurrent contributions from partner organisations to run the System Workforce PMO. Contributions from partner organisations will increase annually to reflect annual uplifts to staffing costs.

Table 3: Recurrent Annual Commitments

Partner	23/24	24/25
SWYPFT	£63,620	£66,801
WY ICB (Wakefield)	£76,974	£141,432
Mid Yorkshire Teaching NHS Trust	£76,974	£80,823
Wakefield District Council	£76,974	£80,823
Spectrum CIC	£19,000	£19,950
WY ICB (Central Fund)		£48,000
Total	£323,524	£437,828

It is agreed that SWYPFT are making their contribution, in relation to this MoU, in kind. We have agreed that the transfer of a Programme Manager (Band 8a) on a secondment until 31st March 2025. This arrangement constitutes the full SWYPFT contribution to the Wakefield System Workforce PMO. This agreement is in place until 31/3/25. There is no expectation that further financial contributions or contributions in kind have to be made by SWYPFT to meet the requirements of this MoU.

There is an additional contribution agreed for 2024/25 from WYICB (£60,610). This is to cover the costs of the System Lead – Organisational Development. The additional post has been agreed as part of the ICB Operational Review.

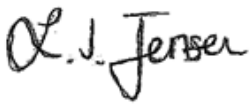
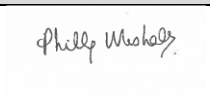
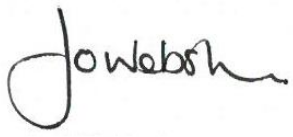
WYICB has also allocated £48k non-recurrently to support recruitment of a placement coordinator. This function will be carried out by the System Lead – Workforce Supply. MYTT has agreed to recruit permanently to this post at-risk because funding has not yet been secured after 31st March 2025.

The recurrent annual commitments have been adjusted by+5% to take account of wage growth in 24/25. This will be adjusted in line with 24/25 pay award once agreed.

8 Signature

We, the undersigned, have read and agree with this MoU.

Signed for on behalf of the West Yorkshire ICB – Wakefield Place	
Signature:	
Printed Name:	Melanie Brown

Position:	Director of System Reform & Integration
Date:	18 March 2024
Signed for on behalf of Spectrum Community Health CIC	
Signature:	
Printed Name:	Linda Harris
Position:	Chief Executive
Date:	
Signed for on behalf of South West Yorkshire Foundation Partnership Trust (SWYFPT)	
Signature:	
Printed Name:	Lindsay Jensen
Position:	Acting Chief People Officer
Date:	29 February 2024
Signed for on behalf of Mid Yorkshire Teaching NHS Trust	
Signature:	
Printed Name:	Phillip Marshall
Position:	Director of Workforce and Organisational Development
Date:	04.03.2024
Signed for on behalf of Wakefield District Council (LA)	
Signature:	
Printed Name:	Jo Webster
Position:	Corporate Director for Adults and Health
Date:	04 April 2024

Appendix A: Wakefield People Plan

Wakefield People Plan FINAL.docx

Wakefield District Health & Care Partnership

People Plan 2022 – 2027

Proud to be part of

West Yorkshire Health and Care Partnership

Contents

1. Introduction

The Wakefield Health and Care Partnership People Plan focuses on how we can bring workers together across professional and organisational boundaries to deliver a seamless health and social care service. It supports the integration agenda, through the development of new roles, system leadership training and the introduction of new ways of working

The national NHS People Plan sets out an expectation that each Place will develop a local People Plan. Local plans are reviewed by regional and system level People Boards. They should be consistent with the strategic direction of the national NHS People Plan. Our plan has been aligned to the priorities of the West Yorkshire Integrated Care Partnership People Plan.

In developing the plan, we have taken reference from national and local strategies aligned to the health and wellbeing strategy and the needs assessment of our population. We have reviewed the workforce strategies of WDHCP partners and held conversations with organisational HRD lead officers, strategic groups and senior leaders as part of the consultation to inform and identify priorities that we can support and deliver at system level.

This Wakefield People Plan has been co-authored by members of the Wakefield Distrcit Health and Care Partnership (WDHCP) HRD Network. The plan priorities are consistent with those of the West Yorkshire Integrated Health and Care Partnership (ICS) People Plan.

2. Aims of the People Plan

The overarching aim of The Wakefield People Plan is to ensure Wakefield has a confident, motivated workforce and the skills, values & behaviours to undertake their roles. The Plan will support delivery of the WDHCP strategic objectives.

The Wakefield People Plan aims to provide a road map for workforce transformation. It incorporates a commitment to taking the Wakefield citizens with us, challenging perceptions and expectations of how health and social care services should be delivered.

The plan will:

- Set the strategic direction for workforce transformation
- Identify current and anticipated workforce challenges and solutions
- Describe the progress made to date and set out future planned activity
- Support a learning needs approach to training, recruitment and role redesign

- Promote collaborative, compassionate, distributive system leadership
- Support opportunities for rotational working between health and social care
- Support development of a framework for business cases relating to workforce transformation
- Describe the framework to support the governance ad delivery of the plan.

This People Plan does not seek to impose commitments on partner organisations that impinge upon the individual employment responsibilities.

4. National and Local Strategic Framework

4.1 The NHS People Plan

The NHS People Plan sets out the national approach to delivery of the NHS Long Term Plan. Published in July 2020 it is organised around four pillars.

- *Looking after our people* Quality health and wellbeing support for everyone
- *Belonging in the NHS* Tackling the discrimination that some staff face
- *New ways of working* Making use of the full range of our people's skills
- *Growing for the future* How we recruit, keep and welcome back our people

People Plan Operational Guidance 2021/22 builds on the NHS People Plan 2020/21. The guidance focuses on health and wellbeing of staff, tackling inequalities and locking in new ways of working that emerged during the pandemic.

4.2 The Messenger Review on Collaborative Leadership

In June 2022 Sir Gordon Messenger published a review on the best ways to strengthen leadership and management across health and adult social care in England. The review made the following recommendations:

1. Targeted interventions on collaborative leadership and organisational values
2. Positive equality, diversity and inclusion (EDI) action
3. Consistent management standards delivered through accredited training
4. A simplified, standard appraisal system for the NHS
5. A new career and talent management function for managers

6. Effective recruitment and development of non-executive directors (NEDs)

7. Encouraging top talent into challenged parts of the system

All 7 recommendations have been accepted by the government and publication of the report will be followed by a plan committing to implementing the recommendations.

4.3 'Stepping forward to 2020/21: A mental health workforce plan for England'.

This document analyses workforce data, building a clear picture of the state of the mental health workforce in England. The report also identifies clear areas of action to tackle the workforce challenges within mental health services

4.4 Adult Social Care Strategy

The Wakefield People Plan will support the delivery of the Adulta Care Social Care Strategy. One of the priorities identified in the strategy is the development of a thriving workforce. A key aim is to have a confident, skilled and productive workforce who actively promote independence and wellbeing

In June 2020 ADASS, Skills for Care and the LGA agreed to work collaboratively on five strategic workforce priorities areas. These are:

1. Strategic workforce planning
2. Growing and developing the workforce to meet future demand
3. Enhancing the use of technology
4. Supporting wellbeing and positive mental health
5. Building and enhancing social justice, equality, diversity and inclusion in the workforce.

These priorities align with those set out in the NHS People Plan and form a key part of this plan.

4.5 The West Yorkshire ICS People Plan

It outlines how the ICS will support the workforce as we progress with the post pandemic recovery, embedding all the transformational work that has been put in place through this period. The plan sets out the longer-term ambitions for our people and how we deliver care in the future.

The top priority is to ensure we look after, value and develop the workforce, supporting growth and making the workforce more inclusive. This means ensuring the system has enough staff, good wellbeing support, quality training and supervision. It also means ensuring we have a diverse workforce reflective of the communities we serve.

The ICS recognises that it faces challenges in recruiting and retaining a skilled workforce across all sectors, notably in social care as well as the NHS. They are already working differently to respond to new technology, increased demand, and higher expectations.

West Yorkshire includes many communities that suffer from issues of long-term unemployment or transient work. The Plan seeks to ensure career opportunities in the

health and care sector are used to support local social and economic development. The People Plan will also be a vehicle tackling of health inequalities and supporting the West Yorkshire recovery plan.

4.6 Wakefield Health and Wellbeing Strategy

The Wakefield District Health and Wellbeing Strategy 2022-2025 sets out how we plan to help everyone in the Wakefield district enjoy the best possible mental and physical health regardless of where they are born, live, grow, work and age.

The plan describes how organisations, including Wakefield Council, will work together with local communities to improve the health of the population, as well as closing the health inequalities gap.

The strategy identifies four priority areas:

- A healthy standard of living for all
- A healthy start in life for every child
- Preventing ill-health
- Sustainable communities

The priorities build on the work that's already taken place to improve health and wellbeing across the district and are based on detailed information about the population in the district's Joint Needs Health Assessment, as well as the voice of local people and business leaders.

4.7 Enabling the Workforce for System Recovery

The Wakefield People Plan addresses the issues raised by NHSE/I in their plans to support elective recovery and future work programmes by aligning to the high impact enablers.

5. Mapping the Wakefield health and social care workforce

The figures below show the composition of the Wakefield health and social care workforce. It provides a snapshot of staffing levels across our largest health and social care providers on 31 March 2022. All staffing figures represent whole time equivalent permanent posts where staff are in place. The diagramme does not show the current establshment or vacancy rates. It does not include all health and social care service providers. It does however show that the health and social care system employs a huge number of people in Wakefield so this People Plan is significant.

5.1 Breakdown of local health and social care workforce (31.3.22)

- Health and social care workforce (17,377)
- The Mid Yorkshire Hospitals NHS Trust (3 sites coverage) (8188)
    - Medical / dental 940
    - Consultants 354
    - Nurses / Midwives / Health Visitors 2011
    - Registered therapeutic and technical 1005
    - Clinical support staff 2934
    - Non-clinical staff 1232
- Primary care (997)
    - GPs 182
    - Direct patient roles 96
    - Additional Role Reimbursement (PCNs) 108
    - Non-clinical staff 472
- Adult Social Care (7,600)
    - Direct Care 6000
    - Managerial 650

- Regulated professionals 375

The Wakefield Health and Social Care sector employs a large workforce that makes a significant contribution to the local economy. Maintaining and supporting this workforce is critical and requires a holistic approach based on collaboration and cooperation between partner organisations.

By 2030, it is anticipated that nationally adult social care will need to increase its workforce by 31%. This is in response to the ageing population and increased complexity of care needs. There are significant recruitment and retention challenges and barriers within the sector. In response the government is investing approximately £500m over the next three years to transform the social care workforce.

6. Our Workforce Vision, Mission and Priorities

6.1 Our Workforce Vision

Our workforce vision is for a Wakefield workforce where people feel supported, confident, and valued to be able to do their role and support the people of Wakefield district to live longer, healthier lives.

6.2 Our Workforce Mission

Our mission is for workforce to be a positive enabler and to create a connected system that supports people in their homes and communities to live healthier, happier lives.

6.3 How Will We Deliver Our Vision

The Wakefield People Plan will adopt the “3-6-9” approach to workforce transformation set out below.

Our “Three-Six-Nine” Approach

The Three Rs - Recruit, Retrain and Retain

The Six Pillars:

1. Workforce Planning
2. Enhancing and Growing Systems Leadership
3. Growing and Developing the Workforce

4. New roles and New Ways of Working
5. Belonging to the WDHCP
6. Looking After Our People

The Nine Principles

1. Redesign roles and services that focus on better outcomes
2. A workforce working to a whole system approach
3. Expand the role of Wakefield citizens to participate in and take responsibility for their care
4. Expand the role of Voluntary, Community and Social Enterprise
5. Increase the effectiveness and accessibility of education and training and on-going supervision
6. Actively foster system leadership development
7. Acknowledge and overcome resistance to change and transition through a shared culture of partnership where service boundaries are blurred and roles, professional identities interrelate
8. Shared values and learning across disciplines with the creation of transportable accreditation options
9. Shared project management methodology, monitoring and evaluation

7. The Six Pillars of Our People Plan

The Wakefield People Plan incorporates six Pillars around which we will develop clear programmes of work over the next five years. These programmes are consistent with the priorities identified in the West Yorkshire People Plan.

7.1 Pillar 1: Looking After Our People

Ambition

We will ensure that health and wellbeing support is available for everyone. Our people will have the practical and emotional support to do their jobs and be responsive and adaptable to be able to flourish in their role.

We will encourage and support a culture of civility and respect where discrimination, violence, bullying, and harassment are not tolerated, and people never feel fearful or apprehensive about coming to work.

Objectives

We will Invest in the psychological, emotional, and physical wellbeing of our people in the context of the changes and challenges brought about by COVID. We will ensure that wellbeing resources are available to support the psychological, emotional, and physical wellbeing of all staff. We will improve the work life balance of our workforce and reduce absence. We will strengthen the adoption of Digital methodologies for engagement and connectivity ensuring time and space is built into digital working practices.

What are the challenges?

One of the key challenges affecting our workforce are the residual effect of the pandemic, in particular staff stress and 'burn out'. We have seen changes to patterns of work, the digitisation of our work environment and a move towards home working. There are a range of issues affecting the wellbeing of our workforce which will have an impact on productivity and efficiency.

We need to recognise the turnover issue as subscribing to One Wakefield workforce and regulator challenges as independent employers across a place and a system. This links the supply issue within the local health and social care economy. We need to articulate 'why Wakefield' as an attractive place to work and create a sense of belonging for those living outside Wakefield despite cities such as Leeds having more national coverage.

Workforce shortages in mental health, learning disability and primary care services are affecting clinicians' workload, wellbeing and morale. (BMA Workforce Report, Feb22). We need to ensure that staff can access occupational health services so that they are better able to manage workloads and avoid burnout. Staff also need better access to training and time for reflective practice. The BMA reports that 50% of staff in mental health services say that access to training is getting worse. 57% of staff reported that access to time for reflective practice has reduced.

Another key challenge for the health and social care system is the impact of the cost-of-living crisis on our workforce. Staff are facing additional fuels costs associated with travelling to work and when they have to travel as part of their job. They area also having to deal with increased inflation in their personal finances. We will need to address the impact of increased inflation and fuel costs on our workforce as part of this pillar. .

What have we achieved so far?

We have developed a Wakefield Health and Care Hub Website. This can be accessed by partners across Wakefield District. It is a repository for system wide Health and Wellbeing resources. It publicises and sign-post partners to services, events and information

We run a series of West Yorkshire Health and Care Partnership Looking After our People Alliance funded programmes, including;

– Staff Health and Wellbeing checks

– Preventing and managing staff 'burn out' and stress related absence webinars

– Integrated Place based Schwartz rounds

MYHT Occupational Health and Psychology team have played a key leadership role in establishing the West Yorkshire Mental Health Hub. Partner organisations have successfully developed Mental Health First Aiders, Psychological First Aiders and Wellbeing Champions. There had also been growth in the number of Working Carers passports and support groups.

The Wakefield system has addressed the risk of COVID to vulnerable groups by carrying out risk assessments with staff from the BAME community and staff who Clinically Extremely vulnerable. There have been a wide range of wellbeing support initiatives including; wellbeing coaching, self-referral to Occupational Health, digital guides, masterclasses on resilience, support for the menopause, self-care management, pastoral care and spiritual care services

A number of partners have introduced Workplace Behaviour Ambassadors and staff wellbeing and support groups. We have introduced proactive policies to reduce sickness absence and continued to hold staff recognition events

What are we going to do?

Cost of Living Crisis

We will explore ways in which we can support our workforce through the cost-of-living crisis. We will support partners to encourage staff to speak confidentially about problems. We will ensure that everyone working in the Wakefield Health and Social Care System has access to impartial support on financial management and welfare rights.

We will support the use of flexible home-working so that staff can make savings in travel costs. Others may prefer to work from the office, saving money on home heating and utilities. As all employees' finances will be impacted differently, partners will be encouraged to offer flexibility and consider employee requests on a case-by-case basis.

We will look at the current staff benefit arrangements and explore ways in whhich we can enhance the benefits currently being offered to staff. This could include: help with transport costs, salary sacrifice, discount vouchers and financial education.

The Wakefield People Board will support the development of hybrid working so that staff can benefit from flexible working arrangements, reducing isolation and delivering professional supervision

Staff Surveys

We will collate available system data such as staff surveys to better understand how to support staff. Building on the output of the West Yorkshire Health and Wellbeing Summit in May 2021 we will explore and implement initiatives that enable the creation of a positive culture of health and wellbeing. We will support the development of leadership support circles, wellbeing conversations, masterclasses, and communications campaigns. We will support system-wide group-based interventions such as Schwartz rounds.

We will utilise the annual staff survey and follow-up spot surveys to identify staff cohorts that are struggling with the cost of living.

Carers Passports

We will support a place-based approach to working carers passports. The aim here is to achieve wider take-up of passports and recognise the contribution that informal carers make to the health and social care economy.

Mapping support available to staff

We will map the utilisation of health and well-being support being offered across Wakefield and identify potential barriers to access. This will give us a full picture of impact, and how data can be used to drive continual improvement.

Other issues

The local programme on this pillar will coordinate a system-wide approach on the following key areas:

- Development of a dedicated Musculoskeletal (MSK) Service for frontline health and social care staff

- Coordinated approach to the recruitment, training, and networking of Mental Health First Aiders
- Recruitment and development of value-based Ambassadors, including a Wakefield network that provides peer support
- Supporting staff impacted by COVID-19 with ongoing symptomology
- Embed our commitment staff wellbieng and a cllective approach to supporting our staff

7.2 Pillar 2: Enhancing and Growing System Leadership

Ambition

We have an ambition to ensure that we increase the diversity of our leadership, so that it represents the population we are here to serve. We will support and develop leaders who identify with the Wakefield Health and Social Care system. This new generation of system leaders will have the right skill set to support system working.

Objectives

Leaders in Wakefield will consistently demonstrate agreed values and behaviours. They will not retreat to organisational silos but embedding the same values and behaviours within their own organisations.

We will develop an Organisational Development culture of shared learning and best practice to support shared decision making, alongside a framework to develop system leaders who will support our system ambitions

What are the key challenges?

With the development of the Wakefield Health and Care Partnership comes a need to align health and social care providers within the Wakefield Place. We need to address the current gaps in succession planning and the development of system leaders . There is an over-reliance on fixed term contracts which can de-stabilise organisations and impact on retention rates.

We need to address the implications of the Messenger Report. We're committed to the development of values-led leadership programmes. We recognise that having one at ICS, place and organisation might create duplication or complexity. Leadership and cultural

reforms will be complimentary across organisations and leadership capabilities will reflect our collective values, enable a fair and just culture and support excellent performance and evaluation.

What are we going to do?

System leadership and development is key in enabling us to work more effectively together. We will implement the Wakefield System Development Programme. We will continue with our distributed leadership model to promote a sense of belonging to the Wakefield Place.

The Wakefield System Development Programme identifies some key areas where partners will have to collaborate if we are to support system working. These include:

- Communicating the vision for integration to all staff
- Creating opportunities for partners to learn together
- Develop behaviours and cultures that support collaborative working
- Demonstrating the benefits of collaborative working to incentivise staff
- Focus on team development where services have been integrated
- Development of effective feedback loops
- Develop a Wakefield talent approach and associated Leadership programmes
- Support development of the Wakefield Leadership Development Programme
- Development of a Wakefield Reciprocal Mentoring and Coaching Programme, which includes a central repository that can be accessed by all partners

We will develop a WDHCP Staff Engagement Strategy aimed at gauging whether our people understand what the functions of the WDHCP are.

We will develop a forward plan for the next 2 years, setting out how we develop system leaders. We will explore ways in which we can diversify our pool of leaders so that they represent the community they service. We will strengthen our leadership development programmes.

7.3 Pillar 3: Belonging to the Wakefield District Health & Care Partnership

Ambition

We will foster a culture of openness, compassion and inclusion where people are listened to and feel confident and able to speak up. We will create a culture where everyone feels they belong and where diversity is celebrated.

Objectives

Our objective is to build an inclusive climate for staff from all communities. This means an understanding and appreciation of all protected characteristics. We will raise awareness of issues affecting people from these communities and ensure that there are advocates at a senior leadership level to act as champions. This will be supported by the ICS System of Sanctuary Plan, the Wakefield EDI Pledge and Health Inequalities Core20Plus5.

What are the challenges?

There is a significant challenge around developing inclusive workforce practices so people from all walks of life, experiences, ability and ethnicity have an equal chance to join and flourish in our workforce.

There are opportunities to reflect the diverse and representation of our communities and to develop programmes offering placements, volunteering and paid employment for people with lived experience such as people in recovery and people with disabilities.

What have we achieved so far?

Partners have signed the Wakefield District Health and Care Partnership Equality, Diversity and Inclusion Pledge. We have held a second district-wide Workplace Wellbeing Summit focusing on equality and diversity in the workplace. The West Yorkshire Health and Care Partnership Ethnic Minority Working Group has been looking at a holistic recruitment package for recruiting BAME employees across the system

Several equality networks for BAME staff, staff with disabilities, LBGTQ+ and carers have been set up. BAME workforce champions have been intoriduced to ensure compliance with Equality and Human Rights Legislation. The Wakefield Diversity Working Group has been focusing on improvement and diversity in recruitment practices. Many organisations have undertaken training to make services more accessible. We have developed a Community of Interest Plan for Wakefield based on protected characteristics. MYHT is an Armed Forces

Gold Award holder. It has Veterans Aware hospitals status and is a member of Wakefield Armed Forces Covenant steering group. Wakefield has also paticipated in the International Stay and Thrive community of action. We have stablished a trained a cohort of cultural ambassadors who act as subject experts to support the workforce. Local

Local GP Practices have signed up for the Veterans Aware scheme. Practices have been committed to the ongoing Carers registrations programme. All of the Wakefield Practices are Young People Friendly accredited.

Wakefield has put in place a “Reciprocal Mentoring Programme” that brings together workers from BAME groups with senior leaders in the organisation.

What are we going to do?

Fellowship Programme

We will use the West Yorkshire ICS Fellowship Programme to support our system ambition to increase the percentage of leaders from ethnic minority backgrounds. We will also work with the National Improvement next Programme to address the issue of Board level diversity. We will use the mentoring programme to encourage people with protected charatceristics into system leadership positions.

Board Level Diversity

We will explore how the neXt Programme will address the issue of Board level diversity and we will influence Trust Boards to recruit in a way which is culturally appropriate.

Health Inequalities

We will implement the recommendations from the West Yorkshire HCP independent review into health inequalities to ensure these are effective. We will also support the roll out of the best practice toolkit, developed by the West Yorkshire Health and Care Partnership in October 2021. This toolkit reduces the disparity experienced by ethnic minority colleagues during the recruitment process. We will also support the Core20PLUS5 NHS England and NHS Improvement approach to supporting the reduction of health inequalities. The approach defines a target population cohort based on the Index of Multiple Deprivation, which will receive targeted support. Core20PLUS5 also identifies '5' focus clinical areas requiring accelerated improvement.

Race and Disability Workforce Standards

Our actions and performance on this pillar will be aligned with Workforce Race Equality Standard (WRES), Medical Workforce Race Equality Standard (MWRES) and the Workforce Disability Equality Standard (WDES).

Breaking Barriers

We will work with *Breaking Barriers Innovation* on workforce entry barriers for different sectors of the community and how the NHS and anchor institutions can support with that.

The purpose will be to identify learning that could be applied across West Yorkshire on co-production of solutions to support people into employment. This work will link into the economic regeneration agenda

The local programme on this pillar will also coordinate a system-wide approach in the following key areas:

- Wakefield EDI Pledge signed by partners and progress tracked through EDI sub group
- Introduction of Executive leads for individual protected characteristics
- Offer placement opportunities to WY&H fellowship programme and encourage staff across the system to become fellows
- Address issues of equality, diversity and inclusion in the VCSE sector
- Develop monitoring systems to track BAME recruitment and retention
- Ensure that the Apprenticeship Programme adopts a more inclusive approach
- Develop supervisory skills around supporting staff from BAME communities

7.4 Pillar 4: New roles and new ways of working

Ambition

We will develop a workforce which is person-centred. Staff will identify with the Wakefield system and will be able to flexibly move within that system to where their skills are needed.

Objectives

Our objective is to develop ways of working and across professional and organisational boundaries and develop roles aligned to collaborative integrated service delivery with check

and challenge processes in place. We will embed new ways of working and new roles into the infrastructure of our delivery models, by ensuring workforce is at the core of all service redesign. We will innovate and adapt our health and social care workforce in Wakefield making the most of the skills in our teams. We will continue to influence workforce integration by contributing evidence to the local, regional and national governance and regulatory structures around new role developments and their impact on the provision of integrated health and social care.

It is important as we emerge from the pandemic that we do not lose those new ways of working and innovations that support our workforce to deliver care more effectively. The expansion of new roles will require our workforce to work in a different way.

What are the challenges?

Changes to how care is provided is a challenge for the Wakefield system. We need to shift the balance of the workforce towards primary and community care whilst engaging the public to invest in their own and their families wellbeing. This includes health promotion and behaviours/competencies which focus on prevention. There is a resistance to change in professional boundaries, which will allow people to work more flexibly and build resilience to care through voluntary and community solutions. There is also a need to change the mindset in the health and social care workforce from ‘doing to, to doing with citizens’

There are many new roles evolving within health and social care which require an open and transparent approach to public engagement. This will help us to identify and manage any public resistance to workforce transformation.

There is also a challenge in relation to differences in the governance structures, terms and conditions and rates of pay between partner organisations. These have an impact on our ability to develop staff, staff passporting, staff development and quality placements for trainees

What have we achieved so far?

The Wakefield MoU for staff redeployment developed in the first wave of the pandemic has been reviewed. Partners are committed to working together to secure mutual aid by agreeing to support critical business continuity. We are also committed to the development of new hybrid working models of workingto create more flexible working environement for staff.Staff surveys have been comple ted to gather information on how staff would like to work moving

forward, and HRDs are committed to sharing their plans. Staff are being supported to work flexibly/hybrid to meet business and personal needs.

In order to highlight the overlap between physical and mental health we support activities to tackle the stigma towards mental health amongst health and social care staff. We will encourage collaboration and transfer of staff between physical and mental health services and create new roles that work across mental and physical health service boundaries.

In Wakefield we have seen the expansion of General Practice workforce through maximisation of the Additional Roles Reimbursement Scheme. This includes the introduction of new roles such as Social Prescribing Link Workers, Pharmacists and Pharmacy Technicians, First Contact Practitioners, Care Coordinators, Health and Wellbeing Coordinators, Paramedics, Advanced Clinical Practitioners, Physicians Associates and Nurse Associates.

We have established a new group, led by the Director of Nursing, which includes key stakeholders from L&D, workforce planning, operational senior leaders and staff side representation. This group assesses and identifies emerging roles and available funding support.

Career pathways are being developed specifically for the nursing, psychology and Allied Health Professions. We have introduced Housing Co-ordinators based into the hospital to address housing barriers to discharge. This post provides additional wrap around wellbeing services to address mental health, health inequalities and financial inclusion

We will support the Mental Health Alliance in the delivery of their Band 2 apprenticeship model which is supported by their care certificate delivery. Take up of their trainee nurse associate (TNA) rollout has been high. They currently have 92 staff in the programme and are now expanding into support roles for other professional groups such as AHPs, psychology and pharmacy.

The Mid Yorkshire Hospital Trust has recruited 24wte healthcare support workers to work across health and social care, providing support to discharge and post discharge settlement. We have developed of new service model for the Integrated Discharge Team. This includes co-location and integration of health and social care teams to improve joint working. We have Identified new roles within the team, including recent proposals on a mental health support worker.

Wakefield has also been developing an MDT approach to the development of Virtual Wards and the integration of community rehabilitation and rebalement.

What are we going to do?

This is a significant programme witin the Wakefiedl People Plan and contains a range of projects.

PCN Workforce Strategies

We will suppport the development of PCN Workforce Strategies, including evolution of MDTs that support the work of general practice. We will support Primary Care Networks to develop new roles as part of the Additional Role Reimbursemenet Scheme. These roles will work across organisational and professional boundaries. We wil also support the alignment of PCN MDTs with community health services and social care

Integrating Community Health Services and Adult Social Care Teams

We will support the integration of community rehabilitation and reablement services, a key part of the local community transformation programme. We will also embed and evaluate the Integrated Discharge Team to assess the benefits of MDT working when supporting people who ae leaving hospital.

Rotational Paramedics

We will explore the potential for further development of Rotational Paramedics. The Yorkshire Ambulance Service (YAS) commenced the first phase of a rotational paramedic programme in September 2021 with six specialist paramedics rotating between YAS and six primary care networks (PCNs). The programme is set to evolve with further phases set for 2022.

CLEAR Programme

CLEAR (Clinically-Led workforcE and Activity Redesign) funding has been awarded to West Yorkshire for mental health and urgent and emergency care. This is being led by South West Yorkshire Partnership NHS Foundation Trust (mental health) and Mid Yorkshire Hospitals NHS Trust (urgent and emergency care). We will ensure the learning from these initiatives are shared to maximise the potential benefit across a wider footprint.

Digital staff passports

We will review the opportunities for digital staff passports to enable deployment of staff across the system to enable flexibility, demand and development.

Collaborative Staff Bank

We will explore the potential for a collaborative staff bank to optimise the utilisation of temporary staff, reducing agency costs and improving service user experience.

Flexible Working Models

We will continue to share examples of innovative working models to support staff to benefit from flexible working opportunities and to support an agile workforce. We will build on the redeployment process and MoU for shared staff redeployment across organisations, developed during the pandemic and be inclusive of all staff including commissioned services and the staff delivering and supporting our community members.

7.5 Pillar 5: Growing Our Workforce and Developing Our People

Ambition

We will attract people from within our local community to work in the Wakefield system. Wakefield will be recognised as a good place to work. We will value our people, look after staff-wellbeing, and provide excellent career development opportunities

People will be attracted to work in Wakefield and want to stay working in the place confident that their careers will flourish through choices to progress and develop right across a variety of system roles and pathways

Objectives

We will increase opportunities to promote H&SC careers and attract more people with the right values to join the workforce through joint supported employment programmes, apprenticeships, work-experience and voluntary roles or student placements. We will create clear career pathways that are understood by our people. We will develop a sustainable social care workforce.

We will develop strategies aimed at improved retention including new ways of attracting retirees back into the health and social care workforce.

What are the challenges

Challenges in relation to developing our workforce include resourcing training and education to make it more productive.

A key challenge in relation to growth of the health and social care workforce is competition from local retail, manufacturing and service sectors within the labour market. We need to increase the profile of health and social care and incentivise people to work within the sector.

Also, like many health and social care systems, Wakefield has an ageing workforce, with many staff considering retirement post-pandemic. A key challenge for the system is to persuade staff approaching retirement to remain in the workforce through more flexible working.

A recent BMA report on the Mental Health Workforce (8/2/22) highlights the lack of growth over the past 10 years. This is despite the fact that demand for mental health services is rising. Since 2016 there has been a 21% increase in the number of people who are in contact with mental health services. Recruitment into psychiatric specialties remains a key challenge with many psychiatric specialties facing under-recruitment. Workforce shortages in mental health are affecting staff workload, wellbeing, morale and the ability for staff to provide good quality of care.

We will support SWYPFT who are collaborating with 5 Yorkshire and Humber Trusts to deliver 137 mental health nurses sourced ethically in line with the World Health Organisation ethical recruitment standards. The Trust have secured year 2 funding from NHSEI to continue the International Nurse Recruitment (INR) programme. They are committed to recruiting a further 50 nurses who will be made up of mental health, learning disability, CAMHS and RGN nurses.

What have we achieved so far?

The Wakefield HRD Network has established a Recruitment and Retention Group. This group supports integrated system wide virtual careers fairs, which can showcase Wakefield careers to various audiences. The System Workforce PMO is working in partnership with Wakefield's Economic Growth Step Up Programme to recruit a full time Step Up Project Manager.

Wakefield has developed an Adults Health and Social Care apprenticeship programme. Our Health and Care Hub Website is available and accessed by partners across the district. It acts as a repository for system wide workforce development resources. It is also a mechanism to publicise and sign post services, events and information to staff. We also have a established WDH&CP Developing our Workforce Group.

146 international registered nurses commenced employment between August 2020 and February 2022. 5 individuals were recruited through NHSI Refugee Nurse Pilot programme. The Mid Yorkshire Hospital Trust has established a programme of voluntary NHS Cadets for 14-19 year-olds from under-represented communities in partnership with St John's Ambulance. First cohort commenced in September 2021. The Trust has a Virtual Work

experience offer delivered throughout the pandemic and online careers sessions aligned to specific career pathways, such as Therapies. These have been set up in partnership with local education providers.

The Trust is also providing training to organisations that recruit volunteers so that they can improve the quality of their volunteering programmes. They have a Volunteer-Wakefield website, promoting and advertising this across the district.

Wakefield has introduced “Career Conversations” for registered nurses and healthcare assistants.Alongside this the “Suits You” nurse recruitment campaign has been offering flexible working arrangements. We have also established a sessional workforce staff bank for GP Care, vaccine activity and General Practice resilience.

What are we going to do?

The Wakefield Health and Social Care Academy

We will develop a Wakefield Integrated Health and Social Care Academy. Initially we will explore the potential for a virtual Wakefield Health and Social Care Academy, including induction, a joint learning platform, training and development products scaled up and rolled out across Wakefield.

As part of this we will strengthen links with local communities, Universities, Education and learning providers. We will use this joint this joint approach to develop new roles.

The Academy is a key partner in responding to the city’s workforce challenges and our programmes have been developed under five key priorities:

The Academy will create a talent pipeline, suppporting staff across the system from entry into the sector through through a vriety of training and education pathways. It will support system leadership, developing the skills and behaviours required to commission and deliver integrated care. It will improve the quality of care by facilitaing the sharing of good practice across organisational and professional boundaries. It will also deliver essential training programmmes to health and social care staff across the system.

The Academy will support the development of new roles and new ways of working by developing and delivering training programmes for care navigation, trusted assessors, reablement, telemedicine, mental health navigators and social prescribing.

International recruitment

We will explore the potential for a system-wide approach to international recruitment. There is a strong argument for the conducting internationl recruitment campaign as a place, with properly coordinated support packages, a variety of jobs on offer and a coordianted approach to recruitment.

Addressing workforce supply issues

Wakefield faces workforce shortages across the whole health and care sector. The social care sector in particular is facing significant recruitment and retention challenges. One consequence of the pandemic has been a significant increase in applicants for healthcare courses across our higher education institutes (HEIs). However, the number of learners that the system can support is constrained by the availability of appropriate placements Addressing known workforce supply issues is a key priority.

As part of this priority we will work with partners on the development of a collaborative bank across NHS Providers in Wakefield. We will build on the redeployment process and MoU for shared staff redeployment developed during the pandemic. We will also explore ways in which we can enable staff who are approaching retirement to stay in the local H&SC workforce

Adult Social Care Recruitment and Retention

The Wakefield People Board has identified significant issues with recruitment and retention in the domiciliary care and care home workforce. These issues are having an impact on the whole health and social care economy. There is a particualr impact on our ability to discharge patients from hospital who require support at home. This issue requires a system-led approach so we will explore ways in which we can support the suusatinability of domiciliary care and care homes.

As part of this project we will develop the role of the “Trainee Healthcare Assistant” as an entry route into H&SC.

Advanced Clinical Practitioners (ACPs):

There are currently around 480 trainee ACPs in West Yorkshire working. We will explore the potential for a system-led approach to recruitment and management of Advanced Care Practitioners. Rather than separate organisations competing for resources and poaching staff from each other we will look at the whether a more collaborative system approach can be

taken to recruitment, training and resource allocation. We will explore the potential for a similar approach to Trainee Nurse Associates (TNAs).

Placement Capacity and Learning Environments

Our Health Education England supported Learning Environment and Placement (LEAP) is bringing together partners to explore the opportunities for health and care placement expansion. We will support the expansion of placement capacity including blended placements within the HEE and HRD teams.

We will develop and implement a Wakefield District Learning Needs Analysis Framework. We will also ensure plans and processes in place to support our education and training pipeline.

Apprenticeships

We explore the potential for pooling the Apprenticeship Levy so that we can optimise the use of this resource across the system. This approach could lso ensure that we target the levy at communities who are under represented in the workforce.

7.6 Pillar 6: Strategic Workforce Planning

Ambition:

We will adopt a flexible approach to workforce planning which can respond to population health needs.

Objectives

We will deliver a WDHCP People Plan, and delivery plan aligned to the WYHCP and National People Plan and support the delivery of WDH&CP Business Plan and vision.

Good quality workforce data will be available with information flowing both from within the system and from external sources. Workforce interventions are identified, planned, and implemented to support the delivery of the WDH&CP key priority areas work programmes

What are the challenges?

A key challenge for the Wakefield system are the gaps in accessing workforce data and analysing population health data to understand demand and capacity. Individual organisations have mapped their workforce and matched to local need but we have not

carried out this exercise on a system-wide footprintor or across multi years. We need support from organisations working together and sharing data to benchmark and to understand workforce gaps and pressure points in specific areas where there is a system impact. We need to recognise changes to the Wakefield demographic with increases in the older citizen cohort coupled with a parallel increase in the numbers of people with complex long-term conditions.

We also need to agree a system-wide approach to workforce planning methodologies. Which methodologies will we use, where will the planning function be based and how will it influence local workforce strategies.

We recognise the choices some organisations who sit across a number of geographical boundaries will need to consider and engage in once at organisation, place and ICS. We also note the action to develop a workforce modelling tool for Wakefield that we need to ensure we do not create duplication with what is already in place and also required for NHSE/I and HEE submissions.

What are we going to do?

We will develop good quality workforce data with information flowing both from within the system and from external sources. Workforce planning interventions and methodologies will be identified, planned and implemented to support the delivery of the WDHCP priorities. We will grow and develop data analysts with workforce planning and population helath expertise.

All partners will review and if required a refresh document to sharing workforce data, with acknowledgement that moving towards shared collation methodology would aid population health planning and multi year planning and modelling purposes. This modelling will be the responsibility of the Wakefield People Board.

We will adopt a whole population approach to workforce data modelling and commission the Wakefield People Board to develop a workforce modelling tool and to develop a workforce outcome framework to measure the impact of this plan.

8. PMO and Governance

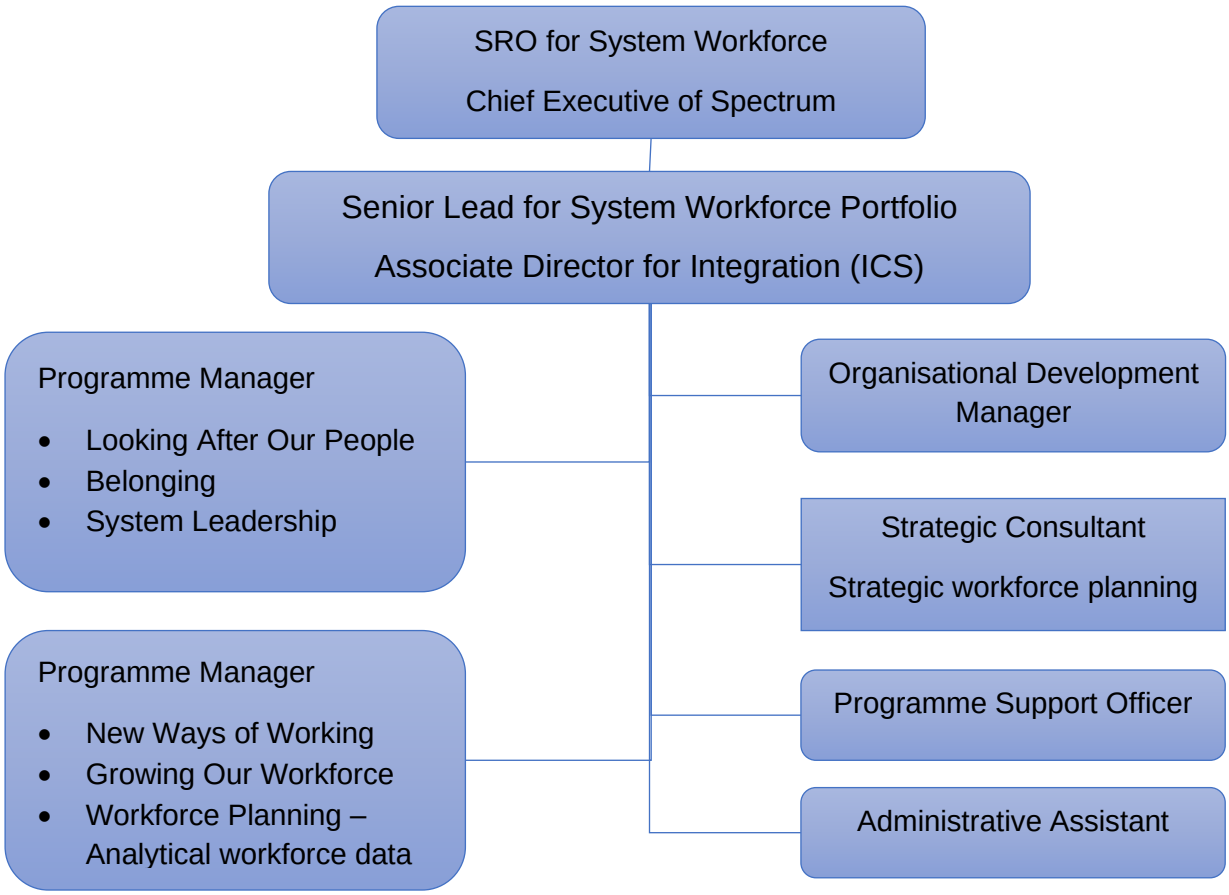
8.1 Project Management Office

Figure 2 provides a diagrammatic representation of the PMO structure that supports development and delivery of the WDHCP People Plan. The PMO will be located at Spectrum Community Health CIC.

The Workforce Programme Management Office supports the HRD Network in the delivery of the Wakefiedl People Plan. It coordinates the Wakefield Workforce Website, repository for all workforce information and communication.

The PMO coordinates agendas for all standing groups and committees, oversees the assurance proces for The Wakefield People Plan. It provides leadership and capacity to ensure programme objectives are delivered.

Figure 2: WDHCP People Plan PMO



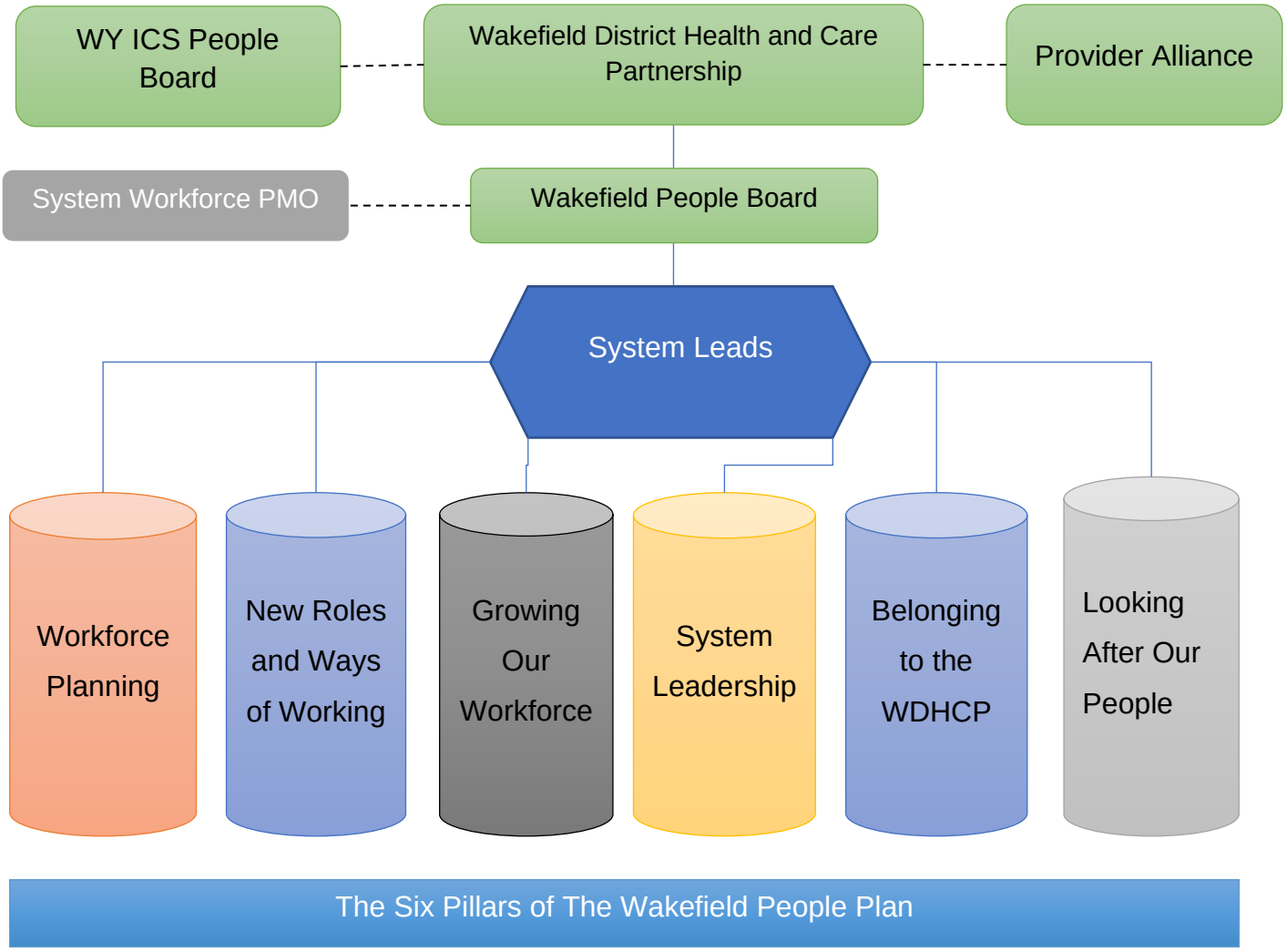
Strategic drive and momentum is maintained though a weekly workforce PMO cell. This brings in key stakeholders to scope and plan workforce programmes and socialises plans before they go through formal approval processes.

The PMO will provide detailed action plans, identify distributed leadership system leads for key pieces of work and ensure that the plan aligns with the national and regional strategic frameworks

8.3 Governance

Figure 3 describes the governance framework for development and delivery of the WDCHP People Plan.

Figure 3: Governance Arrangements for the WDHCP People Plan



9.4 Role of the Wakefield People Board

Under the new governance arrangements the HRD network will evolve into the Wakefield People Board. The Board will act as a strong and mature network which comprises HR Directors and OD leaders across the WDHCP. It will be inclusive of anyone with a significant

stake in recruitment, retention, development and wellbeing of staff. It recognises that organisations of different shape and size may not have dedicated people functions.

The Board will have responsibility for developmenrt and implementation the Wakefield People Plan. It selects system leads for each of the Pillars of the Wakefield People Plan. These Lead Officers will be responsible for delivering the programme that relates to their pillar. They will be supported by the Workforce PMO. The System Leadsership Team will be selected from organisations that participate in the Workforce People Board. The Board will provide assurance to the WDHCP on delivery and impact of the plan.

The Wakefield District Health and Care Partnership approves the mandating and resourcing of the Wakefield People Board and PMO.

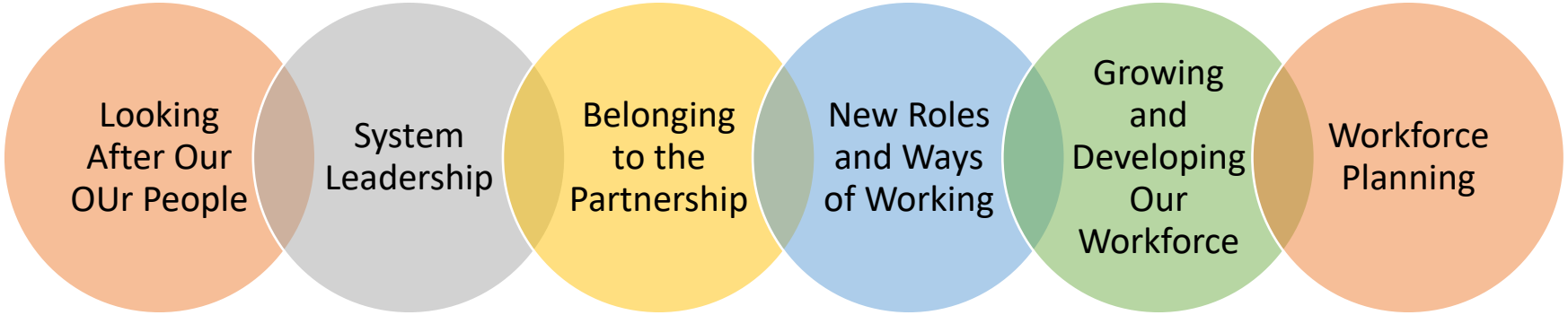
The Board will be serviced by the System Workforce PMO and is underpinned by a virtual Workforce Hub which is a repository for information, advice, links, network meetings, and subgroups.

The Workfore People Board will adopt a Distributed Leadership approach to development of The People Plan. Leadership will be dissociated from designated organisational roles and focus on what is right for the system as a whole. Our leaders will recognise and try to balance the priorities and pressures faced by individual partner organisations when making decisions on a system level.

9. Summary: Plan on a Page

Figure 3 provides a summary of the 6 Pillars contained within the Wakefield People Plan.

Figure 3: People Plan on a Page



Supporting staff through the impact of the pandemic	Implement system development work programme	Wakefield EDI Pledge	PCN workforce strategies	International Recruitment	Develop good quality workforce data
System-wide group-based interventions	Develop a Wakefield talent approach	Executive leads for protected characteristics	Integration of community health and adult social care	Addressing workforce supply issues	Adopt standardised workforce Data Sharing Agreement
Working Carers Passports	Mentoring Programme	Monitoring BAME recruitment	Rotational paramedics	Adult social care recruitment and retention	Whole population approach to workforce modelling
Map utilisation of wellbeing support services	Distributed leadership model	Fellowship Programme to support Hard to Reach Groups	CLEAR Programme	Advanced Clinical Practitioners	Develop a workforce modelling tool.
Develop a dedicated MSK Service for frontline staff	Leadership Development Programme	Inclusive apprenticeship programmes	Collaborative staff bank	Placement capacity and learning environments	Workforce Outcome Framework
Coordinate training for mental health first aiders	Coaching Programme	Develop supervisory skills	Flexible working models	Apprenticeships	

Wakefield District Health & Care Partnership

System Workforce MoU

WDHCP Board

6 June 2024

Memorandum of Understanding

- Sets out arrangements for joint investment into the Wakefield System Workforce PMO.
- Coordinates and support the delivery of the 6 Pillars within The Wakefield People Plan.
- MoU has been developed by the Wakefield People Alliance and reviewed by partners
- PMO will be hosted by MYTT and co-located with the ICB PMO Workforce Team at WRH.
- The new MoU for System Workforce has been signed off by the following partners:
    - South-West Yorkshire Partnership Foundation Trust
    - Mid Yorkshire Teaching NHS Trust
    - Spectrum Community Interest Company
    - West Yorkshire ICB (Wakefield

Wakefield District Health & Care Partnership

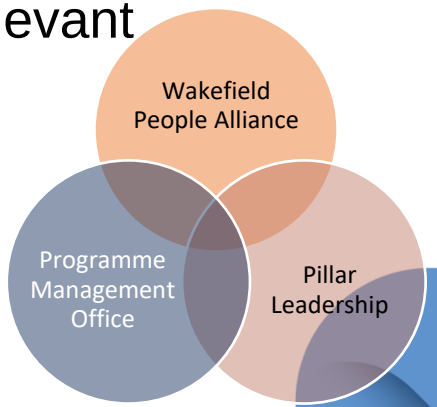
The Wakefield People Plan

Pillar 1:	Looking after our people
Pillar 2:	Enhancing and growing system leadership
Pillar 3:	Belonging to the Wakefield District Health and Care Partnership
Pillar 4:	New roles and new ways of working
Pillar 5:	Growing and developing the workforce
Pillar 6:	Workforce planning

Wakefield District Health & Care Partnership

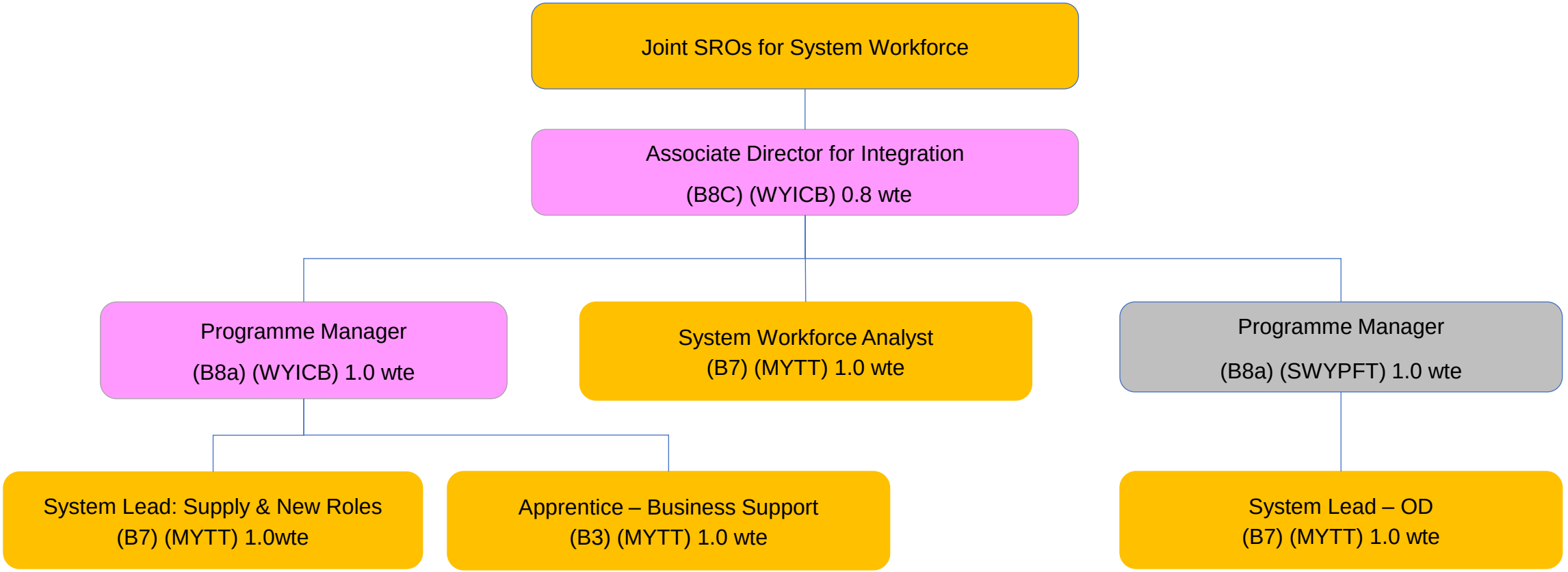
Programme Management Office

- Discrete team hosted by MYTT and supported by Spectrum
- Supports the Wakefield People Alliance in the delivery of the Wakefield People Plan
- Support Pillar leads on coordination of their programmes
- Co-ordinate standing groups, oversee the assurance process
- Provide leadership and capacity to ensure programme objectives are delivered.
- Scope, plan and socialise programmes before they go through formal approval
- Liaise with Alliances to ensure programmes are strategically relevant



Wakefield District
Health & Care
Partnership

System Workforce PMO: Team Structure



Partnership

What have we done this year?

- Established The Wakefield System Workforce Team
- Robust governance framework with strong leadership
- Programme of events on developing the future workforce
- Revised Workforce Hub with resources on recruitment, retention and training
- Development of a workforce data hub
- Development of the West Yorkshire Mental Wellbeing Hub and Physical Health Check Service
- Programme of hyperlocal recruitment events so we can “grow our own”
- Development of the West Yorkshire Coaching and Mentoring Hub
- HPMA commendation for system workforce planning - 2023

Wakefield District Health & Care Partnership

Priorities for 2024

- Expansion of training placements into community and primary care
- Development of a Wakefield H&SC training portal to support strong workplace cultures
- In-reach programme into schools to promote health and social care careers.
- The development of a system-based workforce planning tool
- Development of a Wakefield data hub that supports workforce planning
- Recruitment of people with “lived experience”
- Establishment of anchor organisations
- Recruitment and training of Advanced Care Practitioners
- More effective utilisation of apprenticeship levy across the system

Wakefield District Health & Care Partnership

Recommendations

- The WDHCP Board is asked to note that the System Workforce PMO MoU has been signed off by relevant partners.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	6 June 2024
Report title:	Wakefield Place Risk Register
Report presented by:	Ruth Unwin, Director of Strategy
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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

Previous considerations:

Wakefield DMT 24 April 2024
Wakefield Integrated Assurance Committee 24 April 2024

Executive summary and points for discussion:

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

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

To align to the West Yorkshire ICB governance structure the risk review cycle changed to a quarterly review cycle from 1 April 2024.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

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

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.

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

The report provides assurance that the Partnership is working in an integrated way to address the wider determinants of health.

Appendices

1. Wakefield place risk register

Acronyms and Abbreviations explained

1. NHSE – NHS England
2. WDHCP – Wakefield District Health and Care Partnership
3. West Yorkshire ICB – West Yorkshire Integrated Care Board
4. VCSE – Voluntary, Community and Social Enterprise Sector
5. MYHT – Mid Yorkshire Hospitals NHS Trust
6. SWYPFT – South West Yorkshire Partnerships NHS Foundation Trust

What are the implications for?

Residents and Communities	The risk register highlights potential risks to health and care for residents and communities
Quality and Safety	The risk register highlights risks to quality and safety
Equality, Diversity and Inclusion	The risk register highlights equality, diversity and inclusion risks
Finances and Use of Resources	The risk register highlights risks associated with finance and resources
Regulation and Legal Requirements	The risk register highlights risks to compliance with regulatory and legal duties
Conflicts of Interest	No specific conflicts of interest are identified in this paper
Data Protection	The risk register highlights risks relating to data protection

Transformation and Innovation	The risk register helps the partnership to prioritise transformation and innovation
Environmental and Climate Change	The risk register identifies environmental risks
Future Decisions and Policy Making	The risk framework informs decision making and policy development
Citizen and Stakeholder Engagement	The risk register identifies risks associated with citizen and stakeholder engagement

1. Introduction

1.1 The report sets out the process for review of the Wakefield Place risks during the current review cycle (Cycle 1 of 2024/25) which commenced on 18 March and ends after the West Yorkshire ICB Board (WY ICB) meeting on 26 June 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.

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 To align to the West Yorkshire ICB governance structure the risk review cycle changed to a quarterly cycle from 1 April 2024.

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

2.7 Risks Marked for Closure

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

2.8 New Risks this Cycle

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

Risk ID	Risk Rating	Principal Risk	Risk Status
2429	9	There is a risk that patient experience, staff experience and patient safety is compromised due to the number of patients who are medically optimised for discharge with no reason to reside remaining in the MYTT bed base due to the inability to put in place timely discharge arrangements to places across our system. This results in extended waits for patients presenting in the emergency departments and having to open escalation beds across the Trust with the resultant impact on the workload for staff and their own experience along with the experience for our patients potentially being cared for in unplanned care areas.	New – Open
2416	6	Due to staff vacancies within the MASH team there is the risk that there is not enough capacity to meet demand resulting in health information not being shared as part of multi-agency MASH checks.	New- Open – It is noted this risk will likely close in cycle 2 has posts are filled.

2.9 Emerging Risks this Cycle

The following emerging risks were identified during this risk cycle. Discussions are taking place with relevant colleagues towards putting these on the place risk register.

- 12-hour breaches and the risk to patient safety, quality of care, experience and patient outcome – established to go on the risk register from cycle 2
- Adult Social Care homes and capacity with two homes having enforcement action with the risk this might reduce choice for residents – it was identified that this is a risk on the council risk register and does not need to be escalated to the WDHCP place risk register at this time
- General increase in demand across all service areas including Primary Care, Urgent Care, Planned Care and the Social Care system and the impact of this on staff wellbeing working under pressure for a sustained period – discussions taking place to refine this risk
- Out of area/tertiary services which are stopped impact on us which are stopped resulting in a lack of service for Wakefield residents –

discussions taking place with relevant colleagues, likely to be placed on the risk register from cycle 2.

- Issues with the ADAMS system for Continuing Health Care – established to be put on the risk register from cycle 2.
- Issues around invoicing of jointly funded CHC packages between the LA and ICB – established to be put on the risk register from cycle 2.
- Dementia: Disease Modifying Treatments - A briefing went to the WY Integrated Care Board (WYICB) Senior Leadership Team (SLT) meeting on 23 May (the time of writing the report) covering the forthcoming availability of disease modifying treatments for dementia, which are currently awaiting NICE approval. Whilst we welcome the introduction of such treatments they will have a significant impact on our whole system. A more comprehensive risk assessment will follow including detailed analysis of the direct impact on Wakefield Place with an addition to the risk register in cycle 2.

2.10 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 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.	Static - 2 Archive(s)

2329	16	There is a risk that the high level of risk within the collective ICS financial plan 2024/25 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, Continuing Healthcare Packages, complex packages of care for both Children and adults, ASD and other areas and is therefore at risk from achieving its financial planning control total.	Static - 1 Archive(s)
2128	16	Children and young people aged 0-19 years will be waiting between 46 to 52 weeks for their first ASD appointment following referral and 106 weeks for diagnosis outcome 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.	Increasing
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.	Static - 1 Archive(s)
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.	Static - 1 Archive(s)
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 - 5 Archive(s)

2.11 Increasing scores

The following risks have increased risk scores this risk cycle.

Risk ID	Risk Rating	Principal Risk	Risk Status	Reason
2128	16	Children and young people aged 0-19 years will be waiting between 46 to 52 weeks for their first ASD appointment following referral and 106 weeks for diagnosis outcome 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.	Increasing	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.

2.12 Decreasing scores

No risks have decreased in risk rating in this cycle.

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 26 June 2024.

4. Recommendations

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

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

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
2397	11/12/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	20	(I4xL5)	6	(I3xL2)	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.	1. WYICS Financial Framework agreed in all places. 2. Robust financial planning process across partners. 3. Monthly reporting of financial position to WYICS 4. Regular review of financial position by peers in monthly Finance Forum meetings 5. Reporting of system finances through WDHCP committee 6. Financial Plans due to be submitted to NHSE in February 2024 7. High degree of scrutiny of savings targets from WY executive 8. A review of plans by NHSE with a view to resubmitting on 2 May 2024	1. Development of financial strategy to support financial sustainability of the Wakefield system 2. Identification of a robust savings plan and impact on financial recovery 3. Identification of impact of transformation schemes and areas for disinvestment 4. Capacity to explore BI and benchmarking and other efficiency measures to identify areas where costs are in excess of peers 5. Capacity to explore commissioning expenditure to identify over target areas of spend 6. Programme Management capacity to implement financial strategy 7. Improved system level reporting of pressures 8. Improved system level understanding and exploration of mitigations 9. Re purposing of Transformation and Efficiency Group - update 15/04/2024 now complete. 10. Redesign of committee structure and identify responsibility for monitoring transformation and	1. Quarterly WYICB assurance process where Place financial position is assessed 2. Additional WYICB assurance meetings 3. WYICB financial strategy 4. Individual organisation internal audit processes 5. Individual organisation governance and reporting processes 6. Wakefield Investment/disinvestment Framework developed and implemented 2023	1. In year financial plan approved by each system partner and WYICS 2. HFMA Financial sustainability exercise undertaken and internal audit review. Action Plan being implemented. 3. WDHCP Committee Development Sessions to focus on financial strategy and understanding of the issues. 4. NHSE review of plans at WY level 5. Underlying position understood and detail planning model constructed with known gap.	1. Longer term recovery plan and Wakefield place financial strategy for sustainability		Linked to BAF - J Lancaster	Static - 2 Archive(s)
2329	13/06/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	16	(I4xL4)	6	(I2xL3)	There is a risk that the high level of risk within the collective ICS financial plan 2024/25 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, Continuing Healthcare Packages, complex packages of care for both Children and adults, ASD and other areas and is therefore at risk from achieving its financial planning control total.	1. Regular financial reporting to partnership committee including whole ICS reporting. 2. Risks openly and transparently shared; 3. Efficiency saving schemes are reported and risks; 4; any changes to investment funding reported through Alliance / programme boards ; 5. financial plans approved at partnership committee; 6. Now operating under the NHS Expenditure Controls Regime 7. 2024/25 Plans scrutinised by ICB DoF and Peer review excercise. 8. Financial Plan for 24/25 submitted to NHSE 18 March. Continue to work on final plan. 9. Planning assumptions and risks articulated as part of submission and at Partnership Committee.	1. Joint efficiency schemes - Trust and ICB needs developing; 2. All business cases should consider how schemes are funded and show a ROI. 3. Actions to achieve balance / recovery plan still to be identified 4. Benchmarking work starting to compare expenditure across places in WYICB.	1. New committee / meeting structure for Wakefield ICB & Place - monthly reporting to management team meeting on finance and QIPP. 2. TDC quarterly responsibility for assurance of finance. 4. Peer review on ICB plans for consistency and control of expenditure did not identify anything.	1. Positive review in March on financial plan - nothing identified	Work programme for TDC and management team - what do they want to concentrate on for deep dives		Links to BAF	Static - 1 Archive(s)
2128	04/10/2022	WDHCP	Giving every child the best start in life	16	(I4xL4)	12	(I3xL4)	Children and young people aged 0-19 years will be waiting between 46 to 52 weeks for their first ASD appointment following referral and 106 weeks for diagnosis outcome 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.	March 24 recurrent investment funding has been agreed for 24/25 Jan 2024 Sign off meeting between AO and System Finance leads confirmed investment available in ASD pathway. Recruitment is now underway to progress this workforce capacity Service development plans to offer support CYP with high needs requiring support from CAMHS for neuro diversity and ARFID are also being developed. WY ICB hosted a neurodiversity summit on 4/12/23 acknowledging this challenge and setting the intention to work together to explore solutions July 2023 1. There is new WY action plan developed and business case being prepared for increased capacity across the whole pathway. 2. There is a Wakefield Place action plan which captures all of the following controls 3. Additional resource was allocated to Mid Yorks to support the pathway in March 2023 - they are currently advertising roles (Paediatrician or a CYP Psychiatrist) to support the pathway 4. A survey with parents was undertaken to understand the reason a diagnosis is sought which highlights concerns around support in school. 5. LA and health are jointly funding Autism Education Trust Training which is being delivered across all schools in Wakefield, currently its been delivered to over 2000 individuals. 6. Expanding on the work above to develop an accreditation for schools and ASD School Champions 7. There is a multi-agency group who have attended the Spread and Scale Academy to look at how we can develop support which could reduce the demand for a diagnosis assessment. 8.To undertake further engagement with parents/carers and other stakeholders	If unable to recruit - there is a low supply of suitably qualified staff - if the paediatrician element was resolved the waiting times in the next element of the pathway would increase due to insufficient capacity to meet the numbers who are waiting A sustained rise in referrals beyond the additional capacity which was factored into the additional investment.	Monthly monitoring of the the service through data reports and the Multi-agency ASD Strategy Group (regular agenda and minutes) Oversight by the Children's Alliance. Reporting the SEND Strategic Board Reporting and to the MH Provider Alliance Integrated Assurance Committee (bi-monthly) last discussion June 2023 at IAC Highlight Report from Children's Alliance to TDC monthly	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. Recovery Plan in place monitored by the Multi-agency ASD Strategy Group Over 1000 young people supported by WASP project to ensure C&YP waiting for diagnosis access support FutureSelph project also provides support for young people who may be experiencing neurodiverse symptoms for 16-25year olds	None recorded			Increasing
2401	18/01/2024	WDHCP	Giving every child the best start in life	12	(I4xL3)	4	(I2xL2)	Waiting times for Tier 4 beds for children and young people have increased, resulting in young people waiting on sections 3s in inappropriate settings.	1 Oversight of individual cases via frequent contact point meetings including a development of a standard operating procedure (SOP) 2 Escalation process within each organisations in place to senior management 3 Escalation to the Mental Health Provider Collaborative 4 Positive support put in place by dynamic support register does reduce the number of people needing access to Tier 4 hospital admission	Opportunity for greater connectivity between local controls and pressures and MH Provider Collaborative controls and pressures.	Meeting notes from contact point meetings and escalations 2023/24 the Wakefield system has experienced four Tier 4 admissions compared to 14 in 2021- positive outcomes for the young people supported through dynamic support register	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	None identified			Static - 1 Archive(s)

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	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
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 theValueCircle 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	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				Static - 1 Archive(s)
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 reviews 65 and 52-week trajectory status, Referral Demand & productivity, Cancer Performance, IS Usage with most risk specialities invited to share recovery plans	Some specialities with excessive waits have no alternative capacity options across WYAAT.				Static - 5 Archive(s)
2429	16/04/2024	WDHCP	Improve healthcare outcomes for residents	9	(I3xL3)	4	(I2xL2)	There is a risk that patient experience, staff experience and patient safety is compromised due to the number of patients who are medically optimised for discharge with no reason to reside remaining in the MYTT bed base due to the inability to put in place timely discharge arrangements to places across our system. This results in extended waits for patients presenting in the emergency departments and having to open escalation beds across the Trust with the resultant impact on the workload for staff and their own experience along with the experience for our patients potentially being cared for in unplanned care areas.	1. Reviewed at daily bed meetings 2. Internal monitoring at MYTT at Quality Control Committee 3. Oversight by the unplanned care alliance 4. Oversight by the System Discharge Oversight Group	1. Greater understanding of impact by partners 2. Other gaps tbc	1. Minutes of meetings of QCC 2. Minutes of unplanned care alliance 3. Minutes of Oversight by the System Discharge Oversight Group	TBC	Performance Indicators to be agreed			New - Open
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 - 6 Archive(s)

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	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
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 atonality to focus upon. 14. Themes and learning discussed at WY ICB System IPC Alliance Group	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 10. WY IPC AMR Group focus on key HCAIs with a focus on gram negative in Feb 2024.	1. Six monthly IPC report to Integrated Assurance Committee - latest February 2024 2. SystmOne and EMIS template rolled out to primary care. 3. IPC Board Assurance Framework completed and regularly updated by providers 4. Funding secured for a hydration project supporting care homes initially with plans in place for furthering support to social care 5. Training (Smile for Life) continues to be delivered in care homes to improve oral health for residents and reduce community acquired pneumonia. 6. The National Dental Epidemiology Programme survey population for the year September 2024 to August 2025 circulated to the care homes participating in Smile for Life 7. Lead IPC Nurse attending WY ICB Gram Negative Reduction planning subgroup 8 CKW Gram Negative reduction plan refreshed in January 2024	1. Development of an approach to post infection review processes across Primary Care to aid in delivery of improvements in GNBSI 2. To develop a system approach to Patient Safety Incident Response Framework 3. Discussion at WY System IPC Alliance Group to propose ICB risk related to GNBSI rather than individual place risks - further discussion to be held on 22 April to decide whether HCAI – Gram Negative Bacteraemia's on the WY ICB Risk Register only or remain at Place.			Static - 3 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.	1. Children's CHC team have regular meetings with MYTT children's nursing team working closely to manage the cases 2. Commissioning of private providers to pick up the lack of capacity/flexibility of the Children's MYTT team 3. Plans in place to look at Discharge Planning with MYTT 4. Working with Contracting Team to establish a list of providers that meet a set criteria of care 5. Agency staff recruited to improve the discharge process and get children home in a timely way	1. Building additional providers on the Provider List for Children's CHC 2. Review and updating of all Children's CHC processes 3. Working with LA to streamline care with providers providing both health and social care needs	1. Regular reports into senior manager at Wakefield ICB on progress 2. Monthly Team meeting which includes information on numbers of cases etc 3. Liaise with contracting and finance teams when setting up contracts and BSC who minute and send letters and contracts 4. Complex Children's Care Meeting with Children's commissioning team 5. Work with multi-agency teams across the district 6. Attend CIN reviews	1. Children's CHC Formal Performance Reporting - in the CHC performance report	None identified			Static - 2 Archive(s)
2133	04/10/2022	WDHCP	Healthy standard of living for all	9	(I3xL3)	4	(I2xL2)	Due to the delay at a national level in implementing the requirements of the Adult Social Care Reform White Paper 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.) Demand Management group established to continue modelling and mapping exercise to plan for likely impact on all service areas. 2) Programme management approach with dedicated leads and a governance model. 3) Oversight and Assurance Group and associated delivery groups established to oversee progress on improvement, including elected members, citizens, and partners. 4) Regular reports to CMT and Overview and Scrutiny to provide assurance of Wakefield's Adult Social Care services readiness for the inspection assurance process. 5) Joint Health and Care Priorities agreed and aligned under the Adult Social Care Strategy themes to drive forward change, transformation and improvements across the service area	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 was approved	None identified			Static - 1 Archive(s)
2416	25/03/2024	Wakefield Integrated Assurance Committee	Tackle inequalities in access, experience, outcome	8	(I3xL2)	4	(I2xL2)	Due to staff vacancies within the MASH team there is the risk that there is not enough capacity to meet demand resulting in health information not being shared as part of multi-agency MASH checks.	1. The two vacant posts have been recruited to. 2. Named nurse primary care is temporarily covering the vacant roles 3. Health MASH SOP for periods of absence for when there are no MASH practitioners 4. Communication with MASH manager and health provider safeguarding team	1. Email to MYTT and SWYPFT Directors of Nursing to see if anyone could support - no capacity available.	1. Regular communication with line manager and named nurse for primary care 2. Regular communication with MASH manager 3. Regular communication with provider safeguarding teams	TBC	TBC			New - Open
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 has been raised from 76% to 78% 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 (c) Oversight at the UEC Transformation Board (soon to become Unplanned Care Alliance)	tbc	None identfied			Static - 1 Archive(s)
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 have been put in place with SWYPFT.	None identified	Business case captured in forward plans of place meetings and Business case approved. Mental Health Investment Standard (MHIS) funding is not allowed to be invested in ADHD however this will continue to be monitored within the 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 - 2 Archive(s)

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	GBAF Ref No(s)	GBAF Entry Description(s)	Risk Status
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 2024/25 contractual uplifts with the independent sector to support market sustainability in a time of rising costs. Discharge funding for 24/25 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 2024/25. 6. There is an integrated approach to dealing with quality of care by recruiting to jointly funded posts across the LA and ICB an integrated team is in place for 24/25 financial year. 7. The specification for a joint domiciliary care framework is imminent and the integrated framework will be in place in summer 2024.	none identified			Static - 2 Archive(s)

Wakefield District Health & Care Partnership

NHS ICB - Wakefield Performance Exception Report

Budget, Quality & Performance (Management Meeting)

Wakefield District Health and Care Partnership (information only)

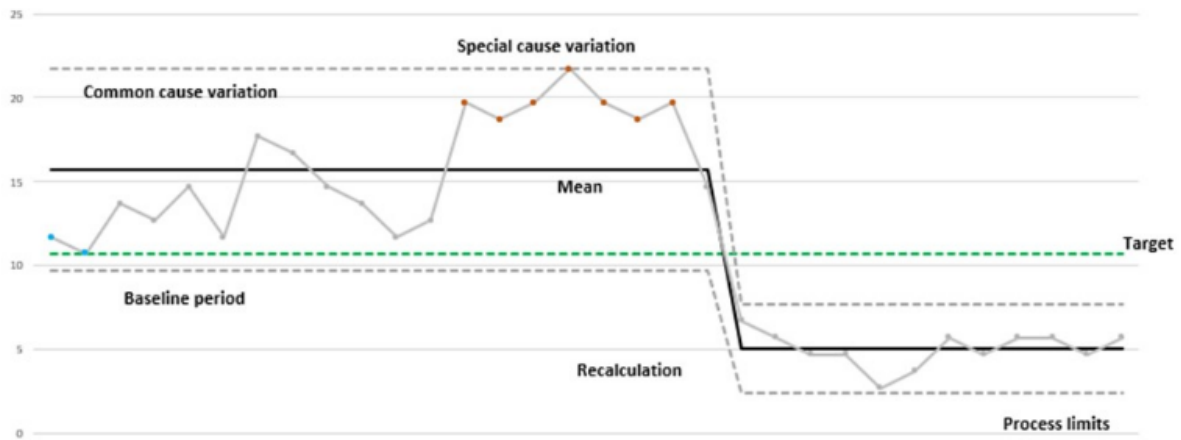
Period – March/ April 2024 (for May's meetings)

How performance is measured

Wakefield has adopted the NHSEI 'Making Data Count' methodology (which uses Statistical process control) to demonstrate where historic performance/activity is subject to natural variation or where action may need to be taken where there may be cause for concern. Performance is measured against national or local trajectory. Where no target exists, a previous year baseline comparator is used. We use statistical process control to understand variation and trend. SPC icons are displayed in the domain tables as a substitute for an SPC chart.
These icons demonstrate if any variation in trend is normal, where performance is off-track and pinpoint the areas where focus is needed.

What is a Statistical Process Control (SPC) chart?

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



Variation	Assurance: P	Assurance: ?	Assurance: F	Assurance: ○
H	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
○	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, **NO SIGNIFICANT CHANGE**. Assurance cannot be given as there is no target.
H	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.

Introduction

The purpose of this performance report is to provide an overview of performance against the core NHS constitutional standards set out in the NHS Operating Plan and key priority metrics identified by WYICB for 23/24 that feed into the West Yorkshire ICB System Oversight Assurance Group (SOAG).

The report focuses on the themes identified in the NHS Operating Plan;

- Planned Care and elective recovery (RTT, cancer, diagnostics and activity)
- Unplanned care (A&E, bed occupancy, non-elective admissions and discharges)
- Primary care (GP appointments)
- Mental health (core mental health metrics for CYP and Adults)
- Community (virtual ward, bed occupancy and community services waiting list)

The report will also include the Better Care Fund performance and demand and capacity plans.

The performance methodology applied is based on the NHS ‘Making Data Count’.

Note that the report is under-development and will evolve to ensure it meets the needs of the Budget, Quality & Performance Management Meeting and to ensure it captures the 24/25 planning information.

Executive Summary – April 2024

Key areas showing signs of improvement

- **Referral To Treatment (RTT) incomplete pathways**; At a Wakefield and Trust level, there has been a reduction in long waits especially in Gynaecology, Ear, Nose and Throat, and Trauma and Orthopaedics, specialities accounting for over 50% of long patient waits. At Wakefield level 65wk waits have reduced for the 3rd consecutive month, from 475 in Dec 23 to 195 in Mar 24. 52wk waits have also reduced over the same period, from 1704 in Dec 23 to 1275 in Mar 24.
- **Diagnostics** - MYTT consistently meeting 95% target for patients seen within 6 weeks for a diagnostic test, 97.3% in Mar 24. Mid Yorks has been in the top 8 performing Trusts since Jan 23. MYTT meeting cancer 28-day faster diagnosis standard, 78.2% in Mar 24 (75% target)
- **Primary Care** – % of appointments booked within 2 weeks above latest target (49.9%) in last 5 months (50.8% in Mar 24). Number of GP appointments per 1,000 patients in Mar 24 was 549 (above latest target of 471), Wakefield continues to rank 3rd in West Yorkshire. 48.1% of appointments attended same day as booking (above 46.1% target). 56% registered patients (aged 13+) using the NHS App in Apr 24, increasing towards 60% target.
- **Mental Health –** In Mar 74% of people with Learning Disabilities received their annual check (60.5% target). Dementia diagnosis rates for people aged 65+, IAPT Recovery rates and Early Intervention Psychosis 2-wk NICE approved care package consistently above target. Waiting times for ASD Assessments reduced for 5th consecutive month.
- **Adult Community and Social Care** – Reduced rate of permanent admissions to residential care for older people, 645 per 100k 65+ population and in line with 23-24 Better Care Fund target of 659. Despite the increased demand for community care (8.5% increase between Apr and Dec 23) there is an increase in the *proportion* of people supported at home in the community, from 59.6% in Apr 23 to 62.1% in Dec 23. Monthly statistics are now published each quarter by DHSC from the new Adult Social Care Client Level Dataset.

Executive Summary – April 2024

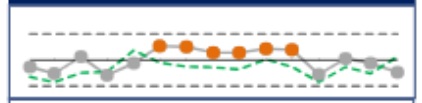
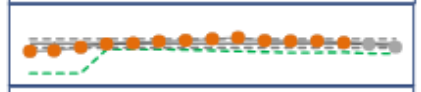
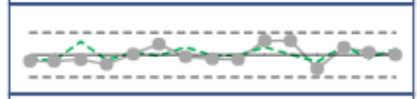
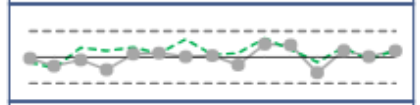
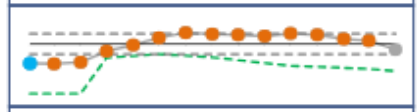
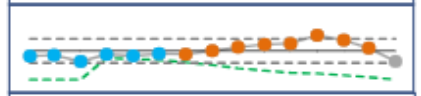
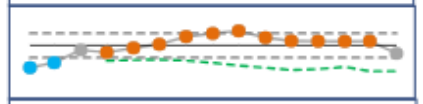
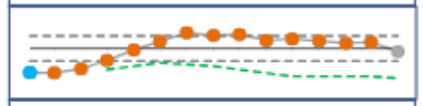
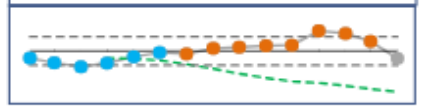
Key areas of under-performance or concern

- **Cancer –** 31-day decision to treat to treatment standard performance below the 96% target, in Mar 24 it was 91.5%. 62-day performance is currently reported at 66.2% and the Cancer Team are continuing to validate to push towards the national ambition of 70%.
- **Unplanned Care -** The UEC recovery priority metric is to deliver the A&E 4-hour performance trajectory and improve ambulance handover. Key urgent care and patient flow metrics are monitored via the Unplanned Care Alliance. A&E 4-hour performance reported at 66.8% in Apr 24, falling short of the in-month target of 76%. In Apr 24 8.9% of A&E attendances were waiting longer than 12 hours (2% target).
- Compared to Apr 23 the number of patients waiting greater than 12 hours has increased significantly, with 1,666 more patients in Apr 24. Bed Occupancy remains high at 97.8% in Apr 24, latest target is 95.6%.
- MYTT not meeting targets for ambulance handovers within 15 and 30 mins, special cause variation on both measures, internal actions in place and in collaboration with YAS. In Apr 24 59.1% of ambulance arrivals were within 15 minutes (65% target) and 86.7% within 30 minutes (95% target)
- **Mental Health** – 5,230 children and young people supported through NHS funded MH service with at least one contact (target 8,000).
- **Adult Community and Social Care** – Increased demand for longer term Adult Social Care services in the community, 1,730 people aged 65+ in Dec 24, an 8.5% increase since Apr 23.

Planned Care – Elective Recovery

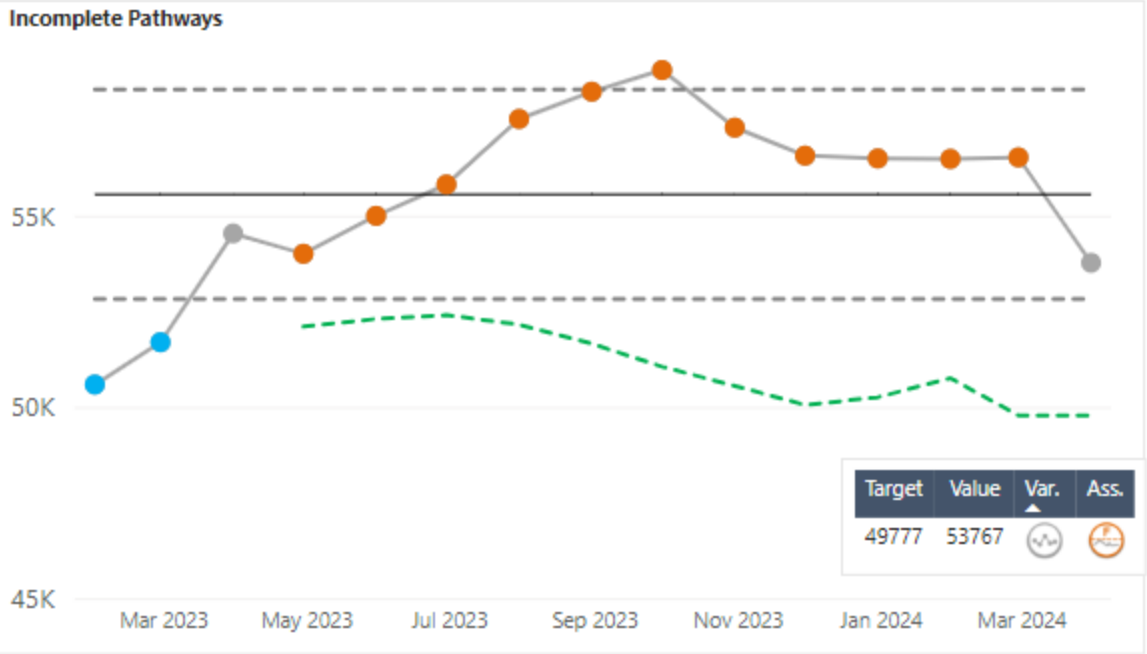
Wakefield and MYTT performance against the key NHS operating plan elective recovery metrics
MYTT's internal breakthrough objective is to reduce the RTT waiting list to 43 weeks

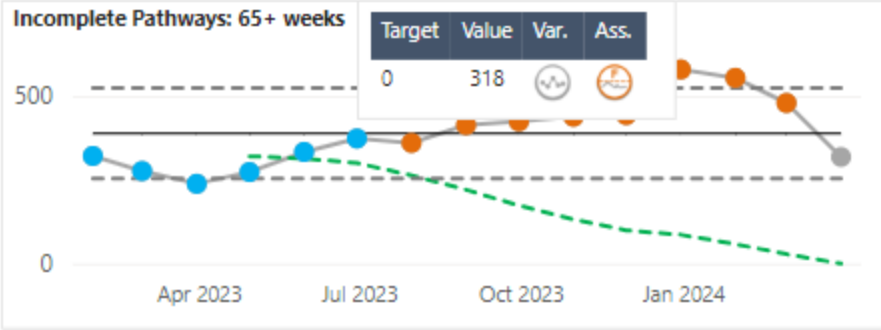
Note that the elective activity metrics will be added from April reporting following submission of the NHS operating plan.

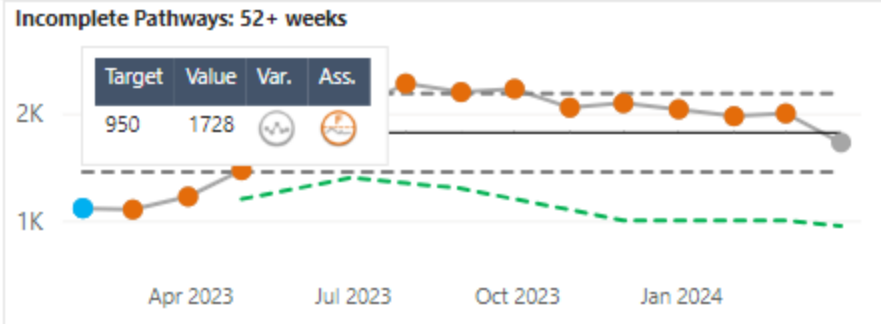
Domain	Indicator	Var.	Ass.	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Latest Target	Trend
RTT Wakefield	RTT clock starts			11570	13095	15263	15167	14436	14429	14924	14791	11677	13680	13097	11942	13922	
	RTT incomplete pathways			47592	48057	49123	49668	50520	51317	49533	49283	49307	48365	47429	45743	41800	
	RTT completions: admitted			2726	3041	3354	2965	2894	2881	3458	3460	2591	3250	3096	3021	3197	
	RTT completions: non-admitted			8108	9419	9496	9197	9289	8517	10247	10175	7859	9716	9200	9690	9747	
	52 weeks waits			1228	1407	1616	1765	1723	1704	1665	1743	1704	1582	1533	1275	650	
	65+ weeks waits			270	255	278	271	309	348	377	386	475	423	338	195	0	
RTT MYTT	RTT incomplete pathways			54004	54995	55815	57529	58242	58807	57303	56570	56497	56484	56524	53767	49777	
	52 weeks waits			1470	1776	2026	2279	2199	2229	2054	2096	2039	1974	2000	1728	950	
	65+ weeks waits			273	333	373	360	413	424	438	443	579	554	479	318	0	

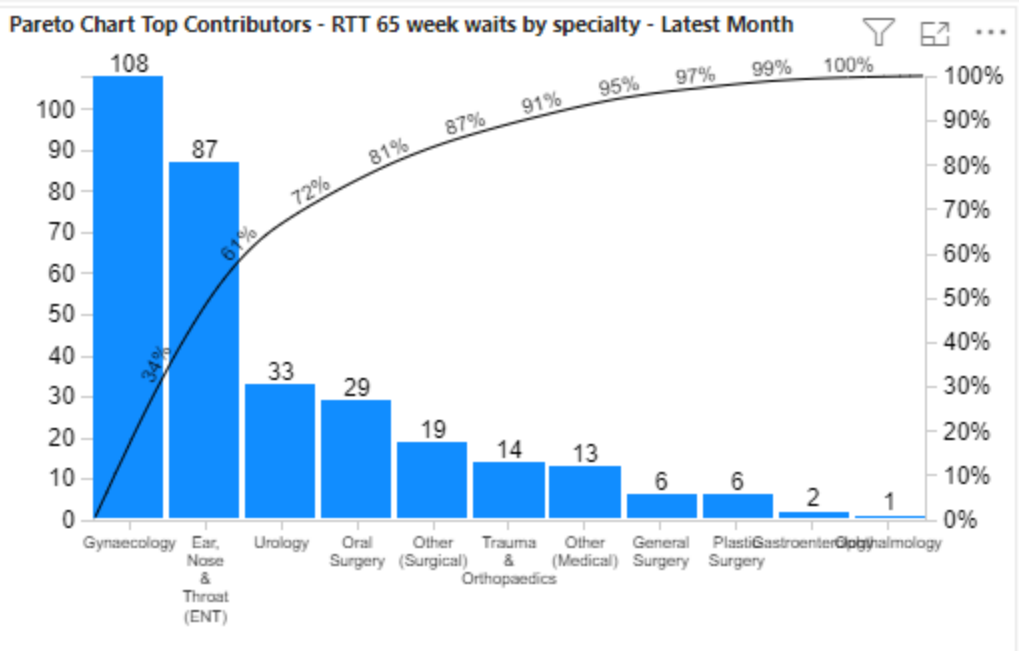
The next page provides insight into the RTT waiting list.

Planned Care - RTT Performance for Mid Yorkshire









What mitigations are in place to support?

•All services working towards and end of year (Mar-25) trajectory to bring their waiting list down to 43-weeks.

•Additional investment into clinical workforce in fragile services with Consultant posts either invested or out to advert for ENT, Gynaecology, Anaesthetics and Orthopaedics

•Return from IS remains a risk for patients that are either complex or unsuitable for anaesthetic without enhanced recovery at the provider's hospital.

•Additional WLI clinics and theatres are offered, and Mega Clinics have been running in ENT, supporting service recovery.

•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.

•Expectation that there will be a launch of Patient Initiated Digital Mutual Aid (cohort 2) in Quarter 1 of the financial year 24/25

•Workstreams being established to reduce by 10%; follow-up appointments where no procedure is performed. This capacity would be converted to RTT active slots to support total waiting list reduction

•The planned are Alliance has reviewed in strategic and programme priorities to refocus on most challenged specialties, improving use of the IS and will be proceeding with the care pathways programme.

What is the data telling us?

There has been a reduction in 65wk and 52wk lists, accompanied by an increase in the overall waiting list since last week.

What is driving the position?

•Industrial Action and OPEL pressures have further added to the ability to carry out planned activity and this has had an impact on the TWL as urgent, cancer and long waiting patients are prioritised.

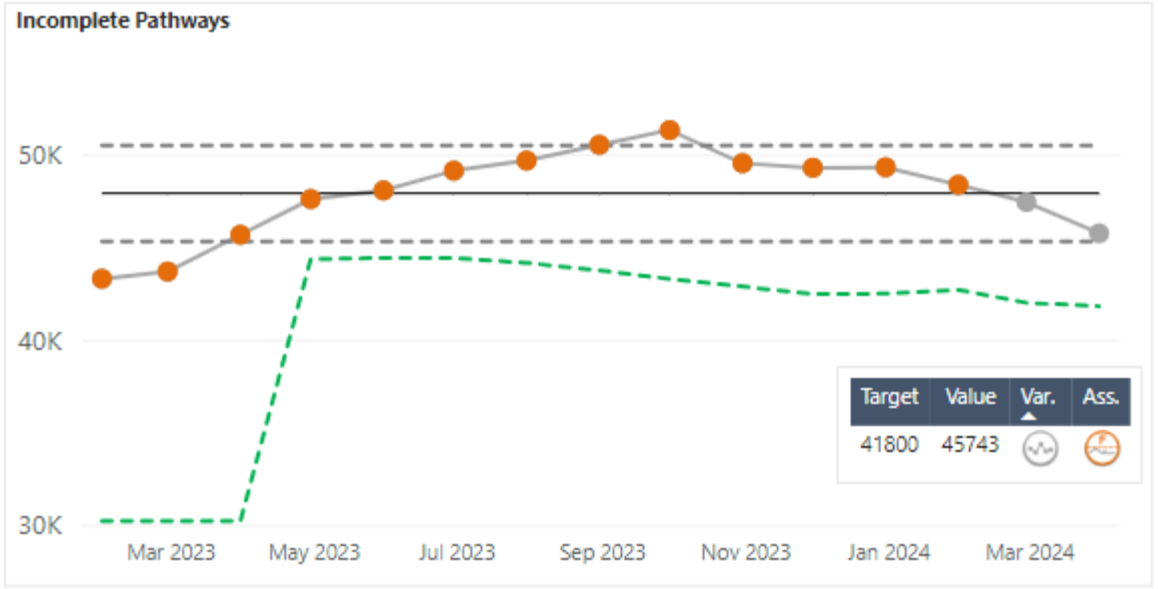
•Increasing demand (referrals) for services adding pressure and growing waiting lists at a time when the organisation is trying to reduce the elective backlog.

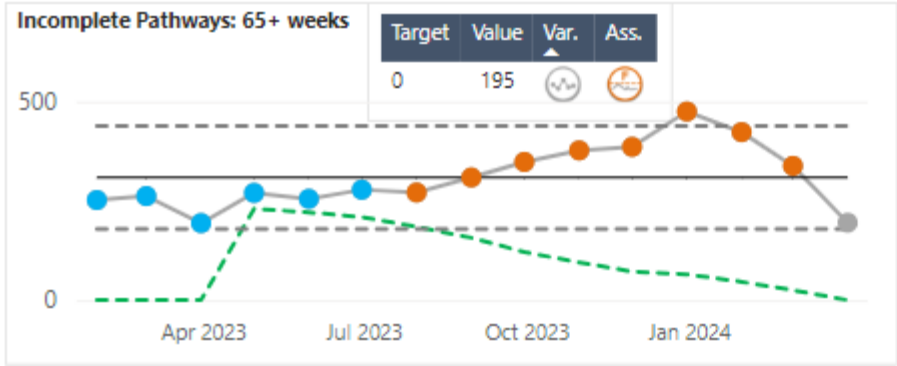
•Reduction of DNAs to increase outpatient productivity- working with specialities with high DNA rates to understand why and how we can ensure every clinic slot is used.

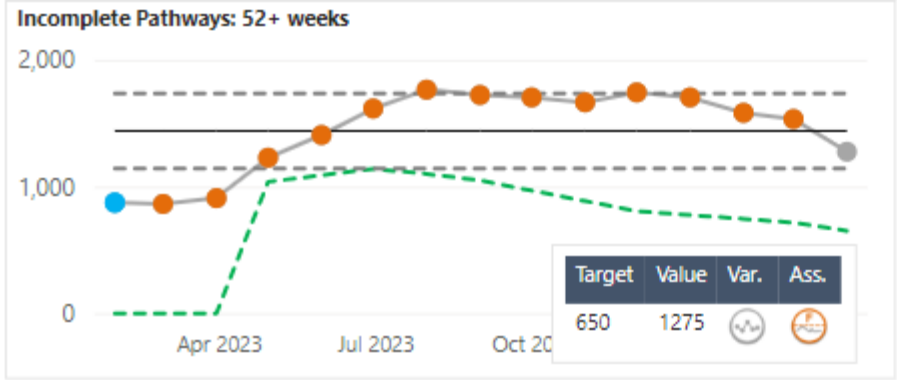
•In relation to the total waiting list size the three biggest contributing specialties are Gynae, ENT and T&O accounting for 17,501 (32%) of the Trust position. OMFS is now one of our most improved services.

•Surgeon capacity is challenged in these fragile service and increased referrals, combined with return of patients from the IS are compounding the challenge.

Planned Care - RTT Performance for Wakefield







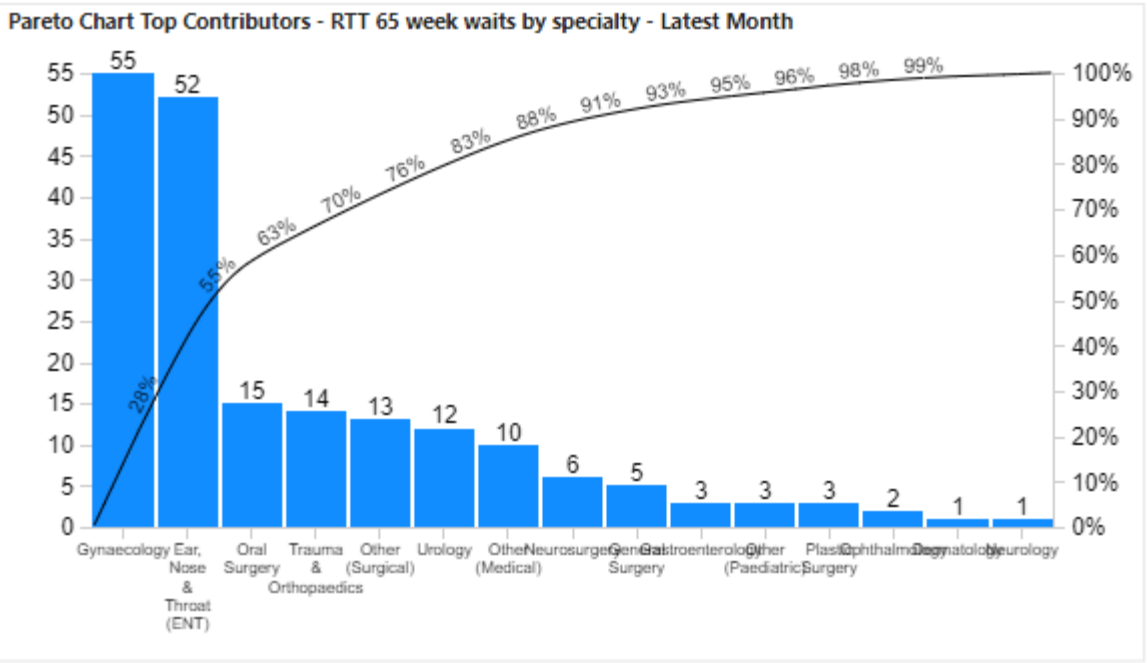
What is the data telling us?

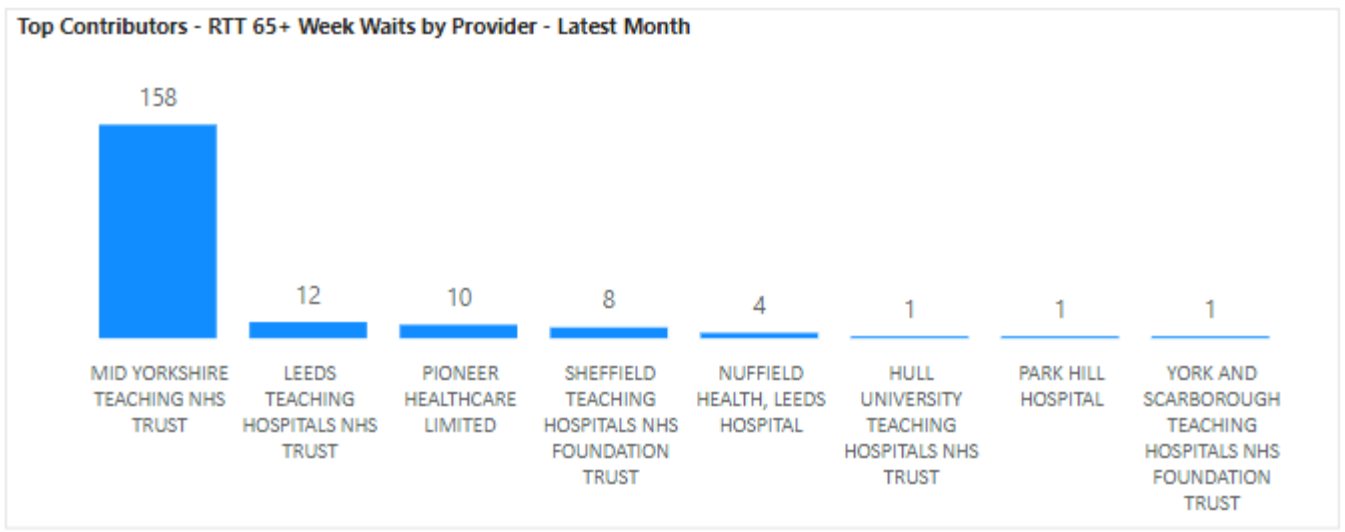
> March saw a reduction in RTT long waits, specially within Gynae, ENT and T&O (which are the specialties that account for just over 50% of long patient waits).

> The overall incomplete waiting list reduced by 1,686 in the month of February.

> For patient waits outside of MYTT, the number of patients waiting for treatment within the Independent Sector reports at 7,946, with 98 patients waiting over 87weeks for treatment.

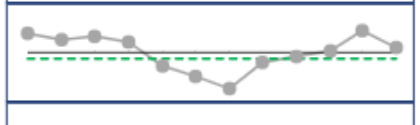
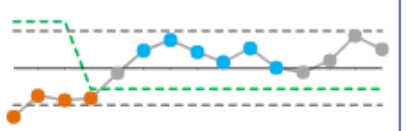
> See MYTT RTT page for actions and mitigations.



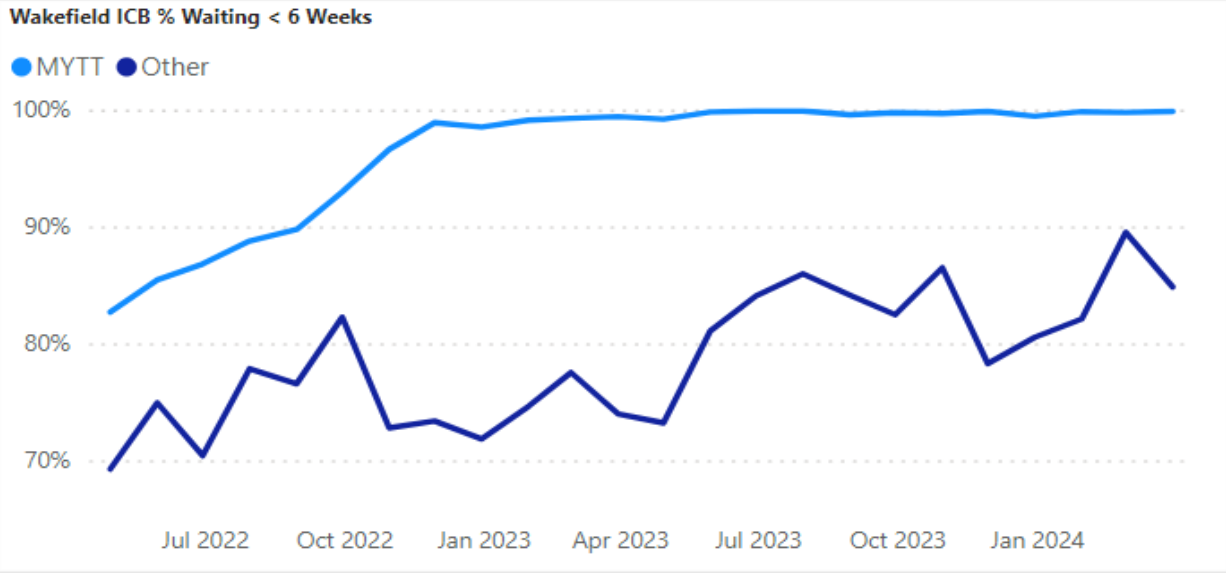


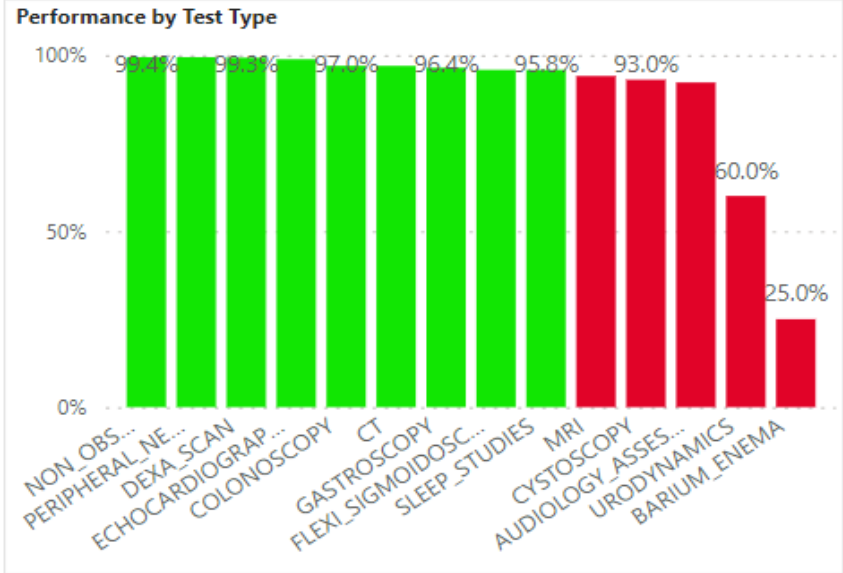
Planned Care: Diagnostics & Cancer

Wakefield and MYTT performance against the key NHS operating plan elective recovery metrics

Domain	Indicator	Var.	Ass.	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Latest Target	Trend
Cancer	31-day decision to treat to treatment standard			91.9%	92.4%	96.6%	95.1%	92.6%	91.4%	95.0%	94.2%	91.6%	92.3%	91.5%	96%	
	62-day referral to treatment standard			72.1%	71.1%	67.8%	68.6%	66.9%	64.0%	66.1%	68.6%	63.4%	66.9%	66.2%	85%	
	28 day faster diagnosis standard			80.4%	81.4%	79.8%	72.9%	70.0%	66.5%	74.0%	75.6%	77.2%	83.0%	78.2%	75%	
Diagnostics	% of patients seen within 6 weeks for a diagnostic test			95.9%	97.3%	97.9%	97.2%	96.6%	97.4%	96.2%	96.0%	96.7%	98.1%	97.3%	95%	

Planned Care – Diagnostics & Cancer

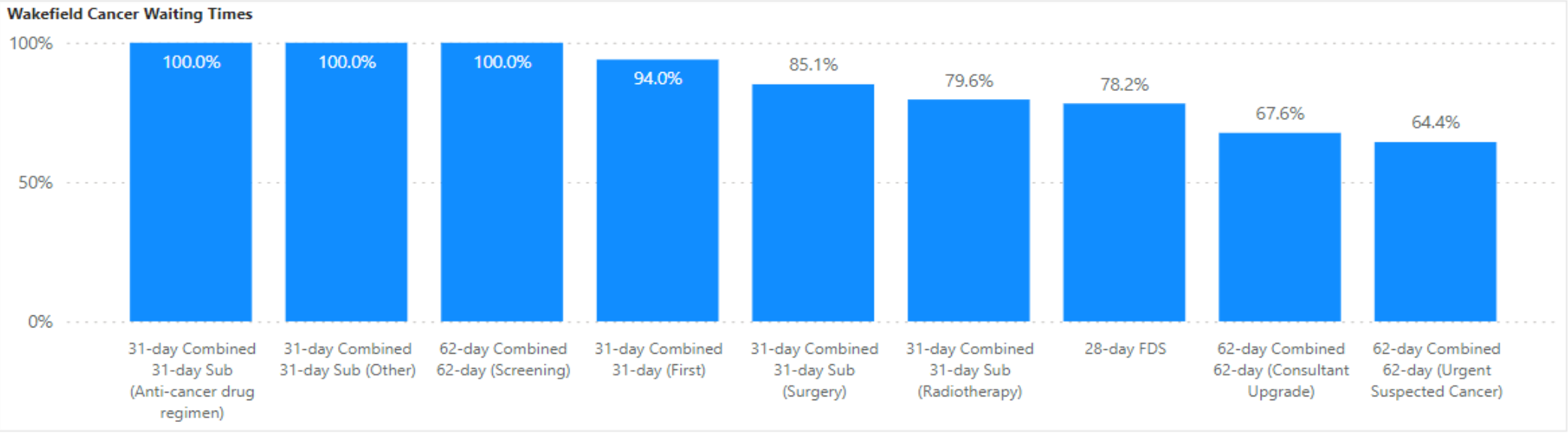




How are we performing?

> The Trust has achieved the 6 week standard since January 2023.
>The Trust has been consistently in the top 8 Trusts since that time.
>In November, the Trust was 3rd out of 136 NHS Providers with a performance of 99.84% against a national average of 76%.

Cancer



How are we performing?

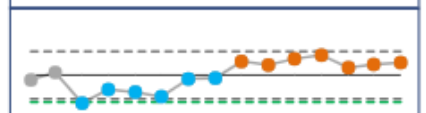
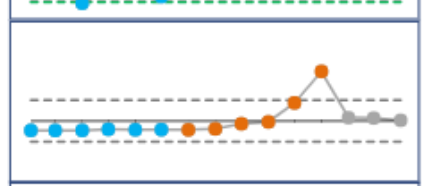
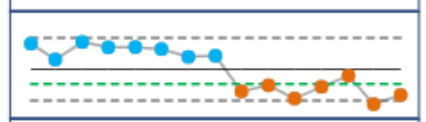
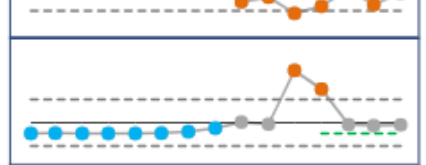
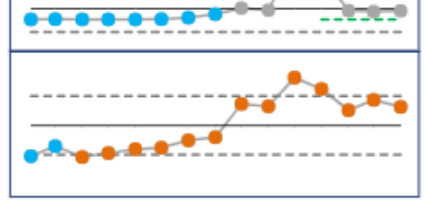
2WW
>The trust did not achieve the 2WW standard for February.
>February Validated & Uploaded Performance measured 76.1%

28 FDS
>February 28 FDS performance was uploaded as 83.5%.

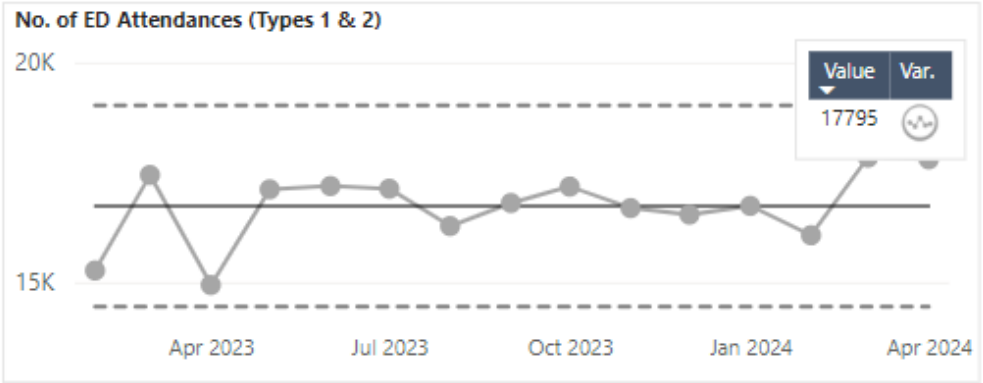
62 Day
>February 62 Day Performance measured 68.9%

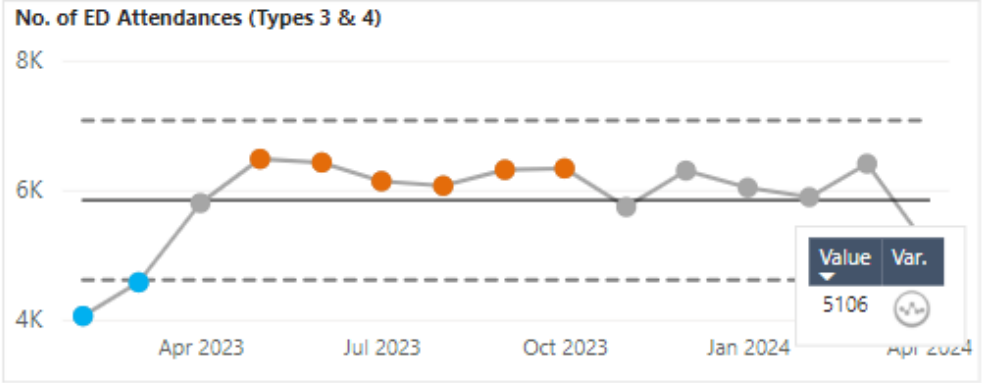
Unplanned Care – Urgent Care

The UEC recovery priority metric is to deliver the A&E 4 hour performance trajectory and improve ambulance handover. Key urgent care and patient flow metrics are monitored via the Unplanned Care Alliance.

Domain	Indicator	Var.	Ass.	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	Latest Target	Trend
A&E attendance	Total A&E attendances (Types 1-4)		F	23590	23610	23261	22342	23113	23507	22422	22835	22772	21957	24239	22901	15480	
A&E Performance	A&E attendances within 4 hours (%)		?	73.3%	72.2%	70.2%	70.0%	70.6%	65.9%	65.0%	66.2%	65.6%	68.7%	70.0%	66.8%	68.1%	
	A&E attendances greater than 12 hours (%)	H	F	4.20%	3.74%	2.94%	6.05%	6.20%	9.13%	8.50%	9.60%	10.2%	8.05%	8.61%	8.94%	2.00%	
	No. of patients spending >12 hours from decision to admit to admission			13	8	9	7	18	75	96	309	660	143	139	114		
Ambulance	Proportion of ambulance arrivals within 15 minutes	L	?	84.2%	84.3%	83.3%	79.2%	79.7%	61.0%	64.2%	57.3%	63.4%	69.3%	54.3%	59.1%	65.0%	
	Proportion of ambulance arrivals within 30 minutes	L	?	98.2%	98.0%	95.8%	92.4%	93.2%	82.7%	84.7%	77.6%	80.7%	88.2%	81.4%	86.7%	95.0%	
	No. of ambulance arrivals over 60 minutes		?	0	0	1	7	21	45	37	250	176	35	31	34	0	
	Average ambulance handover times (minutes)	H		9.86	10.9	11.2	13.1	13.9	22.5	21.9	29.3	26.4	20.9	23.6	21.7		

Unplanned Care – Emergency Department





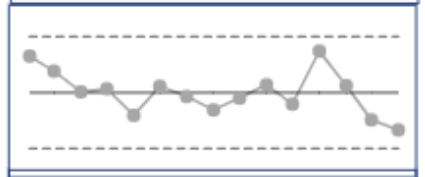
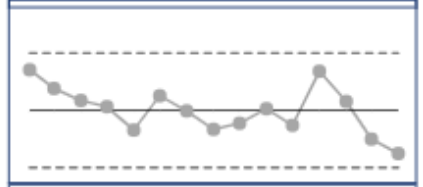
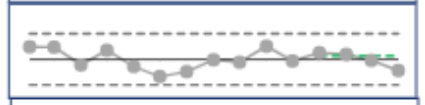
How are we performing?

•Trust-wide performance against the 4-hour standard in April 2024 was 66.8% falling short of the agreed target of 76%.
•MYTT declared 34 >60-minute YAS handover breaches in April 2024.However issues still occur on days where there is departmental crowding linked to system pressures.
•Admitted performance across both type 1 ED's remains low at 29% . This is an improved position, performance at this level was last seen in August of 2023.
•Non-admitted performance was 78% in March which is an improved position. Performance was last seen at this level in September 2023.
•Compared to April 2023, the number of patients waiting in the ED>12 hours has increased significantly, with 1,666 more patients in April 2024.
•Trolley breaches (12 hours from 'ready to admit' timestamp) in April 2024, a decrease compared to 139 reported in March.

What mitigations are in place to support?

•Work is ongoing to review the initial assessment processes with a specific focus at PGH and DDH.
•The admitted pathway steering group is now established to focus on improvement against this target.
•A service improvement plan has been developed PGI UTC with clear milestones for improvement.
•Work commenced to review the staffing provide due to issues with the overnight wait to be seen using the ECIST tool
•Work has commenced with YAS regarding out of area conveyance, and admission avoidance.
•Process delays have been identified in relation YAS handover 'clock start' and arrival of patients in department which is on average 11 minutes. Further work is taking place across the WYAAT footprint with YAS partners.

Unplanned Care – Patient Flow

Domain	Indicator	Var.	Ass.	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	Latest Target	Trend
Bed occupancy	Bed occupancy	H	?	96.1%	95.0%	94.8%	95.8%	96.5%	97.2%	97.0%	96.0%	95.8%	97.0%	98.2%	97.8%	95.6%	
Discharge	No. of patients discharged from hospital back to their usual place of residence		?	91.9%	91.7%	93.1%	91.0%	92.3%	91.7%	91.1%	92.0%	91.0%	90.4%	92.1%	91.1%	92.5%	
NR2R	No. of patients occupying acute beds with no reason to reside (daily average)			145	131	146	141	133	140	147	137	166	147	128	123		
	The proportion of patients who do not meet the criteria to reside not discharged			15.6%	14.4%	16.1%	15.3%	14.4%	14.7%	15.5%	14.6%	17.4%	15.8%	13.9%	13.2%		
Pathways	The proportion of patients with a LOS 21+ days with no reason to reside			35.6%	31.6%	31.1%	29.1%	32%	29.7%	33.9%	30.8%	34.1%	32.1%	30.6%	27.2%		
	% of discharges on pathway 0		P	83.6%	83.0%	84.9%	84.2%	83.8%	83.2%	80.5%	82.6%	82.4%	84.5%	85.0%	85.1%	50%	
	% of discharges on pathway 1		F	8.07%	9.95%	8.94%	9.09%	8.94%	8.98%	10.2%	9.72%	9.42%	7.89%	8.25%	8.70%	45.0%	
	% of discharges on pathway 2		?	4.35%	3.35%	2.74%	3.04%	3.76%	3.62%	4.60%	3.69%	4.20%	4.10%	3.73%	3.11%	4.00%	
	% of discharges on pathway 3	L	F	3.96%	3.67%	3.41%	3.72%	3.49%	4.19%	4.72%	4.02%	4.02%	3.48%	2.99%	3.05%	1.000%	

Unplanned Care – Patient Flow Narrative

How are we performing?

- There remains a negative drift between admissions and discharges each weekend.
- Non-elective LOS has improved during March and April to just over 6 days.
- There has been an upward trend of discharges before 3pm.
- Recovery of discharges within the 0-6 LOS bracket in Q1 24/5, but not back to 23/24 level.

What is driving the performance?

- Discharges remain much lower at weekends than through the week due to depleted staffing levels and lack of regular 7 day working.
- In Q4 there was an increase in number of attendances to ED (esp at PGH),and increase in both volume of admissions & proportion of attendances admitted.
- Some constraints within social work capacity affecting LOS on noR2R list for pathways 2 and 3.

What mitigations are in place to support?

Operational Actions:

- Weekend planning has been given added focus on Thursday afternoons
- Additional medical staffing identified for discharge ward rounds within specialties at weekends

Work as One:

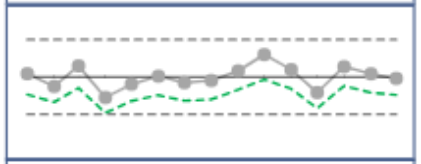
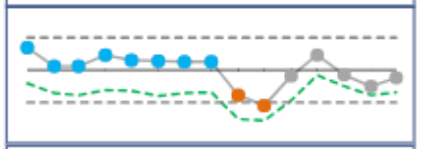
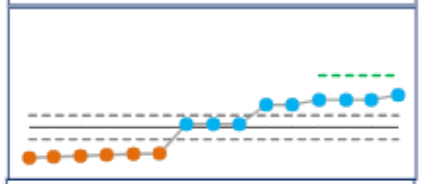
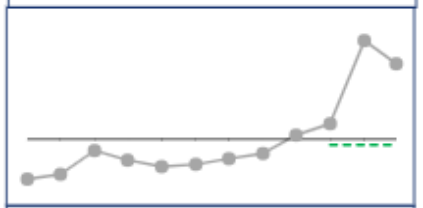
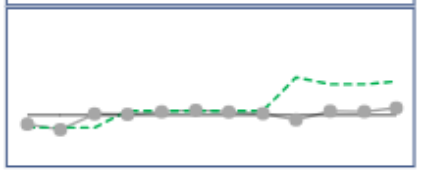
- Criteria Led Discharge project to be relaunched.
- Care Home improvement project gaining momentum and very well supported with 5 key workstreams identified. Implementation underway.
- Spread and scale of discharge meds pathway underway.

System

- STAR processes embedded to G41 after pilot. Rolled out to ward 9 DDH from 1 May.
- Gate 12 (AAU) planned to join the initiative in late June.

Primary Care

The focus is to make it easier for people to access community and primary care services and encourage the use of community pharmacies for lower acuity and common conditions through increasing uptake of the new Pharmacy First service.

Domain	Indicator	Var.	Ass.	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	Latest Target	Trend
Access to Primary Care	No. of primary care appts booked within 2 weeks			53.4%	54.3%	53%	49.4%	48.1%	52.1%	53.3%	52.2%	50.7%	50.8%		49.9%	
	No. of appointments available in GP practices (rate per 1,000)			559	529	539	584	661	590	482	604	570	549		471	
	Proportion of appointments attended same day as booking			50.3%	50.2%	50.2%	45.7%	44.3%	48.3%	51.1%	48.5%	46.9%	48.1%		46.1%	
	Proportion of registered patients using the NHS App (aged 13 years and over)			43.9%	44%	50%	50%	50%	54%	54%	55%	55%	55%	56%	60.0%	
	No. of Community Pharmacy Consultation Service/ Pharmacy First Scheme Referrals			560	449	374	401	466	526	739	872	1835	1567		625	
Workforce	FTE doctors in General Practice per 1,000 patients			0.604	0.599	0.659	0.662	0.665	0.645	0.656	0.648	0.676	0.683		0.616	
	Direct patient care staff in GP practices and PCNs per 1,000 patients			0.248	0.248	0.249	0.250	0.249	0.248	0.245	0.250	0.250	0.252		0.268	

Primary Care Narrative

How are we performing?

APPOINTMENT DATA

- In March 2024, 217,575 appointments were provided. 36.51% of these were with a GP. This represents a 9% decrease (due to bank holidays) in the number of appointments provided compared to the same month in the previous year.
- Number of GP appointments per 1000 patients for March 2024 was 548.51, Wakefield continues to rank 3rd in West Yorkshire.
- % Face to face appointments for all staff groups as of March 2024 was 71.3%, which is a consistent rate over time although in line with seasonal variations. % Face to face appointments with GPs is 74.9% which is consistently increasing.

Year In Review – 2023/24

- 2,623,970 appointments provided, of which 34% were with a GP.
- A 3.63% increase from the previous year.
- 72.5% Patients were seen face to face.

ENHANCED ACCESS PERFORMANCE

PCN Delivered Element

- GP Care Performance PCN Enhanced Access continues to deliver 61.25 minutes per 1000 patients of additional capacity with a utilisation rate of 98.66%. 6992 appointments offered of which 62% were face to face. 94.55% shift fill.
- Clinic utilisation – HIGH – Mental health (99%) Routine GP (96%) Same Day (92%) – LOW – Long Term Conditions Checks (79%).
- 39 Two week wait referrals (suspected cancer); 117 routine referrals and 31 e-consultations.
- Test requests - 334 pathology; 116 microbiology; 211 radiology.

Urgent Care Element

- GP Care Wakefield provided 2172 planned capacity during March 2024. In total, the service managed 2278 with a utilisation of 104.9%
- Of these, 1667 (73.1%) came via telephone redirect; 20.59% via NHS 111; 5.49% via GP out of hours. 10 patients were referred by YAS; 3 from A&E; 4 from District Nursing or Care Homes.

WORKFORCE SUMMARY (as of December)

- GPs (All groups including trainees) – 258.6 FTE – 4.87% Growth from Dec 22
- Nurses (All Groups) – 153.5 FTE – 1.72% Growth from Dec 22
- Direct Patient Care – 337.6 FTE – 17.26% Growth from Dec 22
- Admin (All groups) – 497.3 FTE – 0.57% Growth from Dec 22

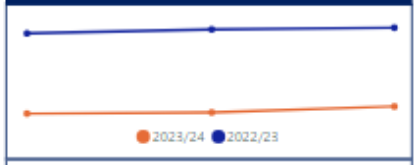
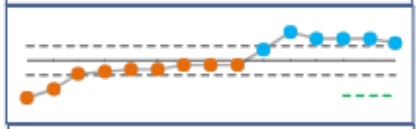
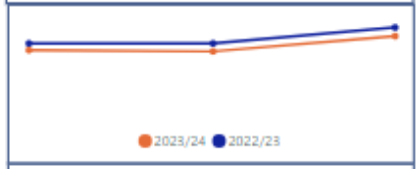
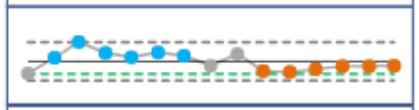
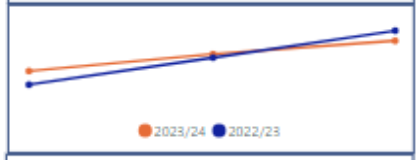
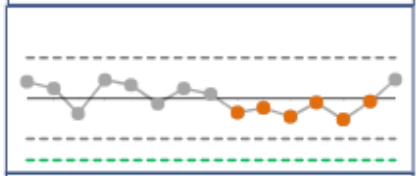
What is driving the performance?

- Patient behaviour and seasonal trends results in lower demand over summer months and therefore increased capacity for planned activity.
- GP Enhanced Access activity being adjusted to take into consideration seasonal trends with increased pre-booked planned capacity over summer months.
- Increased pressure over the winter months is demonstrated through higher rates of service utilisation.

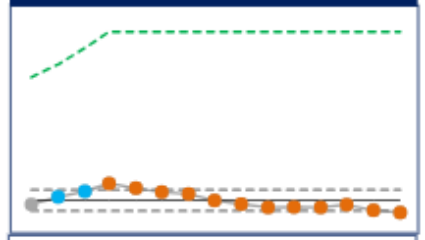
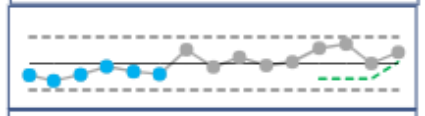
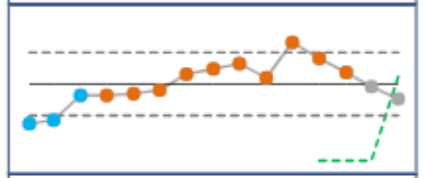
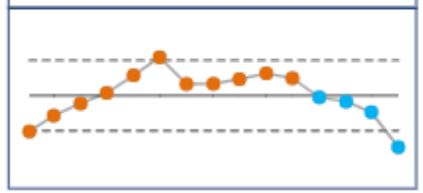
What mitigations are in place to support?

- **Pharmacy First** – PCN engagement at Network Thursday, Practice and Business Managers meeting with CPWY team to share learning.
- **PCN Digital Transformation Leads** continue to support in reach sessions at the GP practices and outreach into hard-to-reach communities to promote NHS app uptake.
- **Support Level Framework workshop** completed supported by regional colleague from NHSE, ICB and Conexus– 16 practices attended. Practices produced an action plan.
- **General Practice Improvement Programme** – 3 practices completed, 2 currently participating and 8 signed up for the next cohort.
- 13 practices have **Cloud based Telephony;** 15 practices have had funding approved to implement a new system in either phase 1 or 2, and a further 7 are being supported to upgrade their functionality within

Mental Health: Adults

Domain	Indicator	Var.	Ass.	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Latest Target	Trend
Adults	No. of people with serious mental illness who receive their NHS Health check					1602			1612			1665			2102	2364	
	No. of people with learning disabilities who receive their NHS Health check	H	?	2.09%	4.61%	10.3%	16.4%	25.6%	30.1%	35.4%	40.8%	46.9%	58.9%	68.0%	73.6%	60.5%	
	Dementia diagnosis rates (aged 65 and over)	H	P	63.1%	63.2%	63.2%	63.4%	63.4%	63.4%	64.1%	64.9%	64.6%	64.6%	64.6%	64.4%	62.0%	
	Access to Core Community MHS for Adults and Older Adults with SMI in the last 12 months					3171			3139			3560				3800	
	IAPT recovery rate (%)	L	?	54.4%	53.5%	54.5%	53.8%	51.7%	54.2%	50.6%	50.4%	51%	51.6%	51.6%	51.7%	50%	
	No. of women accessing specialist perinatal mental health services - cumulative					139			197			243			299	388	
	Early Intervention Psychosis (EIP) 2 weeks (NICE approved care package)		P	95.8%	93.6%	85.2%	92%	89.5%	81.3%	83.3%	79.4%	85.7%	78.1%	86.2%	96%	60.0%	
	No. of out of area placements	L	?	2	4	3	5	2	4	0	0	1	0	0	1	0	
	No. of inpatient admissions (SWYPT)		?	22	23	36	21	21	23	17	27	34	27	12	17	23.1	

Mental Health: Children & Young People

Domain	Indicator	Var.	Ass.	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	Latest Target	Trend
CYP	No. of CYP (0-17 years) who are supported through the NHS funded mental health service that receive at least one contact			5545	5515	5415	5360	5310	5315	5310	5350	5265	5230			8000	
	No. of referrals to the children's therapy service			70	60	55	103	69	88	72	79	106	114	76	98	78.8	
	No. children on the therapy waiting list at month end (excludes allocated and triage)			120	121	123	132	135	138	130	150	141	133	125	118	131	
	Waiting times for Autistic Spectrum Disorder (ASD) assessments			1463	1554	1647	1509	1510	1534	1564	1539	1440	1418	1364	1183		

Note that the children's metrics do not form part of the WYICB SOAG performance report but are included for awareness and assurance.

Mental Health Narrative

How are we performing?

- The measure of the Number of inappropriate OAP bed days for adults by quarter that are either ‘internal’ or ‘external’ to the sending provider Q3 data shows that services are performing well with a target of 1200 there are only 255 inappropriate OAP bed days.
- Over the last 6 months there has been only two patients requiring adult acute mental health inpatient care that spent time admitted to a unit outside of SWYPFT because no bed was available locally.
- The Q4 performance for women accessing specialist PMH and MMHS services is 299, missing the national target of 388.
- The Q4 position for people with SMI (severe mental illness) receiving a full AHC (annual health check) continues to show a shortfall against the target but has made a notable improvement on last quarter. 2102, up from 1612 to a target of 2349.
- Despite fluctuations, Wakefield seems to be experiencing a downward trend in section 136 referrals.
- The February position for contacts with CYP services officially continues to show a significant shortfall, achieving 5265 to a target of 6000, however this is due to an error in data rather than actual performance, a deep dive count give assurance that this target is being met.
- The latest figures for Wakefield’s Talking Therapies missed the local access target for Quarter 4 by 181, having missed the monthly target for the last 3 months. However, looking at the comparison with the northern ICBs, this is common challenge with none achieving the talking therapies targets and the Wakefield service above regional and national average. Turning Point continues to deliver on recovery rates achieving 51.6% compared to the target of 50%.

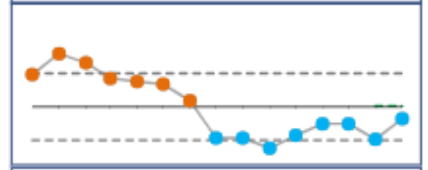
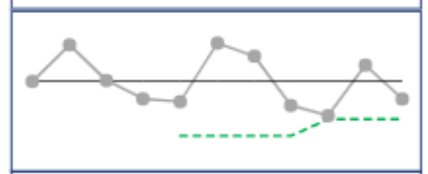
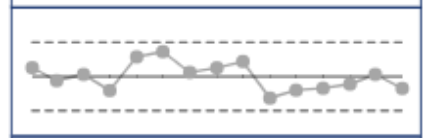
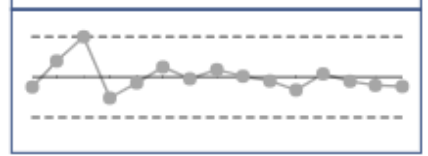
What is driving the performance?

- Perinatal mental health access struggled largely due to high number of staff on maternity leave and difficulty recruiting to fill in. This was reviewed at a recent deep dive. This has been expected to improve for 24/25
- SWYPFT has focused work to address out of area bed use through the Care Closer to Home Programme.

What mitigations are in place to support?

- The Children’s alliance is working with NHSE to understand and remedy the inaccurate count of CYP access data.
- Actions to date on Heath Checks for people with SMI have shown some improvement. Continued recovery is a priority and team capacity is being identified to explore further options.
- Work is being done to understand the contribution of each community mental health target of 2+ contacts over the last year through the SWYPFT community mental health leads.

Adult Community & Social Care

Domain	Indicator	Var.	Ass.	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	Latest	Target	Trend
Adult social care	No. of people receiving short term LA reablement at home services to maximise their independence.			64	73	70	82	78	87	79	79	94	66	90	75			
	L/T ASC % community (18-64)			83.8%	83.8%	83.7%	84.1%	84.0%	84.1%	84.5%	84.5%							
	L/T ASC in the community (18-64)			1245	1245	1260	1270	1290	1300	1305	1310							
	L/T ASC % community (65+)			59.4%	60.2%	60.3%	60.6%	60.5%	60.4%	60.9%	62.1%							
	L/T ASC in the community (65+)			1610	1655	1665	1680	1685	1685	1700	1730							
	No. of people whose long-term support needs are met by admission to residential and nursing care homes (aged 65+ Rate per 100k)			683	664	623	623	612	626	639	639	622	645			659		
BCF	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 population)				237			216			229					195		
	Emergency hospital admissions due to falls in people aged 65 and over - Directly Standardised Rate per 100,000				455			511			474					451		
Pathways	Average number of days patients have had no reason to reside on pathway 2			9.03	11.6	12.1	10.4	10.8	11.3	8.44	9.05	9.21	9.52	10.3	9.19			
	Average number of days patients have had no reason to reside on pathway 3			8.27	10.8	13.5	11.5	13.1	12.0	11.2	9.63	12.4	11.1	10.4	10.2			

Adult Community & Social Care: Narrative

How are we performing?

- Wakefield are reporting above our Better Care Fund (BCF) target on Long Term Support Needs met by Permanent Admission to Residential and Nursing Care for Older People aged 65+ (rate per 100k population). The BCF 23-24 target was **659** and our rate at the end of January 24, based on a rolling 12 months, was **645**. There is a slight data lag on reporting this activity from the Local Authority CareDirector system, however discussions have taken place with the ASC BI Team on reporting methodology to help estimate a more up to date position. Our planned investment in a Home First approach (increased capacity in reablement and domiciliary care, including UCR, anticipatory care and virtual ward) will keep long term admissions to care homes within target.

- The Adult Social Care Client Level Dataset (CLD) was introduced in 2024 and the Adults and Health BI Team have now provided 12 months of data to the Department of Health and Social Care. The data flows to the ICB and Q4 data will be available for reporting in May 24. Data development work is taking place to transform the raw data to enable reporting of metrics, all of which were previously only available on an annual basis from the recently ceased Short and Long Term Support Data Collection (SALT).

- Joint working between ICB and ASC BI Teams is progressing, and we are working on a plan to develop and introduce further Adult Social Care Outcomes Framework, and activity measures previously reported annually from SALT, in line with the DHSC Care Data Matters roadmap.

- DHSC published the first high level statistics from CLD in March, from which we have included a selection within this report showing the **number of people receiving long term Adult Social Care and Support in the community**, for working age adults (aged 18-64) and older people (65+), together with the % of overall service users. Demand for both is on the increase, particularly for older people, yet **we continue to increase the proportion of people receiving support at home in community settings**, supported by a reduction in the number of new service users whose long-term needs are met by permanent admission to residential care.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	13
Meeting date:	6 June 2024
Report title:	Summary of 2023/24 Quarter 4 Quality, Safety and Experience report
Report presented by:	Abigail Trainer – Director of Nursing & Quality – SRO for Quality
Report approved by:	Abigail Trainer – Director of Nursing & Quality – SRO for Quality
Report prepared by:	ICB (Wakefield place) Quality team

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

Previous considerations:

Since May 2022 quarterly Quality, Safety and Experience reports for the Wakefield District Health & Care Partnership have been produced and presented at the Integrated Assurance Committee with a summary report being shared with Partnership Committee.

Executive summary and points for discussion:

The Partnership Committee is presented with a summary of the 2023/24 Q4 Quality, Safety and Experience report for Wakefield place which was presented to the Integrated Assurance Committee on 24 April 2024. The report presents information from various sources including regulators, commissioners, service providers and our population.

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

To ensure consistency and avoid duplication of reporting to the ICB Quality Committee the format of the paper is a Committee Escalation and Assurance Report – Alert, Advise, Assure (a triple A report) alongside an accessible version of the Q4 Assurance Wheel aligned to the Partnership's 'I' statements.

The report also includes a summary of a separate paper presented to the Integrated Assurance Committee about Quality Impact Assessment (QIA) arrangements for Wakefield place. To ensure the report is a current as possible it includes relevant updates since the Integrated Assurance Committee meeting.

Which purpose(s) of an Integrated Care System does this report align with?
☒ Improve healthcare outcomes for residents in their system ☒ Tackle inequalities in access, experience and outcomes ☐ Enhance productivity and value for money ☐ Support broader social and economic development
Recommendation(s)
The Wakefield District Health and Care Partnership Committee is asked to note the: a. full report was presented to the Integrated Assurance Committee on 24 April 2024; and b. current place risks and assurances related to quality, safety and experience presented in the triple A report and Assurance Wheel
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Mitigating actions are included in the full report and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Appendix One – Committee Escalation and Assurance Report – Alert, Advise, Assure Appendix Two - Summary of 2023/24 Quarter 3 Quality, Safety and Experience report
Acronyms and Abbreviations explained
Not applicable

What are the implications for?

Residents and Communities	The report is informed by information from partner organisations, and feedback from people of Wakefield district on their experience of care.
Quality and Safety	The purpose of the Quality, Safety and Experience report is to highlight quality and safety implications to the Integrated Assurance Committee and Partnership Committee.
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	Not applicable
Regulation and Legal Requirements	Meeting the requirements described in Health and Social Care Bill 2022.
Conflicts of Interest	Information about specific services may present a conflict of interest to individual Partnership 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 feedback from people of Wakefield district on their experience of care. Key points from the quarterly reports are presented to the People Panel.

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Appendix One

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from:	Quarter 4 Quality, Safety and Experience Report
Date of meeting:	6 June 2024
Report to:	Wakefield District Health and Care Partnership Board
Report completed by:	Laura Elliott, Senior Head of Quality
Date:	13 May 2024

Key escalation and discussion points from the meeting
Alert:
• The Care Quality Commission (CQC) has rated two adult social care services Inadequate and issued enforcement action. These services are under formal enhanced quality oversight and are receiving quality improvement support in line with our Adult Social Care Integrated Quality Assurance Framework. All residents have been reviewed by the social care teams to ensure safety, and that care and wellbeing needs are being met. In agreement with the local Authority commissioning team both providers have initiated a voluntary embargo on new admissions.
Advise:
• In March 2024 the CQC published reports for The Mid Yorkshire Teaching Trust (MYTT) following September 2023's unannounced inspection of Medical and Urgent and Emergency care core services on the Dewsbury and Pinderfields sites. The overall rating for both sites remains Requires improvement, and the overall rating for the Trust remains as Requires improvement, however ratings for Well-led at both hospitals and Effective at Pinderfields improved to Good. The CQC identified 23 improvement actions across both services. The Trust has developed an action plan in response which was shared with the CQC at the end of April. The plan will be monitored by MYTT Quality Committee.

- In February 2024 Integrated Assurance Committee discussed the significant increase in the number of patients waiting longer than 12 hours from a decision to admit in MYTT's emergency departments. The Trust has undertaken a thematic review of the reasons and impact of the breaches which was presented to MYTT Quality Committee in May 2024. A similar review has been undertaken across all West Yorkshire Acute Trusts with the outcomes presented to West Yorkshire System Quality Group and for further discussion at the West Yorkshire Winter Event on 21 May 2024.

  Findings across WY include:

  - There is an increase in the presentation and needs of elderly patients linked to demographic growth.
  - There is an increasing proportion of patients whose length of stay is longer and an increase in the percentage of the bed base occupied by patients with no reason to reside.
  - All providers are seeing increased complexity and acuity.
  - There is a clear challenge to all providers regarding balancing risk, both in acute trust and across system.
  - All providers are seeing increased breaches for patients requiring a mental health admission due to capacity pressures within mental health services.

  A patient safety walkabout to Pinderfields Emergency Department took place in March. Assurance on the systems for managing long waits in the department was discussed. The department is maximising triage and appropriately directing patients to other available services if ED is not a clinical requirement. The positive impact of Same Day Emergency Care (SDEC) initiatives was noted, as well as the Elderly Assessment Team supporting patients in the community.

- In March 2024 MYTT reported two never events. In line with Patient Safety Incident Response Framework (PSIRF) arrangements and the Trust's PSIR Plan the learning response method agreed at the MYTT Patient Safety Oversight Group is an in-depth Patient Safety Incident Investigation (PSII). Meetings have taken place to review each incident and share early learning.

Assure:

- An update on processes for managing Quality Impact Assessments (QIAs) across the ICB was given to the Integrated Assurance Committee. The report included individual organisations, place and system arrangements. Detailed assurance was provided from NHS partners on internal processes, alongside how the ICB at Place undertakes QIAs and the associated governance. An overarching paper is being produced following discussions at each Place to provide assurance to the ICB Quality Committee on Place processes and examples of system/multi-partner and high risk QIAs.

  It was confirmed that QIAs were completed as part of the business case investment process instigated last year and investment decisions were informed by the outcome of these assessments. QIAs are being undertaken on 2024/25 efficiency schemes where applicable with governance through the Transformation and Delivery Collaborative. There are currently no schemes identified as having a high risk impact. To ensure greater transparency it was proposed that a presentation of the efficiency schemes be given to the place People Panel.

  Providers who contributed to the update – MYTT and South West Yorkshire Partnership Foundation Trust (SWYPFT) – confirmed they had no high risk schemes to highlight at that time.

  The Committee were assured that a QIA was a live document with any mitigating actions being regularly monitored to ensure they were reducing any potential negative impacts identified. This would be reported in the project/programme highlight report to Transformation and Delivery Collaborative. Consideration was also given to where not commissioning or investing in services may impact on quality or create risks elsewhere in the wider system.

- As previously reported, NHS England established a National Paediatric Hearing Services Improvement Programme in April 2023 and Audiology experts carried

out a desktop analysis of Paediatric Hearing Services in autumn 2023. The review highlighted potential areas of concern in the majority of Trusts in West Yorkshire.

A WY Oversight Group has been established to review the findings for each service, oversee the development of improvement plans, and organise visits by independent subject matter experts and local quality leads to conduct further on-site analysis of the operation of the service. This visit to MYTT's service took place on 29 April 2024 and was extremely positive with assurances gained on progress with implementing and embedding the improvement actions and mitigating the areas of risk. A report from the visit is being drafted, and once agreed with the Trust will be shared through the WY Oversight Group.

- The CQC have been undertaking a national review of people's access to GP services through focused reviews of the Responsive domain. Rycroft surgery and Patience Lane Surgery were selected and underwent a desktop review of evidence alongside some remote interviews with staff. Both Practices maintained a Good rating for this domain delivering services in line with patient's needs and implementing measures to improve communication.

- The CQC published their report following an unannounced inspection at Wakefield Hospice. The service maintained a rating of Good overall and across all five domains. The report highlighted that the service provided holistic care and treatment based on evidence-based practice to achieve effective outcomes; staff treated patients with compassion and kindness; and the service was inclusive and took account of patients' individual needs and preferences.

- MYTT's Deteriorating Adult Response team (DART) has launched a Call4Concern service across its three sites. The driver for this new initiative came from the learning identified in 'Martha's Rule'. The service enables adult inpatients or their families to raise concerns via a dedicated telephone line if they feel their condition, or that of a loved one, is worsening. Call4Concern will

provide an additional level of reassurance for patients and their loved ones and highlights the Trust's commitment to providing safe and compassionate care.

- At our Experience of Care Network in February we looked back at two of our previous topics to see whether data and insight from people showed experience of accessing GP services and experience of being discharged from hospital had improved. Healthwatch Wakefield shared the positive outcome from Phase 2 of the telephone engagement on experience of discharge.

  Four fantastic 'Show & Tell' presentations followed which focused on experience for people in Wakefield district facing greater health inequalities – the health needs of people living in the gypsy and traveller community; supporting people with severe and complex mental health needs closer to home; the work of the new maternity befrienders with people newly arrived in the country or seeking asylum; and the Living with Lived Experience films which are helping to raise awareness around mental health in public/voluntary sector workforce.

Wakefield District Health & Care Partnership

Appendix Two

Quality, Safety and Experience Report

2023/24 Quarter 4

Assurance Wheel by Partnership 'I' Statement

I live in a community I feel part of. If I am a child, my family is central to providing this and are supported to do so. This supports me to live a happier and healthier life and make the most of my opportunities.

- Fluoroquinolones (MHRA Safety Alert) – A drug safety update in relation to fluoroquinolone antibiotics was released and the WYICS Antimicrobial Stewardship Group have produced a pathway for reviewing prophylactic fluoroquinolone prescriptions in primary care.
- Representatives from the Office of the Children's Commissioner for England recently visited services across Wakefield District and gained insight on ongoing mental health initiatives for Children and Young People

If I need extra support from health and care services, these are provided in my own home or as close to it as possible. These services coordinate around me, and my carers if applicable

- Rycroft Primary Care Centre and Patience Lane Surgery retained a Good in recent focussed inspections of the Responsive domain.
- Six GP practices are currently under informal enhanced surveillance and two practices are under formal enhanced surveillance.
- Two care homes have been rated Inadequate and placed in special measures by the CQC. Five care homes are under formal enhanced quality surveillance.
- Wakefield Hospice had an unannounced CQC inspection and was rated Good overall with areas of outstanding practice identified.

If I have an illness or an urgent need, I know where to go and how to access the support I need. This will be in the right place, at the right time and be by the right person. If a hospital admission is needed, I will be discharged to the care of my regular community team as soon as possible for any ongoing care

- There has been a significant increase in people waiting longer than 12 hours in ED from the decision to admit – due to operational pressures and patient flow or waiting for a mental health placement.
- Further mixed sex accommodation breaches in Level 1 units at MYTT when patients are clinically appropriate to step down their level of care but flow issues mean they are not promptly moved within 4 hours.
- MYTT's Deteriorating Adult Response team (DART) has launched Martha's Rule/Call4Concern across its three sites - the service enables adult inpatients or their families to raise concerns via a dedicated telephone line.
- Positive feedback from walkabouts conducted to ED, Medical SDEC at Pinderfields and two medical/elderly care wards at Dewsbury.

If I have a long term health condition or disability or am at risk of having a long term condition, I receive and I am an active participant in proactive care and am supported to keep as well as possible

- CQC rating remains Requires Improvement following unannounced inspections of Medical and Urgent and Emergency care core services on the Dewsbury and Pinderfields sites. Ratings for Well-led at both hospitals and Effective at Pinderfields have improved to Good.
- SWYPFT's CQC action plan for forensic services and acute psychiatric intensive care units is progressing. Some trust-wide improvement actions have been identified including reducing restraint, risk assessment and care planning, use of e-seclusion.
- SWYPFT - Significant service improvement work has led to reduced use of inappropriate out of area bed days over the quarter.

If I need specialist diagnosis, treatment or surgery I can access this in a timely way, and the different parts of the treatment work together in a seamless way. I am kept informed and involved in the process and not kept waiting unduly

- MYTT reported two surgical Never Events in March related to wrong site surgery and retaining foreign object.
- Positive feedback from walkabout on Elective Orthopaedic Suite and Maternity Services at Pontefract Hospital

- The results of the MYTT's Maternity Services Survey showed the Trust scored better than most Trusts in one question and did not score much worse in any of the questions.
- No material areas of concern were identified through quality review of leadership and governance at Pioneer Health Care and level of surveillance to remain as routine.

When I do access health and care services, I am confident that they are of the highest quality, and I am treated with the utmost dignity, respect, and compassion. The information I receive about health and care services are easy to access and understand

- 296 items shared at Quality Intelligence Group – key themes included Negative feedback/Waiting times at Emergency Departments; Difficulties using PATCHS; Positive feedback about Children Observation Hub; Negative feedback for GP Practice - Orchard Croft; and mixed feedback on standards of inpatient care at MYTT.
- Our Experience of Care Network held its first face-face workshop in February 2024 where we revisited topics 'experience of accessing a GP appointment' and 'experience of being discharged from hospital'. We also heard four show and tell presentations about how experience is being improved for a particular group of people.
- Our Patient Safety Network in March heard from ICB's Medicines Safety Officers on medication linked to patient safety and colleagues from The Priory Dewsbury on the innovative way they involve their service users in patient safety.
- Our Embedding Quality in Priority Programmes held its third workshop on 'Developing Quality Outcomes' in March and recently developed and shared a 'Starting with what we know' guide.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	6 June 2024
Report title:	Month 12 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:	Jenny Davies, Assistant Director of Finance, Wakefield ICB

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

Previous considerations:

A more detailed Month 12 report was presented to the Integrated Assurance Committee on 24 April 2024

Executive summary and points for discussion:

This paper presents the summary financial positions for Wakefield Place for the period ending March 2024 (Month 12).

- NHS organisations – Actual position: Wakefield ICB delegated budgets, a £5.1m surplus which is £0.8m worse than plan.
- Mid Yorkshire Teaching NHS Trust, a deficit of £5.8m against a plan of breakeven.
- Southwest Yorkshire Partnership NHS Foundation Trust, a £0.5m surplus position against a breakeven plan.

Wakefield Council's forecast positions for month 11 (latest reported position) for health and social care is £2.5m adverse to plan. The final month 12 position is still to go through the Council's public governance.

- Adults social care has a net overspend of £0.1m
- Childrens social care has a net overspend of £2.4m
- Public Health is forecast to be in line with plan at breakeven

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

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

Recommendation(s)
The Wakefield District Health and Care Partnership Committee is asked to: 1. Note the Month 12 Year End Position.
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, adult social care and children's social care.
Regulation and Legal Requirements	Not directly
Conflicts of Interest	Nil
Data Protection	Nil
Transformation and Innovation	As per risk quoted above – the adverse financial position could lead to a restricted transformation programme.
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 12 (31st March 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 12 is as follows:

	Full Year income / budgets £m	Full Year costs £m	Surplus / (Deficit) £m	Planned Surplus / (deficit) £m	Variance to Plan £m
ICB delegated budgets	815.9	810.8	5.1	5.9	(0.8)
Mid Yorkshire Teaching NHS Trust	772.8	778.6	(5.8)	0.0	(5.8)
South West Yorkshire Partnership NHS Foundation Trust	426.5	426.0	0.5	0.0	0.5
Wakefield Place - Total	**2,015.2**	**2,015.4**	**(0.2)**	**5.9**	**(6.1)**

Wakefield Council - Social Care and Public Health	Annual budgets £m	Forecast costs £m	Forecast Surplus / (Deficit) £m
Adults Social Care	106.5	106.6	(0.1)
Childrens Social Care	56.2	58.6	(2.4)
Public Health	22.7	22.7	0.0
Wakefield Council - Total	**185.4**	**187.9**	**(2.5)**

1.5 The delegated ICB position is £0.8m worse than plan. A number of changes were made in months 11 and 12 such as the receipt of national elective recovery funding and cost pressures as arising from GP prescribing costs, continuing healthcare and section 117 care packages.

1.6 Mid Yorkshire Teaching NHS Trust year end position is £5.8m deficit against a breakeven plan however this was an improved position in the last 2 months of the year from a £13.2m deficit reported at month 10, mainly arising to elective recovery funding and support towards industrial action costs.

1.7 South West Yorkshire Mental Health Foundation Trust achieved a £500k surplus.

1.8 Wakefield District Council is experiencing financial pressures within social care due to agency costs and inflation within adult services, and increased Childrens placement costs. It is likely that the final year end position will be a deterioration of that reported in month 11.

1.9 All cost pressures previously described to Partnership Committee have been managed and included within the year end positions.

2. Next Steps

2.1 To agree the final 2024/25 financial plan and associated budgets.

2.2 Understand the level of risk incorporated into the 2024/25 financial plan.

2.3 Continued focus on recovery of the Place financial position and medium term financial sustainability.

Review of all partners financial risks in2024-25 and the required support.

3. West Yorkshire Integrated Care System

3.1 The year end position for the WY ICS (adding together the ICB and NHS provider positions) is a forecast position of £0.2m surplus against the balanced system plan.

Organisation	FOT Plan £m	FOT Surplus / (Deficit) £m	FOT Variance £m
Bradford ICB	6.2	(7.5)	(13.7)
Calderdale ICB	5.6	5.5	(0.1)
Kirklees ICB	5.7	3.4	(2.4)
Leeds ICB	1.6	(24.6)	(26.2)
Wakefield ICB	5.9	5.2	(0.8)
Core ICB	0.0	22.4	22.4
West Yorkshire ICB Total	**25.0**	**4.3**	**(20.7)**
Airedale NHS Foundation Trust	(4.3)	(6.3)	(2.0)
Bradford District Care NHS Foundation Trust	0.0	1.2	1.2
Bradford Teaching Hospitals NHS Foundation Trust	0.0	4.6	4.6
Calderdale And Huddersfield NHS Foundation Trust	(20.8)	(13.3)	7.6
Leeds and York Partnership NHS Foundation Trust	0.1	2.2	2.1
Leeds Community Healthcare NHS Trust	0.0	0.3	0.3
Leeds Teaching Hospitals NHS Trust	0.0	12.3	12.3
Mid Yorkshire Teaching Hospitals NHS Trust	0.0	(5.8)	(5.8)
South West Yorkshire Partnership NHS Foundation Trust	0.0	0.5	0.5
Yorkshire Ambulance Service NHS Trust	0.0	0.0	0.0
West Yorkshire Provider Total	**(25.0)**	**(4.2)**	**20.9**
West Yorkshire ICS Total	**(0.0)**	**0.2**	**0.2**

3.2 The re-distribution of some ICB surplus into provider positions plus the additional income received for elective recovery fund led to a favourable change in both the provider and ICB position which is reflected in the above table.

3.3 The ICS has consecutively delivered a breakeven position but significant financial challenges are impacting the potential to repeat this in 24/25.

4. Recommendations

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

4.1 Note the Month 12 Year End Position.

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	15
Meeting date:	6 June 2024
Report title:	Wakefield Place Operating Plan 24-25
Report presented by:	Ruth Unwin – Director of Strategy
Report approved by:	Ruth Unwin – Director of Strategy
Report prepared by:	Gemma Gamble - Senior Strategy & Planning Manager

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

Previous considerations:

WDHCP – 07 March 2024

Executive summary and points for discussion:

The purpose of this paper is to present the final Wakefield Place Operating Plan for 2024/25.

The Wakefield Place Operating Plan for 2024-25 has been approved as an urgent decision by the Chair of the WDHCP, by Jo Webster, Wakefield Place Accountable Officer and Amy Whitaker, Director of Finance at Mid Yorkshire Teaching Trust and Wakefield Place lead for Finance which was agreed by the WDHCP committee at the 07 March meeting.

The paper highlights the areas of the plan which are at variance from national planning priorities such as bed occupancy, financial balance, workforce growth and the uncertainties around Mental Health Investment standard.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The **Wakefield District Health and Care partnership** is asked to:

1. Note the areas of the plan which are at variance from national planning priorities and
2. Note the approach and progress made with the development and submission of the Wakefield place-based operating plan for 24/25.

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

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 present to the members of the Wakefield District Health and Care Partnership (WDHCP) Committee the final Wakefield Place Operating Plan for 24/25.

2. Background

The Wakefield Place Operating Plan 24/25 presents a high-level summary of narrative and numerical information relating to activity, performance, finance, and workforce.

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. Planning Priorities Compliance, Issues and Risks

The Wakefield place Operating Plan is broadly compliant with the National NHS Planning Priorities, however there is still some uncertainty around the Mental Health Investment Standard allocations and there are some areas where the Mid Yorkshire Teaching Trust (MYTT) plans are at variance to the priorities or the expectations of NHS England these areas are detailed below.

4.1 Mental Health Investment Standard

At the time of writing this paper, discussions are taking place at a West Yorkshire ICB level in relation to the amount of Strategic Development Fund and Mental Health Investment Standard will be made available to local places to fund mental health priorities and programmes. At this stage, therefore, priorities have been set out but may need to be amended once there is clarity on the outcome and impact of these discussions.

4.2 Bed Occupancy

Whilst achievement of 92% bed occupancy is not a national planning requirement, Trusts were asked to demonstrate achievement as part of demonstrating sufficient

operational capacity. The MYTT plan achieves an occupancy of 95.9%. This is in-line with 2023/24 occupancy and reflects the need to prioritise the following:

- Meeting demographic growth of 1% in admissions.
- Reducing the number of patients queuing for a bed in the Emergency Department.
- Reducing the number of medical outliers.
- Reducing the volume patients in unplanned care areas.

4.3 Financial Balance

In 2024/25 systems are expected to deliver a balanced financial position. The Wakefield place plan is still in development and will be presented at a future meeting.

4.4 Workforce Growth

MYTT plans include 1.2% growth in workforce volume in 2024/25. The key drivers of this are the establishment of the TIF2 Surgical Development at Dewsbury District Hospital and the Community Diagnostic Centre (CDC) in Wakefield Westgate Retail Park. These developments both require the substantive recruitment of staff across a range of specialties and disciplines.

The growth in workforce has been identified by the West Yorkshire ICB as at variance with planning assumptions and that organisations with a deficit financial plan should not be planning for workforce growth.

The Trust will continue to work with the ICB and NHS England to reinforce the need for workforce growth to deliver increased elective activity and reduce reliance on bank and agency highlighting these as key strands of the waste reduction programme.

5. Recommendation

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

1. Note the areas of the plan which are at variance from national planning priorities.
2. Note the approach and progress made with the development and submission of the Wakefield place-based operating plan for 24/25.

Wakefield District Health & Care Partnership

Wakefield Place Operating Plan 2024/25

06 June 2024

Proud to be part of West Yorkshire Health and Care Partnership

Approach to the 2024/25 Planning Process

- Mid Yorkshire system planning meetings have taken place with colleagues across Wakefield and Kirklees
- Mid Yorkshire System Activity plan being developed closely with trust divisional leads
- Final templates completed and submitted on the 26 April
- Finance plans being developed with all place finance leads – final plan submitted 13 May
- Mental Health process led by the Wakefield and Kirklees Mental Health Alliance
- Overall oversight and sign off of the Wakefield Place Plan is by the Wakefield District Health & Care Partnership.

Wakefield District Health & Care Partnership

Activity– Planned Care 2024/25

Activity forecasts for 2024/25 includes productivity gains, transformation, and approved ERF investments; and will be supplemented by Independent sector (IS) and Any Qualified Provider (AQP) capacity at similar levels to 2023/24. National planning guidance requires delivery of national value weighted activity at 107%.

Activity Plan

	19/20 Baseline	23/24 FOT at M8	24/25 Plan	vs 19/20	vs 23/24 FOT at M8
NEW OP	205,190	216,695	237,831	+15.9%	+9.8%
REVIEW OP	330,290	339,912	332,619	+0.7%	*-2.1%*
TOTAL OP	**535,480**	**556,607**	**570,450**	**+6.5%**	**+2.5%**
DAY CASE	66,635	60,216	69,605	+4.5%	+15.6%
INPATIENT	7,065	5,997	7,206	+2.0%	+20.2%
TOTAL ELECTIVE	**73,700**	**66,213**	**76,811**	**+4.2%**	**+16.0%**

Performance – Planned Care 2024/25

Performance forecasts meet or exceed expectations included in the national planning guidance for 2024/25.

	RTT	Cancer	Diagnostics	Outpatients
24/25 planning guidance	• Eliminate >65-week RTT waits by Sept-24 at the latest	• 70% 62-day performance by March-25 • 77% 28-day FDS performance by March-25	• Increase % patients waiting ≤6- weeks for their test	• Increase the proportion of all outpatient attendances (first and follow-up) attracting a procedure tariff to 46% across 2024/25
MYTT performance forecast	• No >65-week RTT waits by Sept-24 • ***Stretch: no >52-week waits by March-25*** • ***Stretch: reduce total waiting list to 49,000 by March-25*** • **25/26 forecast: no >43-week waits in any specialties, with most specialties having no >39- week waits by March-26*	• 75% 62-day performance by March-25 • 80% 28-day FDS performance by March-25 • ***Stretch: ≤99 patients over 62-days by March-25*** • **25/26 forecast: 85% 28-day FDS by March-26 / ≥85% 62-day performance by March-26 and an increased compliance for the number of diagnosed cancers at stage 1 and 2*	[1] 99% of patients receive their test in ≤6-weeks	1. Maintain the proportion of all outpatient attendances (first and follow-up) attracting a procedure tariff to support delivery of the ICB target to achieve 49% across 2024/25 2. MYTT performance currently reports above 49%

Wakefield District Health & Care Partnership

Activity & Performance – Un-Planned Care 2024/25

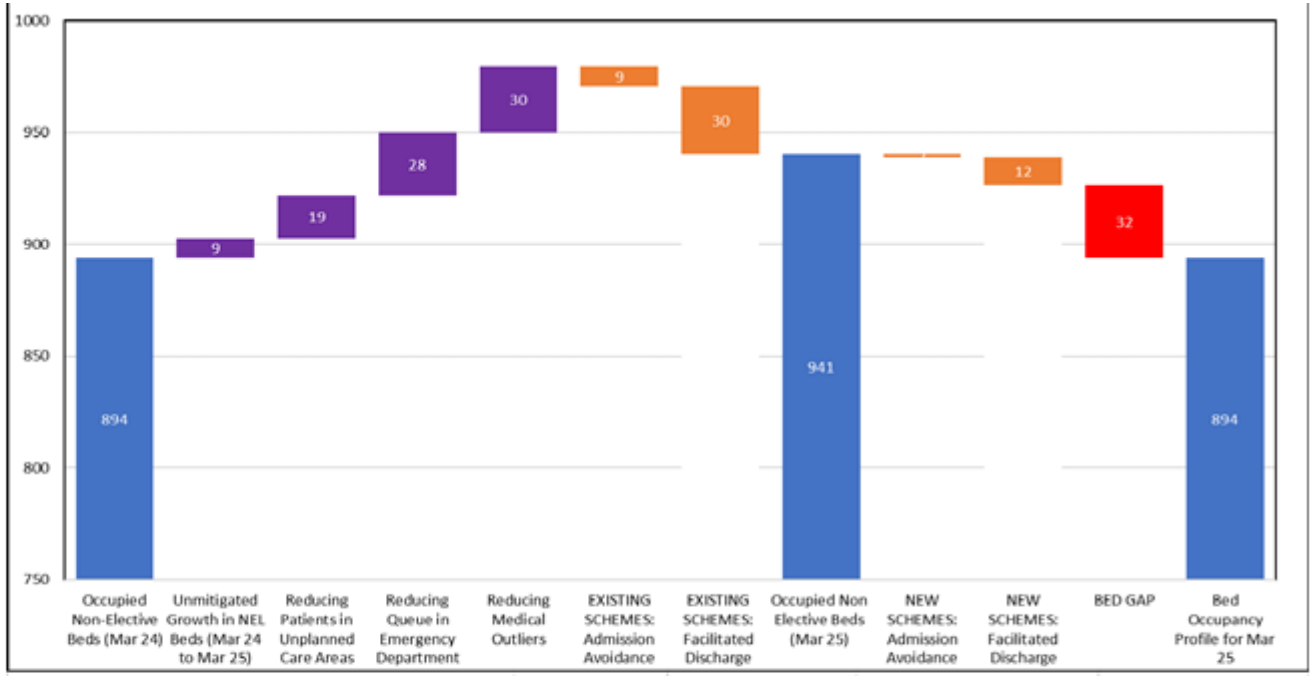
ED activity forecasts for increase in urgent care attendances of approximately 1-2%, and growth in non-elective admissions of 1%.
The impact of plans for transformation to reduce average LOS by 0.5 day (equates to a FYE of 29K bed days/ 85 beds at 92% occupancy) currently stands at 54 beds, leaving a gap of 31 beds required.

Performance

	ED 4-hours	Maintenance of peak capacity increase
24/25 planning guidance	• Improve on 2023/24 performance, with a minimum of 78% of patients seen within 4-hours by March-25	• Maintain the peak increase in capacity agreed in 2023/24 operating plans – includes G&A beds, virtual ward beds, and intermediate care services (bedded and non-bedded)
MYTT performance forecast	1 >78% of patients seen within 4-hours by March-25 2 *25/26 forecast: >85% of patients seen within 4-hours by March-26*	1. Maintain position ***2. Stretch: deliver key transformation programmes*** ***3. Stretch: reduce average LoS by 0.5 days***

Non-Elective Bed Waterfall & Occupancy

- Bed waterfall calculated assumes mitigation for 86 beds required, at a cost of £9.31m
- Existing schemes identify 39 beds of mitigation in 24/25
- Potential new schemes have identified 15 beds of mitigation
- Remaining bed gap is 32 beds
- Cost of bed gap assumed at £3.39m
- If not closed occupancy would rise to 95.9%



		Mar-25		
Adult & Paediatric Beds	Mar-24	Mar 25 Do Nothing	FYE of Existing Schemes	Potential Additional Schemes
NEL Occupied Beds	894	980	941	926
EL Occupied Beds	40	42	42	42
Total Occupied Beds	**934**	**1022**	**983**	**968**
Vacant Beds	76	-12	27	42
Total Beds	**1010**	**1010**	**1010**	**1010**
Occupancy	92.5%	101.2%	97.3%	95.9%
Reduction in Occupied Beds			0	14
Total Reduction/Avoidance Occupied Beds			**59**	**77**

Wakefield District Health & Care Partnership

Activity & Performance – Adult Community Services 2024/25

	Community Waiting List	Community Beds	Virtual Wards (VW)
24/25 planning guidance	• Continue to improve community services waiting times, focusing on reducing long waits with specific focus on >52 week waits	• Maintain the peak increase in capacity agreed through operating plans in 2023/24	• Maintain the peak increase in capacity agreed through operating plans in 2023/24
MYTT performance forecast	• Reduce long patient waits with overall improved position	1 Maintain capacity and occupancy rates	1. Increased VW beds by 30 per year, with 60 by end of March-25 2. *25/26 forecast: 90 by end of March-26

Our Activity & Performance – Mental Health

Area	Objective	Target 24/25	WYICB	Wakefield
Mental Health and Learning Disabilities	Improve patient flow and work towards eliminating inappropriate out of area placements	0	33	5
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)			
	Increase the number of people accessing perinatal mental health (to 66,000) national target	3041	2474	
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000 with at least 67% achieving reliable improvement	67.00%	67.03%	67.24%
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000 with at least 48% achieving reliable recovery	48.00%	48.20%	48.13%
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	60.00%	69.35%	75.00%
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	66.70%	69.24%	65.00%
	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025	75%	79.58%	
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population	30.00	31.27	
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12–15 under 18s for every 1 million population	12	7.48	

Activity & Performance – Primary Care 2024/25

Area	Objective	Target 24/25	WY ICB	Wakefield
Primary care	Planned GP Appointments (monthly average 24/25)	-	1,439,661	217,110
	Planned GP appointments (total 24/25)	-	17,275,939	2,605,322

Wakefield District Health & Care Partnership

Workforce - planning 2024/25

Workforce plans triangulate and take account of the impact of changes in staffing aligned to corporate projects and additional elective recovery fund activity. There is an anticipated workforce growth of approximately 1.2%, for MYTT which includes additionality in the following areas:

- TIF2 surgical building and elective activity increases at Dewsbury District Hospital
- Community Diagnostic Centre (CDC) activity increases at the Wakefield Westgate Retail Park centre
- Medical staff in the most pressured areas such as ENT and Gynaecology
- Cellular Pathology Associate Practitioners
- X-ray support to the Orthopaedic Centre of Excellence at Pontefract General Infirmary
- Access, Booking and Choice, and theatres support staff
- Safer nurse staffing in the Emergency Departments
- Any additional schemes which are approved through BCAG processes as they are assured and become operational

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	16
Meeting date:	6 June 2024
Report title:	End of Year Governance Documents 2023-24
Report presented by:	Ruth Unwin, Director of Strategy
Report approved by:	Ruth Unwin, Director of Strategy
Report prepared by:	Joanne Lancaster, Governance Manager

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

Previous considerations:

Various discussions have taken place at both Integrated Assurance Committee and Transformation and Delivery Collaborative in relation to the revised governance arrangements. Wakefield District Health and Care Partnership (WDHCP) Development Session – 18 April 2024

Executive summary and points for discussion:

Due to the timings of meeting the Wakefield District Health and Care Partnership (WDHCP) development session on 18 April the committee received a number of end of year governance reports to approve for submission to the West Yorkshire ICB Board. The reports are now presented at the WDHCP committee formal meeting on 6 June to be ratified in a public setting.

However, since the implementation of the consolidated governance function on 1 April, an initiative has been put in place to bring a consistent approach to the production of minutes across all the WY committees and place committees and their sub-committees and, to achieve this, a further change is recommended to the terms of reference of the committee and the sub-committees. The change aims to standardise a consistent offer across the consolidated team and establish mutual accountability and expectation around submission of reports and production of minutes, including process and timescales. To this end, it is being recommended that the terms of reference of all committees and sub-committees be aligned to the following provisions:-

- The minutes of the meeting will be drafted, and quality checked by the relevant lead officer, within ten working days of the meeting;
- The draft minutes will be sent to the relevant lead Director and Chair for review within a further five working days; and
- The draft minutes will be distributed to all members and attendees of the meeting, following review by the Chair, within one calendar month of the meeting (applicable to all bi-monthly and quarterly meetings).

As part of the year-end committee work each Place Committee was asked to submit a standard template to form part of the West Yorkshire Integrated Care Board (ICB) Annual Report 2023-24. The Wakefield Place contribution is attached at Appendix A. This details Committee membership, attendance, key achievements of the Committee 2023-24 and future developments for 2024-25.

The Committee is asked to approve the Wakefield Place contribution of the West Yorkshire Integrated Care Board Annual Report 2023-24 at Appendix A.

It should be noted that Wakefield Place will produce a dedicated Annual Wakefield District Health and Care Partnership Report 2023/24 which will include more detail of the significant amount of transformative, innovative work alongside business-as-usual that has taken place across our system in the past year.

As part of the end of year review the following items are also attached as appendices for approval/discussion/note by the committee:
Appendix B – Revised Wakefield District Health and Care Partnership (WDHCP) Committee Terms of Reference (approve)
Appendix C – WDHCP Committee Effectiveness Survey 2023-24 Results (note)
Appendix D – The WDHCP Workplan for 2024-25 (agree)
Appendix E – Meeting Schedule for 2024-25 (note)

The Committee is asked to approve / discuss / note the appendices attached B – E.

Discussions took place relating to Wakefield Place formal assurance arrangements and following the development session on 18 April it was agreed that further discussions would take place at the Integrated Assurance Committee (IAC) on 24 April 2024. Discussions and a review of the Terms of Reference took place on 24 April at the IAC and those revisions to the Terms of Reference are brought forward to the committee attached at Appendix F.

The Transformation and Delivery Collaborative discussed its Terms of Reference on 21 May 2024 and the revised Terms of Reference are attached at Appendix G.

The Committee is asked to approve the revised Integrated Assurance Committee Terms of Reference at Appendix F.

The Committee is asked to approve the revised Transformation and Delivery Collaborative Terms of Reference at Appendix G.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development
Recommendation(s)
The Wakefield District Health and Care Partnership Committee is asked to: 1. Approve the Wakefield District Health and Care Partnership (WDHCP) contribution of the West Yorkshire Integrated Care Board Annual Report 2023-24. 2. Approve the revised Wakefield District Health and Care Partnership Terms of Reference 3. Note the results of the WDHCP Committee Effectiveness Survey 2023-24 4. Agree the WDHCP Workplan for 2024-25 5. Note the meeting scheduled for 2024-25 6. Approve the revised Integrated Assurance Committee Terms of Reference. 7. Approve the revised Transformation and Delivery Collaborative Terms of Reference.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
1. Appendix A - Wakefield District Health and Care Partnership contribution of the West Yorkshire Integrated Care Board Annual Report 2023-24 2. Appendix B – Revised Wakefield District Health and Care Partnership (WDHCP) Committee Terms of Reference 3. Appendix D – Committee Effectiveness Survey 2023-24 Results 4. Appendix C – The WDHCP Workplan for 2024-25 5. Appendix E – Meeting Schedule for 2024-25. 6. Appendix F – Revised Integrated Assurance Committee Terms of Reference 7. Appendix G – Revised Transformation and Delivery Collaborative Terms of Reference
Acronyms and Abbreviations explained
1. N/A

What are the implications for?

Residents and Communities	**Effective Committee arrangements will ensure the partnership delivers against its vision of the people of Wakefield District living longer, healthier and happier lives.**
Quality and Safety	**The Committee receives information pertaining to quality and safety as part of assurance arrangements.**
Equality, Diversity and Inclusion	**Reports to the Committee highlight equality, diversity and inclusion issues/risks**

Finances and Use of Resources	**An effective Committee ensures that finances and use of resources is appropriate.**
Regulation and Legal Requirements	**The Committee operates within regulation and legal requirements under its powers of delegation from West Yorkshire Integrated Care Board.**
Conflicts of Interest	**These are considered for items presented to the Committee and noted where appropriate.**
Data Protection	**N/A**
Transformation and Innovation	**The Committee receives information pertaining to transformation and innovation as part of assurance arrangements.**
Environmental and Climate Change	**N/A**
Future Decisions and Policy Making	**The Committee receives information pertaining to future decisions and policymaking as part of assurance and approval arrangements.**
Citizen and Stakeholder Engagement	**The Committee receives information pertaining to citizen and stakeholder engagement as part of assurance arrangements.**

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Thursday, 22 February 2024 - 9.00am – 12.00 noon, 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
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
Stacey Appleyard	Senior Responsible Officer, Healthwatch Wakefield
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
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
Gemma Gamble	Senior Strategy and Planning Manager
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Graham Dobbs	Information Analyst, Mid Yorkshire Teaching Trust
Chris Dugher	Health Improvement Specialist, Wakefield Council
Sally Prus	Quality Manager, Wakefield ICB
Gareth Winter	Finance Manager, Wakefield ICB
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Claire Goodhand	PMO Officer, Wakefield ICB
Debbie Brewin	Chief Operating Officer, Trinity Medical Centre
Joanna Dunne	Senior PMO Manager, Wakefield ICB

Apologies

Name	Organisation
Adam Sheppard	Chair of Professional Collaborative Forum
Abdul Mustafa	PCN Representative, PCN Clinical Director
Chris Evans	Chief Operating Officer, MYTT
Dominic Blaydon	People Alliance
Paulette Huntington	Deputy Chair of the People Panel
Steve Knight	CEO, Conexus
David Thorpe	Housing and Health Group
Natalie Tolson	Head of BI and Performance, Wakefield ICB
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Linda Harris	Joint SRO Workforce
Jackie Tatterton	Head of PMO, MYTT
Wendy Quinn	Director of Operations, MYTT
Clare Offer	Consultant in Public Health, Wakefield Council

Administration

Agenda No	Minutes
1	**Welcome and apologies** MB welcomed everyone to the meeting. She advised that much of the agenda was taken up to discuss transformation schemes which would contribute towards the financial planning round. She urged colleagues to use their experience and knowledge to share their thoughts on the proposals from programmes and alliances reminding people to treat the information as confidential at this stage of discussions. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest noted.
3	**Minutes of the meeting held on 16 January 2024** The minutes of the meeting held on 16 January 2024 were agreed as a true and accurate record. It was noted that Jon Parnaby's job title should be amended to reflect he worked in a system role for the ICB and MYTT.
4	**Action Log** The action log was updated as follows:

Agenda No	Minutes
	Action 3 – Maturity Matrix and Action 17 – NHS Impact Tools. It was noted that both actions were on the day's agenda however these might be deferred due to the number of items to discuss.
5	**Programme Highlight Reporting: Escalations by exception** The Programme Highlight Reports were noted: **Children's Alliance** – No specific escalations to note. JL advised that a robust evaluation of the paediatric hub was taking place and a paper would be brought back to TDC in this regard. **Action: Paper on the findings of the evaluation of the paediatric hub to be brought back to the May meeting.** **Planned Care** – JB advised that Junior Doctors were undertaking industrial action up to 24 February. This would impact on performance. In response to a question from MB, JB advised that year-end cohort tracking of patients waiting 65 weeks and 52 weeks showed a significant overall improvement. There were currently over 3200 patients waiting over 52 weeks for treatment, but many specialities would 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 was valuable to acknowledge the outcomes of all the hard work that had been undertaken across place to achieve this despite the impact of ongoing industrial action. **Unplanned Care –** No specific escalations to note. JP provided a brief update advising colleagues that the robust planning across the system for winter had paid dividends with the interventions put in place being successful and although MYTT had gone into OPAL 4 a few times this had only been for brief periods of time. An early winter review would take place in March. It was noted that there were still significant challenges in relation to achieving the 4 hour standard with options being explored to mitigate this. **Learning Disability Alliance** – No specific escalations to note. ME advised that the LD Health checks were on track to achieve 75% completion by the end of March. There had been some health check coding issues but it was anticipated these would be resolved by February 2024. **Community Transformation** – Appointments had been made to 5 of the 6 INT lead roles. Funding for the INT Coordinator roles was still to be identified.

Agenda No	Minutes
	Mental Health Alliance – No specific escalations. It was noted that Wakefield continued to struggle with achieving the health checks for people with Severe Mental Illness (SMI) with actions being developed to improve this. ME advised there had been a dip in performance with Peri-natal mental health and a deep dive would take place to understand and address issues. It was **RESOLVED** that: The Transformation Delivery Collaborative: • Noted the updates from the Programmes and Alliances.
6	**Weight Management Services** JB introduced the item advising that work was taking place on the Wakefield local offer in addition to work taking place at West Yorkshire level. CD explained provision provided by Wakefield Council historically, currently and the future direction of the service. Demand had increased and although additional funding had been received this had further exacerbated demand with the service not able to keep up; additionally there had been some issues in relation to inappropriate referrals and communication. Future services would focus on early intervention and compassionate approach with education, activity and commissioned services such as slimming classes. An e-learning pilot was being trialled with families and young people in addition to work taking place with the 0-19 & Children's public health team. It was noted that the Tier 3 weight management service in Wakefield was currently paused and furthermore over the past eight years there had been a fragmented service. JB shared the results of a survey of people who undertook the services which indicated the need for change with the option of a multidisciplinary team approach being favoured. JB outlined the two approaches to the service going forwards: • There was currently a temporary offer with a provider to support the backlog of patients at tier 3 with a strict exclusion criteria and robust pathway. • Ongoing work to review substantive services, looking at NICE guidelines, developing pathways and identifying and understanding gaps to be addressed. JB referenced the weight loss medication which was available although the system would have to be ready for a smooth implementation of this as a system and it was believed this could not be achieved at present. In addition JB explained that there

Agenda No	Minutes
	was an interim pathway for bariatric surgery which could potentially provide a quicker service for this cohort of patients. In response to a question from CS, JB advised that a paper on a West Yorkshire approach to weight loss drugs was imminent. The financial aspect needed to be understood in terms of funding. JL highlighted a potential risk in terms of children and young people and a potential gap for those children and young people with challenging weight management issues that couldn't be addressed through the education system; JL and JB would be discussing this imminently. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the update on the Weight Management Service.
7	**System Financial Efficiencies and Investment Decisions** KP introduced the item referring back to the investment priorities which had been undertaken in the Autumn 2023 under the framework for investment paper, which provided process for investment and disinvestment, and this had been attached for information. Since that time the financial climate had become more challenging and each West Yorkshire place had delivered a presentation to SOAG on how they would contribute to system efficiencies to ensure the financial health of the West Yorkshire ICS. KP outlined the efficiencies that Wakefield place had been tasked with achieving and this was broken down by Wakefield ICB, Mid Yorkshire Teaching Trust, Adult Social Care (ASC) and Wakefield Council excluding ASC. It was noted that SWYFT for this purpose had been presented with Calderdale figures. The Wakefield ICB and providers had Quality Innovation Productivity and Prevention (QIPP) efficiencies to be implemented that contributed to the current estimated planning gap, in addition to those identified there were additional efficiencies which needed to be implemented to contribute to the overall WY ICB control total. Within the ICB each programme and alliance had been asked to prepare plans on how efficiencies would be made for the Wakefield ICB contribution to efficiencies and these would be presented later on the day's agenda.

Agenda No	Minutes
	An overview on progress to date was provided along with key risks to delivery of the efficiencies and next steps. Discussion took place including on whether there was the potential for double counting and this was noted as a risk. It was noted that renegotiation of contracts could result in significant savings and this was being explored by MYTT including discussions with NHSE on underfunded service delivery into other areas. It was emphasised that efficiencies and disinvestment would undergo an EQIA process to highlight any unintended consequences relating to quality, safety or disadvantage to protected characteristics so these could be mitigated or proposals changed accordingly. KP advised that colleagues from quality had been involved during the development of the framework for investment. Joanna Dunne (JD) from the PMO team provided an overview of the PMO handbook adding that this would be updated for 2024/25. The PMO would assist programmes and alliances by producing monthly dashboards on progress with their efficiency plans, prompting to consider risks and barriers to delivery in addition to helping to ensure correct plans and documentation was being used. KP advised that in addition to the detailed dashboards provided to each alliance and programme that TDC would receive a monthly summary on the progress of the QIPP efficiency savings. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the process and update on System Financial Efficiencies and Investment Decisions.
8	**System transformation priorities and reviewing proposals for efficiencies 24/25** Proposals for Quality Innovation Productivity and Prevention (QIPP) were provided by each programme and alliance lead. Plans detailed the transformation area, rationale for change, quality benefits and financial benefits. The proposals were an any early stage and in the majority of cases further work was required and engagement with key stakeholders. Discussion and challenge took place around the proposals and it was noted that changes to services in one area may have a detrimental impact in another area which is why it was so important to see proposals in the round and identify where this had the potential to happen so that it could be mitigated against.

Agenda No	Minutes
	MB thanked everyone for their proposals and openness and asked colleagues to provide refined proposals to KP by the following week. **Action:** **Colleagues to refine plans and send to KP by 1 March 2024.** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the proposals.
9	**Maturity Matrix** Due to time pressures it was agreed that this item would be discussed at the Transformation Peer Group meeting. It was **RESOLVED** that: The Transformation Delivery Collaborative: To take the item at the next Transformation Peer Group meeting.
10	**NHS Impact recommendations and next steps** Due to time pressures it was agreed that this item would be discussed at the Transformation Peer Group meeting. It was **RESOLVED** that: The Transformation Delivery Collaborative: To take the item at the next Transformation Peer Group meeting.
11	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no escalations for Committee.
12	**Any other business** RB referenced that there would be a Planning Day scheduled in April/May to showcase plans to colleagues within the partnership, a similar event which had taken place at MYTT had proved successful and it was hoped to replicate the format. The meeting finished at 12.07 hours.
Date and time of next meeting: Thursday 21 March 2024, 9:00am – 12.00 noon	

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Thursday, 21 March 2024 - 9.00am – 12.00 noon, MS Teams

Present

Name	Representing
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council (Chair)
Becky Barwick	Associate Director of Partnerships and System Development
Michala James	Senior Manager - Partnerships and System Development
Matt England	Planned Care Alliance, Associate Director of Planning and Partnerships, MYTT
Dasa Farmer	Senior Engagement Manager
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Rachel Gillott	System Partnership Director, Yorkshire Ambulance Service
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Sally Prus	Quality Manager, Wakefield ICB
Gareth Winter	Finance Manager, Wakefield ICB
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Paula Bee	Chief Executive, Age UK Wakefield
Paulette Huntington	Deputy Chair of the People Panel
Amy Whitaker	Place Finance Lead
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Linda Harris	Joint SRO Workforce
Jackie Tatterton	Head of PMO, MYTT
Natalie Tolson	Head of BI and Performance, Wakefield ICB (Item 7)
Sue Barton	Deputy Director of Strategy and Change, SWYPFT (Item 5)
Ruth Unwin	Director of Strategy, Wakefield ICB

Apologies

Name	Organisation
Mel Brown	Director of System Reform and Integration
Colin Speers	Executive System Healthcare Advisor

Name	Organisation
Adam Sheppard	Chair of Professional Collaborative Forum
Abdul Mustafa	PCN Representative, PCN Clinical Director
Chris Evans	Chief Operating Officer, MYTT
Dominic Blaydon	People Alliance
Jon Parnaby	Programme Manager for Urgent Care Redesign-unplanned Care, Wakefield ICB
Steve Knight	CEO, Conexus
David Thorpe	Housing and Health Group
Karen Parkin	Director of Finance, Wakefield Place
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Emma Hall	Chief Officer of Planning and Partnership, MYTT
Amanda Miller	General Manager, Wakefield Community Services, SWYFT
Wendy Quinn	Director of Operations, MYTT
Clare Offer	Consultant in Public Health, Wakefield Council
Peta Stross	Director of Integrated Health & Care Operations and Quality, MYTT & Wakefield Council
Stacey Appleyard	Senior Responsible Officer, Healthwatch Wakefield
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation
Gemma Gamble	Senior Strategy and Planning Manager

Administration

Agenda No	Minutes
1	**Welcome and apologies** NE welcomed everyone to the meeting and explained that she would be chairing on behalf of MB who was busy with the current SEND inspection; MB hoped to join later in the meeting. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest noted.
3	**Minutes of the meeting held on 22 February 2024** The minutes of the meeting held on 22 February 2024 were agreed as a true and accurate record.
4	**Action Log**

Agenda No	Minutes
	The action log was updated as follows: Action 3 – Maturity Matrix and Action 17 – NHS Impact Tools. It was noted that both actions had been placed on the TDC Peer Group agenda. Action 23 – Children's Paediatric Hub – this item had been added to the forward plan. Action 24 – System Transformation Efficiencies proposals – GW advised that some had been received into finance and were being worked through.
5	**SWYPFT Strategy Refresh** Sue Barton (SB), SWYPFT Deputy Director Strategy and Change, attended for this item SB guided the TDC through the presentation which provided details about the refresh of SWYPFT's Trust Strategy. The presentation was part of the engagement of partners and encouraging people to provide feedback to help the Trust formulate the refresh of the Strategy and provide insight into refreshing their Digital Strategy and Equality, Improvement, Communication and Membership Strategy which would take place later in the year. It was noted that a Clinical Strategy was also being developed. SB outlined the involvement approach which had been undertaken including using existing insight, workshops, governors and members, voluntary and community sector and connecting to communities; it was hoped to get a wide range of responses from a variety of parties. It was noted that significant engagement had also been undertaken with the Trust's workforce. SB shared the survey link for TDC colleagues to complete the survey and then invited the TDC to share any feedback they would like to provide with the following points made: • Connectivity with the Health Inequalities work could be greater. • Organisation Digital strategies should be more joined up across the place. • Questioned whether SWYPFT's visibility to the general public was great enough; did the general public know what SWYPFT did. • The importance of mental health across a whole range of health issues and whether pathways could look at some mental health support early in the pathway. • Cross working could be improved and working differently for better outcomes. • Work between YAS and SWYPFT to get the best outcomes for patients with mental health needs.

Agenda No	Minutes
	• Rotational roles to be explored between YAS and SWYPFT. • The role of the Mental Health Alliance and articulating the different services and levels of support for mental health. • How mental health was funded. • Cross alliance conversations to address issues as a system. SB thanked everyone for their feedback which had been useful. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the presentation on the SWYPFT Strategy Refresh.
6	**Programme Highlight Reporting: Escalations by exception** The Programme Highlight Reports were noted: **Children's Alliance** – No report received due to the SEND inspection. **Planned Care** – **Fragility in ENT and Gynaecology:** ENT and Gynaecology remained fragile with plans in place for recovery. It was noted that Junior Doctors had voted to continue with industrial action which would impact on performance. **Unplanned Care –** Impact expected with the cessation of the ARI Hubs and Children's Observation Hub in the period leading up to and including Easter (information only). **Learning Disability Alliance** – No escalations. ME highlighted that Learning Disability week would take place on the week commencing 21 June with the theme of 'Do you see me' an exhibition would take place in Wakefield Cathedral. **Community Transformation** – No escalations noted. **Mental Health Alliance** – No escalations noted. It was **RESOLVED** that: The Transformation Delivery Collaborative: • Noted the updates from the Programmes and Alliances.
7	**Enabler Workstream Highlight Reports** **People Alliance** – Work was ongoing under each of the six pillars of the People Plan. The Economic Wellbeing Strategy promoted the health and care sector as a career and was one of the big ambitions of the strategy. There had been development of a

Agenda No	Minutes
	WDHCP Learning Platform and a joint approach to the provision of mental health first aider support. The Wakefield People Alliance sought clarification of the approval process for business cases. **Housing and Health** – It was noted that David Thorpe had a new role and Leanne Brown would be the Housing and Health representative for future meetings. Work was ongoing on all parts of the Housing Plan. **Healthcare Inequalities** – Raising awareness across alliances and programmes of the importance of consideration of health inequalities. Training offer on Unconscious Bias. Community of Practice event taking place on 14 May – TDC colleagues encouraged to attend. **Digital and BI** - GP practices would soon be able to view information in the Interweave Portal via SystemOne. The shared tenancy Business Case had been approved. Age UK would bring their data into the linked data model. Work on-going to review performance reporting and aligning to the Outcomes Framework. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the highlight reports from the Enabler Workstreams.
8	**Embedding quality in priority programmes** Dasa Farmer (DF) and Sally Prus (SP) presented this item SP and DF guided the TDC through a presentation on embedding quality in priority programmes which provided details of the journey to date and an update on the quality and involvement in priority programmes. SP explained the quality improvement aspect: • Using QI methodologies – an initial self-assessment on developing capacity and capability had been completed in December. • Quality Outcomes – a workshop had taken place on 7 March which was well attended and discussed common understanding and definitions. • Sharing and Learning – work had taken place with West Yorkshire Research and Development team to develop a guide for 'Starting with what we know' this provides an overview of the resources available to obtain research and patient and public experience.

Agenda No	Minutes
	DF outlined engagement aspect: • Engagement/Involvement – colleagues were invited to share learning and celebrate outcomes on the FutureNHS platform. • Using Insight – the Quality team would be able to support colleagues in conducting a thematic review of transformation work using the intelligence fed into the Quality Intelligence Group. • Coproduction – involving people with lived experience in the work undertaken. Colleagues were invited to share work they have undertaken in this regard. A 'Involvement Quick Guide' had been developed. The TDC discussed the presentation and it was noted the significant amount of progress which had been taken place on embedding quality in a short space of time. Colleagues had found workshops informative, interesting and engaging. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the presentation on embedding quality in priority programmes.
9	**Update on the SWYPFT Older People's Inpatient Consultation** Michele Ezro (ME) presented this item ME provided an update on the public consultation, which closes on 29 March, seeking views on proposals to create specialist inpatient wards for older people living with dementia and dedicated inpatient wards for people living with a functional mental health need (such as anxiety, depression or psychosis), in Calderdale, Kirklees and Wakefield. It was recognised that there would be concerns around travel and transport for patients and their carers/families and although these were low in numbers had the potential to create issues for those involved. A Transport Sub-group had been established and would meet for the first time the following week. This group would consider the options to meet the needs of patients and how best to support these. Communications had been done in a variety of different ways including written, face to face, posters, social media and online, letters and through the media. There had been a huge response to date and a summary of response data was shared to the group. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the updated on the SWYPFT Older People's Inpatient Consultation.
10	**Total Place Budget Approach**

Agenda No	Minutes
	Amy Whitaker (AW) presented this item AW introduced the item and reflected on the current challenging financial landscape which the public sector was operating within. AW thanked colleagues for the transformation efficiencies work which had been presented at the last TDC At the previous meeting concerns had been raised in relation to the potential for duplicating savings. AW assured the TDC that work had been undertaken to sense check proposals to ensure that no duplication was taking place. Also there had been a check that proposals did not have a negative impact on another proposal. A document had been pulled together which showed each programme/alliance proposal and under which organisation that sat within, the document had a RAG rating on the confidence of deliverability; the document was very much draft and a work in progress – it would be circulated following the meeting. Discussion took place with several comments raised: • Consideration of future planning to look at moving funds between organisations in the interests of patient outcomes. • Work in the independent sector and associated costs. • How did YAS fit into plans as they currently had a footprint across three ICBs and 15 places. • ASC savings targets and whether these impacted plans. AW would consider these and reminded colleagues who had not already done so to complete proposals for transformation efficiencies and send them to her. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the updated on the Total Place Budget Approach.
11	**Developing System Leadership Capabilities** Becky Barwick (BB) presented this item BB introduced the item explaining that developing system leadership across all the partners of the WDHCP was a key priority. It was one of the six priority pillars on the Wakefield People Plan and had links with and supported delivery of several of the other pillars. A small design group had been thinking about how to best increase and promote System Leadership across the whole of WDHCPs workforce and had been working on designing and delivery of an intervention. The design group proposed the intervention should:

Agenda No	Minutes
	• Aim to have a very broad reach across the workforce • Focus more on developing relationships and connections rather than on formal learning • Be delivered using existing resources • Be inclusive to all organisations in the partnership • Be a long-term commitment The design group proposed the intervention be called 'Wakefield Together' with a strap line of 'Joined up working for better health and care'. The intervention was aimed at the whole workforce across the partnership and so would take several years to reach everyone. BB outlined the proposed structure and content advising that a cohort would consist of approximately 40 colleagues and would take three months to complete. Each Month would have a different focus and there was a strong emphasis of work shadowing. It was aimed to deliver the first cohort in September 2024. An evaluation process would take place. It was noted that initially colleagues would be asked to self-refer to take place in the intervention and it was hoped to attract people who would share their enthusiasm and create a bit of a 'buzz' around the scheme so that others would feel compelled to take part. It was expected that the costs would be minimal and would relate to venue, catering, printing and merchandise and was anticipated to be no more than £10k per annum. The TDC welcomed the proposals and it was noted that it was likely the proposals would be agreed at the People Alliance. It was **RESOLVED** that: The Transformation Delivery Collaborative: a. Noted and commented on the proposal to develop and run an internal System Leadership intervention as key critical friends. b. Agreed to be advocates for the intervention by joining early cohorts and helping to spread the word. .
12	**Proposal to embed assurance functions within the TDC** This item was presented by Ruth Unwin (RU) RU updated colleagues in relation to ongoing work reviewing the assurance and governance at Wakefield Place. This followed the WYICB decision to move their governance and assurance cycle to a quarterly cycle with places following suit.

Agenda No	Minutes
	The Integrated Assurance Committee met bi-monthly and received papers around Finance, Performance and Activity, Quality, Safety and Experience and the WDHCP Risk Register, amongst other less frequent reports. The papers provided assurance or escalation to the committee in relation to these areas and the IAC provided a space for in depth discussion and onwards escalation to the WDHCP if necessary. For some time there had been concern that the IAC did not have the right people to talk though some of the issues raised by the papers presented. To address the proposals had been developed to trial that every third month the TDC would operate as an assurance committee, with the same membership as the current TDC but with the addition of independent member representation and other key colleagues. It was believed that this would offer the right balance of assurance, scrutiny and challenge with operational colleagues in the meeting who would be able to answer the probing questions. A draft Terms of Reference for the assurance meeting would be developed and there would be a sense check to ensure the proposed arrangements were working effectively. The TDC discussed the proposals and believed the proposals were sensible and proportionate. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the proposals and updated to embed the assurance function within the TDC.
13	**Next steps for system efficiency schemes and Transformation Delivery Plan refresh** GW advised that a number of schemes had been submitted to the finance team and these were currently being worked through. Work was taking place with the PMO to establish a reporting and assurance mechanism to enable reports to be brought to the TDC on progress. BB added that it had been hoped that proposals had been finalised at this stage and this meeting would sign those off, however due to the timescales this had not been possible.

Agenda No	Minutes
	BB advised as no national operational planning guidance had been issued to date and therefore no final clarification in relation to finances that it was not appropriate to update on the Transformation Delivery Plan refresh as some of this work was dependent on the operational planning guidance. It looked likely that the final planning submission would be required in June.
14	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no escalations for Committee.
15	**Any other business** There were no items under any other business. The meeting finished at 11.21 hours.
Date and time of next meeting: Thursday 30 April 2024, 14:00 – 17.00	

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday, 30 April 2024 - 14.00 – 17.00 hours, MS Teams

Present

Name	Representing
Mel Brown	Director of System Reform and Integration (Chair)
Colin Speers	Executive System Healthcare Advisor (from 16.00 hours)
Becky Barwick	Associate Director of Partnerships and System Development
Michala James	Senior Manager - Partnerships and System Development
Matt England	Planned Care Alliance, Associate Director of Planning and Partnerships, MYTT
Michele Ezro	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Rachel Gillott	System Partnership Director, Yorkshire Ambulance Service
James Brownjohn	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Joanne Lancaster	Governance Manager – WDHCP (minutes)
Amrit Reyat	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Pravin Jayakumar	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Jackie Tatterton	Head of PMO, MYTT
Emma Hall	Chief Officer of Planning and Partnership, MYTT (up to 15.45 hours)
Grace Owen	Senior Transformation Manager, Wakefield ICB (Item 8)
Samiullah Choudhry	Head of Medicines Optimisation, Wakefield ICB
Emma Hankinson	Senior Mental Health Alliance Lead, South West Yorkshire Partnership Foundation Trust
Steve Knight	CEO, Conexus
Peta Stross	Director of Integrated Health & Care Operations and Quality, MYTT & Wakefield Council
Amanda Miller	General Manager, Wakefield Community Services, SWYFT
Claire Goodhind	Head of PMO, West Yorkshire ICB
Laura Elliott	Senior Head of Quality, Wakefield ICB
Clare Offer	Consultant in Public Health, Wakefield Council
Jon Parnaby	Programme Manager for Urgent Care Redesign-unplanned Care, Wakefield ICB
Jenny Lingrell	Service Director, Children's Health and Wellbeing
Tilly Poole	Adult Community Transformation, Programme Lead for Community Transformation

Name	Representing
Abdul Mustafa	PCN Representative, PCN Clinical Director
Karen Parkin	Director of Finance, Wakefield Place
Clare Elliott	Service Director Economic Growth and Skills, Wakefield Council (Item 6)
Gemma Gamble	Senior Strategy and Planning Manager, Wakefield ICB
Chris Skelton	Associate Director of Primary Care, Wakefield ICB

Apologies

Name	Organisation
Nichola Esmond	Service Director Adult's Social Care, Wakefield Council
Dasa Farmer	Senior Engagement Manager
Adam Sheppard	Chair of Professional Collaborative Forum
Gareth Winter	Finance Manager, Wakefield ICB
Chris Evans	Chief Operating Officer, MYTT
Dominic Blaydon	People Alliance
Linda Harris	Joint SRO Workforce
David Thorpe	Housing and Health Group
Natalie Tolson	Head of BI and Performance, Wakefield ICB
Sue Barton	Deputy Director of Strategy and Change, SWYPFT
Wendy Quinn	Director of Operations, MYTT
Stacey Appleyard	Senior Responsible Officer, Healthwatch Wakefield
Paula Bee	Chief Executive, Age UK Wakefield
Paulette Huntington	Deputy Chair of the People Panel
Amy Whitaker	Place Finance Lead

Administration

Agenda No	Minutes
1	**Welcome and apologies** MB welcomed everyone to the meeting and explained the purpose of the meeting for colleagues who had not attended before. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest noted.

Agenda No	Minutes
3	**Minutes of the meeting held on 21 March 2024** The minutes of the meeting held on 21 March 2024 were agreed as a true and accurate record.
4	**Action Log** The action log was updated as follows: Action 23 – Children's Paediatric Hub – this item had been added to the forward plan for May. JL advised that meetings with system partners had taken place and early indications were that the hub had reduced ED attendance for children. The evaluation would be fed into the business case for a more permanent hub solution. Action 24 – System Transformation Efficiencies proposals – these had been further refined and would be discussed later on the day's agenda. MJ confirmed that papers for the next meeting would be due on 14 May.
5	**Programme Highlight Reporting: Escalations by exception** The Programme Highlight Reports were noted: **Community Transformation Programme** – TP provided an update to the group advising that a recruitment campaign was taking place for the Care Coordinator roles which would work as part of the Integrated Neighbourhood Teams. A meeting with primary care colleagues was due to take place on 9 May to discuss the role of the integrated care teams. A report and audit had taken place on End of Life Care looking at training across the system; this had highlighted some gaps and some efficiency improvements. PS added that the Community Transformation programme was evolving and would be reviewed and refreshed and she would welcome system partner input into this. Discussion took place in relation to funding for 2024/25 with particular reference to the Kirklees element. PS and KP to have an off-line conversation in relation to funding for 2024/25. **Mental Health Alliance** – It was noted that funding to the Voluntary, Community and Social Enterprise (VCSE) sector was not stopping where recurrent funding had been agreed. Depending on what the Mental Health Investment Standard (MHIS) protocol dictated would depend on whether projects that had been awarded non-recurrent funding continued to receive that. Those projects which had received non-recurrent funding had applied for it to be non-recurrent and are aware that it would not be extended if further funding was not available.

Agenda No	Minutes
	In relation to SMI Health checks ME advised that following detailed data analysis a programme of work is being developed to address the gap in performance. ME escalated the following: • The alliance was still waiting to hear about the MHIS and Sustainable Development Funding (SDF). The Adult Crisis SDF will be top sliced for for Mental Health 111 and Suicide Prevention and the Community Mental Health SDF will be top sliced for the regional gambling support offer and rough sleepers. ICB finance are working on Place allocations. • Public Health is leading a review of support provided to asylum seekers in the context of the government's Rwanda scheme. KP advised that it was hoped that funding allocations would be communicated by the end of the week. **Planned Care Alliance** – It was noted that the 78-week wait had been eliminated by 31 March 2024 for all services although there had been some challenges since that date. **Learning Disability Alliance** – ME confirmed that 83% of learning disability health checks had been achieved. It was expected that the national data would confirm this. **Children's Alliance** – The SEND report would be added to a future agenda for discussion. A deep dive of ASD waiting lists had taken place at the ANP Board. An agenda item on Healthy Weight for Children and Young People would be added to the September agenda. **Unplanned Care Alliance –** It was noted this was the last report of the Urgent and Emergency Care Transformation Board. Future reports would come from the new Unplanned Care Alliance. Trust wide performance against the 4-hour standard continued to be below the target 76% for 2023/24 with the final outturn of the year being 70.1%; this had been an improvement for MYTT. As a West Yorkshire system the 76% had been achieved. The target for 2024/25 was 78%. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the updates from the Programmes and Alliances.
6	**Wakefield Council Economic Wellbeing Strategy** Clare Elliott (CE), Service Director Economic Growth and Skills attended for this item

Agenda No	Minutes
	CE guided the TDC through a presentation which detailed the Council's Economic Wellbeing Strategy which aimed to improve the wellbeing of people and communities on the Wakefield District by nurturing a just economy which builds on what works well and boldly tackles what doesn't. The strategy contained three ambitions: • Ambition 1 – Deliver a just transition for Wakefield's carbon intensive businesses and springboard our key industries of the future. • Ambition 2 – Generate high quality and rewarding employment for Wakefield's growing population. • Ambition 3 – Drive more Wakefield businesses to work for the benefit of Wakefield. Each ambition had a number of missions sitting beneath them with the expected results. The Health and Social Care sector was the third largest employer in Wakefield and was a growing sector. As part of the strategy under ambition 1 the aim would be to grow key quality sectors in health and social care alongside digital and low carbon. To achieve the growth in health and social care would require collaboration between partners, bring together key plans such as Economic Wellbeing Strategy and NHS (Wakefield) People Plan and internally join up activity within adult health and communities. The Economic Wellbeing Strategy would be launched in June 2024. Discussion took place in relation to the People Alliance and it was confirmed that CE was already linked in with the alliance. Anchor Institutions were discussed as was the possibility of a network of organisations to combine recruitment activities. RG would liaise with CE outside of the meeting in relation to Yorkshire Ambulance Service. It was agreed that an update on progress be bought back in six month's time. **Action:** **An Economic Wellbeing Strategy progress update to be brought back in six month's time.** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the Economic Wellbeing Strategy presentation.

Agenda No	Minutes
7	**YAS Strategy and Wakefield Population Demand Profile** Rachel Gillott, System Partnership Director, Yorkshire Ambulance Service RG guided the TDC through a presentation relating to YAS' Strategy, performance data and improvement opportunities. The Strategy had four bold ambitions: • Patients • People • Partners • Planet and Pounds YAS aimed to deliver the most clinically appropriate response for every patient, whenever and wherever they needed it. Care would be personalised and joined up with the wider health and care system. The aim was to provide more care and treatment closer to home, in people's homes or communities. RG shared some data specifically in relation to YAS' response for residents of Wakefield: • During April 23 – Feb 24 YAS received C.68,000 calls into the 999 service for Wakefield patients. • Demand per person was slightly higher in Wakefield than the Yorkshire average and had the 2nd highest demand (in West Yorkshire) for calls to the 999 service per 100,000 population at an average of 57.2 per day compared to West Yorkshire average of 56.1. • Breathing problems, Convulsions, Overdose/poisoning and Psychiatric/suicide all had higher than average response rates per 1000 in Wakefield. • 44.5% of demand came from the bottom 20% most deprived areas, whereas just 34% of the population lived in these areas. • 44.9% of demand came from people aged 65 and above, despite this group only making up 19% of the Wakefield population. People in this age range had a higher conveyance rate than most other age groups. Discussion took place in relation to the presentation particularly in relation to rotational paramedic and other roles and the benefit these brought to the system. It was noted that discussions were taking place between YAS and the Adults Community team in relation to understanding the neighbourhood team model. YAS had 1000+ Community First Responder volunteers and there were discussions to have in regards how these could be utilised across the system. It would be helpful to discuss the conveyance pathway for children in terms of the Children's Observation Hub.

Agenda No	Minutes
	RG welcomed the comments and would pick these up with relevant colleagues outside of the meeting. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the details of the presentation.
8	**MSK Redesign** Grace Owen (GO) presented this item GO introduced the item which was to inform the TDC of the intentions for MSK and Pain Service redesign. She emphasised that due to the commercially sensitive nature of the business case that there were significant limitations on what could be shared with the group. Therefore this would be a high-level update which did not contain any level of detail. GO explained the context for the redesign of the service, what services were currently available in the Wakefield district and some of the issues within the service which needed to be addressed to ensure patients were getting the best service and outcomes. GO outlined the next steps. Discussion took place in relation to the presentation and it was acknowledged that the model should suit the population's needs. When the business case was developed it should include information around the benefits for residents and a clear model of care. The timeline the team was working to was shared with the aim of the new service mobilisation being by July 2025. It was acknowledged this may get delayed. It was **RESOLVED** that: The Transformation Delivery Collaborative: • Received the update for information. • Commented on things appropriate for consideration prior to the submission of the developing business case.
9	**Total Place Budget update** Karen Parkin (KP) presented this item KP provided an overview on the total place budget advising that the West Yorkshire ICB position had been agreed the previous day and the final submission would take

Agenda No	Minutes
	place on Thursday, 2 May. Work was still ongoing to see whether there could be any improvements to the position and authority had been delegated to the Chair, Rob Webster and Jonathan Webb to sign-off the final submission. As of the 29 April there had been a West Yorkshire wide deficit of £99.4m with the Wakefield position being: • MYTT - £34m deficit • SWYPFT – breakeven • Wakefield ICB - £5m surplus. The following efficiency savings had been agreed: • MYTT – 5.4% (£39.3m) • SWYPFT – 5.8% (£22m) • Wakefield ICB – 2.2% (£6.6m) Each organisation had plans for efficiencies with the ICB efficiency plans being shared with the TDC later on the agenda. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the information relating to the Total Place Budget Update.
10	**Third Sector Framework** Scot Copeland, Contracts and Grants Manager and Helen Betts, Senior Project Support Officer presented this item SC explained that the Third Sector Framework was a partnership between Nova Wakefield District, Wakefield Council, Wakefield Health and Care Partnership and Young Lives Consortium. It was an open, fair and transparent way of allocating funding to VCSE organisations across the Wakefield District with a focus on Health and Wellbeing services. To date £2.5m of funding had been distributed through 13 funding opportunities. There was 131 VCSE members across three membership tiers. The framework had supported members with governance, policies and procedures and bid writing. SC explained the reason for using the Third Sector Framework which was around a single coordinated approach, confidence that members met the strict eligibility criteria and had gone through a rigorous application and evaluation process, developing and sourcing coproduction opportunities and supporting members with developing their organisation capacity building. The Framework process was shared with members.

Agenda No	Minutes
	HB outlined a case study on the Thinking Differently Development Fund (Mental Health Alliance). The commissioner feedback had been positive citing that community groups who had been given funding had passed all the due diligence processes and the framework had provided some strong, robust and transparent bids. Discussion took place in relation to the framework with some colleagues having used it to deliver contracts. There was a query relating to the Local Authority use of the framework due to legal and procurement rules and SC would check if this was still relevant. MB pointed the link with the earlier agenda item on the Economic Wellbeing Strategy. She thanked SC and HB for the presentation and the success of the framework in Wakefield. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the Third Sector Framework presentation.
11	**System efficiency schemes and Transformation Delivery Plan refresh** **Revised QIPP targets for programmes and final efficiency schemes** Each lead from the alliances/programmes shared the efficiency plans and the actions required to ensure these would be delivered. It was noted that efficiencies had been reduced from those that were outlined in February with comments made at that meeting considered and addressed in these plans. KP shared a spreadsheet providing assurance that there was not duplication in the efficiency targets. Discussion took place in relation to ensuring that Equality, Quality Impact Assessments and that priority would be to undertake those where there were proposals to change a service. It was noted that EQIAs would still be required for those that proposed a delay, pause or not going ahead with a plan. KP outlined the process for monitoring progress against the efficiencies and this would be managed through the PMO team and reported at each TDC meeting. **It was RESOLVED that:** **The Transformation Delivery Collaborative:** • **Noted the efficiency savings presented at the TDC.**

Agenda No	Minutes
	Transformation Delivery Plan refresh Becky Barwick (BB) presented this item BB advised that the final version of the plan would be brought to the TDC on 21 May. There would be an updated narrative from programmes and alliances and an action plan for 2024/25. Following TDC on 21 May the plan would go to Wakefield District Health and Care Partnership for final approval. BB referenced the Planning and Priorities day which had taken place on 26 April and feedback from that day had been incorporated into the plan. There was an emphasis on local priorities and health inequalities. Themes highlighted on the day included homelessness and obesity. MB added this was a high-level plan. BB would email TDC members with the remaining asks and timescales by the end of the week. **It was RESOLVED that:** **The Transformation Delivery Collaborative:** • **Noted the update on the Transformation Delivery Plan.**
12	**West Yorkshire Transformation Programmes** Mel Brown presented this item MB advised that Esther Ashman would be invited to the next TDC meeting to talk through the West Yorkshire Transformation Programmes. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the update.
13	**Items for escalation to Wakefield District Health & Care Partnership Committee** There were no escalations for Committee.
14	**Any other business** There were no items under any other business. The meeting finished at 17.04 hours.
15	**Papers for information** **TDC effectiveness survey results** **Performance report**

Agenda No	Minutes
	MB thanked colleagues for completing the committee effectiveness survey which would help some of the thinking in relation to the review of the Terms of Reference. The Performance report was noted and it was suggested that this was used alongside the highlight reports to provide a rounded picture.
Date and time of next meeting: Thursday 21 May 2024, 14:00 – 17.00	

Wakefield District Health & Care Partnership - Minutes

Integrated Assurance Committee

28 February 2024, 14.00 – 16.00, Microsoft Teams

Present

Name	Title, Organisation
Stephen Hardy	Non-Executive Member, Citizen Voice & Inclusion, Wakefield District Health & Care Partnership
Penny Woodhead	Director of Nursing and Quality, Kirklees, Calderdale and Wakefield Places
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
Maddy Sutcliffe	Voluntary Community and Social Enterprise representative
Jenny Lingrell	Service Director, Children's Health & Wellbeing, Wakefield Council
Abby Trainer	Director of Quality & Professional Standards – Adult Community Services, Adult Social Care & ICB

In attendance

Name	Title, Organisation
Laura Elliott	Head of Quality, Wakefield District Health & Care Partnership

Name	Title, Organisation
Joanne Lancaster (Minutes)	Governance Manager, Wakefield District Health & Care Partnership
Natalie Tolson	Head of Business Intelligence, Wakefield District Health and Care Partnership
Simon Rowe	Head of Contracting, Wakefield District Health and Care Partnership (Item 6 Only)
Gemma Gamble	Senior Strategy & Planning Manager, Wakefield District Health & Care Partnership
Sally Prus	Quality Manager

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
Karen Parkin	Operational Director of Finance, Wakefield District Health & Care Partnership
Clare Offer	Public Health Consultant, Wakefield Council
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

Administration Items

Agenda no	Minutes
1	**Welcome and apologies** SH advised that Richard Hindley was on leave and therefore he was chairing the meeting on his behalf. He welcomed everyone to the meeting. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations of interest.

Agenda no	Minutes
3	**Minutes of the meeting dated 25 October 2023 including action log and matters arising** The minutes of the meeting of 25 October 2023 were agreed as a true and accurate representation of the meeting. It was noted that all actions were closed on the action log. It was noted that December meeting papers had been circulated and no questions had been received in respect of those. There were no matters arising.

Main Items

Agenda no	Minutes
4	**Performance and Activity Report** Natalie Tolson (NT) presented this report. NT explained that the report presented the latest performance and activity including delivery against the NHS Strategic Oversight Framework, NHS constitutional standards, local transformation indicators and the better care fund. The activity section provides an overview of the Wakefield position against the NHS Operating Activity Plan and local provider activity and financial contract plans. NT advised that the report had further been developed so that it could satisfy a range of different meeting needs and that it had been structured to provide the focus where it was required. NT highlighted the following points: • Reduce the number of patients waiting for treatment (RTT) was above target for: ▪ incomplete pathways ▪ 52 Weeks ▪ 65 weeks ▪ 78 weeks Plans were in place at MYTT to eliminate the waits; noting that the waits were mainly centred around ENT, Gynaecology and T&O. • Cancer – 31-day decision to treat to treatment standard was slightly below target. • Cancer – 62-day referral to treat to treatment standard was below target.

Agenda no	Minutes
	Plans were in place to reduce the 62-day referral to treat to treatment standard and this aligned to one of the strategic ambitions of the Trust. • MYTT had achieved the diagnostics DM01 6-week standard since January 2023 and had consistently been in the top 8 Trusts since that time. • Trust-wide performance against the 4-hour standard in January 2024 was 66%, falling short of the agreed target of 72%. This position was maintained in line with December. • MYTT declared 176 >60-minute YAS handover breaches in January 2024, influenced by departmental crowding linked to system OPEL 4 pressures, although a decrease compared to December 2023 performance. • Overall the volume of admissions (via ED) was slightly above plan in January, with increased acuity in presentations – although overall non-elective admissions increased in December, along with increased length of stay (LOS) and a reduced number of discharges throughout the organisation compared to previous months. • The number of patients with no reason to reside (NoR2R) and the number of patients with 21+ day length of stay (superstranded) reached their highest levels in 12 months in January 2024. System partners continued to reflect challenges with capacity, particularly in relation to patients on pathway 2 and social work capacity. • Further work was required on patients being discharged on Pathway 0 and 3. • Wakefield continued to struggle with achieving targets for health checks for people with Serious Mental Illness (SMI) with all checks completed for 1,665 people compared to the 2,364 target. Work was ongoing through the steering group, ensuring key people and organisations were represented with updates shared at Mental Health Alliance Meetings. • Wakefield was on track to deliver the 75% LD health check target, with current performance reported at 46.9% (December YTD NHSE figures) despite coding issues that were likely to be having a negative impact on performance. • The number of children waiting for an ASD diagnostic assessment remained high at 1372 (January). • Mothers smoking at delivery had reduced. MB provided an update on the Trust 4-hour standard for A&E advising that the Trust had worked hard to achieve the standard but there had been significant challenges. There had been a collective agreement of the West Yorkshire Association of Acute Trusts) WYAAT to achieve 76% as a West Yorkshire system by the end of March

Agenda no	Minutes
	2024 with weekly monitoring taking place. Alternative pathways and other initiatives were taking place to enable MYTT to contribute to the collective target. A detailed report would be taken to the WDHCP on 7 March. In response to a question from MB relating to whether or not activity was being recorded for children and young people accessing mental health services, JL explained that it was a priority to address the technical issues on recording contacts with Compass and there would be a deep dive taking place on this at the April Mental Health Alliance. It was noted that Compass were managing significant demand. PW added that updates were being provided into Safeguarding in this regard. PW referenced the 12-hour A&E breaches which had seen a stepped increase since September. The quality team were looking at this and detail of this work was provided in the Quality report later in the agenda. A scheduled walkabout of A&E would take place to seek assurance that patients were safe whilst waiting. Further information would be reported to WDHCP on 7 March through the Quality report. **It was RESOLVED that:** The Integrated Assurance Committee: • **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	**Wakefield Place Finance Report 2023-2024 Month 6** Gareth Winter (GW) presented the paper. GW explained that the paper presented the 2023-24 financial position for Wakefield Place for the period ending January 2024 (Month 10). Key messages were as follows: • Wakefield ICB delegated budgets, a £0.9m surplus which was £5.0m off plan. • Mid Yorkshire Teaching NHS Trust, a deficit of £13.2m against a plan of breakeven. • South West Yorkshire Partnership NHS Foundation Trust, a break-even position which was on plan. • Risks to the achievement of the NHS financial positions were similar across all the Wakefield Place organisations. These were inflation risk, cost pressures caused by strike action, the achievement of elective

Agenda no	Minutes
	recovery and payment for the extra activity under ESRF, GP Prescribing and the challenging efficiency / waste reduction targets built into plans. Wakefield Council's forecast positions for month 8 (latest reported position) for health and social care was £1.5m adverse to plan. • Adults social care had a net overspend of £0.2m • Childrens social care had a net overspend of £1.3m • Public Health was forecast to be in line with plan at breakeven Work had been on-going across Wakefield Place and the West Yorkshire system to reduce cost pressures and at the request of NHSE a financial reset had taken place on 8 November 2023 which led to detailed analysis and actions during November and December. Funding had been allocated for the cost of the industrial action and elective recovery alongside a number of conditions. It was still anticipated that Wakefield and WY would achieve the overall Control Total. There were a number of risks relating to the achievement of this and work was ongoing in this regard. MB acknowledged the significant amount of work by colleagues from across the Wakefield system on the achievement of efficiency programmes. It was noted that to date no formal planning guidance for 2024-25 had been received by the ICB so financial and operational planning had been progressed based on a number of assumptions. It was acknowledged that there would be significant challenges for the financial year ahead. In response to a question from SH, GW advised that all five places across the WY ICB faced similar financial challenges and risks. **It was RESOLVED that**: Wakefield Place Integrated Assurance Committee: • **Noted** the Month 10 Forecast Year End Position. • **Understood** the financial risks contained within the forecast outturn and the mitigating actions being taken to manage these risks.
6	**Provider Selection Regime** Simon Rowe (SR) presented this item.

Agenda no	Minutes
	SR presented the paper which summarised the new legislation, the Provider Selection Regime ("the Regime"), for the award of contracts for all healthcare services. SR explained that the Regime was for the award of contracts for healthcare services and integrated health and social care services when the healthcare component was more than 50% of the contract value. It was noted the West Yorkshire ICB (and each Health and Care Partnership) would need to have the internal governance in-place to correctly and transparently award contracts through the Regime, and the West Yorkshire ICB's Financial Scheme of Delegation had been revised and had been presented to the Finance, Investment and Performance Committee in February 2024 for approval. SR advised that the use of the Regime would sit alongside the continued need to use the Public Contract Regulations (2015) for the award of contracts for goods and non-healthcare services. Further, the Regime must not be used for section 75 and section 256 agreements, the use of grants, or the commissioning of community pharmacy services. SR advised that he had presented the information at a number of meetings across Wakefield Place. **It was RESOLVED that**: The Integrated Assurance Committee: • Review the shared content on the Provider Selection Regime. • Specifically state any actions that they would like to be taken to facilitate how the Regime is understood and applied across the Wakefield District Health and Care Partnership.
7	**2023/24 Quarter 3 Quality, Safety and Experience report** Laura Elliott (LE) presented the report. LE summarised 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. LE took the paper as read and highlighted the following: • CQC report for two GP Practices noted some areas of outstanding practice. • The Mid Yorkshire Teaching Trust (MYTT) CQC report from the inspection in September 2023 was due to be published imminently. • There had been a National Paediatric Audiology Review which had highlighted

Agenda no	Minutes
	potential areas of concern in the majority of Trusts across West Yorkshire including MYTT. A West Yorkshire Oversight Group to monitor improvement plans and coordinate site visits had been established. • MYTT declared full compliance with requirements for the Year 5 Maternity Incentive Scheme (MIS). 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. • Two adult social care services were currently rated CQC Inadequate. These services were under formal enhanced quality surveillance and were receiving quality improvement support. One service was currently dormant. • Both MYTT and SWYPFT, had successfully transitioned to the Patient Safety Incident Response Framework (PSIRF) and their Patient Safety Incident Response Plan (PSIRP) had been signed off by Place. PW referred to the National Paediatric Audiology Review and advised this was a significant risk for MYTT, site visits would take place to feed into the WY Oversight Group; it had been agreed with the WYICB Medical Director to pause putting this on the ICB risk register until those site visits had taken place. PW highlighted that a National Patient Safety Alert regarding risks and management of sodium valproate prescribing had been issued. The ICB Medical Director was establishing a WYICB wide group to implement the new regulatory measures. It was noted that MYTT score for Sentinel Stroke National Audit Programme (SSNAP) had deteriorated in the latest published data. A review of records had identified that during July 2023 there had been a high number of people who self-presented to ED at Pinderfields or via YAS but with non-FAST symptoms (30% instead of the usual 15%). This had led to a higher proportion of patients presenting at ED instead of through the stroke pathway which bypassed ED and provided access to an immediate response for assessment and management of a potential stroke. The Trust continued to perform positively against SSNAP within the region, and a similar pattern of presentation was being seen in other local trusts. In response to a question from DT, PW confirmed that papers for IAC for December had been circulated to members and this included an update of SWYPFT CQC report within the Quality Update report. LE assured SH on his question in relation to strokes advising that MYTT was rated at B which was the second highest rating, and the Trust was the highest rated Trust in West Yorkshire.

Agenda no	Minutes
	It was RESOLVED that: The Integrated Assurance Committee: • Note the current place risks and assurances relating to quality, safety and experience; • Identify any further actions or assurance required.
8	**Infection Prevention Control Update** Laura Elliott (LE) and Jane O'Donnell (JOD) presented the report. JOD presented the report which provided an update on the work undertaken by the community Infection Prevention and Control (IPC) team during 2023/24 to date. It provided the 2023/24 healthcare associated infection (HCAI) data for Wakefield place and Mid Yorkshire Teaching Trust (MYTT) between April-December 2023. The report also described the risks to meeting the associated targets, along with the good practice and quality improvement work being undertaken and supported by the IPC team. The report aimed to demonstrate the breadth and reach of the IPC team, beyond traditional health and care services, and contributing to place and ICB priority programmes. JOD highlighted the following key points: • The team had supported refugees and asylum seekers in temporary accommodation by undertaking visits to offer advice on IPC measures, outbreak management and developing basic IPC advice for service users. • Worked with MYTT Adult Community Services on a Sub Cutaneous Fluids pilot project for Care Home patients with diarrhoea and vomiting to prevent admission to hospital. • Piloted the use of a Point of Care diagnostic test in care homes which was capable of diagnosing Flu A/B and SARS-CoV-2 to assist GP prescribing of appropriate treatment to improve patient outcomes and reduce the need for hospitalisation. • The team were involved in awareness raising and preparations for a potential increase in cases of measles - supporting MMR (measles, mumps, rubella) vaccination at the asylum seeker sites; supporting GP practices with preparations for measles cases; and developing measles action cards to facilitate outbreak management. **It was RESOLVED that**: The Integrated Assurance Committee: • Noted the report.

Agenda no	Minutes
9	**Wakefield Risk Register** Ruth Unwin (RU) presented this paper. 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 15 risks on the Wakefield Place Risk Register, two of which were marked for closure, leaving a total of 13 open risks. RU highlighted the following: • Risk 2329 which had decreased to a score of 16 – the risk related to the current financial year financial plan. There was still some uncertainty in relation to elective recovery funds so the score might increase. • Risk 2133 which related to risks around the delays in implementation of the Adult Social Reform White Paper at a national level – this was to bring the scoring in line with the Local Authority. • Risk 2409 which related to achievement of the A&E 4-hour standard – this was a new risk this cycle – the risk needed to be broadened out and controls and mitigations strengthening. In response to a question from PW it was clarified that risk 2401 related to the broader perspective of tier 4 beds for children and young people. MB referred to a risk relating to 12-hour breaches and whether this should be on the place register. LE referred to a potential risk in relation within Adult Social Care homes and capacity with two homes having enforcement action; this might reduce choice for residents. **It was RESOLVED that**: The Integrated Assurance Committee: • **Received** and **Noted** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Wakefield. • **Considered** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
10	**Future Governance Arrangements** RU updated the committee on future governance arrangements advising that as part of the Operating Model, WYICB had agreed to move to a quarterly meeting and assurance cycle. This would be ratified at the WYICB meeting on 19 March. It had

Agenda no	Minutes
	further been agreed that place cycles would align to WY cycle; therefore, Wakefield place meetings would move to a quarterly cycle from April 2024. Work had been taking place at Wakefield place to triangulate information and ensure that the right information was presented to the right people at the right time and avoiding duplication. A proposal around broadening the IAC to include TDC members was being worked up to discuss with key stakeholders. The assurance meeting would still have its own Terms of Reference relating to its oversight and assurance role. DT raised concerns around scrutiny and EQIA considerations bearing in mind the challenging year ahead. SH asked where concerns would be picked up between the quarterly cycle. RU advised that the new assurance arrangements would strengthen this as there would be broader representation of people at the assurance meetings who could respond to questions relating to operational issues or concerns. MB advised that TDC met each month with programme and alliance leads each bringing a highlight/escalation report to that meeting; this provided early indications should there be any concerns which needed flagging. There was also the executive function which had weekly meetings again issues and concerns would be highlighted here. Discussion took place in relation to the need to ensure proper scrutiny and challenge with the right people around the table with the balance of avoiding duplication and being mindful of people's capacity. It was noted that IAC provided the forum to have in-depth discussions in relation to topics at a system level which were raised through the various reports presented and this shouldn't be lost. It was noted that the CEOs of place did meet in addition to their own management teams. RU advised that proposals were planned to go to WDHCP in April and that it was intended that the assurance committee would still have that oversight and scrutiny across the Wakefield system and report onward assurance (or escalation) to the WDHCP Committee. **It was RESOLVED that**: The Integrated Assurance Committee: Noted the update.

Agenda no	Minutes
10	**Matters to escalate to WDHCP** There were no items to escalate to the WDHCP Committee.
11	**Items for escalation to other sub-committees** There were no items for escalation to other sub-committees.
12	**Any other business** There were no other items for discussion.
13	**Reflections on the Committee** Discussion took place in relation to the meeting and how constructive and helpful it had been including the space to look at some of the issues in detail. The meeting finished at 15.36 hours.
14	**Date and time of next meeting**: The next meeting was scheduled for 24 April 2023, 2.00 – 4.00 pm

Wakefield District Health & Care Partnership – Minutes

People Panel

11 January 2024, 10am – 12noon, via MS Teams/White Rose House

Attendees: Dáša Farmer (DF), Stephen Hardy (SH),
Paulette Huntington (PH), Glenys Harrop (GH), Sandra Cheseldine (SC),
Janet Witty (JW), John Nye (JN), Hilary Rowbottom (HR), Stacey Appleyard (SA)
Safeen Rehaam (SR), Aiden (A), Robert Ince (RI), David Mitchell (DM), Ross Grant (RG),
Joe Nicholson (JN)
Kate Trevelyan (minute taker), Tracy Morton (TM) Item 5, Sarah Mackenzie-Cooper (SMC) Item 6
Hester Rowell (HR) Item 7, John Brownjohn (JB) Item 8 Ryan Hunter (RH)/Matthew Burns (MB) Item 9

Apologies:

Ruth Unwin, John Nye, Zahida Mallard, Sandy Gillan, Carol Smith, Lynn Brook, Jill Long

Agenda no	Item	**Actions**
1	**Welcome and apologies**	
	SH welcomed everyone to the meeting and apologies were noted as above. Stacey Appleyard was attending the meeting in her new role as Interim CEO Healthwatch.	
2	**Declarations of interest**	
	There were no declarations of interest raised.	
3	**Minutes of meeting held on 30 November 2023**	

Agenda no	Item	Actions
	The minutes of the meeting held 30 November were agreed as a true and accurate record of the meeting.	
4	**Matters arising** There were no matters arising from the previous meeting that were not covered on the agenda. DF highlighted that the action log had been updated and included a slide presentation from the Quality Team (PN/LE) of the comparative information which had been requested at the last meeting.	
5	**Freestanding Midwife Led Unit in Pontefract**	
	Tracy Lewin (TL/TM) presented this item outlining the main themes of the change in midwifery services at Pontefract which included: • In 2019, birth services were temporarily suspended at Pontefract freestanding midwife led unit. • Alternative offers available of where to give birth. • Overall decision based on underutilisation of the facility, the safety issues particularly around staffing and quality of service. • Previous engagement with various parties highlighted suspension of births as a 24/7 service was required for viability. • Maternity unit will still be available with a range of antenatal care services along with other services (other than birth). • The proposal to permanently suspend the birthing provision at the freestanding midwife led unit was taken to WDHCP Committee on 9 January and was scheduled for a discussion at OSC meeting on 11 January. Media interest was noted.	

Agenda no	Item	Actions
	• The commitment on the Pontefract site and range of services still available at Pontefract were noted. Panel questions included: • RG - Impact on births moved to Pinderfields that would have taken place at Pontefract. TM responded that it was small (approximately 200 per year) and presented no significant impact on safety or quality of service. Choice of where to give birth was available not only at Pinderfields but at other hospitals such as Leeds or Barnsley. SH advised that it was an information exercise, and the Panel will be updated at the next meeting if anything emerges from the communications. • SA queried whether there was any information available which could be shared with Healthwatch and used to reassure people in response to requests. TM advised that queries should be sent to the Engagement inbox to capture queries raised. DF informed that it was important that any concerns were captured as it would support communications activity and messages. Also, DF suggested that a briefing document could be shared with colleagues. • RG commented that it was very important that the information was accessible to everyone (BSL, language). TM acknowledged the importance of this requirement. **Action: Update on MLU to be on next agenda if anything emerges from communications**	

Agenda no	Item	Actions
6	**Equality and Diversity Update:** • **Public Sector Equality Duty Report** • **Equality Delivery System 22 (EDS22)**	
6.1/6.2	Sarah Mackenzie-Cooper (SMC) gave an overview of the position of the Public Sector Equality Duty Report and the Equality Delivery System 22: • **Public Sector Equality Duty report** which highlights the statutory duties of the ICB. The Wakefield chapter is within the overall report and provides an overview of the work in progress (e.g. data activity, workforce) which will be presented to the Quality Committee to meet the statutory deadline of the end of February. SH wondered if Wakefield were working in the right way and pace as others across West Yorkshire. SMC advised that every area was different, and that Wakefield was working seamlessly and consistently with good work particularly in respect of refugees and accommodation. But there was more work to do. A new EDI Lead for West Yorkshire ICB started in September and the role aims to bring the EDI agenda across West Yorkshire together more effectively. • **Equality Delivery System 22** (Previously EDS2 but now EDS22 updated version) The EDS is the ICB's way of reviewing quality performance across West Yorkshire to ascertain progress. Calderdale, Kirklees and Wakefield places have worked together to produce the ICB work feedback from three different service areas which were covered at three events: Wakefield	

Agenda no	Item	Actions
	(Maternity), Bradford (Respiratory) and Leeds (Mental Health). • More work to do across the system before public engagement (in line with statutory duty). • Workforce report engagement with staff and leadership – full report available if required. • An equality impact assessment has been developed and will be updated as we move through the programme. • Email any questions to allow time to update to reflect on impact. Panel questions included. • RG queried the position for Wakefield (maternity/mental health). SMC responded that health inequalities in maternity was significant as women of colour are more likely to have a difficult birth and Health inequality due to deprivation. It was recognised that since Covid, children/ young peoples' mental health was not getting the funding required. Respiratory is a priority to be considered under the Core 20 plus 5 work). SMC asked for further questions to be emailed to s.mackenzie-cooper@nhs.net SH commented that any focus outside of the normal business should be considered for the agenda to inform the People Panel and support a wider discussion.	
7	**Community Diagnostic Centres**	
	Hester Rowell (HR) provided an overview of the main themes which included:	

Agenda no	Item	Actions
	• Delivery programme within communities to separate from hospital acute care to align pathways for accurate diagnosis. • The site for Wakefield was Ings Road (off retail park). Location chosen as best bus route services, parking and proximity to other services. • Services will include MRI, CT scans, ultrasound, phlebotomy, ophthalmology, cardiac physiology, respiratory physiology, taking images to support a 2 week cancer pathway and will support the vision within Planned Care update, later on the agenda. • Building delivery includes refit, operational planning and staffing with finalisation anticipated last week in March 2024 • Experience of redesign methodology walk through. Three months after opening, 'service user' walk through to note areas of improvement for public comment. • CDC comms for public awareness (social media, podcast) People Panel question were: • Query around how intelligent the diagnostics would be. JB responded that the CDC would be an extension of radiology. It is the pathway to focus on to evidence findings to develop an efficient pathway. • PH: a member raised concern about parking if their appointment overruns the parking limit (two hours?). HR advised that they have access to the online portal so that patients could register their car registration number on arrival to avoid a fine if overrunning. • RI: Concern in connection with Pinderfields and the mobile scanner units which were using disabled parking at the front	

Agenda no	Item	Actions
	access. HR responded that one unit had been removed but the other unit was still in use as it was a long-term piece of work to support scanning capacity in the hospital. The long-term use of disabled spaces was not ideal, and a solution was being worked on. • RG: How confident are you in respect of staff levels to cover the CDC work. HR advised that there was sufficient staff to run the scanners to national level. Respiratory is considered specialist skill so we have additional funding for training. There are workforce plans for all diagnostics so not asking teams to take on additional work as we will have additional staff to cover. The Xray service is running better than expected with a cohort of students in the summer. Back up plans with agencies if necessary. • SMC commented on being sighted on the work in the early stages in respect of quality, parking, design (anything to improve the patient experience). But how do we factor in design, clear pathways for accessibility and is there an element of public involvement. How do we support you in this work to be pro-active in solving any issues. HR informed that there were multiple layers for instance what the building looks like (we have not had patient representation in the design panels but have had architects who designed the Barnsley diagnostic centre which is working really well. A specialist company had been employed to provide accessibility signage to guide through the building with service panels for visual acuity in colours on the signage. It was best to solve issues at the start rather than when open. Pathways will have an impact on communities to have	

Agenda no	Item	Actions
	access to diagnostics and was certainly a time to look at inequalities to see what can be done to support and provide assurance from a Wakefield perspective. DR queried how to support the CDC with engagement, sharing of messages etc. HR advised that Laura Page was the Comms Lead on this work. • JN commented that Rhubarb Radio feature things going on in the district related to Public Health and Wellbeing and communications teams could reach out. • SA commented that Healthwatch Wakefield were also happy to help with communications. • RI advised that extra signage should be discussed with the council to help navigate people round Wakefield to car park entrance(s) as it would be difficult for someone if not familiar with the area. HR responded that this would be added to the list. • DM: What is the situation inside for lifts as lot of those buildings were built without lifts. Also, engagement could be simply a poster or via the televisions in surgeries. DM had already been approached by two people about what is happening at Ings Road, and he will now be able to inform them. HR responded that all patient areas will be on the ground floor only, but lift access was available if required. It was planned to increase engagement communications/messages nearer to the CDC opening date. • DF: Will diagnostics include a phlebotomy patient walk in as an alternative to attending at hospital for a blood test as this will help patients particularly as they will not have to pay hospital parking fees. HR confirmed that this would be	

Agenda no	Item	Actions
	available, although they were not able to predict the level of demand.	
8	**Planned care update**	
	James Brownjohn (JB) presented the Planned Care update which informed the panel on: • Planned care is elective care and anything booked in advance and usually via referral from GP. • Planned care was good before Covid but since then, there have been long waiting lists (some waiting a year). • Health inequalities, specialist care issues in the community and mental health plays into CDC and patient experiences. • More chronic diseases (Wakefield highest rate of obesity than anywhere else in the country). • Plans to improve first point of call and redesign of pathways. • Collaborative joint working with multiple agencies to support the pathway. • Comms to confirm appointments, give help and guidance. • DNA rates required improvement but still rates better than the national performance. • Looking to roll out across social media and reach out in respect of language inequalities to help to reduce issues. • Psychological support in respect of weight management linking to various services. • New pathway for weight management. • New MSK clinical forum. • West Yorkshire access programme agreed and going through sign off.	

Agenda no	Item	Actions
	• Industrial action work - massive impact on planned care as clinicians diverted to cover other roles. People Panel comments: • PH raised that some patients are receiving letters for appointments, but these are followed by a cancellation letter, which is not followed up with a new appointment letter. This seems to be an experience shared by several people awaiting appointments across difference specialties. The efficiency of the appointment system was queried. JB agreed that it was not good and that they were working through challenges in response to feedback from patients about waiting times. • JN indicated that Turning point would be interested in supporting e.g with the weight management pathway. SH commented on the interesting presentation and asked JB for slides to be shared so that the panel could comment back. **Post Meeting note**: slides had been circulated to People Panel	
9	**Older People's mental health inpatient services**	
	Ryan Hunter (RH) and Matthew Burns (MB) attended from SWYPFT to highlight the main points on the update: • Launch of public consultation in Older Peoples mental health which includes people with dementia and functional needs	

Agenda no	Item	Actions
	(depression, psychology) to inform SWPFT in decision making. • Specialist inpatient wards when community support is no longer the appropriate level of support for a person. • 4 sites and 5 wards Calderdale, Dewsbury District Hospital Wakefield, and Crofton to support mental health and mixed needs with activities to stimulate and supporting options were explained. • MB gave overview of the response to emergencies and specialist care interacting with people with dementia and mental health. • Transfer of patients between different wards and care homes not good for dementia patients. • Environmental needs, safety and training of staff in specialist units. • Travel, transport, and parking services all impact family and carers, need to make sure they are well supported. • Consultation will run until 29 March 2024. • Panel feedback can be given via website with online survey, social media or via comments and paper surveys. Materials have been shared across different venues to raise awareness of this consultation e.g. GP surgeries, leisure centres, libraries and distribution of paper copies to and within community groups. SH reflected on functional ways of meeting aspirations and the final decision of the configuration at the joint committee of Wakefield, Kirklees and Calderdale. People Panel comments included:	

Agenda no	Item	Actions
	• HR highlighted that no events were taking place at Castleford, Knottingley. MB responded on the event booked in for Hemsworth and Wakefield on the 18 and 23 January, working with community and reaching into different places trying to speak to people from different places. Midpoint review will also be done to gauge gaps to be addressed in the second half of the consultation. • HR emphasised the impact of no local engagement in Knottingley as it has always required travelling to Wakefield, Dewsbury or Hemsworth which is a distance from Pontefract and Knottingley. There are issues with obtaining peoples' views on the east side of the community. RH responded that they were conscious of this issue to provide full coverage. • RI expressed concern (based on personal experience) about patients with dementia or mental health problems being admitted to a medical or surgical ward, the impact on staff and other patients who found it distressing. MB responded that they admit people from home and the medical trusts have their own process. The transformation is about supporting people with dementia and mental health needs. SH highlighted that the consultation deadline was 29 March and thanked everyone for staying on and participation.	
10	**Any Other Business** DF informed on the development of the Castleford Health Centre and planned presence in the community about what is happening	

Agenda no	Item	Actions
	with the site and input within the community, navigation signage and information will be shared. HR commented that this was good as all sort of rumours were present in the community. DF welcomed the feedback and noted a follow up outside of the meeting for more details.	
11	**Date of the next meeting** Thursday, 22 February 2024 – 10.00 – 12.00 noon	

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**
11.01.2024	Maternity Led Unit at Pontefract	Update on MLU to be on next agenda if anything emerges from communications	Added to the 22 February 2024 agenda	**CLOSED**

Wakefield District Health & Care Partnership – Minutes

People Panel

22 February 2024, 10am – 12noon, via MS Teams/White Rose House

Attendees: Dáša Farmer (DF), Stephen Hardy (SH), Ruth Unwin (RU), Princess Nwaobi, (PN), Laura Elliott (LE), Paulette Huntington (PH), Glenys Harrop (GH), Michelle Poucher (MP) part meeting, Sandra Cheseldine (SC), Janet Witty (JW), Safeen Rehman (SR), Ross Grant (RG), Joe Nicholson (JNS), James Keighley (JK), John Hyde (JH), Pat Gray (PG), Sandy Gillan (SG), Robert Ince (RI), John Nye (JN)

Kate Trevelyan (minute taker), Princess Nwaobi (PN) Item 5, Laura Elliott (LE) Item 5, Tracy Lewin (TL) Item 6, Gemma Gamble (GG) Item 9, Peta Stross (PS) Item 10

Apologies:

Carol Smith, Hilary Rowbottom, Jill Taylor, Sarah Mackenzie-Cooper

Agenda no	Item	**Actions**
1	**Welcome and apologies**	
	SH welcomed everyone to the meeting and apologies were noted as above.	
2	**Declarations of interest**	
	SH asked the panel for any declarations of interest. JN advised that he was now chair of TT patient group and been asked to join the Airedale and Fryston neighbourhood community.	

Agenda no	Item	Actions
3	**Minutes of meeting held on 11 January 2024**	
	The minutes of the meeting held 11 January were agreed as a true and accurate record of the meeting with the exception of Item 8: PH informed that her comments in Item 8 had not been captured correctly. Noted that other people had been waiting a lot longer for an appointment which could be due to cancellations and the efficiency of the appointment system nationally. It was agreed that the minutes could be noted as approved after amendment.	
4	**Matters arising** There were no matters arising from previous meetings to discuss that were not covered on the agenda.	
5	**Experience of Care Update**	

	• Princess Nwaobi (PN) and Laura Elliott (LE) introduced the Experience of Care update based on national surveys and the Experience of Care Network.
	• The key themes from Quality Intelligence Group (QIG) for Quarter 3
	  ○ Problems around telephone access to GP practices and waiting times in ED.
	  ○ Difficulties in using PATCHS, issues around BSL and translation services.
	• The Quality Intelligence Group heard presentations about key areas between October and December - Experience of care Network, Adult ADHD Services (referral, assessment and diagnosis) and Progress with MYTT's Patients, families and carers engagement and experience framework.
	• LE presented the slides in respect of the CQC inspection of Crofton and Sharlston which was noted as outstanding in	

Agenda no	Item	Actions
	respect of organisation of child flu vaccine and a Dementia Café for patients and carers. • The overall rating was 'requires improvement' due to CQC concerns which included Health & Safety management and poor staff relationships. Noted that the practice was being supported by the Quality Team (meeting in March). • PN presented the slide on Friarwood, highlighting the good rating (previous outstanding). Noted the rating was based on responsive delay in assessment and required improvement based on the GP survey deterioration over 2022 and 2023 even though practice had shared information. It was noted that the latest Experience of Care Network focussed on experience of community mental health services with colleagues from the Mental Health Alliance coming to share information about the current environment and work being done. The Network had some positive discussions and agreed collective actions for members and the Alliance. Panel comments included: • SH commented on the last inspection at Friarwood, and the lack of investment in people. LE informed that what some practices were rated for as outstanding in 2015 was now 'business as usual'. • PH expressed concern about the remote search of patient medical records and possible data protection activity which patients needed to be aware of. LE advised that the CQC do	

Agenda no	Item	Actions
	have remote sight of patient records with the search carried out by an independent clinician on behalf of the CQC. • RU referred to the CQC website about access to patient records in specific circumstances. There were tests in place about how to keep records confidential and the following link was shared: https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-12-accessing-medical-records-during-inspections RU emphasised that access could not be prevented because it was a right of transparency that CQC have got. Patients would have the option to 'opt out' but then CQC might miss something significant. • LE explained that purpose of the walkabouts to provide feedback to the hospital which would then be followed up afterwards. The regular contract meetings with providers, adult social care and quality surveillance event were also noted. RG commented on support of actions for improvement and accessibility for better understanding of barriers, maybe a representative from Learning Disabilities needs to attend and an invitation extended to other groups. • JW expressed her concern about access to patient records and the need to get back to proper protocols. Practices should be talking to patients about this to make sure that they are happy to consent. • Concern about interaction of adult and children social care problems. LE responded that the mental health slide focuses on adults, advising on the focus of that Experience of Care network session.	

Agenda no	Item	Actions
	• SH referred to the Primary care update which was coming to a future meeting and would provide a platform for issues to be discussed around primary care. **Post meeting information from LE to clarify the CQC position on accessing patient records as part of their inspections of services:** The CQC review confidential personal information, including information from people's medical and care records, because it is a necessary way of helping them to understand the quality of their care and ensuring that their purpose of making sure people receive safe, effective, compassionate, high-quality care is achieved. The Health and Social Care Act 2008 gives the CQC powers to access medical and care records to exercise their functions. The CQC respect and protect the privacy and dignity of patients and maintain confidentiality of their records. The CQC has a Code of Practice on confidential personal information which provides clear and easy-to-follow guidance to support CQC staff in making lawful, ethical and appropriate decisions in relation to confidential personal information. The code outlines the necessity test that the CQC must meet and this test is carried out before confidential and personal information is accessed. The national data opt-out does not apply to the CQC's access to medical records. However, if a provider informs the CQC that a patient has requested the CQC not look at their records they will respect this request (unless there is an overriding need to look at that particular record).	
6	**Freestanding Midwife Led Unit in Pontefract - update**	

Agenda no	Item	Actions
	Tracy Lewin (TL) presented this item outlining the main themes which included: • Further update on Pontefract MLU following papers taken to the WDHCP, with recommendation to make permanent suspension at Pontefract and requirement of engagement as service change had been in place for 4 years. • The paper had been taken to OSC for their consideration who concluded that a formal communication to the public was required due to the length of time since previous engagement. • Yvette Cooper (YC) had also expressed concerns. • Subsequently the decision was paused until after the local and general elections to make sure that proper process could be followed and discussions with the public held. • This issue would be brought back to the People Panel when a further update was available. RU commented on the long formal engagement with the public which had taken place over time, the Overview and Scrutiny Committee and that further action would be needed post the pre-election period. RU highlighted that, based on data, it was not possible to justify the birthing facility remaining open, which resulted in its suspension. Panel comments included: • JN commented on the closure the birthing unit and highlighted the importance of support from a consultant led birthing unit particularly for expectant mothers who needed emergency care.	

Agenda no	Item	Actions
7	**Older Peoples' Mental Health Inpatient Services - update**	
	Dasa Farmer (DF) updated the panel on: • Reminded panel that the services part of the consultation were dementia and other mental health inpatient services. • Working with NOVA and partners in Wakefield to support the consultation and highlighted meetings taking place in Wakefield and Hemsworth. • Consultation at mid-point review with stakeholders and colleagues were reviewing feedback from the meeting. DF highlighted areas that would be particularly useful to support via networks and sharing of information. • Trying to target cohorts through GP practices and pharmacists as well as community centres, libraries, voluntary and community groups and sharing with colleagues across the district for onward share. • Survey available for anyone who would like to get involved and for anyone who is involved in PPGs (hard copies available to share) was asked to add to agendas and share with groups. • Reflective meeting has also been held to establish what other steps needed to be done to maximise reach. Panel comments: • JN not seen anything, looked but nothing jumped out at me. • RG the hard copy information needs to be formatted for deaf people - BSL and braille. Older people will need information but in different formats. DF responded that different formats were available and would share information on this with RG**.**	

Agenda no	Item	Actions
	Action: DF to share information details in different formats. • SC asked if information was available, for it to be shared with the Citizen Advice Bureau for clients with disability, mental health issues. Discussion around the ongoing engagement took place and DF advised that she could organise for someone to attend different sessions as feedback was so important.	
8	**Integrated Care Board**	
	Ruth Unwin (RU) and Dasa Farmer (DF) informed on the main update which included: • Planning for the year ahead. Technical aspect as a district on performance against targets, maintenance of position or improve. • Access to Primary Care and community care services including district nursing and community services. • Mental Health access and talking services including for children. • Inpatient facility for LD and those with autism. • Increase performance on A&E 4 hour target which was still there and hope to comply (76% seen within 4 hours). • Reduction of waiting list for planned care treatment. • Mental health money proportioned versus Primary care, with possible variation but is dependent on increase of funding coming through.	

Agenda no	Item	Actions
	• New staff structures within ICB mean some people in Wakefield will become part of the broader WY Team. Working through a very difficult experience but those using services will notice no difference. Panel comments: • (RG) West Yorkshire roles how do you prioritise those blocked for funding. RU responded that there would always be a clinical priority discussion with NHS organisations around risk and having to prioritise on this. DF updated on the following: • The Children Commissioner's Office came to Wakefield to see what being done in our area around children's mental health and wellbeing support. The visitors met and heard from various young people about their work as well as their thoughts on local services. Colleagues from different parts of the system also shared progress and continuing work around children and young people's mental health and wellbeing services and reflected how their voice has informed our work. • Interpretation and translation services review has compiled insight gathered across West Yorkshire to inform next steps around interpretation and translation in primary care. • A report outlining involvement and consultation activity across West Yorkshire has been updated. The purpose of the report is to provide a summary of what people have told us this year. The report includes key themes captured from involvement and consultation activities between March 2023 and January 2024. It also includes, where available, details of any issues raised by protected groups. The report helps	

Agenda no	Item	Actions
	us to see priorities of local people and incorporate these in decision making. • Equality, Diversity and Inclusion (EDI) – an audit of our work has been done. We have received an assurance around EDI and this, together with suggested actions, can be considered at next Panel meeting. There were no Panel questions noted.	
9	**Priority Programme and Refresh of Strategy**	
	Gemma Gamble (GG), Senior Strategy Manager, WDHCP presented the main themes including: • Last year signed 3 year development plan which feeds into West Yorkshire forward plan and transformation delivery plan to achieve over 2023/2024, with a refresh now for 2024/2025. • A light touch refresh for 2024/2025 with the context around the final situation and action plan update. • Operational planning process underway but planning guidance delayed. Working with strategic programmes and alliances which underpins the work. • Neighbourhood Teams, health and housing, mental health, learning disabilities, unplanned care, planned care, personalisation, health inequalities. Digital and business intelligence are all programmes of work. • Reframe of programmes across all the alliances and priorities/financial efficiency for the coming year. • Planning will be presented to the Partnership Committee who will agree the programmes and priorities through 2024/2025. • Disinvested areas will go into financial efficiencies.	

Agenda no	Item	Actions
	DF commented on the individual priorities and programmes. Noted the work of Quality and Involvement teams' work to embed quality and involvement across the priority programmes and alliances. There were no panel comments noted.	
10	**Integrated Neighbourhood Teams (NI) and involvement**	
	Peta Stross (PS) presented the slides which informed on the background of the work: • PS was Director of Integrated care jointly employed by LA and Mid Yorkshire Teaching Trust looking at work around older people and physical disabilities. • Slide presentation would be circulated after the meeting and PS advised that she would be more than happy to present at any forthcoming meetings. • Positive changes to work more collaboratively, have a better quality of life, improved care services and relationships in the healthcare sector and primary care. • Collaborative teams to provide better quality services; people want providing better information with better knowledge of what is working and what is not. • Primary care and primary care networks to improve community services. • Neighbourhood teams working in communities to make positive changes and improve on existing relationships across services to prevent delays and treat people at home for as long as possible.	

Agenda no	Item	Actions
	• 'Wrapped round' support to aid recovery, assisted technology to monitor wellbeing at home, rapid assessment, and integrated transfer of care. • Care navigators working with people and their families in each neighbourhood team (with consent) to keep them at home for longer. • By end of March will have appointed five of the six neighbourhood team leads. • Shared Neighbourhood team site anticipated by October. • Health and social care neighbourhood teams will have community nurses, social workers, therapists and care navigators to help people work their way around the system, support staff, admin and clerical general practice teams. People Panel comments: • SH queried whether there was any community involvement in development and decision making of the neighbourhood teams. PS informed that feedback from Healthy and Sustainable Communities work has been discussed. Presentation has also been given to the Adult Social Care Citizen Panel and Peer Leadership Group (Stronger Together). • SG commented on volunteering work such as the Wakefield City Centre partnership and would like to discuss further outside of the meeting. PS responded about similar work at the Wakefield Dementia Neighbourhood level and looked forward to working with SG. • Query about social care linking into the Neighbourhood teams. PS responded that care coordinators will be aligned to services.	

Agenda no	Item	Actions
	• RI advised that he would like to work with PS and be involved in the Castleford Neighbourhood groups at surgery. RI also reflected on what was happening with social prescribing, living well, palliative and EOL care (support for a patient who wishes to die at home and needs a bed in 2/3 days), who handles this? PS advised that living well and everything around it, was a key part of the work in the neighbourhood teams. RI thanked PS and advised that DF had his contact details if any help was required. DF commented on the offers made and that it would be useful to capture some of the offers as part of the communication and engagement work. PS indicated that it would be helpful and would welcome conversations around getting people involved. SH thanked colleagues and urged anyone who can help PS to come forward. DF would be able to act as a conduit for anyone who wanted to get in touch with PS. SH asked PS to keep the People Panel with an update on progress at a future meeting.	
11 **11.1**	**Any Other Business** There was a discussion around the continuation of People Panel as a hybrid meeting and that the new dates agreed would be shared. PH informed that she liked the format as it gave alternative options in respect of travelling if time was an issue. SC indicated that she preferred the hybrid meeting at the moment. JW advised that she also liked the option of online meeting when not able to join in person. However, found following different people in the room difficult when presentations are shared.	

Agenda no	Item	Actions
11.2	Another member preferred continuation of the hybrid meetings. RG raised concerns about local pharmacies, particularly Eastmoor, closing down and asked for an update on this. RU responded on the current position and the withdrawal of pharmacies such as Boots due to financial viability advising that it takes about a year to get a new pharmacy in the area. Information about this will be shared. **Action: Information re pharmacies in the local area to be shared with RG**	
	Date of the next meeting Thursday, 11 April 2024 – 10.00 – 12.00 noon	

Action Log

Date of meeting	Item No./Subject	Action	Update	Status
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.	**13.06.2024**
22.02.2024	7 - Older Peoples' Mental Health Inpatient Services - update	DF to share information details in different formats.	Information had been shared	**CLOSED**
22.02.2024	11.2 Any Other Business	Information re pharmacies in the local area to be shared with RG	Information on had been shared with RG	**CLOSED**

Proud to be part of West Yorkshire Health and Care Partnership